

Notice of Proposed Submission and
Request for Consent by:

**MANOR CARE OF PALM DESERT CA, LLC,
MANOR CARE OF FOUNTAIN VALLEY CA, LLC,
MANOR CARE OF HEMET CA, LLC,
MANOR CARE OF CITRUS HEIGHTS CA, LLC,
MANOR CARE OF SUNNYVALE CA, LLC,
MANOR CARE-TICE VALLEY CA, LLC and
MANOR CARE OF WALNUT CREEK CA, LLC**

In connection with the proposed SNF Operations Transfer Agreement with

**PALM DESERT COMMUNITY HEALTHCARE, LLC,
FOUNTAIN VALLEY COMMUNITY HEALTHCARE, LLC,
CITRUS HEIGHTS COMMUNITY HEALTHCARE, LLC,
HEMET COMMUNITY HEALTHCARE, LLC,
SUNNYVALE COMMUNITY HEALTHCARE, LLC,
TICE VALLEY COMMUNITY HEALTHCARE, LLC and
WALNUT CREEK COMMUNITY HEALTHCARE, LLC**

Prepared for the Office of the Attorney General

California Department of Justice
Charities Trust Division

May 12, 2023

This is a protective filing. The Applicants defined below are Delaware limited liability companies. Because the Applicants are part of an integrated nonprofit healthcare system that includes a nonprofit Ohio corporation as the ultimate parent entity, and the applicability of 11 Cal. Code Reg. Section 999.5(d)(1)(A) et seq. to the Existing Operators or the transactions described herein is unclear, the Existing Operators are submitting this Notice of Proposed Submission and Request for Consent ("Notice") out of an abundance of caution as a protective measure. If the Office of the Attorney General, California Department of Justice, Charities Trust Division, determines that the transactions described herein are not reviewable, the Existing Operators respectfully request that such determination be confirmed in writing to Existing Operators as soon as possible.

11 Cal. Code Reg. Section 999.5(d)(1)

DESCRIPTION OF THE TRANSACTION

Parties:

Each of Manor Care of Palm Desert CA, LLC, Manor Care of Fountain Valley CA, LLC, Manor Care of Hemet CA, LLC, Manor Care of Citrus Heights CA, LLC, Manor Care of Sunnyvale CA, LLC, Manor Care-Tice Valley CA, LLC and Manor Care of Walnut Creek CA, LLC (each an “Existing Operator” or “Applicant” and collectively, “Applicants” or “Existing Operators”) is a Delaware limited liability company that is registered to transact business in the State of California. Each Applicant is the licensed operator of the skilled nursing facility set forth beside its name, below (each a “Facility” and collectively, the “Facilities”):

Facility Name	Address	Beds
<i>ManorCare of Palm Desert</i>	<i>74350 Country Club Drive, Riverside County, Palm Desert, California 92260-1608</i>	<i>178</i>
<i>ManorCare Health Services-Fountain Valley</i>	<i>11680 Warner Avenue, Orange County, Fountain Valley, California 92708-2513</i>	<i>151</i>
<i>ManorCare Health Services-Citrus Heights</i>	<i>7807 Upland Way, Sacramento County, Citrus Heights, California 95610-7500</i>	<i>162</i>
<i>ManorCare Health Services-Hemet</i>	<i>1717 West Stetson Avenue, Riverside County, Hemet, California 92545-6882</i>	<i>178</i>
<i>ManorCare Health Services-Sunnyvale</i>	<i>1150 Tilton Drive, Santa Clara County, Sunnyvale, California 94087-2440</i>	<i>140</i>
<i>ProMedica Skilled Nursing and Rehabilitation (Rossmoor)</i>	<i>1226 Rossmoor Parkway, W. Contra Costa County, Walnut Creek, California 94595-2538</i>	<i>155</i>
<i>ProMedica Skilled Nursing and Rehabilitation (Tice Valley)</i>	<i>1975 Tice Valley Boulevard, W. Contra Costa County, Walnut Creek, California 94595-2201</i>	<i>120</i>

Each Applicant is an indirect subsidiary of HCR Manorcare, Inc., an Ohio not-for-profit corporation (“HCR”). HCR is the survivor of a merger between HCR and HCR Manorcare, Inc., a for-profit corporation of the same name, which operated on a for-profit basis from its formation until 2018. As part of a transaction described below, HCR applied for and obtained a determination letter from the U.S. Internal Revenue Service dated March 20, 2019 recognizing HCR as exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended; the IRS exemption was effective April 20, 2018. HCR, in turn, is a wholly owned subsidiary of ProMedica Health System, an Ohio not-for-profit corporation that has also been recognized as exempt from federal income tax under Section 501(c)(3) of the Code (“ProMedica”).

In 2018, ProMedica acquired HCR and charted a new course of care for the nation’s aging population. ProMedica Senior Care is a not-for-profit, mission-based, health and well-being organization working to create a stronger, more cohesive approach to delivering care at the right place, right time and right cost. There is a basic understanding that the health and well-being of patients not only occurs within the walls of a particular facility, but outside factors need to be considered as well. ProMedica is bringing new ideas, innovative partnerships and momentum to change where and how health care can be delivered. ProMedica’s stewardship of resources has enabled wise investment in quality patient-centered care, advanced technology, innovative programs and family-oriented facilities like the Facilities that help to ensure that patients and area residents have access to high-quality, safe care in the most appropriate setting. In ProMedica facilities, including the Facilities, nurses and physicians work collaboratively to manage complex medical conditions, providing cardiology, neurology, oncology, pulmonary, orthopaedic and wound care services. Rehabilitation services provide patients with the tools they need to function at their highest potential. These services including physical and occupational therapies, as well as speech and language pathology. ProMedica facilities provide long-term care assistance 24 hours a day to those who

meet the skilled nursing requirements and cannot live independently and additional services such as palliative and hospice care can also be provided. In 2021, ProMedica facilities provided over 5,340,836 case days to patients and residents.

Each Applicant subleases the applicable Facility property ("Leased Property") from its affiliate, HCR III Healthcare, LLC ("HCR III"), which, in turn, leases the Leased Property from the owners of the Leased Property (collectively, "Existing Property Owners") pursuant to a master lease between Existing Property Owners and HCR III (the "Master Lease"). The Existing Property Owners of the Leased Properties are as follows:

Facility Name	Existing Property Owner	Existing Operator
<i>ManorCare of Palm Desert</i>	<i>74350 Country Club Drive CA Owner LLC</i>	<i>Manor Care of Palm Desert CA, LLC</i>
<i>ManorCare Health Services-Fountain Valley</i>	<i>11680 Warner Avenue CA Owner LLC</i>	<i>Manor Care of Fountain Valley CA, LLC</i>
<i>ManorCare Health Services-Citrus Heights</i>	<i>7807 Upland Way CA Owner LLC</i>	<i>Manor Care of Citrus Heights CA, LLC</i>
<i>ManorCare Health Services-Hemet</i>	<i>1717 West Stetson Avenue CA Owner LLC</i>	<i>Manor Care of Hemet CA, LLC</i>
<i>ManorCare Health Services-Sunnyvale</i>	<i>1150 Tilton Drive CA Owner LLC</i>	<i>Manor Care of Sunnyvale CA, LLC</i>
<i>ProMedica Skilled Nursing and Rehabilitation (Rossmoor)</i>	<i>1226 Rossmoor Parkway CA Owner LLC</i>	<i>Manor Care of Walnut Creek CA, LLC</i>
<i>ProMedica Skilled Nursing and Rehabilitation (Tice Valley)</i>	<i>1975 Tice Valley Boulevard CA Owner LLC</i>	<i>Manor Care-Tice Valley CA, LLC</i>

Under the terms of the Master Lease, Existing Property Owners have the right to transfer, assign, mortgage, collaterally assign or otherwise dispose of its interest in the Master Lease or the Leased Property. As of the date hereof, the Existing Property Owners are currently owned 100% by SNF CA Holdco, LLC which is owned 100% by WELL PM Holdco JV, LLC, a for profit entity and an affiliate of Welltower Inc. ("Welltower"). Following the receipt of approvals, SNF CA Holdco LLC will be contributed to a for-profit joint venture between Welltower Inc. ("Welltower") and Integra WIP Member LLC ("Integra"). While each Applicant holds the license and operating contracts associated with the applicable Facility, and employs the personnel necessary to operate such Facility, the Applicants do not own any of the underlying assets used for the operation of the Facilities.

The Facilities have suffered increasing financial distress from and after 2020 and are operating at a loss. These losses can be attributed to several factors, including: (1) government reimbursement (Medicare and MediCal) rates that continue to lag behind inflation; (2) labor shortages that drive up wage rates and force providers to rely on expensive agency staffing; (3) increasing capital improvement and repair costs; and (4) the COVID pandemic, including lock-downs and bans on new admissions. Following extensive discussion and negotiation with Welltower, Welltower and ProMedica determined the Facilities needed to be transitioned. Welltower subsequently entered into a transaction with Integra WIP Member, LLC and certain of its affiliates (collectively, "Integra"), pursuant to which Welltower and Integra would agree to transfer the ownership of one hundred forty-seven (147) skilled nursing facilities, including the Facilities (collectively, the "Portfolio"), to new real estate holding companies. Pursuant to that series of transactions, Integra has the right to become, or to designate another entity to become, the new operator of the Facilities. The right to designate the new operator of the Facilities rests solely with Integra, not Welltower or ProMedica. Integra has designated the following entities to be the new operators of the Facilities (each, a "New Operator" or "Transferee" and collectively, the "New Operators" or "Transferees"):

Facility Name	Existing Operator	New Operator
<i>ManorCare of Palm Desert</i>	<i>Manor Care of Palm Desert CA, LLC</i>	<i>Palm Desert Community Healthcare, LLC</i>

Facility Name	Existing Operator	New Operator
<i>ManorCare Health Services-Fountain Valley</i>	<i>Manor Care of Fountain Valley CA, LLC</i>	<i>Fountain Valley Community Healthcare, LLC</i>
<i>ManorCare Health Services-Citrus Heights</i>	<i>Manor Care of Citrus Heights CA, LLC</i>	<i>Citrus Heights Community Healthcare, LLC</i>
<i>ManorCare Health Services-Hemet</i>	<i>Manor Care of Hemet CA, LLC</i>	<i>Hemet Community Healthcare, LLC</i>
<i>ManorCare Health Services-Sunnyvale</i>	<i>Manor Care of Sunnyvale CA, LLC</i>	<i>Sunnyvale Community Healthcare, LLC</i>
<i>ProMedica Skilled Nursing and Rehabilitation (Rossmoor)</i>	<i>Manor Care of Walnut Creek CA, LLC</i>	<i>Walnut Creek Community Healthcare LLC</i>
<i>ProMedica Skilled Nursing and Rehabilitation (Tice Valley)</i>	<i>Manor Care-Tice Valley CA, LLC</i>	<i>Tice Valley Community Healthcare, LLC</i>

In accordance with the terms of the real estate transactions described above, Applicants and New Operators have entered into that certain SNF Operations Transfer Agreement dated as of May 4, 2023 (the “OTA”) pursuant to which New Operators have agreed to assume operational responsibility for the Facilities on the terms and conditions set forth in the OTA, including the satisfaction of all closing conditions set forth in the OTA. A copy of the OTA is provided in the subsection of this Application responsive to H&S Code Section 999.5(d)(1)(B).

As an organization focused on acquiring healthcare real estate assets nationwide, Integra has successfully acquired most of the Portfolio which includes facilities across several states. Having successfully transitioned 114 facilities to new operators since December 22, 2023, Integra has shown its ability to identify optimal, local partners that will strive to improve the quality of care at each facility and transform struggling facilities into successful ones. Integra’s principals have a proven, decades-long success record in owning and operating award-winning healthcare facilities across a variety of platforms and sub-asset classes. With a special passion for elder care, their track record of improving outcomes for patients by investing in building upgrades and cutting-edge patient care technology has allowed them to raise the standard of care throughout the healthcare industry.

Each of the New Operators is a newly-formed subsidiary of Providence Group, Inc. (“PGI”). PGI’s other subsidiaries currently operate facilities throughout California, and have, for over a decade, built a track record of success. PGI affiliated-facilities are locally operated and focus on providing quality care, investing in their facilities and serving their communities.

The Facilities

Each Facility provides individualized post-hospital skilled nursing care in a comfortable environment. Each Facility’s clinical and therapy care teams are experienced in providing specialized care focused on each resident’s needs, interests and abilities. This commitment results in a smoother and safer transition throughout each resident’s recuperation. Each Facility is designed to provide the specific care that residents need and features both a Medbridge dedicated short-term care unit as well as long-term care residential options. Amenities at each Facility include private or semi-private rooms, TVs and internet access, lounges and activity areas, full-service dining options, guest/resident phones, housekeeping services, laundry and linen service, as well as a range of activities. Some typical weekly activities include recreational and leisure activities, group outings, horticulture, arts and crafts, religious and cultural celebrations, social hour and current events.

The Facilities demonstrate ProMedica’s mission and core values by providing high-quality health care to all eligible patients regardless of their race, creed, sex, national origin, disability or age. The Facilities also provide patients with home assessments and community resources for a safe and healthy transition home. In addition, as we continue to navigate through the COVID-19 pandemic and address workforce challenges,

the Facilities work with ProMedica's social determinants of health team to help assess employee needs such as transportation, access to nutritious food and child care. Facilities also grant patient and resident wishes through the Hearts' Desire Program and continue to facilitate long distance visits through the hundreds of iPads that were acquired to keep residents and patients engage with the outside community during the COVID-19 pandemic.

Additionally, the Facilities have offered open houses including health screenings, participated in community health related educational events such as health and wellness fairs, drives to collect donations and community-based holiday celebration activities, and have served as clinical training sites for nursing students and plan to continue or restart these activities as COVID-19 protocols allow. More specifically, in 2021, ProMedica continued to offer community health related educational events such as reducing stress and health and wellness through virtual and online education. Also in 2021, facilities hosted drives to collect donations such as food for nonprofit organizations. Throughout the year, facilities were proactive in protecting and engaging patients with activities such as events with family, community entertainment and pet therapy.

Most of the Facilities' reimbursement comes from Medicare and Medi-Cal. In fiscal year 2022, the Facilities maintained an average census of approximately 764 of bed capacity with an average length of stay of 47.3 days. Approximately 8.61% of patient care days were reimbursed by Medi-Cal, 57.45% by Medicare and 33.94% by commercial and other payors. The Facilities generated an average of \$17,599,872 in operating revenue during fiscal year 2021, resulting in an average \$3,914,111 operating loss.

Overview of the Transaction – Operations Transfer Agreement

Applicants submit this Notice of a proposed transaction that involves the transfer of operations of the Facilities from Existing Operators to New Operators (the "Transaction"). The terms and conditions of the transfer are set forth in the OTA.

Key Terms of the OTA include:

1. Orderly Transition of the Facility. The OTA is designed to effectuate an orderly and smooth transition of operational responsibility of the Facilities with particular care and focus on resident care and continuity of high quality operations.
2. Assignment and Assumption of Resident Trust Funds and certain Operating Contracts. At closing, the OTA contemplates that each Existing Operator will transfer or assign all rights and access to Resident Trust Funds to the corresponding New Operator, who will assume and agree to be bound by the terms and conditions thereof post-closing for the benefit of the applicable Facility's residents. The OTA further contemplates that each Existing Operator will assign, and the corresponding New Operator will assume and agree to be bound by, all of the terms and conditions of any Assumed Operating Contracts (as defined in the OTA).
3. Employees. Each New Operator will offer to employ Facility employees as of the closing date with wages, benefits and other terms and conditions of employment that are reasonably acceptable to New Operators. New Operator will recognize for each hired employee his or her original hire date, grant credit for service with Existing Operators under all benefit policies maintained by New Operators for the benefit of the hired employees for the purposes of participation and benefits accrual to the extent allowed by each New Operator's benefit policies, and will continue to employ each such employee for a period of no less than ninety (90) days following the closing date except as otherwise provided in the OTA.

11 Cal. Code Reg. Section 999.5(d)(1)(B)

A COMPLETE COPY OF ALL PROPOSED WRITTEN AGREEMENTS OR CONTRACTS TO BE ENTERED INTO BY THE APPLICANT AND THE TRANSFEREE THAT RELATE TO OR EFFECTUATE ANY PART OF THE PROPOSED TRANSACTION

Attached to this Section 999.5(d)(1)(B) as **Exhibit 1** is a copy of the OTA, including all exhibits. Existing Operators are requesting confidential treatment of the schedules to the OTA, which will be submitted under separate cover to the California Attorney General in accordance with Section 999.5(c)(3).

Exhibit 1 to Section 999.5(d)(1)(B)

SNF OPERATIONS TRANSFER AGREEMENT

This SNF Operations Transfer Agreement (the “**Agreement**”) is made and entered into as of May 4, 2023 (the “**Agreement Date**”) by and among the entities listed as “Existing Operators” on Exhibit 1 attached hereto (each, an “**Existing Operator**” and, collectively, the “**Existing Operators**”), and the entities listed as “New Operators” on Exhibit 1 attached hereto (each, a “**New Operator**” and, collectively, the “**New Operators**”). Existing Operators and New Operators are sometimes each referred to herein as a “**Party**” and collectively as the “**Parties**.”

RECITALS

WHEREAS, Each Existing Operator is the licensed operator of that certain skilled nursing facility set forth opposite its name on Exhibit 1 attached hereto (each, a “**Facility**” and, collectively, the “**Facilities**”). Each Facility is licensed for the number of beds listed opposite its name on Exhibit 1;

WHEREAS, in connection with a transaction between Integra WIP Member LLC, WELL PM Properties, LLC and certain affiliates of WELL PM Properties, LLC (the “**Real Estate Transaction**”), Existing Operators have agreed to transfer operational responsibility for the Facilities to New Operators; and

WHEREAS, Existing Operators and New Operators desire to document the terms and conditions under which the transfer of operational responsibility for the Facilities to New Operators will occur.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants of the Parties set forth herein, IT IS HEREBY AGREED AS FOLLOWS:

AGREEMENT

ARTICLE I DEFINITIONS

For purposes of this Agreement, the following terms have the meanings set forth in this Article I.

“**Assumed Liabilities**” will mean (i) all obligations and liabilities under the Assumed Operating Contracts that accrue and relate to the period from and after the Operations Closing Date (but excluding any liability or obligation arising out of or in connection with any breach thereof occurring before the Operations Closing Date); (ii) any liabilities or obligations arising on and after the Operations Closing Date related to the Resident Trust Funds that have been delivered to New Operators; (iii) except with respect to any Existing Operator responsibilities as expressly set forth under this Agreement, all expenses arising from the operation of the Facilities on and after the Operations Closing Date, including taxes, telephone and utility charges, and any other expense relating to New Operators’ operation of the Facilities on and after the Operations Closing Date; (iv) all expenses relating to the Hired Employees accrued or arising on or after the Operations Closing Date, including the obligations related to the Hired Employees set forth in this Agreement; provided, that any such expenses that become payable on or after the Operations Closing Date but are arising in whole or in part from prior to the Operations Closing Date shall be prorated between New Operator and Existing Operator based on days related to such expense in accordance with Section VI.G; and (v) the performance and operating obligations arising under the Permits assigned to New Operators relating to New Operators’ operation of the Facilities following the Operations Closing Date.

“**Assumed Operating Contracts**” will mean Contracts chosen by New Operators and set forth on Schedule I.A (which shall be attached hereto not less than 30 days prior to the Operations Closing Date)

relating exclusively to the Facilities (as the same may be updated by Existing Operators to reflect changes between the date hereof and the Operations Closing Date), including the Medicare and Medicaid provider agreements, and any other payor agreements, entered into by the Facilities to the extent such contracts can be assigned, transferred or conveyed or are deemed assigned, transferred or conveyed under applicable Law and approved by the appropriate governmental agencies and Other Payors.

“Bill of Sale” will mean the bills of sale and assignment and assumption agreements for the Purchased Assets relating to each Facility to each New Operator in the form attached as Exhibit “A” hereto.

“Business Day” will mean any day other than a Saturday, Sunday or all days observed by the federal or New Jersey government as legal holidays and all days on which commercial banks in New Jersey are required by law to be closed, and the following Jewish Holidays: Purim, Passover, Shavuot, from Shiva Asar Betamuz through Tisha Bav, Rosh Hashanah, Yom Kippur, Sukkos, Shemini Atzeres and Simchas Torah.

“Code” will mean the Internal Revenue Code of 1986, as amended.

“Contracts” will mean all contracts, agreements, leases, commitments and arrangements (whether written or oral), including all service contracts, maintenance contracts and consulting agreements, and all of each Existing Operator’s duties, obligations, covenants, promises, rights and privileges therein or thereunder to which an Existing Operator or its predecessors or agents are a party and which relate to a Facility and the operations thereof.

“Excluded Assets” will mean (i) any of Existing Operator’s cash, cash-equivalents, or deposits in banks or other financial institutions existing as of the Operations Closing Date; (ii) any of Existing Operator’s accounts receivable (including, without limitation, Existing Operator’s Medicare/Medicaid payments or refunds, resulting from retroactive rate increases or otherwise) for services or goods performed or provided before the Operations Closing Date; (iii) any license agreements, copyrights, trademarks, trade names, service marks or other rights of Existing Operator in any intellectual property (including, without limitation, the names “Manor Care”, “ManorCare”, “HCR ManorCare”, “Heartland”, “MedBridge”, “Arcadia”, “Arden Courts”, “Springhouse”, “Hampton House”, “Fostrian Court Assisted Living”, “ProMedica”, “Total Rehab+” and/or “Heartland Health Care Center”, used along or in combination with other words, and the MedBridge, Arcadia, Arden Courts, Manor Care, ManorCare, HCR ManorCare, Heartland Health Care Center, ProMedica, Total Rehab+ and Heartland logos); (iv) deposits, letters of credit, and similar items of security, if any, provided to any third party, unless New Operator provided a credit for such items as part of the prorations hereunder; (v) all insurance policies owned by Existing Operator and all rights to collect insurance proceeds under such policies; (vi) any contracts other than the Assumed Operating Contracts; (vii) Existing Operator’s franchise to be a limited liability company, its certificate of formation, operating agreement, minute books, tax returns, books of account or other records having to do with the organization and capitalization of Existing Operator; (viii) all tax refunds for periods ending before the Operations Closing Date and all tax refunds for all periods on or after the Operations Closing Date to the extent not arising from New Operators’ operation of the Facilities on and after the Operations Closing Date; (ix) to the extent inseparable from systems of Existing Operator affiliates unrelated to Facilities being transferred, software, and (x) the following to the extent inseparable from systems of Existing Operator affiliates unrelated to Facilities being transferred: telecommunications equipment and circuits including, but not limited to, phone systems, desk phones, voicemail systems, MPLS circuits, broadband circuits, PRI circuits, and phone/fax circuits.

“Excluded Liabilities” will mean other than the Assumed Liabilities, any debts, liabilities, or obligations of any nature whatsoever of any Existing Operator, whether accrued, absolute, contingent or otherwise, whether known or unknown, whether due or to become due, whether or not related to a Facility,

including, without limitation, Recapture Claims, as well as any other debts, liabilities or obligations relating to any Facility with respect to (i) periods prior to the Operations Closing Date or (ii) subject to the New Operators' obligations pursuant to this Agreement, any Contracts that are not Assumed Operating Contracts.

“Governmental Entity” shall mean any (a) federal, state, county or municipal government, or city, town, borough, village, district or other jurisdiction; (b) governmental or quasi-governmental entity of any nature (including Medicare administrative contractors and any agency, branch, department, board, commission, court, tribunal or other entity exercising governmental or quasi-governmental powers); and (c) anybody exercising, or entitled or purporting to exercise, any administrative, executive, judicial, legislative, police, regulatory or taxing authority or power.

“Hazardous Materials” means, in each case, other than medical supplies and medical waste held or generated in the ordinary course of business: (a) any material, substance, chemical, waste, product, derivative, compound, mixture, solid, liquid, mineral or gas, in each case, whether naturally occurring or man-made, that is hazardous, acutely hazardous, toxic, or words of similar import or regulatory effect under Environmental Laws; and (b) any petroleum or petroleum-derived products, radon, radioactive materials or wastes, asbestos in any form, lead or lead-containing materials, urea formaldehyde foam insulation and polychlorinated biphenyls and per- and poly-fluoroalkyl substances (PFAS) and other emerging contaminants.

“Hired Employees” will mean the employees of each Facility as of the Operations Closing Date who receive and elect to accept offers of employment with a New Operator effective as of the Operations Closing Date.

“Intangible Property” will mean, except as otherwise provided in the following two sentences, all of each Existing Operator's right, title and interest in any and all intangible property now or on the Operations Closing Date owned by such Existing Operator, including all rights under warranties and goodwill. Intangible Property will not include any rights under any patent, trademark, service mark, trade name, manuals, logos or copyrights owned by any Existing Operator, whether registered or unregistered, and any applications and registrations therefore and licenses thereof, all of which will be retained by each Existing Operator. Further, Intangible Property will not include any software and related documentation owned or leased by or licensed to any Existing Operator, including any and all object codes and source codes, all of which will be retained by such Existing Operator unless such leases or licenses are Assumed Operating Contracts.

“Laws” will mean all federal, state and local laws, moratoria, initiatives, referenda, ordinances, rules, regulations, standards, orders and other governmental requirements, including, without limitation, those relating to the environment, health and safety, or handicapped persons, where the failure to abide by the same would have a material adverse effect on any New Operator, Existing Operator, or the operation of any Facility.

“Loss” will mean any obligation, liability, lien, encumbrance, loss, damage, cost, expense or claim, including, without limitation, any claim for damage to the Purchased Assets or injury to or death of any person or persons.

“Operations Closing” will mean the transfer of ownership of each Facility's operation from the applicable Existing Operator to the applicable New Operator following the date upon which the Agency issues approval for the issuance of a new Permit to such New Operator for the Facility.

“Operations Closing Date” will mean the date on which the conditions precedent to the Operations

Closing occur hereunder.

“Parties” will mean, collectively, Existing Operators and New Operators.

“Permits” will mean all of each Existing Operator’s right and interest in all permits, licenses, approvals, entitlements and other governmental and quasi-governmental authorizations including, without limitation, certificates of occupancy required in connection with the operation of a Facility, to the extent such permits, licenses, approvals, entitlements, and authorizations are transferable under applicable Laws and approved by the appropriate governmental agencies.

“Personal Property” will mean all furnishings, equipment, tools, machinery, appliances, vehicles, computers, IT equipment, network equipment, and all other tangible personal property, other than fixtures, now or on the Operations Closing Date located at and used in connection with the operation of a Facility and owned by an Existing Operator as of the Operations Closing Date, provided, however, that Personal Property will not include the Excluded Assets.

“Purchased Assets” will mean the assets described in Article II.A.

“Recapture Claim” will mean, in connection with a Facility, (a) any determination by Medicare or Medicaid, any fiscal intermediary, or any federal or state governmental authority or any private third party payor that any amounts paid for any services provided at such Facility prior to the Operations Closing Date for the Facility resulted in (i) an overpayment, or (ii) any other recoupment or determination that funds previously paid by any third-party payor must be repaid, and (b) any fines, penalties, assessments, and other charges associated with any such determinations.

“Resident Trust Funds” will mean resident trust funds, patient deposits, or any residents’ property held by an Existing Operator on the Operations Closing Date for residents at a Facility.

ARTICLE II

PURCHASE AND SALE

A. **Purchased Assets.** On the terms and subject to the conditions set forth in this Agreement, on the Operations Closing Date, each New Operator will purchase from the applicable Existing Operator, and such Existing Operator will sell, convey, assign, transfer, or deliver to the applicable New Operators all of such Existing Operator’s assets, properties, and rights of every kind, nature, character, and description, whether tangible or intangible, and wherever situated, to the extent owned by such Existing Operator and used solely in the operation of the applicable Facility, but specifically excluding the Excluded Assets (the **“Purchased Assets”**). The Purchased Assets shall include all of each Existing Operator’s right, title, and interest in and to the following:

1. **Inventory.** Existing Operator will convey all of its right, title and interest in and to the inventory of supplies in stock at the Facility to the extent not transferred to New Operator as of the Operations Closing Date. Existing Operator will have no obligation to deliver the inventory to any location other than the Facility, it being understood and agreed that the presence of the inventory at the Facility on the Closing Date will constitute delivery thereof.

2. **Assumed Operating Contracts.** Existing Operator will assign, and New Operator will assume and agree to be bound by, all of the terms and conditions of the Assumed Operating Contracts not assigned and assumed on the Operations Closing Date. Notwithstanding the foregoing, to the extent that Existing Operator’s rights under any Assumed Operating Contract to be assigned to New Operator hereunder may not be assigned without the consent of another person or entity that has not been obtained,

this Agreement will not constitute an agreement to assign the same if an attempted assignment would constitute a breach thereof or be unlawful. The Parties will use reasonable efforts to obtain each such required consent as promptly as possible. If any such consent is not obtained, New Operator will nevertheless pay and perform Existing Operator's obligations under each such Assumed Operating Contract subject to Existing Operator providing to or otherwise obtaining for New Operator the corresponding benefits thereunder, and the Parties will cooperate with one another in any reasonable arrangement proposed by either party to result in such effect, in each case to the extent permitted under applicable Law. Nothing herein will be construed as imposing any liability on New Operator with respect to any obligations under the Assumed Operating Contracts that relate to the period before the Operations Closing Date, it being specifically understood and agreed that New Operator's liability will be limited to its acts and omissions thereunder on and after the Operations Closing Date.

3. Personnel Records. Existing Operator will transfer relevant employee records of Hired Employees, provided, however, that Existing Operator may retain copies of all electronic records and data and provide to New Operator originals thereof.

4. Patient Records. Existing Operator will transfer all patient and customer lists associates solely with the Facility together with records relating to current patients of the Facility as of the Operations Closing Date, provided however, that Existing Operator may retain copies of any patient records stored electronically or as computer data and provide to New Operator the records in its original media.

5. Telephone Number. Each Existing Operator will assign the telephone and facsimile numbers of the Facility.

6. Permits. To the extent transferable under applicable Laws and approved by the appropriate Governmental Entities, each Existing Operator will assign or transfer all Permits necessary for the operation of each Facility.

7. Resident Trust Funds. Each Existing Operator will transfer or assign all rights and access to Resident Trust Funds in accordance with Article VI.A.

8. Intangible Property; Personal Property. Each Existing Operator will convey all rights and interest in the Intangible Property and Personal Property associated with the applicable Facility (and, provided, for the avoidance of doubt, that there shall be no charge to New Operator in connection therewith), including all owned vehicles used primarily in the operations of such Facility.

B. Excluded Assets. Notwithstanding the foregoing, the Excluded Assets are expressly excluded from the purchase and sale contemplated hereby, and as such, are not Purchased Assets.

C. Assumed Liabilities. On the terms and subject to the conditions set forth in this Agreement, and as consideration for the Purchased Assets, on the Operations Closing Date, New Operators will assume the Assumed Liabilities. Notwithstanding anything in this Agreement to the contrary, New Operators are not assuming or will not assume or become liable for any Excluded Liabilities. Existing Operators hereby acknowledge that each is retaining, and is and will be liable for, the Excluded Liabilities, and Existing Operators will pay, discharge and perform all such Excluded Liabilities promptly when due. Without limiting the generality of the foregoing, Existing Operators will remain liable for (i) Recapture Claims, and (ii) all liabilities arising in connection with any third party payor provider numbers that constitute Purchased Assets to the extent that such liabilities relate to acts, failures to act, conditions, or circumstances before the Operations Closing Date.

ARTICLE III
INTERIM MANAGEMENT AND OTHER COVENANTS

A. **Change of Ownership Filings.** New Operators shall use commercially reasonable efforts to file or cause to be filed all applications (the “**CHOWs**”) with the applicable government department or agency having jurisdiction over the licensing of each Facility as a skilled nursing facility, and/or other applicable designation in the state where the Facilities are located (the “**Agency**”) within sixty (60) days after the Agreement Date, and will make all other notices or applications of change of ownership or other similar applications and notices (including but not limited to notices or applications related to certificates of need) required by any Governmental Entity having jurisdiction over the Facilities to obtain all permits, approvals, authorizations and consents of all such Governmental Entities required to consummate the transactions contemplated by this Agreement within all applicable legally required timeframes; provided, that in the case of the CHOW application, the foregoing shall be conditioned on Existing Operators having provided all Facility information reasonably necessary to apply for the CHOWs. Without limiting the foregoing, New Operators shall diligently pursue the CHOWs (including but not limited to using commercially reasonable efforts to promptly responding to licensing authority requests for information, to the extent such information is reasonably available; if such information is not reasonably available for New Operators, then New Operators shall use commercially reasonable, best efforts to obtain such information and respond to the licensing agency’s request using commercially reasonable efforts). Except as expressly permitted by this Agreement, New Operators further acknowledge that they will operate the Facilities under new names from and after the Operations Closing Date, it being the understanding of the Parties that the Facilities’ existing names are an Excluded Asset being retained by Existing Operators, and that any regulatory filing will accurately reflect each Facility’s new name. Existing Operators agree to cooperate with New Operators in filing any applications or forms necessary to facilitate a change of ownership in favor of New Operators, including, but not limited to, CMS’ 855A form. To the extent applicable, New Operators will also provide to Existing Operators a copy of all pre-closing notices from the Agency authorizing the closing of the transaction with respect to the CHOWs, provided that New Operators will be entitled to redact any personal information of officers, directors, or managing employees.

B. **Facility Access.** After the Agreement Date and prior to the Operations Closing Date, Existing Operators will permit New Operators and their authorized representatives to have access to the Facilities, employees, and the books and records of the Facilities, at reasonable times and in a manner so as not to interfere with the normal business operations of Existing Operators, subject to applicable regulations and guidelines, including, without limitation, regulations and guidelines promulgated by any governmental agency, including, without limitation, those implemented as a result of COVID-19 and the related pandemic, whether in currently in effect or put into effect after the Agreement Date. Existing Operators agree to cooperate with New Operators, and New Operators agree to cooperate with Existing Operators, to effect an orderly transfer of the operations of the Facilities. Each of the Parties hereto shall execute and deliver, at the reasonable request of the other Parties hereto, such additional documents, instruments, conveyances and assurances and take such further actions as such other Parties may reasonably request to carry out the provisions hereof and give effect to the transactions contemplated by this Agreement.

C. **Interim Operations of the Facility prior to the Operations Closing Date.** From the Agreement Date until the Operations Closing Date, Existing Operators shall: (i) operate each Facility in the ordinary course of business in the current manner and in material compliance with all applicable Laws, subject to applicable regulations and guidelines, including, without limitation, regulations and guidelines promulgated by any government agency, including, without limitation, those implemented as a result of COVID-19 and the related pandemic, whether in currently in effect or put into effect after the Agreement Date; (ii) maintain each Facility and continue to make ordinary repairs, replacements and maintenance with respect to such Facility (including, without limitation, all machinery, sprinkler systems, air conditioners, equipment, partitions and fixtures); (iii) utilize its commercially-reasonable efforts to maintain each

Facility's licensure status and Medicare and Medicaid provider agreements; (iv) preserve the goodwill with all of the suppliers, residents and others having business relations with Existing Operators or the Facilities; (v) maintain in force or renew on substantially similar terms the existing hazard general liability and professional liability insurance policies as are now in effect for the Facilities; (vi) pay all taxes or other obligations and liabilities, which are due and payable with respect to the Facilities and Purchased Assets arising from operating the Facilities prior to the Operations Closing Date; (vii) maintain its normal inventory of Supplies, which shall be in quantities consistent with legal requirements and past practices for operation of the Facilities; (viii) prior to the end of each calendar month, provide New Operators with a resident census report for the previous calendar month; (ix) not transfer any employees and shall not transfer any residents to any business or facility owned or controlled by an affiliate of an Existing Operator, unless required to comply with legal requirements and (x) use commercially reasonable efforts to market the Facilities in a manner consistent with past practice. Existing Operators shall provide New Operators notice of any failure to materially comply with this Section III.C within five (5) Business Days after such event of non-compliance.

ARTICLE IV

RESTRICTIVE COVENANTS

A. From the Agreement Date until such date that is twenty-four (24) months following the Operations Closing Date, Existing Operators shall not, and shall not permit any of their affiliates to: (i) directly or indirectly, hire, solicit, or entice any employees currently employed at any of the Facilities as of the Agreement Date, Hired Employees or any other employee of New Operators or their affiliates or encourage any such Hired Employee(s) or other employees of New Operators or their affiliates to leave such employment or hire any such Hired Employee or other employee of New Operators who has left such employment; (ii) directly or indirectly solicit, or entice any resident of the Facilities to leave the Facilities; and (iii) within a twenty five (25) mile radius surrounding each Facility, directly or indirectly open, own, operate, lease, or manage a skilled-nursing or similar facility that, in the reasonable discretion of New Operators, competes with a Facility, other than any facility that is owned, operated, leased or managed by an affiliate of Existing Operator as of the Agreement Date.

B. Existing Operators acknowledge that a breach or threatened breach of this Article IV. would give rise to irreparable harm to New Operators, for which monetary damages would not be an adequate remedy, and hereby agree that in the event of a breach or a threatened breach by any Existing Operator of any such obligations, New Operators shall, in addition to any and all other rights and remedies that may be available to it in respect of such breach, be entitled to seek equitable relief, including a temporary restraining order, an injunction, specific performance and any other relief that may be available from a court of competent jurisdiction (without any requirement to post bond). Existing Operators acknowledge that the restrictions contained in Article IV are reasonable and necessary to protect the legitimate interests of New Operators and constitute a material inducement to New Operators to enter into this Agreement and consummate the transactions contemplated by this Agreement. In the event that any covenant contained in Article IV should ever be adjudicated to exceed the time, geographic, product or service, or other limitations permitted by applicable law in any jurisdiction, then any court is expressly empowered to reform such covenant, and such covenant shall be deemed reformed, in such jurisdiction to the maximum time, geographic, product or service, or other limitations permitted by applicable Law. The covenants contained in Article IV and each provision hereof are severable and distinct covenants and provisions. The invalidity or unenforceability of any such covenant or provision as written shall not invalidate or render unenforceable the remaining covenants or provisions hereof, and any such invalidity or unenforceability in any jurisdiction shall not invalidate or render unenforceable such covenant or provision in any other jurisdiction.

C. New Operators and Existing Operators agree and acknowledge that the employees at the

Facilities provide valuable services that are crucial for the success of the Facilities, and New Operators' decision to serve as certified operators of the Facilities is based upon the skills and qualifications of such employees. As such, in the event of a violation of Article IV. A(i) of this Agreement, then the applicable Existing Operator shall pay to the applicable New Operator an amount equal to the greater of (i) Fifty Thousand Dollars (\$50,000.00) or (ii) the annual salary for such Hired Employee as liquidated damages, for each such violation of that section. The parties agree and acknowledge that actual damages with respect to the foregoing would be difficult to ascertain and that such amount is a fair and reasonable approximation of such actual damages.

ARTICLE V

OPERATIONS CLOSING

A. **Operations Closing.** The Operations Closing will take place by wire transfer of funds and electronic delivery of closing documents in a manner mutually agreeable to the Parties on the Operations Closing Date, which date shall be a date within five (5) Business Days after satisfaction or waiver of all conditions to Closing pursuant to Section V.D below, or such other date to be mutually agreed upon by the Parties.

B. **Operations Closing Deliveries.** Subject to the terms and conditions set forth herein, at the Operations Closing or as earlier required as set forth below:

1. **Bill of Sale for Regulatory Assets.** Each Existing Operator and New Operator will execute and deliver to the applicable Existing Operator or New Operator the executed Bill of Sale for Regulatory Assets.

2. **Medicaid Bond.** To the extent required by a Medicaid program, Existing Operators shall have provided New Operators with evidence that Existing Operators shall have posted an indemnity bond or a standby letter of credit or provided other security for any such Medicaid liability required by the Agency or other Medicaid authority; provided that it obtains written documentation from the Agency or Medicaid Authority or provides other assurances under applicable Laws that such other security (i) is satisfactory and alleviates the requirement to post a bond or a standby letter of credit or (ii) otherwise prevents New Operators from incurring any liability or obligation for any Medicaid liability of Existing Operators or otherwise related to periods prior to the Operations Closing Date.

3. **Payoff Letters.** No later than three business (3) days prior to the Operations Closing Date, Existing Operator shall deliver to New Operator, to the extent applicable:

(a) Payoff letters duly executed by any secured creditors of Existing Operator, if any, agreeing to the amounts owed in order for such creditors to have been paid in full and to release any liens, mortgages, pledges, deeds of trust, security interests, charges, encumbrances and other adverse claims or interests of any kind ("***Liens***") on any property or assets of Existing Operator in favor of such creditors;

(b) All UCC termination statements, releases of mortgages, and other releases of any Liens, as shall be required, in the commercially reasonable discretion of New Operator and its lenders, to release any such Liens; and

(c) For any Liens in favor of a secured creditor of Existing Operator that will not be paid off on or before the Operations Closing Date, an acknowledgement letter from the applicable creditor acknowledging that: (A) the operations of the Facility will be transferring from Existing Operator to New Operator as contemplated in this Agreement; (B) New Operator will grant its lender a perfected lien on the unpaid accounts receivable with respect to the Facility which relate solely to the period from and

after the Operations Closing Date; (C) in its capacity as a creditor of Existing Operator, such creditor has no interest in, or lien on, (i) the Purchased Assets as of the Operations Closing Date, or (ii) New Operator's accounts receivable, including those funds that may be deposited in the bank accounts of Existing Operator for some time after the Operations Closing Date; and (D) such letter may be relied upon by New Operator's lender and its successors, affiliates, or assigns.

(d) Existing Operator shall execute and deliver to New Operator's lender such reasonable documents related to the foregoing, including, but not limited to, a consent to a collateral assignment of this Agreement, in each case reasonably acceptable to Existing Operator.

C. **[Reserved]**.

D. **Conditions Precedent to Operations Closing.**

1. **Mutual.** Each Party's obligation to consummate the transactions contemplated in this Agreement shall be subject to the following conditions precedent on and as of the Operations Closing Date to the reasonable satisfaction of such Party or the waiver thereof by such Party, which waiver shall be binding upon such Party only to the extent made in writing and dated as of the Operations Closing Date:

(a) **Closing of the Real Estate Transaction.** The Real Estate Transaction shall have been consummated.

(b) **No Proceeding.** No regulatory authority will have enacted, issued, promulgated, enforced, entered, proposed or introduced any Laws that has, or would have, the effect of making the transactions contemplated by this agreement illegal or otherwise restraining or prohibiting the consummation of such transactions.

(c) **No Default.** The covenants and agreements contained in this agreement to be complied with by both parties at or before the Operations Closing will have been materially complied with.

(d) **California Attorney General Consent.** Existing Operators shall have received consent, conditional or otherwise, from the Attorney General of the State of California regarding the transactions contemplated by this Agreement.

(e) **Licensure.** A license to operate each Facility will have been issued to New Operator by the Agency effective on the Operations Closing Date or New Operator shall have received written assurance from the Agency, in form and substance acceptable to New Operator, authorizing the Parties to proceed with the change of ownership contemplated herein.

2. **New Operator's Conditions Precedent to Operations Closing Date.** New Operator's obligation to proceed with the Operations Closing shall be subject to the following conditions precedent on and as of the Operations Closing Date to the reasonable satisfaction of New Operator, or the waiver thereof by New Operator, which waiver shall be binding upon New Operator only to the extent made in writing and dated as of the Operations Closing Date: There shall not be imposed against Existing Operator or a Facility, nor shall they have received notice of: i) a survey with a citation of an "IJ" or more severe finding, which is outstanding at any time with respect to two (2) or more Facilities; or ii) a ban on admissions or denial of payment for new admissions, which is outstanding at any time with respect to two (2) or more Facilities (collectively, a "**Closing Condition Event**"). In the event that there is a Closing Condition Event with respect to two (2) Facilities (and no more than two (2) Facilities), then New Operator shall close on the five (5) Facilities without a Closing Condition Event (the "**First Operations Closing**").

Date”) and then, upon the Remediation of the Closing Condition Events existing at both of the remaining two (2) Facilities with a Closing Condition Event, New Operator shall close on both of the remaining two (2) Facilities. For the purposes of this Section V.D.2, “**Remediation**” of a Closing Condition Event shall be considered remediated upon the acceptance by the California Department of Public Health (“**CDPH**”) of a plan of correction consented to by New Operator in good faith, which consent shall not be unreasonably withheld, conditioned, or delayed. For the avoidance of doubt, this closing condition only applies to the extent such matters are not remedied or paid prior to the Operations Closing Date. Notwithstanding anything to the contrary, in the event that all other conditions precedent for the Operations Closing have been satisfied and there is a Closing Condition Event at three (3) or more Facilities, New Operators shall not be obligated to proceed with the Operations Closing until there are Closing Condition Events at no more than two (2) Facilities, in which case, the New Operators shall be obligated to proceed with the Operations Closing (assuming all other conditions are met) in accordance with this Section V.D.2.

3. Prior to the Operations Closing Date, if CDPH determines that any New Operator will not be granted a new skilled nursing facility license for the Facility or the California Attorney General determines that consent to transactions contemplated by this Agreement will not be given (each a “**Default Event**”), New Operator agrees to promptly advise Existing Operator and the applicable Facility landlord (each an “**Owner**”) of the Default Event, and New Operator shall thereafter fully cooperate with Existing Operator and Owner in all respects to transition the operations of the Facility to an Approved Replacement Operator selected by Owner in its sole and absolute discretion.

3.1. If pursuant to the terms of Section V.D.3 above, New Operator is required to transition the operations of the Facility to an Approved Replacement Operator, New Operator agrees that it shall continue to perform all such agreements, covenants and obligations of New Operator under this Agreement, until Owner has identified an Approved Replacement Operator and until the date New Operator transfers and relinquishes the Facility to the Approved Replacement Operator.

3.2. In furtherance of the foregoing, New Operator agrees that it shall cooperate fully with Owner and Approved Replacement Operator with respect to the transfer and disposition of the Facility to the Approved Replacement Operator. Such cooperation from New Operator shall include, executing such assignment and other agreements and instruments to assign all of New Operator’s rights, obligations and duties under this Agreement to such Approved Replacement Operator, provided that such assignment of this Agreement is not prohibited by applicable laws. If, however, assignment of this Agreement to the Approved Replacement Operator is prohibited by any applicable laws, then New Operator agrees to continue to operate the Facility under the terms of this Agreement, and cooperate fully with Owner and Approved Replacement Operator, until Approved Replacement Operator has obtained all such approvals and consents required from such regulatory agencies to take over the operations of the Facility.

3.3. As used herein, “Approved Replacement Operator” means a proposed replacement operator for the Facility who is approved by Owner in its reasonable discretion and is reasonably acceptable to Existing Operator.

E. **Closing Costs.** Existing Operators will not be responsible for any bed or provider taxes accruing on or after the Operations Closing Date. All such taxes shall be paid by New Operators. Existing Operators shall be responsible for all bed or provider taxes relating to periods prior to the Operations Closing Date. Each Party is solely responsible for its respective legal, accounting, due diligence, financing, and other professional fees and expenses and the cost of all certificates, instruments, documents and papers required to be delivered, and the cost of all performances required of them to fulfill their obligations hereunder.

F. **Bulk Sales Compliance.** At New Operator's election, New Operator shall deliver to the applicable Governmental Entities (with simultaneous copies to Existing Operators) any notice of bulk sale required by and in accordance with the laws of the states where the Facilities are located. If any such governmental authority notifies New Operators prior to Operations Closing that taxes are due from any Existing Operator ("Owed Taxes"), such Existing Operator shall deposit in escrow with an escrow agent mutually agreed upon by the Parties the specified amount, pursuant to an escrow agreement reasonably satisfactory to New Operators, Existing Operators and Escrow Agent executed and delivered at the Operations Closing. Such withheld amount shall be (i) released to the applicable Existing Operator upon notification from the applicable Governmental Entity that there are no remaining unpaid taxes or (ii) such amount shall be paid at to the applicable Governmental Entity in satisfaction of such unpaid taxes in the event such amounts are required to be paid. Notwithstanding anything to the contrary in this subsection F, to the extent not submitted, Existing Operator shall still be responsible for any such Owed Taxes with respect to periods prior to the Operations Closing Date.

G. **Medicare Advance Payments; other COVID Funds; Retroactive Payments and Adjustments.** Notwithstanding anything in this Agreement to the contrary, and except for those programs announced prior to the Operations Closing Date, any and all grant payments, stimulus payments, retroactive rate adjustments, other retroactive payments or adjustments to reimbursement and any and all other payments and support paid with respect to the Facilities ("**Payments**"), including without limitation in relation to COVID-19 relief efforts ("**COVID Payments**"), even if based on, in return for, or calculated using data for dates of service prior to the Operations Closing Date that are paid on or after the Operations Closing Date, shall be the property of New Operators and shall be retained by and/or paid to the applicable New Operators in the same manner as New Operators' accounts receivable hereunder, subject to applicable Law and provided that such New Operators use any such COVID Payments solely for the benefit of the applicable Facilities and their residents and staff to the extent required for compliance with applicable Law. In the event that Existing Operators receive any COVID Payments following the Operations Closing Date, Existing Operators shall, at the applicable New Operators' election, subject to applicable Law, either: (i) pay such New Operators at Operations Closing a credit equal to 100% of such COVID Payments; (ii) spend such remaining COVID Payments on COVID-19 related expenses such as personal protective equipment in accordance with applicable Law; (iii) some combination of (i) and (ii); or (iv) otherwise cooperate with New Operators to ensure that such COVID Payments are used solely for the benefit of the applicable Facilities and their residents and staff to the extent required for compliance with applicable Law. To the extent that Existing Operators receive any COVID Payments after the Operations Closing Date that are not legally permitted to be transferred to the applicable New Operators for any reason, then Existing Operators shall otherwise cooperate with New Operators to ensure that such COVID Payments are used solely for the benefit of the applicable Facilities and their residents and staff required for compliance with applicable Law, or if New Operators determine that doing so is not legally permissible, then Existing Operators shall return such COVID Payments to the applicable Governmental Entity. In the event that Existing Operators received any advance on Medicare, Medicaid, or other third-party payor receivables ("**Advances**") at any time prior to the Operations Closing Date that has not been repaid to the issuing authority as of the Operations Closing Date, such Existing Operators shall cause such Advances to be repaid to the appropriate Governmental Entity as of the Operations Closing Date. Any Advance requested by an Existing Operator that is paid out on or after the Operations Closing Date shall be considered the applicable New Operator's accounts receivable hereunder, subject to applicable Law and provided that New Operator uses such Advances solely for the benefit of the applicable Facility and its residents and staff to the extent required for compliance with applicable Law; and provided that New Operator causes any such Advances to be repaid to the appropriate Governmental Entity as and when due.-For avoidance of doubt, "**Payments**" other than "**COVID Payments**" under this Article V.G. shall not include outstanding receivables for payments at regular rates in effect (at the time the applicable services were provided) for services provided in the ordinary course prior to the Operations Closing Date, including, without limitation, all cost report adjustments and settlement amounts payable to Existing Operators after the Operations Closing Date, in

each case that are not the result of some retroactive adjustment or other additional payment beyond regular rates in effect at the time the applicable services were provided.

ARTICLE VI **OPERATIONS TRANSFER**

A. **Transfer of Resident Trust Funds.** On the Operations Closing Date, Existing Operators will provide to New Operators a true, correct, and complete accounting (properly reconciled) of the Resident Trust Funds. Existing Operators will deliver the Resident Trust Funds to New Operators on the Operations Closing Date.

1. New Operators agree that they will accept such Resident Trust Funds in trust for the residents of each Facility and will hold and disburse such Resident Trust Funds in accordance with applicable statutory and regulatory requirements.

2. Existing Operators will indemnify, defend, and hold New Operators harmless from all liabilities, claims and demands, including reasonable attorney's fees, in the event the amount of the Resident Trust Funds, if any, transferred to New Operators did not represent the full amount of the Resident Trust Funds shown to have been delivered to Existing Operators as custodian or with respect to any Resident Trust Funds delivered, or claimed to have been delivered, to Existing Operators, but which were not delivered by Existing Operators to New Operators, or for claims that arise from actions or omissions of Existing Operators with respect to the Resident Trust Funds before the Operations Closing Date.

3. New Operators will indemnify, defend and hold Existing Operators harmless from all liabilities, claims and demands, including reasonable attorneys' fees, in the event a claim is made against any Existing Operator due to acts or omissions of any New Operator or its agents or affiliates with respect to the Resident Trust Funds where such funds were transferred to a New Operator pursuant to the terms of Article VI.A hereof.

4. New Operators, as applicable, shall have provided Existing Operators with evidence that such New Operators shall have posted an indemnity bond or a standby letter of credit for the Transferred Resident Trust Funds wherever such security is required by applicable Law.

B. **Cost Reports.** Existing Operators will: (i) file accurate and timely final cost reports relating to the portion of the current fiscal year of the Facilities from the commencement of the fiscal year through the Operations Closing Date (i.e., "short period cost reports") with all applicable regulatory authorities and third party payors in accordance with the terms of all third party payor programs (collectively, the "***Final Cost Reports***"); (ii) provide copies of such Final Cost Reports to New Operators at the time of the filing; and (iii) promptly pay such amounts due and payable, if any, pursuant to the setting of final rates based upon the Final Cost Reports (including any final settlement or audit thereof).

C. **Reimbursement Matters.**

1. As of the Operations Closing Date, New Operators shall assume any and all of Existing Operators' rights and interests in and to Existing Operators' Medicare provider numbers and Medicare provider reimbursement agreements. Existing Operators and New Operators acknowledge and agree that New Operators are not expected to have received their "tie in" notices CMS with respect to Existing Operators' Medicare provider agreements or new Medicare provider agreements as of the Operations Closing Date. New Operators shall be permitted to bill under Existing Operators' Medicare provider agreements and provider numbers until the issuance of the Medicare "tie in" notices. Existing Operators agree to cooperate with New Operators in the assignment of Existing Operators' Medicare

provider agreements to New Operators, including completing those portions of CMS Form 855A that confirm the change of ownership of the Facilities and providing to New Operators or any Governmental Entity any information requested to effect the transfer of Existing Operators' Medicare provider numbers.

2. New Operators shall secure new Medicaid provider numbers and Medicaid provider reimbursement agreements in their own names, either by assumption of the foregoing from Transferee or application for new numbers and agreements as applicable (provided that in the event both assumption or new application are available, New Operators shall elect which to pursue). From and after the Operations Closing Date until any Medicaid provider agreements are obtained by New Operator, to the extent permitted under applicable Law, New Operator may bill for services provided on and after the Operations Closing Date under Existing Operator's Medicaid provider agreements using Existing Operator's Medicaid provider information in accordance with applicable Law. Existing Operators agree to cooperate with New Operators in the issuance of new Medicaid provider agreements to New Operators, including providing to New Operators or any Governmental Entity any information requested to effect the issuance to New Operators of new Medicaid provider numbers and Medicaid provider agreements.

3. With respect to any managed care and commercial third-party payor provider agreements (all of the foregoing, "Other Payors"), New Operators will obtain their own provider agreements (or take assumption of Existing Operator's provider agreements to the extent permitted by the applicable payor), but New Operators shall be permitted to bill under Existing Operators' provider agreements until New Operators have been fully credentialed and approved under their own provider agreements, in each case to the extent permitted by applicable Law; provided, however, that Existing Operators will cooperate with New Operators promptly after the Operations Closing Date and assist New Operators in seeking assignment of Existing Operators' provider agreements or obtaining a new provider agreement. Existing Operator shall not provide any notice or communication to any Other Payors with respect to the transaction set forth herein or otherwise take any action with respect to any cancellation or modification of any payor agreements other than to the extent Existing Operator is clearly required to do so by its contractual obligations to the Other Payors or by applicable Law (a "Required Notice"); provided that with respect to any Required Notice, Existing Operators shall first obtain written approval of New Operators for the contents of any communication to Other Payors, which approval shall not be unreasonably withheld, conditioned or delayed, and shall allow New Operators: (i) a reasonable opportunity to communicate first with the Other Payors prior to the outside Required Notice date or Operations Closing Date, whichever occurs first, and following reasonable prior notice to Existing Operators, or (ii) New Operators shall be able to join a conversation between Existing Operators and the Other Payors. Existing Operators shall be able to request a joint conversation among Existing Operators, New Operators and the Other Payors as it reasonably deems appropriate after any first communication to the Other Payor by New Operators described above.

4. New Operators expressly do not assume, and the assumption by New Operators of Existing Operators' Medicare provider number and agreements shall not be construed to impose upon New Operators, any obligations under Existing Operators' Medicare, Medicaid, managed care, or other third-party payor provider agreements arising from or related to any event occurring prior to the Operations Closing Date, including, without limitation, any Recapture Claim, refund or overpayment due to any third-party payor that is assessed as a result of services rendered by Existing Operators prior to the Operations Closing Date.

5. Nothing set forth herein shall be deemed to limit in any way (i) Existing Operators' right, title, and interest in its cash and accounts receivable for services rendered prior to the Operations Closing Date, which cash and accounts receivable are property of Existing Operators and shall be reimbursed or retained, as applicable, in accordance herewith, and (ii) Existing Operators' ability to complete any remaining billing for services rendered prior to the Operations Closing Date under Existing

Operators' Medicare and Medicaid provider numbers.

6. Existing Operators and New Operators understand that reimbursements from Medicare or Medicaid for items/services provided/rendered after the Operations Closing Date may continue to be issued to Existing Operators for a period of time. Existing Operators shall promptly forward to New Operators any payments received with respect to services rendered by New Operators from and after Operations Closing in accordance with Section 9 hereof. Any amounts not forwarded to New Operator within fifteen (15) days shall accrue interest at a rate of eight (8%) percent per annum.

D. Intentionally Omitted.

E. **Employees.** Existing Operators will deliver to New Operators Schedule VI.E (the "***Employee Schedule***") that reflects: (i) the name of all employees of the Facilities as of the Operations Closing Date, (ii) their positions and rates of pay, (iii) the accrued vacation, sick, holiday, personal time-off, and any other paid time off of all employees that remains unused ("***ETO***"), (iv) the exempt or non-exempt status of each employee (whether or not paid at an hourly or salary rate), (v) each employee's date of hire or commencement of most recent employment and (vi) the number of hours worked by each employee in the preceding twelve (12) months. New Operators shall not be bound by or assume any employment contracts to which Existing Operators may be a party. Other than consistent with past practice or required by law or the terms of any contract existing as of the date hereof, Existing Operators shall not make any material changes in the compensation or benefits of the employees at the Facility prior to the Operations Closing Date.

1. New Operators shall determine, in their sole discretion, which of the employees shall be offered employment with New Operators, pursuant to employment terms reasonably acceptable to New Operators, provided that New Operators shall offer employment to a sufficient number of the Employees as of the Operations Closing Date, so as to avoid any obligation of Existing Operator to provide advance notice under the Worker Adjustment and Retraining Notification ("**WARN Act**") Act, 29 U.S.C. § 2101 et seq. New Operators shall not discharge without cause any Hired Employees (other than the nursing home administrator or the director of nursing) for a period of sixty (60) days after the Employee Transition Date in accordance with California Health and Safety Code Section 1267.62. Further, during that sixty (60) day period, Hired Employees (other than the nursing home administrator or the director of nursing) at the Facility shall not suffer any reduction in wages, benefits, or other terms and conditions of employment as a result of the transfer or change of ownership in accordance with California Health and Safety Code section 1267.62.

2. New Operators and Existing Operators acknowledge and agree that because New Operators are hiring the Hired Employees pursuant to the terms and conditions set forth in subsection 1 immediately above, Existing Operators are not required to give notice to the employees of the Facilities of the "closure" thereof under the WARN Act or under any comparable Law of the state where the Facilities are located. Notwithstanding the foregoing, conditioned upon New Operators' compliance with subsection 1 above, Existing Operators agree to indemnify, defend and hold harmless New Operators from any liability that they may incur under the WARN Act or under comparable state Law in the event of a violation by Existing Operators or New Operators of their obligations thereunder with respect to the termination of employment of any employees by Existing Operator in connection with the consummation of the transactions contemplated hereby. New Operators agree to indemnify, defend and hold harmless Existing Operators from any liability that they may incur under the WARN Act or under comparable state Law in the event of a violation by Existing Operators or New Operators of their obligations thereunder with respect to any termination of employment of any employees by New Operators. Nothing in Article VI will, however, create any rights in favor of any person not a party hereto, including the employees of a Facility, or constitute an employment agreement or condition of employment for any employee of an Existing

Operator or any affiliate of an Existing Operator who is a Hired Employee.

3. Existing Operators shall be responsible for providing COBRA Notices and COBRA continuation healthcare coverage for all “M & A Qualified Beneficiaries” (as that term is defined in Section 4980B of the Code and Title 6 of ERISA and the regulations thereafter (COBRA)) in connection with the transaction as of the Operations Closing Date.

4. **ETO Matters**

a. Existing Operators will, within fourteen (14) days after the Operations Closing Date, pay directly to the employees of each Facility all ETO required to be paid upon termination (for avoidance of doubt, regardless of whether any such amounts are due upon termination of employees under Existing Operators’ policies).

b. As of the Operations Closing Date, New Operators will grant and pay to Hired Employees as and when due all Benefits in accordance with New Operators’ personnel policies, it being agreed that the employees of the Facilities will be granted credit for service with Existing Operators under all benefit policies maintained by New Operators for the benefit of the Hired Employees for the purposes of participation and Benefits accrual to the extent allowed by New Operator’s benefit policies.

c. Existing Operator shall pay to Hired Employees any obligations of Existing Operator that accrue and vest prior to the Operations Closing Date that relate solely to operations of the Facilities prior to the Operations Closing Date.

5. Existing Operators acknowledge and agree that New Operators will have a reasonable opportunity to meet with “**Key Personnel**” including, but not limited to, the administrator, director of nursing, and all department heads within the Facility following the Agreement Date.

F. **Accounts Receivable.** Existing Operators will retain their right, title, and interest in and to all unpaid accounts receivable with respect to the Facilities that relate to any period before the Operations Closing Date, including, but not limited to, any accounts receivable arising from rate adjustments that relate to any period before the Operations Closing Date even if such adjustments occur on or after the Operations Closing Date. Existing Operators will remain liable for any Recapture Claims and any other overpayments made to Existing Operators before the Operations Closing Date for which payment is due to Medicare, Medicaid or any other third party payor on or after the Operations Closing Date.

1. Payments received by New Operators or Existing Operators on or after the Operations Closing Date from any payor will be handled as follows:

(a) If such payments either specifically indicate on the accompanying remittance advice, or if the Parties agree, that they relate to the period before the Operations Closing Date, they will be forwarded to Existing Operators by New Operators, along with the applicable remittance advice;

(b) If such payments indicate on the accompanying remittance advice, or if the Parties agree, that they relate to the period on or after the Operations Closing Date, they will be forwarded to or retained by New Operators, along with the applicable remittance advice; or

(c) If such payments indicated on the accompanying remittance advice, or if the Parties agree, that they relate to periods both before and after the Operations Closing Date, the portion

thereof that relates to the period on and after the Operations Closing Date will be forwarded to or retained by New Operators and the balance will be remitted to or retained by Existing Operators.

(d) For Social Security payments, they will be allocated to the month such payments are received.

(e) Notwithstanding the foregoing, for payments received by Existing Operators from private-pay patients relating to any period on or after the Operations Closing Date, Existing Operators will promptly remit such payments to New Operators.

2. Any payments received during the first thirty (30) days commencing on the Operations Closing Date from or on behalf of private pay residents with outstanding balances as of the Operations Closing Date that fail to designate the period to which they relate, will first be applied by New Operators to reduce the resident's pre- Operations Closing Date balances, with any excess applied to reduce any balances due for services rendered by New Operators on or after the Operations Closing Date. Thereafter all non-designated payments will first be applied to any post- Operations Closing Date balances, with the excess, if any, applied to the extent of any balances due for services rendered by Existing Operators before the Operations Closing Date.

3. Nothing herein will be deemed to limit in any way Existing Operators' rights and remedies to recover accounts receivable due and owing Existing Operators under the terms of this Agreement.

4. All amounts owing to Existing Operators or New Operators shall be remitted on the first (1st) and fifteenth (15th) day (or the next applicable Business Day) of each applicable month, together with applicable remittance advices, provided such transfer date is at least five (5) Business Days following receipt of such payment by Existing Operators or New Operators, as applicable.

5. In the event the Parties mutually determine that any third party payors or private pay residents are entitled to a refund of payments, the portion thereof that relates to the period from and after the Operations Closing Date shall be paid by New Operators and the portion thereof that relates to the period prior to the Operations Closing Date shall be paid by Existing Operators to such third party payor or private pay resident.

6. In the event the Parties mutually determine that any payment hereunder was misapplied by the Parties, the Party that erroneously received said payment will remit the same to the appropriate other Party within ten (10) days after said determination is made.

7. For a period of twelve (12) months after the Operations Closing Date, Existing Operators and New Operators shall provide each other with an accounting setting forth all amounts received during the preceding month with respect to payments from the residents of the Facilities which are due and owing to the other party in accordance with the terms of this Agreement.

8. For a period of twelve (12) months after the Operations Closing Date, each Party will have the right to inspect all cash receipts of the other appropriate Party in order to confirm compliance with the obligations imposed on it under this Article VI.F.

9. Each Party will have the right to offset any such payments for any amounts that are due and owing to it from the other appropriate Party.

G. **Prorations.** Revenues and expenses pertaining to Assumed Operating Contracts, utility charges for the billing period in which the Operations Closing Date occurs, prepaid expenses, taxes and other related items of revenue or expense attributable to the operation of the Facilities will be prorated between Existing Operators and New Operators as of 12:01 a.m. on the Operations Closing Date, provided that expenses related to benefits will be paid directly to the Hired Employees pursuant to Article VI.E. In general, such prorations will be made so as to reimburse Existing Operators for prepaid expense items, and to charge Existing Operators for prepaid revenue items, to the extent that the same are attributable to periods on or after the Operations Closing Date.

1. All such prorations will be made on the basis of actual days elapsed in the relevant accounting or revenue period and will be based on the most recent information available to Existing Operators. Utility charges that are not metered and read on the Operations Closing Date will be estimated based on prior charges, and will be re-prorated upon receipt of statements therefor.

2. All amounts owing from any Party hereto to any other Party hereto that require adjustment after the Operations Closing Date will be settled on the Operations Closing Date and shall be readjusted within ninety (90) days after the Operations Closing Date or, in the event the information necessary for such adjustment is not available within said ninety (90) day period, then as soon thereafter as practicable.

3. Funds received by New Operator which relate to the Quality and Accountability Supplemental Payment (“**QASP**”) owed to Existing Operator for dates prior to Operations Closing Date shall belong to the Existing Operator and shall be remitted by New Operator to the Existing Operator promptly within ten (10) days’ receipt of such QASP from the applicable regulatory agency. The amount of the QASP deemed owed to Existing Operator shall be calculated as follows: the QASP shall be multiplied by a fraction, the numerator of which shall be the number of days the Existing Operator operated the Facility in the year for which QASP are being made and the denominator of which shall be the number of days in the year for which QASP are being made. New Operator and Existing Operator hereby acknowledge that payments made for QASP fees are paid based on the state fiscal year of July 1-June 30 (the “SFY”), and that payments for the prior year are received in approximately April of the calendar year following the SFY. For example, payments made to operators in April 2023 will be for SFY July 1, 2021-June 30, 2022 and payments made to operators in April 2024 will be for SFY July 1, 2022-June 30, 2023. For the avoidance of doubt, New Operator has no obligation to assume any quality assurance fees assessed against the Facility for periods prior to the Operations Closing Date Given that the metrics of the Workforce and Quality Incentive Program (“**WQIP**”) program are not expected to be finalized until late 2022 and possibly mid to late 2023, New Operator and Existing Operator agree to confer in good faith and allocate each parties’ respective entitlements with respect to the WQIP after such payments, if any, have been received from the applicable health plan and/or regulatory agency, which allocations shall be based on each parties respective period of operations.

H. **Access to Records; Cooperation.** On and after the Operations Closing Date, both Parties will grant reasonable and prompt access to any Facility, patient, or employee records as any Party may request. In addition, the Parties agree as follows:

1. New Operators will allow Existing Operators and their agents and representatives, upon reasonable prior notice and during normal business hours, reasonable access to (a) the books and records and supporting materials relating the period before the Operations Closing Date and to make copies or scans of the same; and (b) the Hired Employees, to the extent such access is reasonably necessary to enable any Existing Operator to investigate and defend malpractice, employee or other claims, to file or defend cost reports and tax returns. Existing Operators will be entitled to any original records delivered to New Operators for purposes of litigation involving a patient or employee to whom such record relates, if an officer of or counsel for Existing Operators certified that such original must be produced in order to

comply with applicable Law or the order of a court of competent jurisdiction in connection with such litigation.

2. New Operators agree to maintain such books, records and other material comprising records of each Facility's operations before the Operations Closing Date that have been received by New Operators from Existing Operators or otherwise, including, but not limited to, patient records and records of Resident Trust Funds, to the extent required by Law and for a period not less than six (6) years, and will allow Existing Operators a reasonable opportunity to copy such documents, at Existing Operators' expense, at such time after such record retention period as may be required by Law as New Operator will decide to dispose of such documents.

3. New Operators agree to fully cooperate with Existing Operators, their agents, attorneys, employees, and other designated representatives in the defense of any claims, lawsuits, investigations, or reimbursement matters now existing or arising from or in connection with events occurring before the Operations Closing Date. "Fully cooperate" as used in this provision means that, to the extent permitted by applicable Law, New Operators will provide to Existing Operators within seven (7) days after request from Existing Operators: (i) access to all medical, business and other records of the Facilities for inspection and copying at Existing Operators' cost; (ii) access to Hired Employees and their personnel files; (iii) access to the Facilities and the equipment thereon; (iv) the last known names and addresses of former employees along with access to their personnel files; (v) access to any other documents and information necessary for the defense of any claim; and (vi) cooperation in re-opening or filing cost reports, including opening a filed cost report for the purpose of adjusting the filed cost reports in order accurately report Existing Operators' "bad debt". Existing Operators will pay any reasonable costs or damages incurred by New Operators in compliance with this Article.

I. **Self-Reporting.** In the event any Existing Operator becomes aware of any occurrence at a Facility that such Existing Operator would be required under applicable Laws to report to any Governmental Entity, such Existing Operator shall use commercially reasonable efforts to provide the appropriate New Operator with written notice of such occurrence within one (1) Business Day thereof but not later than the Operations Closing Date.

J. **Signage; Use of Names.** Within thirty (30) days following Operations Closing, New Operators will (i) remove all signage that in any way reference Existing Operators or the names of the Facilities prior to Operations Closing and (ii) claim each Facility's Google pages so that they are associated with New Operators. In the event that the Operations Closing Date has not occurred within eighteen (18) months after the Agreement Date, Existing Operators shall have the right, but not the obligation, to require the affected New Operators to change the d/b/a of the Facility within sixty (60) days after receiving written notice from Existing Operators, subject to any required regulatory approvals, and following such sixty (60) day prior notice to remove at New Operators' expense all signage that in any way references Existing Operators or the names of the Facilities as in effect on the Agreement Date.

K. **New Operator Insurance.** Beginning on the Operations Closing Date and continuing until the Operations Closing Date and for at least two (2) years thereafter, each New Operator, at New Operators' sole expense, shall maintain the following insurance coverages from insurers with an AM Best rating of A-, VII or better, or through self-insurance reasonably approved in writing by Existing Operators: (i) commercial general liability (CGL) of at least \$1 million per occurrence and \$3 million aggregate, including \$3 million products/completed operations aggregate; (ii) commercial auto liability of at least \$1 million combined single limit, including coverage for hired and non-owned vehicles; (iii) workers' compensation at the statutory limits; (iii) professional liability of at least \$1 million per occurrence and \$1.5 million aggregate; (iv) cyber liability of at least \$1 million per occurrence. The CGL, auto, umbrella, and professional policies shall name Existing Operators as additional insured.

L. **Existing Operator Insurance.** Existing Operators are, and shall maintain through the Operations Closing Date, the following insurance coverages, at Existing Operator's sole expense, through self insurance, insurers with an AM Best rating of A-, VII or better, or a combination thereof: (i) commercial general liability (CGL) of at least \$1 million per occurrence and \$3 million aggregate; (ii) commercial auto liability of at least \$1 million combined single limit, including coverage for hired and non-owned vehicles; (iii) workers' compensation at the statutory limits; (iv) excess liability of at least \$3 million per occurrence and in the aggregate; (v) professional liability of at least \$1 million per occurrence and \$3 million aggregate; (vi) cyber liability of at least \$5 million; and (vii) directors & officers liability with \$1 million per occurrence and in the aggregate. Existing Operators: (i) have not failed to give any notice or present any claim under any such policy or binder in due and timely fashion; (ii) have not received notice of cancellation or non-renewal of any such policy or binder; or (iii) are not aware of any threatened or proposed cancellation or non-renewal of any such policy or binder. There are no outstanding claims as to which the insurer has completely disclaimed liability. Prior to Closing, Existing Operators will obtain prior acts insurance coverage on a claims made basis, which may be provided by the same insurer as currently provides the current insurance coverage for the Facility, and will continue coverage for at least 3 years immediately following the date of Operations Closing Date.

M. **Survival.** The provisions of this Article VI will survive the Operations Closing.

ARTICLE VII **EXISTING OPERATOR REPRESENTATIONS AND WARRANTIES**

As an inducement to New Operators to enter into this Agreement, Existing Operators make the following representations and warranties, which are true and correct as of the date hereof and which shall be true and correct in all material respects as of the Operations Closing Date. Any applicable updates to the schedules hereunder shall be promptly provided to New Operators; provided that no such updates to schedules attached hereto as of the Agreement Date shall be deemed to cure a breach of representation or otherwise impact the rights of New Operators hereunder.

A. **No Notices of Non-Compliance.** Other than matters set out on Schedule VII.P, no Existing Operator has received written notice that, and no Existing Operator has knowledge that any Governmental Entity or any employee or official thereof considers that the operation of a Facility currently fails to substantially comply with any Law. No Existing Operator has received any written claim, requirement or demand of any licensing or certifying agency supervising or having authority over a Facility to rework or redesign such Facility so as to conform to or comply with any existing law, code or standard which has not been fully satisfied prior to the date hereof or which will not be satisfied prior to the Operations Closing Date.

B. **Due Authorization, Execution, Organization, Etc.**

1. This Agreement and all agreements, instruments and documents herein provided to be executed or to be caused to be executed by each Existing Operator are, or when executed by such Existing Operator on the Operations Closing Date will be, duly authorized, executed and delivered by such Existing Operator and are binding in accordance with its terms upon such Existing Operator, subject to the effect of bankruptcy, insolvency, reorganization, moratorium or other similar Laws of general application and of legal or equitable principles generally and covenants of fair dealing.

2. Each Existing Operator is duly organized, validly existing and in good standing under the Laws of Delaware and is duly qualified to do business in the state where the Facilities are located. Each Existing Operator has the power and authority to enter into this Agreement and all agreements,

instruments and documents herein provided and to consummate the transactions contemplated thereby.

3. Neither this Agreement nor any agreement, document or instrument executed or to be executed by an Existing Operator in connection with this Agreement, nor anything provided in or contemplated by this Agreement or any such other agreement, document or instrument, does now or will hereafter breach, invalidate, cancel, make inoperative, violate or interfere with, or result in the acceleration or maturity of, (i) any agreement, document, instrument, right or interest, affecting or relating to any Existing Operator or any Purchased Assets, (ii) any of the terms, conditions or provisions of any mortgage, indenture, note, license, agreement or other instrument or obligation related to any Existing Operator or to its abilities to consummate the transactions contemplated hereby or thereby, (iii) any Law applicable to an Existing Operator, or (iv) result in the creation of any claim upon the business of an Existing Operator or any Purchased Assets.

C. Financial Statements.

1. Attached hereto as Schedule VII.C.1 are each Existing Operator's unaudited profit and loss statements with respect to the operations of the Facilities for calendar years 2021 and 2022 (the "**Annual Financial Statements**") and for the year-to-date period through the month of March, 2023 (the "**Interim Financial Statements**" and collectively with the Annual Financial Statements, the "**Financial Statements**").

2. The Financial Statements were compiled from each Existing Operator's books and records, consistent with such Existing Operator's past practice, and are accurate in all material respects. All of the Financial Statements have been prepared in accordance with generally accepted accounting principles ("GAAP") consistently applied and were prepared from the books and records of each Existing Operator. The Financial Statements fairly present, in all material respects, the financial position of each Existing Operator as of the dates thereof and the results of its operations for the periods ended on the dates thereof.

D. Litigation; Proceedings. Other than those matters set out on Schedule VII.D attached hereto, there are no material (i) claims pending or, to each Existing Operator's knowledge, threatened against or affecting an Existing Operator or a Facility (whether or not an Existing Operator is a party or prospective party thereto), at law or in equity, or before or by any federal, state, municipal or other governmental department, commission, board, bureau, agency or instrumentality, domestic or foreign, including, without limitation, claims under the False Claims Act (31 U.S.C. § 3729 *et seq.*) for which Existing Operator does not have adequate insurance coverage; (ii) arbitrations proceeding or pending relating to an Existing Operator for which Existing Operator does not have adequate insurance coverage; (iii) to any Existing Operator's knowledge, governmental inquiry or investigation pending or threatened against or involving an Existing Operator. There are no outstanding orders, writs, judgments, injunctions or decrees served upon an Existing Operator by any court, governmental agency or arbitration tribunal against such Existing Operator, or (iv) any Recapture Claims. No Existing Operator is in default with respect to any order, writ, injunction or decree known to or served upon it from any court or of any federal, state, municipal or other governmental department, commission, board, bureau, agency or instrumentality, domestic or foreign. There is no action or suit by any Existing Operator pending against others. There have been no medical malpractice claims to which any Existing Operator, a Facility, or any of such Facility's employees were a party or that was otherwise brought by or on behalf of a resident of a Facility based on conduct that occurred within such Facility in the three (3) years immediately preceding the Agreement Date.

E. No Proceedings. There are no claims, actions, or proceedings pending against any Existing Operator that are reasonably likely to prevent or materially delay the consummation of the transactions contemplated herein. No Existing Operator has been convicted of or pleaded guilty or no contest to any criminal offense related to the operation of a Facility.

F. **Contracts.** Schedule VII. F.1. sets forth a true and accurate list of all Assumed Operating Contracts. True, correct, and complete copies of all such Assumed Operating Contracts have been, or will be, made available to New Operators to the extent such Contracts are in Existing Operators' possession or control and are assignable, with or without third-party consent, as part of the transactions contemplated by this Agreement. Existing Operators have complied with and performed all of their obligations required to be performed under all Assumed Operating Contracts (whether as an original party or as an assignee or successor) as of the date hereof, and are not in default under any Assumed Operating Contract. Complete and correct copies of all Assumed Operating Contracts, together with all modifications and amendments thereto, shall be made available to New Operators upon the earlier of (i) the Operations Closing Date or (ii) fourteen (14) days after the Agreement Date.

G. **Purchased Assets.** Existing Operators own or have lease or license rights to the Purchased Assets and Personal Property with good title, free and clear of all liens. The furniture, fixtures, machinery, equipment, vehicles and other items of tangible personal property comprising the Purchased Assets are in operating condition and repair, ordinary wear and tear excepted, and are adequate for the uses to which they are being put, and none of such furniture, fixtures, machinery, equipment, vehicles and other items of tangible personal property is in need of maintenance or repairs except for ordinary, routine maintenance and repairs that are not material in nature or cost.

H. **Leases, Etc.** Except as disclosed on Schedule VII.H, no person or entity has any leasehold interest, license, or other right to occupy any part of any Facility by virtue of any oral or written agreement with an Existing Operator, other than residents of the Facilities under residency agreements.

I. **Taxes.** Existing Operators have filed all tax returns required to be filed with all applicable governmental authorities and have, to the best of Existing Operators' knowledge, paid or established adequate reserves for all taxes, including but not limited to real estate taxes, personal property taxes, and bed or provider taxes, and any assessments which have been received by it or otherwise. No Existing Operator is delinquent in the payment of any tax, and there is no tax asserted against any Existing Operator for which such Existing Operator has been notified as being due before the Operations Closing Date. All Taxes that any Existing Operator is or were required by any applicable legal requirements to withhold, deduct or collect have been duly withheld, deducted and collected. No examination of any Tax Return of an Existing Operator is currently in progress. There are no outstanding agreements or waivers extending the statutory period of limitations applicable to any such Tax Return. There are no encumbrances for Taxes upon the Purchased Assets other than statutory liens for Taxes not yet due or payable.

J. **Brokers.** No brokers or finders have been engaged by Existing Operators in connection with this Agreement or transaction.

K. **ERISA and Benefit Plans.** Except as set forth on Schedule VII.K, neither Existing Operator nor any affiliate is or ever has been a party to, participates in, has participated in or has any liability or contingent liability with respect to any of the following: (i) any "employee welfare benefit plan" or "employee pension benefit plan" as those terms are respectively defined in Sections 3(1) and 3(2) of ERISA; (ii) any retirement or deferred compensation plan, incentive compensation plan, stock plan, unemployment compensation plan, vacation pay, severance pay, bonus or benefit arrangement, insurance or hospitalization program or any other fringe benefit arrangements for any current or former employee, director, consultant or agent, whether pursuant to contract, arrangement, custom or informal understanding, written or unwritten, which does not constitute an "employee benefit plan" (as defined in Section 3(3) of ERISA); or (iii) any fringe benefit plans, as that term is defined in Section 6039D(d) of the Code (collectively, the "***Employee Plans***"), and under no circumstances will New Operator have any liability with respect to any Employee Plan. Except as otherwise set forth on Schedule VII.K, neither Existing Operator, nor any

ERISA Affiliate, is or has been a participant in, or is or has been obligated to maintain or to make contributions to, a multiemployer plan (within the meaning of ERISA Section 3(37) and ERISA Section 4001(a)(3) or an Employee Plan which is subject to Title IV of ERISA. Neither Existing Operator nor any ERISA Affiliate has incurred any withdrawal liability, nor do any of them have any liability for any potential withdrawal liability. Neither Existing Operator nor any ERISA Affiliate has sponsored, contributed to or been obligated under Title I or IV of ERISA to contribute to a “defined benefit plan” (as defined in ERISA Section 3(35)) or a plan that was ever subject to Sections 412 or 430 of the Code, or Part 3 of Title I of ERISA, and under no circumstances will New Operator have any liability with respect to any Employee Plan maintained by Existing Operator or any ERISA Affiliate, regardless of whether such Employee Plan relates to the Hired Employees. Except as set forth on Schedule VII. P, none of the Employee Plans promises or provides medical, life or other welfare benefits to any current or future retired employees, managers, members, directors or consultants (or any spouse or dependents thereof), except as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA). Existing Operator has complied in all material respects with the notice and continuation coverage requirements of Section 4980B of the Code and the regulations thereunder with respect to each Employee Plan that is a group health plan within the meaning of Section 5000(b)(1) of the Code. Each Employee Plan that is a group health plan is in material compliance with the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, to the extent applicable and Existing Operator has complied with all its obligations thereunder, including all reporting obligations, such that Existing Operator is not and will not be subject to any assessable payments under Code Section 498H or other penalties under the Code or other applicable law.

L. **Labor and Employment Matters.** Except as set forth on Schedule VII.L, no Existing Operator is a party to any collective bargaining agreement or other labor contract applicable to any employees of a Facility, and there are no pending or, to Existing Operators’ knowledge, threatened labor disputes at any Facility including, but not limited to, any strike, slowdown, picketing, work stoppage, organizational activities or employee grievance process affecting a Facility, including without limitation attempts to organize. Each Existing Operator has complied in all material respects with all applicable Laws governing wage, hour, payroll and all other employment and labor matters. To Existing Operators’ knowledge, no activity of any employee at a Facility as or while an employee of such Facility has caused a violation of any employment contract, confidentiality agreement, patent disclosure agreement or other contract to which such employee was a party.

M. **Liens.**

1. Each Existing Operator has good and marketable title to, or in the case of personal property held under a lease or other Assumed Operating Contract (subject to the terms of the lease or other Assumed Operating Contract), an enforceable leasehold interest in, or right to use, the Purchased Assets and Personal Property, and none of the Purchased Assets and Personal Property are subject to any liens or leasehold interests, other than those as set forth on Schedule VII.M.

2. All contractors, subcontractors and other persons engaged by an Existing Operator to furnish work, labor, materials or supplies for the development and construction of a Facility and/or Purchased Assets or Personal Property have been paid, or prior to the Operations Closing shall be paid, whether the work is in progress or completed, for all work performed, material, supplies and the like up to and including the Operations Closing, and there are no claims against any Existing Operator, any Facility, or any of the Purchased Assets or Personal Property in connection therewith which may give rise to a mechanic’s lien against a Facility, the Purchased Assets or any portion thereof.

N. **COVID Funds.** Existing Operator has applied for and utilized, as applicable, all COVID Payments in accordance with applicable Laws.

O. **Environmental.** Except for medical waste generated and disposed of in the ordinary course of business and in compliance with applicable Laws, no Existing Operator has generated, stored or disposed of any Hazardous Materials on the real property on which a Facility is located (collectively, the “Properties”), and, to Existing Operators’ knowledge, there are not currently any Hazardous Materials on the Properties. No Existing Operator has violated any Environmental Laws, in any material manner, in connection with the use, lease, maintenance or operation of a Facility and the Properties. Any and all environmental permits, licenses or approvals required by any applicable Law pertaining to each Facility are attached hereto as Schedule VII.O.

P. **Health Care Representations.**

1. Each Existing Operator owns and/or possesses, and holds free from restrictions or conflicts with the rights of others, all material Permits required by a Governmental Entity for the operation of the applicable Facility as a skilled nursing facility. All material Permits applicable to the operation of the Facilities are set forth on Schedule VII.P. No proceeding is pending or, to each Existing Operator’s knowledge, threatened, seeking the revocation or limitation of any such Permit. No Existing Operator has received any notice from any Governmental Entity, accrediting body, or other applicable authority of (a) any violation, non-renewal, suspension or revocation of any such Permit that has not been dismissed or cured, or (b) any failure by such Existing Operator to obtain any material Permit required by any applicable law for the ownership, maintenance, use, occupancy or operation of the applicable Facility as currently owned or operated.

2. Each Facility is licensed by the applicable Governmental Entity as a skilled nursing facility with the number and type of units and beds set forth on Schedule VII.P. Such license is unrestricted, unconditional, in good standing and in full force and effect and subject to no waivers or limitations. During the eighteen (18) month period preceding the Agreement Date, except as disclosed on Schedule VII.P., each Existing Operator has operated the Facility in material and substantial compliance with all laws necessary to operate the Facility as licensed by the applicable Governmental Entity.

3. Except as disclosed on Schedule VII.P., there are no outstanding inspections, surveys, or plans of correction. There are no implemented bans, remedies, sanctions, prohibitions on payment, or limitations in effect with respect to the Facilities, and no action has been taken or recommended, nor, to any Existing Operator’s knowledge, is there any basis for any action, by any Governmental Entity, either to revoke, withdraw or suspend its license to operate the Facilities or to terminate or decertify any participation of any Facility in the Medicare or Medicaid programs.

4. Each Existing Operator has furnished New Operator a summary of all surveys, inspection reports, any waivers of deficiencies, plans of correction, and any similar investigation or examination reports relating to any inspections, investigations or examinations by any Governmental Entity having jurisdiction over the Facility during the eighteen (18) month period preceding the Agreement Date (collectively, the “Facility Surveys”), and the Facility Surveys do not contain any deficiencies or violations of any applicable laws that, except as disclosed on Schedule VII.P., have not been determined by the applicable Governmental Entity to have been brought back into substantial compliance.

5. No Facility has: (i) been designated as a facility subject to the Special Focus Facility, Low-Rated Facility, or any successor or similar program (collectively, “SFF”) as defined by CMS or any other applicable Governmental Entity or, to Existing Operator’s knowledge, been placed on any “watch list” or other list for consideration for a SFF program within the three (3) year period immediately preceding the Agreement Date, (ii) been subject to enhanced penalties by the OIG or otherwise, (iii) been cited for any material deficiency that has not been cured that would result in a denial of payment for new

admissions, civil monetary penalties, termination, final revocation or cancellation of any license, or termination or other restriction of a provider agreement within the three (3) year period immediately preceding the Agreement Date.

6. No Existing Operator nor any current member, officer, director or employee of an Existing Operator has been (i) sanctioned pursuant to the Anti-Kickback Statute (42 U.S.C. §§1320a-7a or 1320a-8), the False Claims Act (31 U.S.C. §3729 et seq.), the Stark Law (42 U.S.C. §1395nn), or the regulations promulgated pursuant to such statutes, or any related or similar federal, state or local statutes or regulations governing referrals, fraud, waste, and abuse in the healthcare industry (“Health Care Fraud and Abuse Laws”); or (ii) convicted of a criminal offense under the Health Care Fraud and Abuse Laws. There are no pending or threatened Healthcare Fraud and Abuse Law investigations, proceedings, or actions (including any civil investigative demand, subpoena, or self-disclosure) involving Existing Operator, any current member, officer, director or employee of Existing Operator, or the Facility. Other than as set forth on Schedule VII.P, no Existing Operator has received, within the last three (3) years, any notice (i) of the commencement of any proceeding under the Health Care Fraud and Abuse Laws or (ii) that the Facility, Existing Operator, and/or any officer, director or employee of Existing Operator is under investigation or involved in proceedings regarding the Health Care Fraud and Abuse Laws, including as a result of a self-disclosure. Each Existing Operator, and all agreements, arrangements, and operations of the applicable Facility, have been in material compliance with all of the Health Care Fraud and Abuse Laws for the three (3) year period immediately preceding the Agreement Date.

7. Except as set forth on Schedule VII.P, neither Existing Operator nor any current director, officer, or managing employee of Existing Operator, is or has been party to a corporate integrity agreement, corporate compliance agreement, or other settlement agreement with the OIG, CMS, the United States Department of Justice, any state Department of Health (or similar Governmental Entity), any state Department of Medicaid (or similar Governmental Entity), or any state Attorney General, as a result of an alleged violation of any applicable law (and the Facility is not in any way subject to or liable with respect to any such corporate integrity agreement, corporate compliance agreement, or other settlement agreement). Neither Existing Operator nor any current director, officer or employee of Existing Operator, nor, to Existing Operator’s knowledge, any contractor or vendor of Existing Operator, is listed on the OIG List of Excluded Individuals and entities, any state Medicaid exclusion list, or has been suspended, excluded, or otherwise limited from participating in the Medicare program or any other government reimbursement program. There is currently no Department of Justice investigation or proceeding pending or, to the best of Existing Operator’s knowledge, threatened against Existing Operator and/or the Facility.

8. The Facility is certified for participation in the Medicare and Medicaid programs and Existing Operator has a provider agreement with each such government reimbursement program (collectively, the “Provider Agreements”). The Facility is in material compliance with the conditions of participation and conditions for coverage of the government reimbursement programs and with the terms, conditions, and provisions of the Provider Agreements. The Provider Agreements are each in full force and effect, and Existing Operator does not have any knowledge of any fact or circumstance that would cause any such Provider Agreement not to remain in force or be renewed on and after Operations Closing. Attached hereto on Schedule VII.P is a true, correct, and complete list of all Medicaid and Medicare provider numbers (the “Provider Numbers”) in the name of Existing Operator or the Facility. The Provider Numbers are active, in good standing and available for full use with CMS, the applicable Governmental Entity of the state where the Facility is located, and any other applicable Governmental Entity. There is no proceeding, audit, investigation or survey pending or, to Existing Operator’s knowledge, threatened, involving any of the government reimbursement program or any other third-party payor programs, with respect to the Facility, and Existing Operator has no reason to believe that any such proceedings, audits, investigations, or surveys are pending, threatened, or imminent.

9. The cost reports for the Facility for the last six (6) years prior to the Agreement Date have been prepared and filed in material compliance with all applicable laws and any applicable Provider Agreement.

10. All billing practices of Existing Operator with respect to all third-party payors have been in material compliance with all applicable laws and the policies of such third-party payors for the six (6) year period immediately preceding the Agreement Date. Neither any Existing Operator nor any Facility (i) has been subject to any audit by any third-party payor relating to false or fraudulent billing procedures or practices within the prior six (6) years, or (ii) has received notice of an alleged or actual breach of any commercial or other third-party payor agreement, or any notice of termination, suspension, or other limitation of any commercial or other third-party payor agreement within the prior six (6) years.

11. Schedule VII.P sets forth: (i) the number and type of Facility beds duly licensed by the applicable Governmental Entity; (ii) the number of beds actually located, and currently operational, at each Facility (iii) the number of Facility beds duly licensed or otherwise certified as required to bill Medicaid; and (iv) the number of Facility beds duly licensed or otherwise certified as required to bill Medicare.

12. Existing Operator has furnished New Operator a resident census report for the twelve (12)-month period prior to the Agreement Date, which is accurate and complete in all material respects.

13. Existing Operator and the policies, procedures, and systems of the Facility are in compliance in all material respects with HIPAA and the rules and regulations promulgated thereunder and such other applicable federal, state or local statutes or regulations governing medical records and the privacy of patient information, and any business associate agreements entered into by Facility in connection therewith. All protected health information (as defined under HIPAA) maintained by the Facility is maintained in all material respects in accordance with HIPAA's administrative, physical, and technical safeguard requirements. Except as disclosed on Schedule VII.P, Existing Operator has not received any complaint or notice of investigation (in writing or otherwise) from the Department of Health and Human Services Office for Civil Rights, or from any other person, entity or Governmental Entity regarding Existing Operator, the Facility, or, to its knowledge, any of its business associates' uses or disclosures of, or security practices or security incidents regarding, protected health information or HIPAA compliance. With regard to protected health information of the Facility's residents, there have not been to its knowledge any material non-permitted uses or disclosures, security incidents, or breaches involving Existing Operator, the Facility, or its business associates in the six (6) year period immediately preceding the Agreement Date. Existing Operator and the Facility are, and for the past six (6) years have been, in compliance in all material respects with all applicable legal requirements related to reporting to individuals, Governmental Entities, the media, or credit reporting agencies, as applicable, any reportable breaches involving protected health information under HIPAA.

14. Except as permitted by (or otherwise not in violation of) applicable law or regulation, neither the Existing Operator nor any of its members, directors, officers, affiliates or employees is a party to any contract, lease agreement or other arrangement related to the Existing Operator with any physician, physical or occupation therapist, health care facility, hospital, home health agency or other person who is in a position to make or influence referrals to or otherwise generate business for the Existing Operator to provide services, lease space, lease equipment or engage in any other venture or activity.

15. Existing Operator has paid, or will pay prior to the Operations Closing Date, all quality assurance fees and bed taxes, that are attributable to periods on or prior to the Closing Date, with

respect to the Facility to the applicable Governmental Entity, in accordance with its estimated calculations of such amounts consistent with past practices.

16. Existing Operator has not received notice from the Department of Health Care Access (formerly known as the “Office of Statewide Health and Planning Department” or “OSHPD”) (“HCAI”) or any other Governmental Entity, and Existing Operator does not have any other knowledge, that any Facility and/or the use thereof does not comply in all material respects with all applicable local, state, and federal building codes, fire codes, and other similar regulatory requirements and no waivers of such physical plant standards exist at any Facility, and Existing Operator has received any written notice from HCAI or any other Governmental Entity of any non-compliance with any applicable local, state, and federal building codes, fire codes, and other similar regulatory requirements affecting any Facility that remain unresolved. Except as set forth on Schedule VII.P, all HCAI-required permits and/or approvals for all repairs, replacements, refurbishments or improvements within the last two (2) years (“HCAI Work”) at any Facility were received by any Existing Operator in connection with all HCAI Work.

Q. **Absence of Change.** Since the date of the Interim Financial Statement, except as contemplated by this Agreement or as set forth on Schedule VII.Q, (a) the operation of the Facilities has been conducted in all material respects in the ordinary course consistent with past practice, (b) nothing has occurred which would constitute a material adverse effect, (c) all material obligations under the Assumed Operating Contracts have been performed, (d) the Facilities have been marketed and census has been maintained consistent with past practice, (e) no transaction or contractual obligation that would materially adversely impact Existing Operators’ abilities to perform their obligations under this Agreement has been entered into, (f) there has been no change in the condition (financial or otherwise), results of operations, business, prospects, assets or Liabilities of the Existing Operators or with respect to the manner in which the Existing Operators conduct their business or operations which has or is reasonably likely to have individually or in the aggregate, a material adverse effect, and (g) no employees or residents of the Facilities have been transferred to any business or facility owned or controlled by an affiliate of Existing Operators other than to another Facility, unless required to comply with applicable legal requirements or patient choice.

R. **Facilities.**

1. **Condition of the Facilities.** There exists no defective condition, structural or otherwise, with respect to any Facility that would reasonably be considered to interfered with any Existing Operator’s ability to operate such Facility as a skilled nursing facility. No Existing Operator has received any written notice from any insurance company which has issued a policy with respect to a Facility or from any board of fire underwriters (or other body exercising similar functions) and any Governmental Entity or any other third party claiming any defects or deficiencies in such Facility or suggesting or requesting the performance of any repairs, alterations or other work to such Facility.

2. **Sprinklers; Life Safety Code.** There is a sprinkler system at each Facility that is in full operational compliance with all applicable requirements. Each Facility is in compliance with all Life Safety Code and similar requirements related to the structural characteristics of the Facility.

S. **No Implied Representations or Warranties; Disclaimers.** EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS AGREEMENT, EXISTING OPERATORS ENTER INTO THIS AGREEMENT WITHOUT REPRESENTATION OR WARRANTY OF ANY KIND, EXPRESS, IMPLIED OR STATUTORY AND EXISTING OPERATORS ARE CONVEYING THE PURCHASED ASSETS AS IS, WHERE IS, AND WITH ALL FAULTS, AND WITHOUT REPRESENTATION OR WARRANTY (ALL OF WHICH EXISTING OPERATORS HEREBY DISCLAIM) AS TO FITNESS FOR ANY PARTICULAR PURPOSE, MERCHANTABILITY,

DESIGN, QUALITY, LAYOUT, PHYSICAL CONDITION, OPERATION, COMPLIANCE WITH SPECIFICATIONS, ABSENCE OF LATENT DEFECTS, OR COMPLIANCE WITH LAWS AND REGULATIONS (INCLUDING, WITHOUT LIMITATION, THOSE RELATING TO HEALTH, SAFETY AND THE ENVIRONMENT) OR ANY OTHER MATTER AFFECTING OR RELATING TO THE CONDITION OF THE PURCHASED ASSETS. NEW OPERATORS HEREBY FURTHER ACKNOWLEDGE AND AGREE THAT, EXCEPT AS SPECIFICALLY SET FORTH HEREIN, NEW OPERATORS ARE RELYING SOLELY UPON THE INSPECTION, EXAMINATION, AND EVALUATION OF THE PURCHASED ASSETS BY NEW OPERATORS, AND NEW OPERATORS WILL HAVE NO RIGHT TO BE INDEMNIFIED BY OR OTHERWISE BRING ANY ACTION AGAINST EXISTING OPERATORS WITH RESPECT TO ANY MATTER AFFECTING OR RELATING TO THE CONDITION OF THE PURCHASED ASSETS, OR ANY PORTION THEREOF. THE PROVISIONS OF THIS ARTICLE VII WILL SURVIVE THE CLOSING.

Article VIII
NEW OPERATOR REPRESENTATIONS AND WARRANTIES

A. Due Authorization, Execution, Organization, Etc.

1. This Agreement and all agreements, instruments and documents herein provided to be executed or to be caused to be executed by New Operators are, or when executed by New Operators on the Operations Closing Date will be, duly authorized, executed and delivered by New Operators and are binding in accordance with their terms upon New Operators, subject to the effect of bankruptcy, insolvency, reorganization, moratorium or other similar Laws of general application and of legal or equitable principles generally and covenants of fair dealing.

2. Each New Operator is duly organized, validly existing and in good standing under the Laws of the state in which it has been formed and is duly qualified to do business in the state where the Facilities are located. Each New Operator has the power and authority to enter into this Agreement and all agreements, instruments and documents herein provided and to consummate the transactions contemplated thereby.

3. Neither this Agreement nor any agreement, document or instrument executed or to be executed by New Operators in connection with this Agreement, nor anything provided in or contemplated by this Agreement or any such other agreement, document or instrument, does now or will hereafter breach, invalidate, cancel, make inoperative or interfere with, or result in the acceleration or maturity of, any agreement, document, instrument, right or interest, affecting or relating to New Operators or the Purchased Assets.

B. No Proceedings. There are no claims, actions, proceedings pending, or to the knowledge of New Operators, threatened against any New Operator that are reasonably likely to prevent or materially delay the consummation of the transactions contemplated herein.

C. No Criminal Offense. No New Operator has been convicted of or pleaded guilty or no contest to any criminal offense.

D. False Claims. No director or officer of any New Operator or any employee of any New Operator, acting alone or together, has directly or indirectly within the last three (3) years: (a) given or taken any remuneration, rebates, payments, commissions, or promotional allowances to any customer, supplier, physician, or governmental employee with whom any New Operator has done business; or (b) knowingly and willfully made any false statement of material fact in any application for any benefit or payment.

ARTICLE IX
INDEMNIFICATION AND SURVIVAL

A. **Indemnification by Existing Operator.** Each Existing Operator will hold harmless and indemnify the applicable New Operator and its officers, directors, employees, members, affiliates, designees, successors and assigns from and against any Loss that (i) results from any breach by such Existing Operator of any of its representations, warranties, covenants or agreements in this Agreement or in any certificate delivered in connection with this Agreement, (ii) arises from any tort, general liability, or professional liability claim made by any third party other than any Governmental Entity with respect to the applicable Facility as a result of operation of such Facility prior to the Operations Closing Date, whether such obligation accrues before or after the Operations Closing Date, (iii) arises from any and all claims, including, without limitation, any civil monetary penalties or other fines, suit, action, or other proceeding brought by any Governmental Entities or other third party payors against such New Operator, the Purchased Assets or such Facility, as a result of operation of such Facility prior to the Operations Closing Date, including, without limitation, Recapture Claims and other overpayments made with respect to Medicare, Medicaid and any other third-party payor program, (iv) arises from any other Loss relating to, arising out of or resulting from any liability not expressly assumed by such New Operator hereunder, including the Excluded Liabilities or any activities of such Facility, Existing Operator, and its affiliates prior to the Operations Closing Date, or (v) arises out of any act, event, or omission relating to the operation of the Facility or the Purchased Assets and occurring or arising before the Operations Closing Date or is an Excluded Liability or an Excluded Asset, in each case subject to Article IX.C, or (vi) results from any Other Payors terminating payor agreements with respect to any of the Facilities or otherwise ceasing to make payments with respect thereto, with respect to the transactions set forth herein solely as a result of Existing Operator's breach of its obligations in Article VI.C.3. hereof (provided that Losses for such purpose shall constitute any reimbursement that would have been received from such Other Payors, provided that any amounts indemnified and subsequently recovered by New Operators shall be returned to Existing Operators).

B. **Indemnification by New Operator.** Each New Operator will hold harmless and indemnify the applicable Existing Operator from and against any Loss that (i) results from any material breach of any representations, warranties, covenants or agreements of such New Operator contained in this Agreement or in any document executed in connection with this Agreement; or (ii) arises out of any act, event or omission relating to the operation of the applicable Facility or the Purchased Assets and occurring or arising on or after the Operations Closing Date or is an Assumed Liability, in each case subject to Article IX.C.

C. **Limitation on Indemnification.**

1. Any claim for indemnity pursuant to Article IX of this Agreement must be made in writing by the party to be indemnified (the "***Indemnitee***") to the applicable other party (the "***Indemnitor***").

2. Notwithstanding anything in this Article IX to the contrary, no Indemnitor will not be required to indemnify any Indemnitee pursuant to Article IX.A. or Article IX.B. of this Agreement with respect to any individual claim of liability or damage unless the aggregate amount of all such claims for a Facility exceeds Twenty-Five Thousand Dollars (\$25,000) ("***Indemnity Threshold***"), and then shall be entitled to indemnification for all amounts, including the Indemnity Threshold. However, the indemnification obligations of any New Operator under this Agreement, as Indemnitor, and the indemnification obligations of any Existing Operator under this Agreement, as Indemnitor, respectively, will not exceed an amount equal to \$250,000 (the "***Cap***"). For purposes of this Article IX, in computing

the individual or aggregate amount of claims, the amount of each claim will be deemed to be an amount net of any insurance proceeds and any indemnity, contribution or other similar payments actually paid by a third party to the Indemnatee with respect thereto. Notwithstanding anything to the contrary contained herein, neither the Indemnity Threshold nor the Cap shall apply to (i) an Indemnitor's obligations with respect to claims based upon fraud or intentional misconduct by such Indemnitor, or (ii) any Excluded Liabilities, including, without limitation, Recapture Claims.

3. Notwithstanding anything to the contrary set forth herein, claims for indemnification pursuant to Article IX.A. or Article IX.B. must be made before the two-year anniversary of the Operations Closing Date; provided that such time limit shall not apply to an Indemnitor's obligations with respect to claims based upon fraud or intentional misconduct by such Indemnitor, or any Excluded Liabilities, including, without limitation, Recapture Claims.

D. **Defense of Claims.** In the event any indemnity obligation of an Existing Operator or a New Operator arises hereunder because of a claim of a Loss by a third party, the applicable Indemnatee will promptly provide written notice to the applicable Indemnitor. Such notice shall be given in sufficient time to allow the applicable Indemnitor to defend such claim, but the failure to give such notice in sufficient time shall not constitute a defense hereunder nor in any way impair the obligations of the Indemnitor under this Section except solely to the extent that such failure to so notify such Indemnitor results in the forfeiture by the Indemnitor of rights and defenses otherwise available to the Indemnitor. At the option of the Indemnatee, the Indemnitor may defend such third party claims at its sole cost and expense, or Indemnatee may defend such third party claims on its own and Indemnitor will reimburse Indemnatee all costs and expenses related to such defense. The Indemnatee will cooperate with the Indemnitor in all reasonable respects in the defense of such third party claims.

E. **Sole Remedy.** Except as expressly set forth herein, the indemnities provided for in this Article IX and in Article VI related to the post-closing operations transfer matters will be the sole and exclusive remedy of each Party.

F. **Payments.** Once the amount of a Loss is agreed to by the Indemnitor or finally adjudicated to be payable pursuant to this Article IX, the Indemnitor shall satisfy its obligations within fifteen (15) Business Days of such final, non-appealable adjudication by wire transfer of immediately available funds.

G. **Security of Indemnification Obligations.**

1. As an inducement to the New Operators to enter into and consummate the transactions contemplated under this Agreement, HCR ManorCare, Inc. has executed and will delivered to New Operator on the Operations Closing Date a Pledge Agreement (the "***Existing Operator Pledge Agreement***"). Pursuant to the Existing Operator Pledge Agreement, HCR ManorCare, Inc. has pledged its ownership interest of WELL PM Properties LLC, a Delaware limited liability company, to secure the payment of the indemnification obligations of each Existing Operator hereunder with respect to Excluded Liabilities.

2. As an inducement to the New Operators to enter into and consummate the transactions contemplated under this Agreement, ProMedica Health System, Inc. has executed and will deliver to New Operator on the Operations Closing Date an Indemnification Agreement.

3. As an inducement to the Existing Operators to enter into and consummate the transactions contemplated under this Agreement, Welltower, New Operator Guarantors have executed and delivered to Existing Operator a joint Guaranty Agreement (the "***New Operator Guaranty Agreement***"). Pursuant to the New Operator Guaranty Agreement, New Operator Guarantors shall, jointly, severally,

absolutely, unconditionally, and irrevocably guarantee to the Existing Operators all indemnification obligations of New Operators under this Agreement.

I. **Survival.** The provisions of this Article IX will survive the Operations Closing.

Article X **TERMINATION, EFFECT OF TERMINATION, AND DISPUTES**

A. **Termination.**

1. This Agreement may be terminated prior to the Operations Closing Date with respect to any Facility as follows:

- (a) By any Party if (a) mutually agreed by the Existing Operators and the New Operators; and (b) any Governmental Entity or court with jurisdiction over such matters will have issued a restraining order or otherwise prohibiting the sale of the Purchased Assets hereunder, provided that such was not caused by one of the Parties seeking to terminate this Agreement.
- (b) By New Operators in the event of a material breach by Existing Operators of any representation, warranty, or covenant contained herein that has not been cured within 30 days of receipt of written notice thereof.
- (c) By Existing Operators in the event of a material breach by New Operators of any representation, warranty, or covenant contained herein that has not been cured within 30 days of receipt of written notice thereof.

B. **Effect of Termination; Right to Proceed; Waiver.** In the event of termination of this Agreement with respect to a Facility for any reason, this Agreement will terminate without further liability on the part of any party.

C. **Disputes.** Any controversy, claim or dispute arising out of or relating to the Agreement, as amended, or the subject matter therein or the interpretation, performance or breach of the Agreement, as amended, shall be settled by final and binding arbitration before one arbitrator in Wilmington, Delaware. The arbitration will be initiated and conducted in accordance with the rules of the American Arbitration Association, except as modified herein, in effect at the time the request for arbitration is made. Any decision or award of the arbitrator shall be final, binding and conclusive on the Parties. The Parties may enforce a final arbitration award in any court of competent jurisdiction. The Parties agree to equally split the cost of any arbitration administrative fee and the compensation of the arbitrator.

Article XI **GENERAL PROVISIONS**

A. **Further Assurances.** Each of the Parties hereto agrees to execute and deliver any and all further agreements, documents or instruments necessary to effectuate this Agreement and the transactions referred to herein or contemplated hereby or reasonably requested by the other Parties to perfect or evidence their rights hereunder.

B. **Notices.** All notices to be given by any Party to this Agreement to the other Parties hereto will be in writing, and will be (a) given in person, (b) deposited in the United States mail, certified or

registered, post-age prepaid, return receipt requested, (c) sent by national overnight courier service or (d) sent by facsimile or e-mail (followed by delivery by one of the other means identified in (a)-(c)), each addressed as follows:

To Existing Operators:

ProMedica Health System
MSC – S39938
100 Madison Ave.
Toledo, OH 43604
Attention: General Counsel
e-mail: steve.sadowski@promedica.org

To New Operators:

c/o PACS
262 N University Ave.
Farmington UT 84025
Attention: General Counsel
e-mail: legal@pacs.com

with a copy to
(which shall not
constitute notice):

Sternshein Legal Group, LLP
5316 E. Chapman Ave.
Orange, CA 92869
Attention: Jennifer M. Sternshein
e-mail: jennifer@sternsheingroup.com

Any such notice personally delivered will be deemed delivered when actually received, any such notice deposited in the United States mail, registered or certified, return receipt requested, with all postage prepaid, will be deemed to have been given on the earlier of the date received or the date when delivery is first refused, and any notice deposited with an overnight courier service for deliver will be deemed delivered on the Business Day following such deposit. Any party to whom notices are to be sent pursuant to this Agreement may from time to time change its address for further communications thereunder by giving notice in the manner prescribed herein to all other Parties hereto.

C. **Entire Agreement; Amendment; Waiver.** This Agreement, together with the other agreements referred to herein, constitute the entire understanding between the Parties with respect to the subject matter hereof, superseding all negotiations, prior discussions and preliminary agreements. This Agreement may not be modified or amended except in writing signed by the Parties hereto. No waiver of any term, provision or condition of this Agreement in any one or more instances, will be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act will be construed as a waiver of any term, provision, condition or rights granted hereunder.

D. **Assignment.** Neither this Agreement nor the rights, duties or obligations arising hereunder will be assignable or delegable by any Party hereto without the express prior written consent of the other Parties hereto, which will not be unreasonably withheld.

E. **Joint Venture; Third Party Beneficiaries.** Nothing contained herein will be construed as forming a joint venture or partnership between the Parties hereto with respect to the subject matter hereof. The Parties hereto do not intend that any third party will have any rights under this Agreement.

F. **Press Releases and Public Announcements.** Neither Party shall issue or cause the publication of any press release or other public announcement or announcement to employees or residents

with respect to this Agreement or the transactions contemplated hereby, without the prior written consent of the other Parties hereto. If any Party determines in good faith that the Law requires a public announcement of any kind concerning this Agreement or the transactions contemplated by it, such Party shall consult with the other Parties at least ten (10) Business Days prior to the announcement and such other Parties shall have the right to approve the content of all such announcements.

G. **Captions.** The section headings contained herein are for convenience only and will not be considered or referred to in resolving questions of interpretation.

H. **Counterparts.** This Agreement may be executed in one or more counterparts and all such counterparts taken together will constitute a single original Agreement. Signatures exchanged electronically will be deemed original signatures.

I. **Confidentiality.**

1. Existing Operators acknowledge that certain of the information that has been and will be made available pursuant to this Agreement may be proprietary and include confidential information. Existing Operators shall hold all such information about New Operators in confidence and shall not disclose it to any person or entity (other than to their respective representatives, so long as those representatives agree to keep any such information in confidence) without the approval of New Operators supplying such information; provided, however, that the foregoing restriction shall not apply to any information that is, through no fault of Existing Operators, publicly known or which is lawfully obtained from a third party, disclosure to any Governmental Entity in connection with the CHOW, or to any disclosure required by any legal requirement or in connection with the enforcement of Existing Operators' or New Operators' rights under this Agreement.

2. New Operators acknowledge that certain of the information that has been and will be made available pursuant to this Agreement may be proprietary and include confidential information. New Operators shall hold all such information about Existing Operators in confidence and shall not disclose it to any person or entity (other than to their respective representatives, so long as those representatives agree to keep any such information in confidence) without the approval of Existing Operators supplying such information; provided, however, that the foregoing restriction shall not apply to any information that is, through no fault of New Operators, publicly known or which is lawfully obtained from a third party, or to any disclosure required by any legal requirement, disclosure to any Governmental Entity in connection with the CHOW, or in connection with the enforcement of New Operators' or Existing Operators' rights under this Agreement.

3. Each Party recognizes that irreparable injury will result from a breach of this Section XI.I, and that money damages will be inadequate to fully remedy such injury. Accordingly, in the event of a breach or threatened breach of such provisions, a non-breaching party shall be entitled to seek (in addition to any other remedies which may be available to such Party) one or more preliminary or permanent orders (i) restraining and enjoining any act which would constitute a breach or (ii) compelling the performance of any obligation which, if not performed, would constitute a breach.

J. **Specific Performance.** Each Party hereby acknowledges that the rights of each Party to consummate the transactions contemplated hereby are special, unique and of extraordinary character and that, in the event that any Party violates or fails or refuses to perform any covenant or agreement made by such Party herein, money damages may be inadequate and the non-breaching Parties may have no adequate remedy at law. Accordingly, each Party agrees that each other Party shall have the right, in addition to any other rights and remedies existing in its favor, to seek to enforce its rights and the other Party's obligations by an action or actions for equitable relief, including injunction and specific performance; provided,

however, that, except in the case of fraud, no Party shall be entitled to seek money damages other than pursuant to Article IX or as otherwise expressly set forth elsewhere in this Agreement. If any such action is brought by a Party to enforce this Agreement, each other Party, as applicable, hereby waives the requirement for the posting of any bond or similar security

K. **Governing Law.** THIS AGREEMENT SHALL BE GOVERNED AND CONTROLLED BY THE INTERNAL LAWS OF THE STATE OF DELAWARE AS TO INTERPRETATION, ENFORCEMENT, VALIDITY, CONSTRUCTION, EFFECT, AND IN ALL OTHER RESPECTS BUT EXCLUSIVE OF ITS CONFLICTS OF LAWS PROVISIONS.

IN WITNESS WHEREOF, the Parties hereby execute this Agreement as of the Agreement Date.

NEW OPERATOR:

CITRUS HEIGHTS COMMUNITY HEALTHCARE, LLC,
FOUNTAIN VALLEY COMMUNITY HEALTHCARE, LLC,
HEMET COMMUNITY HEALTHCARE, LLC,
PALM DESERT COMMUNITY HEALTHCARE, LLC,
SUNNYVALE COMMUNITY HEALTHCARE, LLC,
TICE VALLEY COMMUNITY HEALTHCARE, LLC, and
WALNUT CREEK COMMUNITY HEALTHCARE LLC,
each a California limited liability company

By: 

Name: Derick Apt

Title: Assistant Treasurer

[Signatures Continue of the Following Page]

EXISTING OPERATORS:

MANOR CARE OF CITRUS HEIGHTS CA, LLC
MANOR CARE OF FOUNTAIN VALLEY CA, LLC
MANOR CARE OF HEMET CA, LLC
MANOR CARE OF PALM DESERT CA, LLC
MANOR CARE OF SUNNYVALE CA, LLC
MANOR CARE-TICE VALLEY CA, LLC, and
MANOR CARE OF WALNUT CREEK CA, LLC,
each a Delaware limited liability company


By: 
Name: Luke Pile
Title: President

EXHIBIT "A"

**BILL OF SALE AND
ASSIGNMENT AND ASSUMPTION AGREEMENT**

This Bill of Sale and Assignment and Assumption Agreement is entered into in connection with that certain Operations Transfer Agreement, by and between [_____, LLC, a Delaware limited liability company] ("**Existing Operator**"), and [_____] ("**New Operator**") dated [____], 2023 ("**Agreement**"), pursuant to which Existing Operator has agreed to assign, convey, and transfer to New Operator certain Purchased Assets and Personal Property located at the Facility that are not Excluded Assets. Capitalized terms not otherwise defined will have the meaning set forth in the Agreement.

NOW, THEREFORE, for good and valuable consideration, Existing Operator does hereby ASSIGN, TRANSFER, SET OVER, CONVEY AND DELIVER to New Operator, the Purchased Assets, including without limitation, :

1. Assumed Operating Contracts. All obligations and liabilities of Existing Operator under the Assumed Operating Contracts, as defined in the Agreement, to the extent such obligations and liabilities relate to any period of time commencing on or after the Operations Closing Date. Notwithstanding the foregoing, to the extent that Existing Operator's rights under any Assumed Operating Contract to be assigned to New Operator hereunder may not be assigned without the consent of another person or entity that has not been obtained, this Agreement will not constitute an agreement to assign the same if an attempted assignment would constitute a breach thereof or be unlawful. New Operator at its expense will use its reasonable efforts to obtain each such required consent as promptly as possible. If any such consent is not obtained, New Operator will nevertheless pay and perform Existing Operator's obligations under each such Assumed Operating Contract subject to Existing Operator providing to or otherwise obtaining for New Operator the corresponding benefits thereunder, and the parties will cooperate with one another in any reasonable arrangement proposed by either party to result in such effect, in each case to the extent permitted under applicable Law.
2. Purchased Assets and Personal Property. All Purchased Assets and Personal Property located at the Facility that are not Excluded Assets.
3. Patient Records. All records relating to current patients of the Facility as of the Operations Closing Date, provided however, that Existing Operator may retain any patient records stored electronically or as computer data in its original media and provide to New Operator copies thereof, and provided further that Existing Operator may retain the original media or copies of such patient records conveyed to New Operator.
4. Telephone Number. The telephone and facsimile numbers of the Facility.
5. Intangible Property. All rights and interest in the Intangible Property associated exclusively with the Facility.
6. Permits. To the extent transferable under applicable Laws and approved by the appropriate Governmental Entities, all Permits necessary for the operation of the Facility.

New Operator hereby covenants and agrees with Existing Operator that New Operator will duly

execute and deliver, from time to time upon the request of Existing Operator, such other and further assignments, instruments, assumptions, endorsements, or other documents as may be necessary to effectuate the purpose of this document and the intent of the parties as set forth in the Agreement.

New Operator, for itself and its successors and assigns under the Agreement, hereby accepts such assignment and hereby assumes the above listed liabilities and obligations, without limitation.

Existing Operator makes no representations or warranties whatsoever, express, implied, or arising by operation of law, with respect to the Purchased Assets, the Personal Property or the condition of the Purchased Assets or the Personal Property except as set forth in the Agreement

[Signatures appear on the next page.]

IN WITNESS WHEREOF, the undersigned have executed and delivered this Bill of Sale as of the date first written above.

NEW OPERATOR:

_____,
a _____

By: _____

Name: _____

Title: _____

EXISTING OPERATOR:

[_____]

By: _____

Name: _____

Title: _____

Exhibit 1

Existing Operators, New Operators and Facilities

Existing Operator	New Operator	Facility Name	Facility Address	Facility Beds
Manor Care of Citrus Heights CA, LLC	Citrus Heights Community Healthcare, LLC	ProMedica Skilled Nursing and Rehabilitation (Citrus Heights)	7807 Upland Way, Sacramento County, Citrus Heights, California 95610-7500, United States	162
Manor Care of Fountain Valley CA, LLC	Fountain Valley Community Healthcare, LLC	ProMedica Skilled Nursing and Rehabilitation (Fountain Valley)	11680 Warner Avenue, Orange County, Fountain Valley, California 92708-2513, United States	151
Manor Care of Hemet CA, LLC	Hemet Community Healthcare, LLC	ProMedica Skilled Nursing and Rehabilitation (Hemet)	1717 West Stetson Avenue, Riverside County, Hemet, California 92545-6882, United States	178
Manor Care of Palm Desert CA, LLC	Palm Desert Community Healthcare, LLC	ProMedica Skilled Nursing and Rehabilitation (Palm Desert)	74350 Country Club Drive, Riverside County, Palm Desert, California 92260-1608, United States	178
Manor Care of Sunnyvale CA, LLC	Sunnyvale Community Healthcare, LLC	ProMedica Skilled Nursing and Rehabilitation (Sunnyvale)	1150 Tilton Drive, Santa Clara County, Sunnyvale, California 94087-2440, United States	140
Manor Care-Tice Valley CA, LLC	Tice Valley Community Healthcare, LLC	ProMedica Skilled Nursing and Rehabilitation (Tice Valley)	1975 Tice Valley Boulevard, W. Contra Costa County, Walnut Creek, California 94595-2201, United States	120
Manor Care of Walnut Creek CA, LLC	Walnut Creek Community Healthcare LLC	ProMedica Skilled Nursing and Rehabilitation (Rossmoor)	1226 Rossmoor Parkway, W. Contra Costa County, Walnut Creek, California 94595-2538, United States	155

A STATEMENT OF ALL OF THE REASONS THE BOARD OF DIRECTORS OF APPLICANT BELIEVES THAT THE PROPOSED AGREEMENT OR TRANSACTION IS EITHER NECESSARY OR DESIRABLE

As described in Section 999.5(d)(1)(A) of this Notice, the transfer of operations of the Facilities is a component of a larger strategic planning process undertaken by Welltower and ProMedica that involves the transfer of operations of one hundred forty seven (147) skilled nursing facilities in fifteen (15) states. As part of this larger strategic planning process, ProMedica and Applicants have determined that the Transaction is desirable in order to enable the Facilities to continue to provide high quality care to the communities they serve and permit ProMedica to better align its portfolio with its core operational and clinical models that serve other locations in California and across the United States.

11 Cal. Code Reg. Section 999.5(d)(2)

FAIR MARKET VALUE

THE ESTIMATED MARKET VALUE OF ALL CASH, PROPERTY, STOCK, NOTES, ASSUMPTION OR FORGIVENESS OF DEBT, AND ANY OTHER THING OF VALUE THAT THE APPLICANT WOULD RECEIVE FOR EACH HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE COVERED BY THE PROPOSED AGREEMENT OR TRANSACTION

As described above, the OTA includes the following commitments by the New Operators that will take effect upon closing of the Transaction:

1. Each Existing Operator will transfer or assign all rights and access to Resident Trust Funds to the corresponding New Operator, who will assume and agree to be bound by the terms and conditions thereof post-closing for the benefit of the applicable Facility's residents;
2. Each Existing Operator will assign, and the corresponding New Operator will assume and agree to be bound by, all of the terms and conditions of any Assumed Operating Contracts (as defined in the OTA) with respect to the applicable Facility; and
3. Each New Operator will offer to employ Facility employees as of the closing date with wages, benefits and other terms and conditions of employment that are reasonably acceptable to New Operators. New Operator will recognize for each hired employee his or her original hire date, grant credit for service with Existing Operators under all benefit policies maintained by New Operators for the benefit of the hired employees for the purposes of participation and benefits accrual to the extent allowed by each New Operator's benefit policies, and will continue to employ each such employee for a period of no less than ninety (90) days following the closing date except as otherwise provided in the OTA.

Because the Applicants do not own any of the Facilities' underlying assets, no cash, property, stock, notes, forgiveness of debt, or other monetary consideration is to be received by the Applicants in connection with the OTA.

11 Cal. Code Reg. Section 999.5(d)(2)(B)

THE ESTIMATED MARKET VALUE OF EACH HEALTH FACILITY, FACILITY THAT PROVIDES SIMILAR HEALTH CARE OR OTHER ASSET TO BE SOLD OR TRANSFERRED BY THE APPLICANT UNDER THE PROPOSED AGREEMENT OR TRANSACTION

Please see Section 999.5(d)(2)(A) of this Notice. Because the Applicants do not own any of the Facilities' underlying assets, no cash, property, stock, notes, forgiveness of debt, or other monetary consideration is to be received by the Applicants in connection with the OTA. Additionally, since the Facilities are operating at a loss, there is no business enterprise value for the Facilities.

A DESCRIPTION OF THE METHODS USED BY THE APPLICANT TO DETERMINE THE MARKET VALUE OF ANY ASSETS INVOLVED IN THE PROPOSED AGREEMENT OR TRANSACTION. THIS DESCRIPTION SHALL INCLUDE A DESCRIPTION OF THE EFFORTS MADE BY THE APPLICANT TO SELL OR TRANSFER EACH HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE THAT IS THE SUBJECT OF THE PROPOSED AGREEMENT OR TRANSACTION

The Transaction is being entered into by Applicants and New Operators as required by the terms and conditions of the transactions by and between Welltower and Integra. As such, no cash, property, stock, notes, forgiveness of debt, or other monetary consideration is to be received by the Applicants in connection with the OTA given that the Applicants do not own any of the Facilities' underlying assets. Additionally, since the Facilities are operating at a loss, there is no business enterprise value for the Facilities.

11 Cal. Code Reg. Section 999.5(d)(2)(D)

REPORTS, ANALYSIS, REQUESTS FOR PROPOSAL, AND ANY OTHER DOCUMENTS THAT REFER OR RELATE
TO THE VALUATION OF ANY ASSET INVOLVED IN THE AGREEMENT OR TRANSACTION

Please see Section 999.5(d)(2)(A) of this Notice.

11 Cal. Code Reg. Section 999.5(d)(2)(E)

FOR JOINT VENTURE TRANSACTIONS, ALL ASSET CONTRIBUTION AGREEMENTS AND RELATED VALUATIONS, ALL LIMITED LIABILITY CORPORATION OR LIMITED LIABILITY PARTNERSHIP OPERATING AGREEMENTS, MANAGEMENT CONTRACTS, AND PUT OPTION AGREEMENTS

This section of the Application is not applicable because the proposed transaction is not a joint venture.

11 Cal. Code Reg. Section 999.5(d)(3)

INUREMENT AND SELF-DEALING

11 Cal. Code Reg. Section 999.5(d)(3)(A)

COPIES OF ANY DOCUMENTS OR WRITINGS OF ANY KIND THAT RELATE OR REFER TO ANY PERSONAL FINANCIAL BENEFIT THAT A PROPOSED AFFILIATION BETWEEN APPLICANT AND THE TRANSFEREE WOULD CONFER ON ANY OFFICER, DIRECTOR, EMPLOYEE, DOCTOR, MEDICAL GROUP OR OTHER ENTITY AFFILIATED WITH APPLICANT OR ANY FAMILY MEMBER OF ANY SUCH PERSON AS IDENTIFIED IN CORPORATIONS CODE SECTION 5227(B)(2)

The Transaction does not confer any personal financial benefit on any of the individuals and/or entities described in California Code of Regulations, Title 11, Section 999.5(d)(3)(A).

11 Cal. Code Reg. Section 999.5(d)(3)(B)

THE IDENTITY OF EACH AND EVERY OFFICER, TRUSTEE OR DIRECTOR OF APPLICANT (OR ANY FAMILY MEMBER OF SUCH PERSONS AS IDENTIFIED IN CORPORATIONS CODE SECTION 5227(B)(2)) OR ANY AFFILIATE OF APPLICANT WHO OR WHICH HAS ANY PERSONAL FINANCIAL INTEREST IN ANY COMPANY, FIRM, PARTNERSHIP, OR BUSINESS ENTITY (OTHER THAN SALARY AND DIRECTORS/TRUSTEES' FEES) CURRENTLY DOING BUSINESS WITH APPLICANT, ANY AFFILIATE OF APPLICANT, OR THE TRANSFEREE OR ANY AFFILIATE OF THE TRANSFEREE

None of the individuals described in Title 11, California Code of Regulations, Section 999.5(d)(3)(B) have any personal financial interest (other than salary and/or directors/trustees' fees) in any company, firm, partnership or business entity currently doing business with any Existing Operator, any affiliate of any Existing Operator, any New Operator, or any affiliate of any New Operator.

A STATEMENT DESCRIBING HOW THE BOARD OF DIRECTORS OF THE NONPROFIT CORPORATIONS INVOLVED IN THE TRANSACTION ARE COMPLYING WITH THE PROVISIONS OF HEALTH AND SAFETY CODE SECTIONS 1260 AND 1260.1

In compliance with California Health and Safety Code sections 1260 and 1260.1, no director or manager of any Applicant negotiated the Transaction. Accordingly, no director or manager of any Applicant who will receive, directly or indirectly, any salary, stipend, compensation or other form of remuneration from any Applicant following the closing of the Transaction negotiated the Transaction. The Transaction was negotiated by certain members of ProMedica's management team. None of the foregoing individuals are members of any Existing Operator's board of directors or management team nor will any of them receive, directly or indirectly, any salary, stipend, compensation or other form of remuneration from Integra or any New Operator following the closing of the Transaction.

11 Cal. Code Reg. Section 999.5(d)(4)

CHARITABLE USE OF ASSETS

11 Cal. Code Reg. Section 999.5(d)(4)(A)

APPLICANT’S ARTICLES OF INCORPORATION AND ALL AMENDMENTS THERETO AND CURRENT BYLAWS, ANY CHARITABLE TRUST RESTRICTIONS, AND ANY OTHER INFORMATION NECESSARY TO DEFINE THE CHARITABLE TRUST PURPOSE OF THE APPLICANT’S ASSETS

1. Attached to this Section 999.5(d)(4)(A) as **Exhibit 1** is a copy of each Existing Operator’s Certificate of Formation issued by the Secretary of State of the State of Delaware, as amended.
2. Attached to this Section 999.5(d)(4)(A) as **Exhibit 2** is a copy of each Existing Operator’s Operating Agreement, as amended.
3. Attached to this Section 999.5(d)(4)(A) as **Exhibit 3** is a copy of each Existing Operator’s Certificate of Registration issued by the Secretary of State of the State of California.

Exhibit 1 to Section 999.5(d)(4)(A)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MANOR CARE OF PALM DESERT CA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2007, AT 11:23 O'CLOCK A.M.



4394419 8100

070844823

May 12, 2023

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5867567

DATE: 07-24-07

**CERTIFICATE OF FORMATION
OF
Manor Care of Palm Desert CA, LLC**

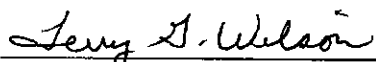
The Certificate of Formation of Manor Care of Palm Desert CA, LLC (the "L.L.C.") dated July 23, 2007 is being duly executed and filed by Terry G. Wilson, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 DEL.C § 18-201 , et seq.)

FIRST. The name of the limited liability company formed hereby is Manor Care of Palm Desert CA, LLC .

SECOND. The address of the registered office of the L.L.C. in the State of Delaware is 1209 Orange Street, in the City of Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process of the L.L.C. in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, In the City of Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certification of Formation on this 23rd day of July 2007.



Terry G. Wilson
Authorized Person

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Manor Care of Palm Desert CA, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

See attached Articles Fourth, Fifth and Sixth to be added to the Certificate of Formation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of July, A.D. 2018.

By: 
Authorized Person(s)

Name: Thomas A. Lupica, Attorney
Print or Type

**ATTACHMENT TO
CERTIFICATE OF AMENDMENT OF**

Manor Care of Palm Desert CA, LLC

Fourth: PURPOSE: The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of Delaware in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Fifth: EXEMPT OPERATIONS: All assets, property, income, revenue, and earnings of the Company shall be held, used, managed, devoted, expended, and applied at the discretion and judgment of the Member, to carry out the objectives and purposes of the Company. No part of the net earnings, if any, of the Company shall inure to the benefit of or be distributable to any private shareholder, director, officer or other private person; provided, however, that the Company shall be authorized and empowered to make payments and distributions in furtherance of its purposes and provided further, that nothing herein contained shall be construed to prevent the payment of fees, salaries or other remunerations to the Member, officers or other persons, firms or corporations. No substantial part of the activities of the Company shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Company shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision in these Articles of Organization, the Company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Company.

Sixth: DISSOLUTION: Upon any dissolution of the Company, the Member of the Company shall, after paying or making provision for the payment of all liabilities of the Company, dispose of all of the assets of the Company exclusively for the purposes of the Company in such a manner or to such organization or organizations organized and operated exclusively for purposes as shall at the time qualify the organization as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law) as the Member shall determine.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MANOR CARE OF FOUNTAIN VALLEY CA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2007, AT 11:18 O'CLOCK A.M.



4394413 8100

070844799

May 12, 2023

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5867559

DATE: 07-24-07

**CERTIFICATE OF FORMATION
OF
Manor Care of Fountain Valley CA, LLC**

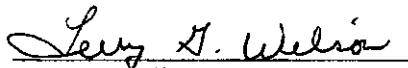
The Certificate of Formation of Manor Care of Fountain Valley CA, LLC (the "L.L.C.") dated July 23, 2007 is being duly executed and filed by Terry G. Wilson, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 DELC § 18-201 , et seq.)

FIRST. The name of the limited liability company formed hereby is Manor Care of Fountain Valley CA, LLC .

SECOND. The address of the registered office of the L.L.C. in the State of Delaware is 1209 Orange Street, in the City of Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process of the L.L.C. in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, In the City of Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certification of Formation on this 23rd day of July 2007.

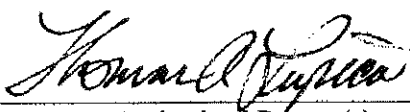

Terry G. Wilson
Authorized Person

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Manor Care of Fountain Valley CA, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

See attached Articles Fourth, Fifth and Sixth to be added to the Certificate of Formation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of July, A.D. 2018.

By: 
Authorized Person(s)

Name: Thomas A. Lupica, Attorney
Print or Type

**ATTACHMENT TO
CERTIFICATE OF AMENDMENT OF**

Manor Care of Fountain Valley CA, LLC

Fourth: **PURPOSE:** The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of Delaware in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Fifth: **EXEMPT OPERATIONS:** All assets, property, income, revenue, and earnings of the Company shall be held, used, managed, devoted, expended, and applied at the discretion and judgment of the Member, to carry out the objectives and purposes of the Company. No part of the net earnings, if any, of the Company shall inure to the benefit of or be distributable to any private shareholder, director, officer or other private person; provided, however, that the Company shall be authorized and empowered to make payments and distributions in furtherance of its purposes and provided further, that nothing herein contained shall be construed to prevent the payment of fees, salaries or other remunerations to the Member, officers or other persons, firms or corporations. No substantial part of the activities of the Company shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Company shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision in these Articles of Organization, the Company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Company.

Sixth: **DISSOLUTION:** Upon any dissolution of the Company, the Member of the Company shall, after paying or making provision for the payment of all liabilities of the Company, dispose of all of the assets of the Company exclusively for the purposes of the Company in such a manner or to such organization or organizations organized and operated exclusively for purposes as shall at the time qualify the organization as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law) as the Member shall determine.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MANOR CARE OF HEMET CA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2007, AT 11:21 O'CLOCK A.M.



4394417 8100

070844812

May 12, 2023

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5867561

DATE: 07-24-07

**CERTIFICATE OF FORMATION
OF
Manor Care of Hemet CA, LLC**

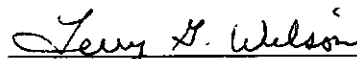
The Certificate of Formation of Manor Care of Hemet CA, LLC (the "L.L.C.") dated July 23, 2007 is being duly executed and filed by Terry G. Wilson, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 DELC § 18-201 , et seq.)

FIRST. The name of the limited liability company formed hereby is Manor Care of Hemet CA, LLC .

SECOND. The address of the registered office of the L.L.C. in the State of Delaware is 1209 Orange Street, in the City of Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process of the L.L.C. in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, In the City of Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certification of Formation on this 23rd day of July 2007.



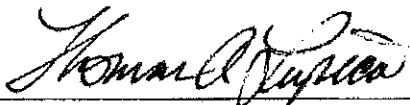
Terry G. Wilson
Authorized Person

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Manor Care of Hemet CA, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

See attached Articles Fourth, Fifth and Sixth to be added to the Certificate of Formation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of July, A.D. 2018.

By: 
Authorized Person(s)

Name: Thomas A. Lupica, Attorney
Print or Type

**ATTACHMENT TO
CERTIFICATE OF AMENDMENT OF**

Manor Care of Hemet CA, LLC

Fourth: **PURPOSE:** The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of Delaware in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Fifth: **EXEMPT OPERATIONS:** All assets, property, income, revenue, and earnings of the Company shall be held, used, managed, devoted, expended, and applied at the discretion and judgment of the Member, to carry out the objectives and purposes of the Company. No part of the net earnings, if any, of the Company shall inure to the benefit of or be distributable to any private shareholder, director, officer or other private person; provided, however, that the Company shall be authorized and empowered to make payments and distributions in furtherance of its purposes and provided further, that nothing herein contained shall be construed to prevent the payment of fees, salaries or other remunerations to the Member, officers or other persons, firms or corporations. No substantial part of the activities of the Company shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Company shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision in these Articles of Organization, the Company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Company.

Sixth: **DISSOLUTION:** Upon any dissolution of the Company, the Member of the Company shall, after paying or making provision for the payment of all liabilities of the Company, dispose of all of the assets of the Company exclusively for the purposes of the Company in such a manner or to such organization or organizations organized and operated exclusively for purposes as shall at the time qualify the organization as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law) as the Member shall determine.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MANOR CARE OF CITRUS HEIGHTS CA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2007, AT 11:16 O'CLOCK A.M.



4394407 8100

070844781

May 12, 2023

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5867542

DATE: 07-24-07

**CERTIFICATE OF FORMATION
OF
Manor Care of Citrus Heights CA, LLC**

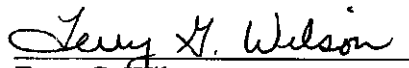
The Certificate of Formation of Manor Care of Citrus Heights CA, LLC (the "L.L.C.") dated July 23, 2007 is being duly executed and filed by Terry G. Wilson, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 DEL.C § 18-201 , et seq.)

FIRST. The name of the limited liability company formed hereby is Manor Care of Citrus Heights CA, LLC .

SECOND. The address of the registered office of the L.L.C. in the State of Delaware is 1209 Orange Street, in the City of Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process of the L.L.C. in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, In the City of Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certification of Formation on this 23rd day of July 2007.


Terry G. Wilson
Authorized Person

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Manor Care of Citrus Heights CA, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

See attached Articles Fourth, Fifth and Sixth to be added to the Certificate of Formation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of July, A.D. 2018.

By: 
Authorized Person(s)

Name: Thomas A. Lupica, Attorney
Print or Type

**ATTACHMENT TO
CERTIFICATE OF AMENDMENT OF**

Manor Care of Citrus Heights CA, LLC

Fourth: PURPOSE: The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of Delaware in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Fifth: EXEMPT OPERATIONS: All assets, property, income, revenue, and earnings of the Company shall be held, used, managed, devoted, expended, and applied at the discretion and judgment of the Member, to carry out the objectives and purposes of the Company. No part of the net earnings, if any, of the Company shall inure to the benefit of or be distributable to any private shareholder, director, officer or other private person; provided, however, that the Company shall be authorized and empowered to make payments and distributions in furtherance of its purposes and provided further, that nothing herein contained shall be construed to prevent the payment of fees, salaries or other remunerations to the Member, officers or other persons, firms or corporations. No substantial part of the activities of the Company shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Company shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision in these Articles of Organization, the Company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Company.

Sixth: DISSOLUTION: Upon any dissolution of the Company, the Member of the Company shall, after paying or making provision for the payment of all liabilities of the Company, dispose of all of the assets of the Company exclusively for the purposes of the Company in such a manner or to such organization or organizations organized and operated exclusively for purposes as shall at the time qualify the organization as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law) as the Member shall determine.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MANOR CARE OF SUNNYVALE CA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2007, AT 11:20 O'CLOCK A.M.



4394416 8100

070844805

May 12, 2023

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5867558

DATE: 07-24-07

**CERTIFICATE OF FORMATION
OF
Manor Care of Sunnyvale CA, LLC**

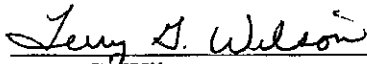
The Certificate of Formation of Manor Care of Sunnyvale CA, LLC (the "L.L.C.") dated July 23, 2007 is being duly executed and filed by Terry G. Wilson, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 DELC § 18-201 , et seq.)

FIRST. The name of the limited liability company formed hereby is Manor Care of Sunnyvale CA, LLC .

SECOND. The address of the registered office of the L.L.C. in the State of Delaware is 1209 Orange Street, in the City of Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process of the L.L.C. in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, In the City of Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certification of Formation on this 23rd day of July 2007.



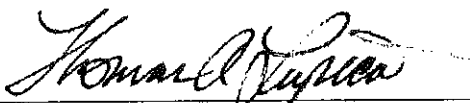
Terry G. Wilson
Authorized Person

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Manor Care of Sunnyvale CA, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

See attached Articles Fourth, Fifth and Sixth to be added to the Certificate of Formation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of July, A.D. 2018.

By: 
Authorized Person(s)

Name: Thomas A. Lupica, Attorney
Print or Type

**ATTACHMENT TO
CERTIFICATE OF AMENDMENT OF**

Manor Care of Sunnyvale CA, LLC

Fourth: PURPOSE: The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of Delaware in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Fifth: EXEMPT OPERATIONS: All assets, property, income, revenue, and earnings of the Company shall be held, used, managed, devoted, expended, and applied at the discretion and judgment of the Member, to carry out the objectives and purposes of the Company. No part of the net earnings, if any, of the Company shall inure to the benefit of or be distributable to any private shareholder, director, officer or other private person; provided, however, that the Company shall be authorized and empowered to make payments and distributions in furtherance of its purposes and provided further, that nothing herein contained shall be construed to prevent the payment of fees, salaries or other remunerations to the Member, officers or other persons, firms or corporations. No substantial part of the activities of the Company shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Company shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision in these Articles of Organization, the Company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Company.

Sixth: DISSOLUTION: Upon any dissolution of the Company, the Member of the Company shall, after paying or making provision for the payment of all liabilities of the Company, dispose of all of the assets of the Company exclusively for the purposes of the Company in such a manner or to such organization or organizations organized and operated exclusively for purposes as shall at the time qualify the organization as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law) as the Member shall determine.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MANOR CARE-TICE VALLEY CA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2007, AT 11:17 O'CLOCK A.M.



4394409 8100

070844795

May 12, 2023

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5867554

DATE: 07-24-07

**CERTIFICATE OF FORMATION
OF
Manor Care-Tice Valley CA, LLC**

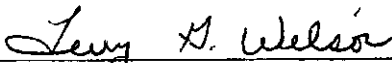
The Certificate of Formation of Manor Care-Tice Valley CA, LLC (the "L.L.C.") dated July 23, 2007 is being duly executed and filed by Terry G. Wilson, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 DELC § 18-201 , et seq.)

FIRST. The name of the limited liability company formed hereby is Manor Care-Tice Valley CA, LLC .

SECOND. The address of the registered office of the L.L.C. in the State of Delaware is 1209 Orange Street, in the City of Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process of the L.L.C. in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, In the City of Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certification of Formation on this 23rd day of July 2007.


Terry G. Wilson
Authorized Person

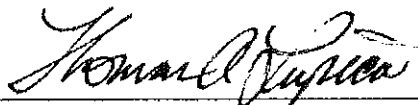
STATE OF DELAWARE

CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Manor Care-Tice Valley CA, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

See attached Articles Fourth, Fifth and Sixth to be added to the Certificate of Formation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of July, A.D. 2018.

By: 
Authorized Person(s)

Name: Thomas A. Lupica, Attorney
Print or Type

**ATTACHMENT TO
CERTIFICATE OF AMENDMENT OF**

Manor Care-Tice Valley CA, LLC

Fourth: PURPOSE: The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of Delaware in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Fifth: EXEMPT OPERATIONS: All assets, property, income, revenue, and earnings of the Company shall be held, used, managed, devoted, expended, and applied at the discretion and judgment of the Member, to carry out the objectives and purposes of the Company. No part of the net earnings, if any, of the Company shall inure to the benefit of or be distributable to any private shareholder, director, officer or other private person; provided, however, that the Company shall be authorized and empowered to make payments and distributions in furtherance of its purposes and provided further, that nothing herein contained shall be construed to prevent the payment of fees, salaries or other remunerations to the Member, officers or other persons, firms or corporations. No substantial part of the activities of the Company shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Company shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision in these Articles of Organization, the Company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Company.

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MANOR CARE OF WALNUT CREEK CA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2007, AT 11:22 O'CLOCK A.M.



4394418 8100

070844820

May 12, 2023

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5867585

DATE: 07-24-07

**CERTIFICATE OF FORMATION
OF
Manor Care of Walnut Creek CA, LLC**

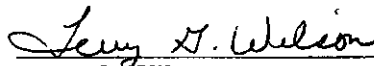
The Certificate of Formation of Manor Care of Walnut Creek CA, LLC (the "L.L.C.") dated July 23, 2007 is being duly executed and filed by Terry G. Wilson, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 DELC § 18-201 , et seq.)

FIRST. The name of the limited liability company formed hereby is Manor Care of Walnut Creek CA, LLC .

SECOND. The address of the registered office of the L.L.C. in the State of Delaware is 1209 Orange Street, in the City of Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process of the L.L.C. in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, In the City of Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certification of Formation on this 23rd day of July 2007.



Terry G. Wilson
Authorized Person


STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Manor Care of Walnut Creek CA, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

See attached Articles Fourth, Fifth and Sixth to be added to the Certificate of Formation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of July, A.D. 2018.

By: _____



Authorized Person(s)

Name: Thomas A. Lupica, Attorney
Print or Type

**ATTACHMENT TO
CERTIFICATE OF AMENDMENT OF**

Manor Care of Walnut Creek CA, LLC

Fourth: PURPOSE: The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of Delaware in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Fifth: EXEMPT OPERATIONS: All assets, property, income, revenue, and earnings of the Company shall be held, used, managed, devoted, expended, and applied at the discretion and judgment of the Member, to carry out the objectives and purposes of the Company. No part of the net earnings, if any, of the Company shall inure to the benefit of or be distributable to any private shareholder, director, officer or other private person; provided, however, that the Company shall be authorized and empowered to make payments and distributions in furtherance of its purposes and provided further, that nothing herein contained shall be construed to prevent the payment of fees, salaries or other remunerations to the Member, officers or other persons, firms or corporations. No substantial part of the activities of the Company shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Company shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision in these Articles of Organization, the Company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Company.

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Exhibit 2 to Section 999.5(d)(4)(A)

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF PALM DESERT CA, LLC
a Delaware Limited Liability Company**

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF PALM DESERT CA, LLC**

This **SECOND AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT** (the “Agreement”) of **MANOR CARE OF PALM DESERT CA, LLC** (the “Company”) is entered into as of April 7, 2011 by **HCR IV Healthcare, LLC**, as the sole equity member (the “Member”) of the Company.

RECITALS

WHEREAS, pursuant to that certain Certificate of Formation filed with the Secretary of the State of Delaware on July 24, 2007, the Company was formed as a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (6 Del. C. §18-101 et seq.), as amended from time to time (the “Act”);

WHEREAS, the Member entered into that certain Amended and Restated Limited Liability Company Agreement of the Company, effective as of December 21, 2007 (the “Amended Agreement”); and

WHEREAS, the Member now desires to amend and restate the Amended Agreement in its entirety on the terms and conditions set forth herein.

NOW THEREFORE, the Member hereby agrees as follows.

AGREEMENT

1. Name. The name of the Company is Manor Care of Palm Desert CA, LLC.
2. Purpose. The sole purposes of the Company are to (a) own, manage and operate the business of providing skilled nursing, assisted living or rehabilitation or related services (excluding physician services) to patients, either directly or by contract, or such other business reasonably related or similar to such business as the Member may determine; and (b) do such other things and carry on any other activities which the Member determines to be necessary or incidental to the foregoing purpose, and to have and to exercise all of the power and rights conferred upon limited liability companies formed pursuant to the Act in furtherance of the foregoing (including, without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine).
3. Registered Agent and Principal Office. The registered agent of the Company in the State of Delaware shall be The Corporation Trust Company, whose address is 1209 Orange Street, Wilmington, New Castle County, Wilmington, Delaware 19801. The

mailing address of the Company shall be 333 N. Summit Street, Toledo, Ohio 43604. The Company may have such other offices as the Member may designate from time to time.

4. Term of Company. The Company shall commence on the date set forth as the “effective date” as set forth in a Certificate of Formation of the Company that has been properly filed with the Secretary of State of the State of Delaware and shall continue in existence in perpetuity unless its business and affairs are earlier wound up following dissolution at such time as this Agreement may specify.

5. Management of Company.

(a) Board of Directors. The business and affairs of the Company shall be managed by or under the direction of a Board of one or more Directors designated by the Member (the “Board”). The Member may determine at any time in its sole and absolute discretion the number of Directors to constitute the Board. The authorized number of Directors may be increased or decreased by the Member at any time in its sole and absolute discretion, upon notice to all Directors. The number of Directors as of the date hereof is three (3). Each Director elected, designated or appointed by the Member shall hold office until a successor is elected and qualified or until such Director’s earlier death, resignation, expulsion or removal. Directors need not be a Member. The Directors of the Company as of the date hereof are listed on Schedule A hereto.

(b) Powers. The Board shall have the power to do any and all acts necessary, convenient or incidental to or for the furtherance of the purposes described herein, including all powers, statutory or otherwise. The Board has the authority to bind the Company.

(c) Meeting of the Board. The Board may hold meetings, both regular and special, within or outside the State of Delaware. Regular meetings of the Board may be held without notice at such time and at such place as shall from time to time be determined by the Board. Special meetings of the Board may be called by the President on not less than one day’s notice to each Director by telephone, facsimile, mail, telegram or any other means of communication, and special meetings shall be called by the President or Secretary in like manner and with like notice upon the written request of any one or more of the Directors.

(d) Quorum; Acts of the Board. At all meetings of the Board, a majority of the Directors shall constitute a quorum for the transaction of business and, except as otherwise provided in any other provision of this Agreement, the act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Directors present at such meeting may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. Any action required or permitted to be taken at any meeting of the Board or of any committee thereof may be taken without a meeting if all members of the Board or committee, as the case may be, consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board or committee, as the case may be.

(e) Electronic Communications. Members of the Board, or any committee designated by the Board, may participate in meetings of the Board, or any committee, by means

of telephone conference or similar communications equipment that allows all persons participating in the meeting to hear each other, and such participation in a meeting shall constitute presence in person at the meeting. If all the participants are participating by telephone conference or similar communications equipment, the meeting shall be deemed to be held at the principal place of business of the Company.

(f) Committees of Directors.

(i) The Board may, by resolution passed by a majority of the whole Board, designate one or more committees, each committee to consist of one or more of the Directors of the Company. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee.

(ii) In the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not such members constitute a quorum, may unanimously appoint another member of the Board to act at the meeting in the place of any such absent or disqualified member.

(iii) Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Company. Such committee or committees shall have such name or names as may be determined from time to time by resolution adopted by the Board. Each committee shall keep regular minutes of its meetings and report the same to the Board when required.

(g) Compensation of Directors; Expenses. The Board shall have the authority to fix the compensation of Directors. The Directors may be paid their expenses, if any, of attendance at meetings of the Board, which may be a fixed sum for attendance at each meeting of the Board or a stated salary as Director. No such payment shall preclude any Director from serving the Company in any other capacity and receiving compensation therefor. Members of special or standing committees may be allowed like compensation for attending committee meetings.

(h) Removal of Directors. Unless otherwise restricted by law, any Director or the entire Board of Directors may be removed or expelled, with or without cause, at any time by the Member, and any vacancy caused by any such removal or expulsion may be filled by action of the Member.

(i) Directors as Agents. To the extent of their powers set forth in this Agreement, the Directors are agents of the Company for the purpose of the Company's business, and the actions of the Directors authorized by resolution of the Directors and taken in accordance with such powers set forth in this Agreement shall bind the Company. Notwithstanding the last sentence of Section 18-402 of the Act, except as provided in a resolution of the Directors, a Director may not bind the Company.

6. Officers.

(a) Officers. The initial Officers of the Company shall be designated by the Member. The additional or successor Officers of the Company shall be chosen by the Board and shall consist of at least a President, a Secretary and a Treasurer. The Board may also choose one or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any number of offices may be held by the same person. The Board shall choose a President, a Secretary and a Treasurer. The Board may appoint such other Officers and agents as it shall deem necessary or advisable who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board. The Officers of the Company shall hold office until their successors are chosen and qualified. Any Officer may be removed at any time, with or without cause, by the affirmative vote of a majority of the Board. Any vacancy occurring in any office of the Company shall be filled by the Board. The Officers of the Company as of the date hereof are listed on Schedule B hereto.

(b) President. The President shall be the chief executive officer of the Company, shall preside at all meetings of the Board, shall be responsible for the general and active management of the business of the Company and shall see that all orders and resolutions of the Board are carried into effect. The President or any other Officer authorized by the President or the Board shall execute all bonds, mortgages and other contracts, except: (i) where required or permitted by law or this Agreement to be otherwise signed and executed or (ii) where signing and execution thereof shall be expressly delegated by the Board to some other Officer or agent of the Company.

(c) Vice President. In the absence of the President or in the event of the President's inability to act, the Vice President, if any (or in the event there be more than one Vice President, the Vice Presidents in the order designated by the Directors, or in the absence of any designation, then in the order of their election), shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice Presidents, if any, shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(d) Secretary and Assistant Secretary. The Secretary shall be responsible for filing legal documents and maintaining records for the Company. The Secretary shall attend all meetings of the Board and record all the proceedings of the meetings of the Company and of the Board in a book to be kept for that purpose and shall perform like duties for the standing committees when required. The Secretary shall give, or shall cause to be given, notice of all meetings of the Member, if any, and special meetings of the Board, and shall perform such other duties as may be prescribed by the Board or the President, under whose supervision the Secretary shall serve. The Assistant Secretary, or if there be more than one, the Assistant Secretaries in the order determined by the Board (or if there be no such determination, then in order of their election), shall, in the absence of the Secretary or in the event of the Secretary's inability to act, perform the duties and exercise the powers of the Secretary and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(e) Treasurer and Assistant Treasurer. The Treasurer shall have the custody of the Company funds and securities and shall keep full and accurate accounts of receipts and

disbursements in books belonging to the Company and shall deposit all moneys and other valuable effects in the name and to the credit of the Company in such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Company as may be ordered by the Board, taking proper vouchers for such disbursements, and shall render to the President and to the Board, at its regular meetings or when the Board so requires, an account of all of the Treasurer's transactions and of the financial condition of the Company. The Assistant Treasurer, or if there shall be more than one, the Assistant Treasurers in the order determined by the Board (or if there be no such determination, then in the order of their election), shall, in the absence of the Treasurer or in the event of the Treasurer's inability to act, perform the duties and exercise the powers of the Treasurer and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(f) Officers as Agents. The Officers, to the extent of their powers set forth in this Agreement or otherwise vested in them by action of the Board not inconsistent with this Agreement, are agents of the Company for the purpose of the Company's business and the actions of the Officers taken in accordance with such powers shall bind the Company.

(g) No Fiduciary Duties. To the fullest extent permitted by law, the Directors shall owe no fiduciary duties to the Company or the Member; provided that the Directors shall act in accordance with the implied contractual covenant of good faith and fair dealing.

(h) Reimbursement; Compensation. Each Officer shall be reimbursed for any actual costs reasonably incurred in connection with such Officer's service as an officer of the Company.

7. Limitation of Liability; Indemnification; Duties.

(a) To the fullest extent permitted by law, none of (i) the Member (in its capacity as Member), (ii) the affiliates, agents, officers, partners, employees, representatives, directors, members or shareholders of the Member or the Company and (iii) each former officer, director, employee, or member (collectively, the "Indemnitees") acting in accordance with this Agreement shall be liable, responsible, or accountable, in damages or otherwise, to the Company or the Member thereof for doing any act or failing to do any act, whether before, on or after the date hereof, the effect of which may cause or result in loss or damage to the Company or the Member unless such action or failure to act constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing.

(b) The Company shall defend, indemnify and hold harmless any Indemnitee to the greatest extent permitted by law against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, proceedings, costs, expenses and disbursements of any kind or nature whatsoever, and all costs of investigation in connection therewith, as a result of any claim, threatened action or legal proceeding by any person (including, without limitation, by or through the Company, any subsidiary and/or the Member), or otherwise imposed upon or incurred by such Indemnitee, relating to the performance or nonperformance of any act concerning the activities of the Company or a subsidiary, whether before, on or after the date hereof, unless the act or failure to act of such Indemnitee constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing. The indemnification authorized by this subsection (b) shall include any judgment, award, settlement, the payment of reasonable attorneys' fees and other expense (not limited to taxable costs)

incurred in settling or defending any claims, threatened action or finally adjudicated legal proceeding.

(c) From time to time, as requested by an Indemnatee hereunder, such attorneys' fees and other expenses shall, unless the Member determines that the Indemnatee has failed to meet the standards set forth in subsection (b) (taking into account, among other things, the availability of security for any repayment obligation on the part of the Indemnatee), be advanced by the Company prior to the final disposition of such claims, actions or proceedings upon receipt by the Company of an undertaking, reasonably acceptable to the Member, by or on behalf of such Indemnatee to repay such amounts if it shall be determined that such Indemnatee is not entitled to be indemnified as authorized hereunder.

(d) Any indemnification by the Company provided hereunder shall be satisfied solely out of assets of the Company as an expense of the Company (and the proceeds of any directors and officers insurance).

(e) The provisions of this Section 7 are for the benefit of the Indemnitees and their estate and heirs and shall not be deemed to create any rights for the benefit of any other person.

(f) The provisions of this Section 7 shall survive the termination of this Agreement. Any termination or amendment of this Section 7 shall not adversely affect any right or protection hereunder of any Indemnatee in respect of any act or omission prior to the time of such termination or amendment.

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member.

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

10. Amendments. This Agreement may be amended or modified from time to time only by a written instrument executed by the Member.


11. Governing Law. The validity and enforceability of this Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard to otherwise governing principles of conflicts of law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned Member of the Company hereby adopts this Agreement as of the date first above written.

HCR IV HEALTHCARE, LLC

By:


Name: Richard A. Parr II

Title: Vice President

SCHEDULE A

Directors

Kathryn S. Hoops
Matthew S. Kang
Barry A. Lazarus

SCHEDULE B

Officers

Alan B. Hash
Larry R. Godla
Kathryn S. Hoops
Matthew S. Kang
Thomas R. Kile
Barry A. Lazarus
Steven D. Spencer

President
Vice President
Vice President
Secretary & Treasurer
Assistant Treasurer
Vice President
Vice President

**FIRST AMENDMENT
TO THE
SECOND AMENDED & RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Palm Desert CA, LLC (the “Company”)**

This First Amendment to the Second Amended and Restated Limited Liability Company Agreement (the “Agreement”), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC as the sole member (the “Member”).

The Member, by execution of this First Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Paragraph 6 (g) of the Agreement is deleted in its entirety and replaced with the following:

(g) Fiduciary Duties. All Directors (including ex officio Directors) shall possess fiduciary responsibilities toward the Company, including but not limited to the fiduciary duties of care and loyalty. By becoming a Director, individuals elected as Directors or holding an ex officio Director position agree that their personal interests, and the interests of any constituency that they may represent, must at all times not conflict with the best interest of the Company. All Directors, including the ex officio Directors, are prohibited from using their position as Director to advance any personal interest or the interest of any third party or constituency. All Directors, including the ex officio Directors, are required to maintain the confidentiality of all information regarding the activities of the Company unless the disclosure of the information has been authorized or the information has been disclosed to the public or otherwise becomes public knowledge. Ex officio Directors are not permitted to disclose confidential information to represented constituencies other than as permitted in the preceding sentence. In addition to other remedies provided by law, this Agreement and Company policies, any individual holding office as a Director who fails to comply with these standards or who otherwise fails to meet his/her obligations as a director under the laws of the state of formation may be removed from office.

WHEREFORE, the undersigned, intending to be legally bound, has executed this First Amendment as of July 27, 2018.

HCR IV Healthcare, LLC

By: 

Name: Patricia A. McCormick

Title: Secretary

**SECOND AMENDMENT
TO THE
SECOND AMENDED &
RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Palm Desert CA, LLC (the "Company")**

This Second Amendment to the Second Amended & Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC, as the sole member (the "Member").

The Member, by execution of this Second Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed and operates exclusively for charitable purposes as specified in section 214 of the California Revenue and Taxation Code, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will: i) maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member, which shall be a qualifying organization under Section 214 of the California Revenue and Taxation Code, and exempt under section 501(c)(3) of the Internal Revenue Code, may determine; ii) promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and exclusively support and further the charitable mission of the Member and the Member's affiliates; and iii) have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine. In addition to its existing properties and assets, the Company may acquire, own, dispose of, and to deal with any personal property and interest therein, so long a such property is dedicated to one or more of the Company's exempt purposes, as specified in sections 214 and 214.01 of the California Revenue and Tax Code.

Paragraph 8 of the Agreement is deleted in its entirety and replaced with the following:

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member, so long as the Member continues to be organized as described in section 214 of the California Revenue and Taxation Code .

Paragraph 9 of the Agreement is deleted in its entirety and replaced with the following:

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

Notwithstanding the foregoing, upon dissolution, all assets shall be distributed to an organization(s) organized and operating exclusively for exempt purposes, as specified in section 214 of the California Revenue and Taxation Code, and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code, or under section 23701d of the Revenue and Taxation Code.

Paragraph 10 of the Agreement is deleted in its entirety and replaced with the following:

10. Amendments. The Agreement may be amended or modified from time to time only by a written instrument executed by the Member. Any amendment to the Company's Articles of Organization or any equivalent legally recognized formative document under the laws of the jurisdiction where the entity is formed and to this agreement must be consistent with section 214 of the California Revenue and Taxation Code.

The following paragraphs are hereby added to the agreement:

12. Transfer of Membership. Any direct or indirect transfer of membership interest in the Company to a nonqualified person or entity is prohibited.

13. Reorganization of Company. Company is prohibited from merging with, or converting into, a for-profit entity.

WHEREFORE, the undersigned, intending to be legally bound, has executed this Second Amendment as of January 1, 2019.

HCR IV Healthcare, LLC

By:



Name: Patricia A. McCormick

Title: Secretary

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF FOUNTAIN VALLEY CA, LLC
a Delaware Limited Liability Company**

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF FOUNTAIN VALLEY CA, LLC**

This **SECOND AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT** (the “Agreement”) of **MANOR CARE OF FOUNTAIN VALLEY CA, LLC** (the “Company”) is entered into as of April 7, 2011 by **HCR IV Healthcare, LLC**, as the sole equity member (the “Member”) of the Company.

RECITALS

WHEREAS, pursuant to that certain Certificate of Formation filed with the Secretary of the State of Delaware on July 24, 2007, the Company was formed as a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (6 Del. C. §18-101 et seq.), as amended from time to time (the “Act”);

WHEREAS, the Member entered into that certain Amended and Restated Limited Liability Company Agreement of the Company, effective as of December 21, 2007 (the “Amended Agreement”); and

WHEREAS, the Member now desires to amend and restate the Amended Agreement in its entirety on the terms and conditions set forth herein.

NOW THEREFORE, the Member hereby agrees as follows.

AGREEMENT

1. Name. The name of the Company is Manor Care of Fountain Valley CA, LLC.

2. Purpose. The sole purposes of the Company are to (a) own, manage and operate the business of providing skilled nursing, assisted living or rehabilitation or related services (excluding physician services) to patients, either directly or by contract, or such other business reasonably related or similar to such business as the Member may determine; and (b) do such other things and carry on any other activities which the Member determines to be necessary or incidental to the foregoing purpose, and to have and to exercise all of the power and rights conferred upon limited liability companies formed pursuant to the Act in furtherance of the foregoing (including, without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine).

3. Registered Agent and Principal Office. The registered agent of the Company in the State of Delaware shall be The Corporation Trust Company, whose address is 1209 Orange Street, Wilmington, New Castle County, Wilmington, Delaware 19801. The

mailing address of the Company shall be 333 N. Summit Street, Toledo, Ohio 43604. The Company may have such other offices as the Member may designate from time to time.

4. Term of Company. The Company shall commence on the date set forth as the “effective date” as set forth in a Certificate of Formation of the Company that has been properly filed with the Secretary of State of the State of Delaware and shall continue in existence in perpetuity unless its business and affairs are earlier wound up following dissolution at such time as this Agreement may specify.

5. Management of Company.

(a) Board of Directors. The business and affairs of the Company shall be managed by or under the direction of a Board of one or more Directors designated by the Member (the “Board”). The Member may determine at any time in its sole and absolute discretion the number of Directors to constitute the Board. The authorized number of Directors may be increased or decreased by the Member at any time in its sole and absolute discretion, upon notice to all Directors. The number of Directors as of the date hereof is three (3). Each Director elected, designated or appointed by the Member shall hold office until a successor is elected and qualified or until such Director’s earlier death, resignation, expulsion or removal. Directors need not be a Member. The Directors of the Company as of the date hereof are listed on Schedule A hereto.

(b) Powers. The Board shall have the power to do any and all acts necessary, convenient or incidental to or for the furtherance of the purposes described herein, including all powers, statutory or otherwise. The Board has the authority to bind the Company.

(c) Meeting of the Board. The Board may hold meetings, both regular and special, within or outside the State of Delaware. Regular meetings of the Board may be held without notice at such time and at such place as shall from time to time be determined by the Board. Special meetings of the Board may be called by the President on not less than one day’s notice to each Director by telephone, facsimile, mail, telegram or any other means of communication, and special meetings shall be called by the President or Secretary in like manner and with like notice upon the written request of any one or more of the Directors.

(d) Quorum; Acts of the Board. At all meetings of the Board, a majority of the Directors shall constitute a quorum for the transaction of business and, except as otherwise provided in any other provision of this Agreement, the act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Directors present at such meeting may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. Any action required or permitted to be taken at any meeting of the Board or of any committee thereof may be taken without a meeting if all members of the Board or committee, as the case may be, consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board or committee, as the case may be.

(e) Electronic Communications. Members of the Board, or any committee designated by the Board, may participate in meetings of the Board, or any committee, by means

of telephone conference or similar communications equipment that allows all persons participating in the meeting to hear each other, and such participation in a meeting shall constitute presence in person at the meeting. If all the participants are participating by telephone conference or similar communications equipment, the meeting shall be deemed to be held at the principal place of business of the Company.

(f) Committees of Directors.

(i) The Board may, by resolution passed by a majority of the whole Board, designate one or more committees, each committee to consist of one or more of the Directors of the Company. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee.

(ii) In the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not such members constitute a quorum, may unanimously appoint another member of the Board to act at the meeting in the place of any such absent or disqualified member.

(iii) Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Company. Such committee or committees shall have such name or names as may be determined from time to time by resolution adopted by the Board. Each committee shall keep regular minutes of its meetings and report the same to the Board when required.

(g) Compensation of Directors; Expenses. The Board shall have the authority to fix the compensation of Directors. The Directors may be paid their expenses, if any, of attendance at meetings of the Board, which may be a fixed sum for attendance at each meeting of the Board or a stated salary as Director. No such payment shall preclude any Director from serving the Company in any other capacity and receiving compensation therefor. Members of special or standing committees may be allowed like compensation for attending committee meetings.

(h) Removal of Directors. Unless otherwise restricted by law, any Director or the entire Board of Directors may be removed or expelled, with or without cause, at any time by the Member, and any vacancy caused by any such removal or expulsion may be filled by action of the Member.

(i) Directors as Agents. To the extent of their powers set forth in this Agreement, the Directors are agents of the Company for the purpose of the Company's business, and the actions of the Directors authorized by resolution of the Directors and taken in accordance with such powers set forth in this Agreement shall bind the Company. Notwithstanding the last sentence of Section 18-402 of the Act, except as provided in a resolution of the Directors, a Director may not bind the Company.

6. Officers.

(a) Officers. The initial Officers of the Company shall be designated by the Member. The additional or successor Officers of the Company shall be chosen by the Board and shall consist of at least a President, a Secretary and a Treasurer. The Board may also choose one or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any number of offices may be held by the same person. The Board shall choose a President, a Secretary and a Treasurer. The Board may appoint such other Officers and agents as it shall deem necessary or advisable who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board. The Officers of the Company shall hold office until their successors are chosen and qualified. Any Officer may be removed at any time, with or without cause, by the affirmative vote of a majority of the Board. Any vacancy occurring in any office of the Company shall be filled by the Board. The Officers of the Company as of the date hereof are listed on Schedule B hereto.

(b) President. The President shall be the chief executive officer of the Company, shall preside at all meetings of the Board, shall be responsible for the general and active management of the business of the Company and shall see that all orders and resolutions of the Board are carried into effect. The President or any other Officer authorized by the President or the Board shall execute all bonds, mortgages and other contracts, except: (i) where required or permitted by law or this Agreement to be otherwise signed and executed or (ii) where signing and execution thereof shall be expressly delegated by the Board to some other Officer or agent of the Company.

(c) Vice President. In the absence of the President or in the event of the President's inability to act, the Vice President, if any (or in the event there be more than one Vice President, the Vice Presidents in the order designated by the Directors, or in the absence of any designation, then in the order of their election), shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice Presidents, if any, shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(d) Secretary and Assistant Secretary. The Secretary shall be responsible for filing legal documents and maintaining records for the Company. The Secretary shall attend all meetings of the Board and record all the proceedings of the meetings of the Company and of the Board in a book to be kept for that purpose and shall perform like duties for the standing committees when required. The Secretary shall give, or shall cause to be given, notice of all meetings of the Member, if any, and special meetings of the Board, and shall perform such other duties as may be prescribed by the Board or the President, under whose supervision the Secretary shall serve. The Assistant Secretary, or if there be more than one, the Assistant Secretaries in the order determined by the Board (or if there be no such determination, then in order of their election), shall, in the absence of the Secretary or in the event of the Secretary's inability to act, perform the duties and exercise the powers of the Secretary and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(e) Treasurer and Assistant Treasurer. The Treasurer shall have the custody of the Company funds and securities and shall keep full and accurate accounts of receipts and

disbursements in books belonging to the Company and shall deposit all moneys and other valuable effects in the name and to the credit of the Company in such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Company as may be ordered by the Board, taking proper vouchers for such disbursements, and shall render to the President and to the Board, at its regular meetings or when the Board so requires, an account of all of the Treasurer's transactions and of the financial condition of the Company. The Assistant Treasurer, or if there shall be more than one, the Assistant Treasurers in the order determined by the Board (or if there be no such determination, then in the order of their election), shall, in the absence of the Treasurer or in the event of the Treasurer's inability to act, perform the duties and exercise the powers of the Treasurer and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(f) Officers as Agents. The Officers, to the extent of their powers set forth in this Agreement or otherwise vested in them by action of the Board not inconsistent with this Agreement, are agents of the Company for the purpose of the Company's business and the actions of the Officers taken in accordance with such powers shall bind the Company.

(g) No Fiduciary Duties. To the fullest extent permitted by law, the Directors shall owe no fiduciary duties to the Company or the Member; provided that the Directors shall act in accordance with the implied contractual covenant of good faith and fair dealing.

(h) Reimbursement; Compensation. Each Officer shall be reimbursed for any actual costs reasonably incurred in connection with such Officer's service as an officer of the Company.

7. Limitation of Liability; Indemnification; Duties.

(a) To the fullest extent permitted by law, none of (i) the Member (in its capacity as Member), (ii) the affiliates, agents, officers, partners, employees, representatives, directors, members or shareholders of the Member or the Company and (iii) each former officer, director, employee, or member (collectively, the "Indemnitees") acting in accordance with this Agreement shall be liable, responsible, or accountable, in damages or otherwise, to the Company or the Member thereof for doing any act or failing to do any act, whether before, on or after the date hereof, the effect of which may cause or result in loss or damage to the Company or the Member unless such action or failure to act constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing.

(b) The Company shall defend, indemnify and hold harmless any Indemnitee to the greatest extent permitted by law against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, proceedings, costs, expenses and disbursements of any kind or nature whatsoever, and all costs of investigation in connection therewith, as a result of any claim, threatened action or legal proceeding by any person (including, without limitation, by or through the Company, any subsidiary and/or the Member), or otherwise imposed upon or incurred by such Indemnitee, relating to the performance or nonperformance of any act concerning the activities of the Company or a subsidiary, whether before, on or after the date hereof, unless the act or failure to act of such Indemnitee constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing. The indemnification authorized by this subsection (b) shall include any judgment, award, settlement, the payment of reasonable attorneys' fees and other expense (not limited to taxable costs)

incurred in settling or defending any claims, threatened action or finally adjudicated legal proceeding.

(c) From time to time, as requested by an Indemnatee hereunder, such attorneys' fees and other expenses shall, unless the Member determines that the Indemnatee has failed to meet the standards set forth in subsection (b) (taking into account, among other things, the availability of security for any repayment obligation on the part of the Indemnatee), be advanced by the Company prior to the final disposition of such claims, actions or proceedings upon receipt by the Company of an undertaking, reasonably acceptable to the Member, by or on behalf of such Indemnatee to repay such amounts if it shall be determined that such Indemnatee is not entitled to be indemnified as authorized hereunder.

(d) Any indemnification by the Company provided hereunder shall be satisfied solely out of assets of the Company as an expense of the Company (and the proceeds of any directors and officers insurance).

(e) The provisions of this Section 7 are for the benefit of the Indemnitees and their estate and heirs and shall not be deemed to create any rights for the benefit of any other person.

(f) The provisions of this Section 7 shall survive the termination of this Agreement. Any termination or amendment of this Section 7 shall not adversely affect any right or protection hereunder of any Indemnatee in respect of any act or omission prior to the time of such termination or amendment.

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member.

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

10. Amendments. This Agreement may be amended or modified from time to time only by a written instrument executed by the Member.

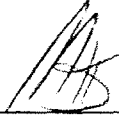
11. Governing Law. The validity and enforceability of this Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard to otherwise governing principles of conflicts of law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned Member of the Company hereby adopts this Agreement as of the date first above written.

HCR IV HEALTHCARE, LLC

By:



Name: Richard A. Parr II

Title: Vice President

SCHEDULE A

Directors

Kathryn S. Hoops
Matthew S. Kang
Barry A. Lazarus

SCHEDULE B

Officers

Alan B. Hash
Larry R. Godla
Kathryn S. Hoops
Matthew S. Kang
Thomas R. Kile
Barry A. Lazarus
Steven D. Spencer

President
Vice President
Vice President
Secretary & Treasurer
Assistant Treasurer
Vice President
Vice President

**FIRST AMENDMENT
TO THE
SECOND AMENDED & RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF**

Manor Care of Fountain Valley CA, LLC (the "Company")

This First Amendment to the Second Amended and Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC as the sole member (the "Member").

The Member, by execution of this First Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Paragraph 6 (g) of the Agreement is deleted in its entirety and replaced with the following:

(g) Fiduciary Duties. All Directors (including ex officio Directors) shall possess fiduciary responsibilities toward the Company, including but not limited to the fiduciary duties of care and loyalty. By becoming a Director, individuals elected as Directors or holding an ex officio Director position agree that their personal interests, and the interests of any constituency that they may represent, must at all times not conflict with the best interest of the Company. All Directors, including the ex officio Directors, are prohibited from using their position as Director to advance any personal interest or the interest of any third party or constituency. All Directors, including the ex officio Directors, are required to maintain the confidentiality of all information regarding the activities of the Company unless the disclosure of the information has been authorized or the information has been disclosed to the public or otherwise becomes public knowledge. Ex officio Directors are not permitted to disclose confidential information to represented constituencies other than as permitted in the preceding sentence. In addition to other remedies provided by law, this Agreement and Company policies, any individual holding office as a Director who fails to comply with these standards or who otherwise fails to meet his/her obligations as a director under the laws of the state of formation may be removed from office.

WHEREFORE, the undersigned, intending to be legally bound, has executed this First Amendment as of July 27, 2018.

HCR IV Healthcare, LLC

By: 
Name: Patricia A. McCormick
Title: Secretary

**SECOND AMENDMENT
TO THE
SECOND AMENDED &
RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Fountain Valley CA, LLC (the "Company")**

This Second Amendment to the Second Amended & Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC, as the sole member (the "Member").

The Member, by execution of this Second Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed and operates exclusively for charitable purposes as specified in section 214 of the California Revenue and Taxation Code, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will: i) maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member, which shall be a qualifying organization under Section 214 of the California Revenue and Taxation Code, and exempt under section 501(c)(3) of the Internal Revenue Code, may determine; ii) promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and exclusively support and further the charitable mission of the Member and the Member's affiliates; and iii) have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine. In addition to its existing properties and assets, the Company may acquire, own, dispose of, and to deal with any personal property and interest therein, so long a such property is dedicated to one or more of the Company's exempt purposes, as specified in sections 214 and 214.01 of the California Revenue and Tax Code.

Paragraph 8 of the Agreement is deleted in its entirety and replaced with the following:

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member, so long as the Member continues to be organized as described in section 214 of the California Revenue and Taxation Code .

Paragraph 9 of the Agreement is deleted in its entirety and replaced with the following:

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

Notwithstanding the foregoing, upon dissolution, all assets shall be distributed to an organization(s) organized and operating exclusively for exempt purposes, as specified in section 214 of the California Revenue and Taxation Code, and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code, or under section 23701d of the Revenue and Taxation Code.

Paragraph 10 of the Agreement is deleted in its entirety and replaced with the following:

10. Amendments. The Agreement may be amended or modified from time to time only by a written instrument executed by the Member. Any amendment to the Company's Articles of Organization or any equivalent legally recognized formative document under the laws of the jurisdiction where the entity is formed and to this agreement must be consistent with section 214 of the California Revenue and Taxation Code.

The following paragraphs are hereby added to the agreement:

12. Transfer of Membership. Any direct or indirect transfer of membership interest in the Company to a nonqualified person or entity is prohibited.

13. Reorganization of Company. Company is prohibited from merging with, or converting into, a for-profit entity.

WHEREFORE, the undersigned, intending to be legally bound, has executed this Second Amendment as of January 1, 2019.

HCR IV Healthcare, LLC

By: 

Name: Patricia A. McCormick

Title: Secretary

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF HEMET CA, LLC
a Delaware Limited Liability Company**

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF HEMET CA, LLC**

This **SECOND AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT** (the “Agreement”) of **MANOR CARE OF HEMET CA, LLC** (the “Company”) is entered into as of April 7, 2011 by **HCR IV Healthcare, LLC**, as the sole equity member (the “Member”) of the Company.

RECITALS

WHEREAS, pursuant to that certain Certificate of Formation filed with the Secretary of the State of Delaware on July 24, 2007, the Company was formed as a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (6 Del. C. §18-101 et seq.), as amended from time to time (the “Act”);

WHEREAS, the Member entered into that certain Amended and Restated Limited Liability Company Agreement of the Company, effective as of December 21, 2007 (the “Amended Agreement”); and

WHEREAS, the Member now desires to amend and restate the Amended Agreement in its entirety on the terms and conditions set forth herein.

NOW THEREFORE, the Member hereby agrees as follows.

AGREEMENT

1. Name. The name of the Company is Manor Care of Hemet CA, LLC.
2. Purpose. The sole purposes of the Company are to (a) own, manage and operate the business of providing skilled nursing, assisted living or rehabilitation or related services (excluding physician services) to patients, either directly or by contract, or such other business reasonably related or similar to such business as the Member may determine; and (b) do such other things and carry on any other activities which the Member determines to be necessary or incidental to the foregoing purpose, and to have and to exercise all of the power and rights conferred upon limited liability companies formed pursuant to the Act in furtherance of the foregoing (including, without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine).
3. Registered Agent and Principal Office. The registered agent of the Company in the State of Delaware shall be The Corporation Trust Company, whose address is 1209 Orange Street, Wilmington, New Castle County, Wilmington, Delaware 19801. The mailing address of the Company shall be 333 N. Summit Street, Toledo, Ohio 43604. The Company may have such other offices as the Member may designate from time to time.

4. Term of Company. The Company shall commence on the date set forth as the “effective date” as set forth in a Certificate of Formation of the Company that has been properly filed with the Secretary of State of the State of Delaware and shall continue in existence in perpetuity unless its business and affairs are earlier wound up following dissolution at such time as this Agreement may specify.

5. Management of Company.

(a) Board of Directors. The business and affairs of the Company shall be managed by or under the direction of a Board of one or more Directors designated by the Member (the “Board”). The Member may determine at any time in its sole and absolute discretion the number of Directors to constitute the Board. The authorized number of Directors may be increased or decreased by the Member at any time in its sole and absolute discretion, upon notice to all Directors. The number of Directors as of the date hereof is three (3). Each Director elected, designated or appointed by the Member shall hold office until a successor is elected and qualified or until such Director’s earlier death, resignation, expulsion or removal. Directors need not be a Member. The Directors of the Company as of the date hereof are listed on Schedule A hereto.

(b) Powers. The Board shall have the power to do any and all acts necessary, convenient or incidental to or for the furtherance of the purposes described herein, including all powers, statutory or otherwise. The Board has the authority to bind the Company.

(c) Meeting of the Board. The Board may hold meetings, both regular and special, within or outside the State of Delaware. Regular meetings of the Board may be held without notice at such time and at such place as shall from time to time be determined by the Board. Special meetings of the Board may be called by the President on not less than one day’s notice to each Director by telephone, facsimile, mail, telegram or any other means of communication, and special meetings shall be called by the President or Secretary in like manner and with like notice upon the written request of any one or more of the Directors.

(d) Quorum; Acts of the Board. At all meetings of the Board, a majority of the Directors shall constitute a quorum for the transaction of business and, except as otherwise provided in any other provision of this Agreement, the act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Directors present at such meeting may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. Any action required or permitted to be taken at any meeting of the Board or of any committee thereof may be taken without a meeting if all members of the Board or committee, as the case may be, consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board or committee, as the case may be.

(e) Electronic Communications. Members of the Board, or any committee designated by the Board, may participate in meetings of the Board, or any committee, by means of telephone conference or similar communications equipment that allows all persons participating in the meeting to hear each other, and such participation in a meeting shall constitute presence in person at the meeting. If all the participants are participating by telephone

conference or similar communications equipment, the meeting shall be deemed to be held at the principal place of business of the Company.

(f) Committees of Directors.

(i) The Board may, by resolution passed by a majority of the whole Board, designate one or more committees, each committee to consist of one or more of the Directors of the Company. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee.

(ii) In the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not such members constitute a quorum, may unanimously appoint another member of the Board to act at the meeting in the place of any such absent or disqualified member.

(iii) Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Company. Such committee or committees shall have such name or names as may be determined from time to time by resolution adopted by the Board. Each committee shall keep regular minutes of its meetings and report the same to the Board when required.

(g) Compensation of Directors; Expenses. The Board shall have the authority to fix the compensation of Directors. The Directors may be paid their expenses, if any, of attendance at meetings of the Board, which may be a fixed sum for attendance at each meeting of the Board or a stated salary as Director. No such payment shall preclude any Director from serving the Company in any other capacity and receiving compensation therefor. Members of special or standing committees may be allowed like compensation for attending committee meetings.

(h) Removal of Directors. Unless otherwise restricted by law, any Director or the entire Board of Directors may be removed or expelled, with or without cause, at any time by the Member, and any vacancy caused by any such removal or expulsion may be filled by action of the Member.

(i) Directors as Agents. To the extent of their powers set forth in this Agreement, the Directors are agents of the Company for the purpose of the Company's business, and the actions of the Directors authorized by resolution of the Directors and taken in accordance with such powers set forth in this Agreement shall bind the Company. Notwithstanding the last sentence of Section 18-402 of the Act, except as provided in a resolution of the Directors, a Director may not bind the Company.

6. Officers.

(a) Officers. The initial Officers of the Company shall be designated by the Member. The additional or successor Officers of the Company shall be chosen by the Board and shall consist of at least a President, a Secretary and a Treasurer. The Board may also choose one

or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any number of offices may be held by the same person. The Board shall choose a President, a Secretary and a Treasurer. The Board may appoint such other Officers and agents as it shall deem necessary or advisable who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board. The Officers of the Company shall hold office until their successors are chosen and qualified. Any Officer may be removed at any time, with or without cause, by the affirmative vote of a majority of the Board. Any vacancy occurring in any office of the Company shall be filled by the Board. The Officers of the Company as of the date hereof are listed on Schedule B hereto.

(b) President. The President shall be the chief executive officer of the Company, shall preside at all meetings of the Board, shall be responsible for the general and active management of the business of the Company and shall see that all orders and resolutions of the Board are carried into effect. The President or any other Officer authorized by the President or the Board shall execute all bonds, mortgages and other contracts, except: (i) where required or permitted by law or this Agreement to be otherwise signed and executed or (ii) where signing and execution thereof shall be expressly delegated by the Board to some other Officer or agent of the Company.

(c) Vice President. In the absence of the President or in the event of the President's inability to act, the Vice President, if any (or in the event there be more than one Vice President, the Vice Presidents in the order designated by the Directors, or in the absence of any designation, then in the order of their election), shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice Presidents, if any, shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(d) Secretary and Assistant Secretary. The Secretary shall be responsible for filing legal documents and maintaining records for the Company. The Secretary shall attend all meetings of the Board and record all the proceedings of the meetings of the Company and of the Board in a book to be kept for that purpose and shall perform like duties for the standing committees when required. The Secretary shall give, or shall cause to be given, notice of all meetings of the Member, if any, and special meetings of the Board, and shall perform such other duties as may be prescribed by the Board or the President, under whose supervision the Secretary shall serve. The Assistant Secretary, or if there be more than one, the Assistant Secretaries in the order determined by the Board (or if there be no such determination, then in order of their election), shall, in the absence of the Secretary or in the event of the Secretary's inability to act, perform the duties and exercise the powers of the Secretary and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(e) Treasurer and Assistant Treasurer. The Treasurer shall have the custody of the Company funds and securities and shall keep full and accurate accounts of receipts and disbursements in books belonging to the Company and shall deposit all moneys and other valuable effects in the name and to the credit of the Company in such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Company as may be ordered by the Board, taking proper vouchers for such disbursements, and shall render to the President and to the Board, at its regular meetings or when the Board so requires, an account of

all of the Treasurer's transactions and of the financial condition of the Company. The Assistant Treasurer, or if there shall be more than one, the Assistant Treasurers in the order determined by the Board (or if there be no such determination, then in the order of their election), shall, in the absence of the Treasurer or in the event of the Treasurer's inability to act, perform the duties and exercise the powers of the Treasurer and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(f) Officers as Agents. The Officers, to the extent of their powers set forth in this Agreement or otherwise vested in them by action of the Board not inconsistent with this Agreement, are agents of the Company for the purpose of the Company's business and the actions of the Officers taken in accordance with such powers shall bind the Company.

(g) No Fiduciary Duties. To the fullest extent permitted by law, the Directors shall owe no fiduciary duties to the Company or the Member; provided that the Directors shall act in accordance with the implied contractual covenant of good faith and fair dealing.

(h) Reimbursement; Compensation. Each Officer shall be reimbursed for any actual costs reasonably incurred in connection with such Officer's service as an officer of the Company.

7. Limitation of Liability; Indemnification; Duties.

(a) To the fullest extent permitted by law, none of (i) the Member (in its capacity as Member), (ii) the affiliates, agents, officers, partners, employees, representatives, directors, members or shareholders of the Member or the Company and (iii) each former officer, director, employee, or member (collectively, the "Indemnitees") acting in accordance with this Agreement shall be liable, responsible, or accountable, in damages or otherwise, to the Company or the Member thereof for doing any act or failing to do any act, whether before, on or after the date hereof, the effect of which may cause or result in loss or damage to the Company or the Member unless such action or failure to act constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing.

(b) The Company shall defend, indemnify and hold harmless any Indemnitee to the greatest extent permitted by law against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, proceedings, costs, expenses and disbursements of any kind or nature whatsoever, and all costs of investigation in connection therewith, as a result of any claim, threatened action or legal proceeding by any person (including, without limitation, by or through the Company, any subsidiary and/or the Member), or otherwise imposed upon or incurred by such Indemnitee, relating to the performance or nonperformance of any act concerning the activities of the Company or a subsidiary, whether before, on or after the date hereof, unless the act or failure to act of such Indemnitee constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing. The indemnification authorized by this subsection (b) shall include any judgment, award, settlement, the payment of reasonable attorneys' fees and other expense (not limited to taxable costs) incurred in settling or defending any claims, threatened action or finally adjudicated legal proceeding.

(c) From time to time, as requested by an Indemnitee hereunder, such attorneys' fees and other expenses shall, unless the Member determines that the Indemnitee has failed to meet the standards set forth in subsection (b) (taking into account, among other things, the availability of security for any repayment obligation on the part of the Indemnitee), be

advanced by the Company prior to the final disposition of such claims, actions or proceedings upon receipt by the Company of an undertaking, reasonably acceptable to the Member, by or on behalf of such Indemnatee to repay such amounts if it shall be determined that such Indemnatee is not entitled to be indemnified as authorized hereunder.

(d) Any indemnification by the Company provided hereunder shall be satisfied solely out of assets of the Company as an expense of the Company (and the proceeds of any directors and officers insurance).

(e) The provisions of this Section 7 are for the benefit of the Indemnitees and their estate and heirs and shall not be deemed to create any rights for the benefit of any other person.

(f) The provisions of this Section 7 shall survive the termination of this Agreement. Any termination or amendment of this Section 7 shall not adversely affect any right or protection hereunder of any Indemnatee in respect of any act or omission prior to the time of such termination or amendment.

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member.

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

10. Amendments. This Agreement may be amended or modified from time to time only by a written instrument executed by the Member.

11. Governing Law. The validity and enforceability of this Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard to otherwise governing principles of conflicts of law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned Member of the Company hereby adopts this Agreement as of the date first above written.

HCR IV HEALTHCARE, LLC

By: 

Name: Richard A. Parr II

Title: Vice President

SCHEDULE A

Directors

Kathryn S. Hoops
Matthew S. Kang
Barry A. Lazarus

SCHEDULE B

Officers

Alan B. Hash
Larry R. Godla
Kathryn S. Hoops
Matthew S. Kang
Thomas R. Kile
Barry A. Lazarus
Steven D. Spencer

President
Vice President
Vice President
Secretary & Treasurer
Assistant Treasurer
Vice President
Vice President

**FIRST AMENDMENT
TO THE
SECOND AMENDED & RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Hemet CA, LLC (the “Company”)**

This First Amendment to the Second Amended and Restated Limited Liability Company Agreement (the “Agreement”), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC as the sole member (the “Member”).

The Member, by execution of this First Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:


2. Purpose. The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Paragraph 6 (g) of the Agreement is deleted in its entirety and replaced with the following:

(g) Fiduciary Duties. All Directors (including ex officio Directors) shall possess fiduciary responsibilities toward the Company, including but not limited to the fiduciary duties of care and loyalty. By becoming a Director, individuals elected as Directors or holding an ex officio Director position agree that their personal interests, and the interests of any constituency that they may represent, must at all times not conflict with the best interest of the Company. All Directors, including the ex officio Directors, are prohibited from using their position as Director to advance any personal interest or the interest of any third party or constituency. All Directors, including the ex officio Directors, are required to maintain the confidentiality of all information regarding the activities of the Company unless the disclosure of the information has been authorized or the information has been disclosed to the public or otherwise becomes public knowledge. Ex officio Directors are not permitted to disclose confidential information to represented constituencies other than as permitted in the preceding sentence. In addition to other remedies provided by law, this Agreement and Company policies, any individual holding office as a Director who fails to comply with these standards or who otherwise fails to meet his/her obligations as a director under the laws of the state of formation may be removed from office.

WHEREFORE, the undersigned, intending to be legally bound, has executed this First Amendment as of July 27, 2018.

HCR IV Healthcare, LLC

By: 
Name: Patricia A. McCormick
Title: Secretary

**SECOND AMENDMENT
TO THE
SECOND AMENDED &
RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Hemet CA, LLC (the "Company")**

This Second Amendment to the Second Amended & Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC, as the sole member (the "Member").

The Member, by execution of this Second Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed and operates exclusively for charitable purposes as specified in section 214 of the California Revenue and Taxation Code, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will: i) maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member, which shall be a qualifying organization under Section 214 of the California Revenue and Taxation Code, and exempt under section 501(c)(3) of the Internal Revenue Code, may determine; ii) promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and exclusively support and further the charitable mission of the Member and the Member's affiliates; and iii) have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine. In addition to its existing properties and assets, the Company may acquire, own, dispose of, and to deal with any personal property and interest therein, so long a such property is dedicated to one or more of the Company's exempt purposes, as specified in sections 214 and 214.01 of the California Revenue and Tax Code.

Paragraph 8 of the Agreement is deleted in its entirety and replaced with the following:

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member, so long as the Member continues to be organized as described in section 214 of the California Revenue and Taxation Code .

Paragraph 9 of the Agreement is deleted in its entirety and replaced with the following:

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

Notwithstanding the foregoing, upon dissolution, all assets shall be distributed to an organization(s) organized and operating exclusively for exempt purposes, as specified in section 214 of the California Revenue and Taxation Code, and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code, or under section 23701d of the Revenue and Taxation Code.

Paragraph 10 of the Agreement is deleted in its entirety and replaced with the following:

10. Amendments. The Agreement may be amended or modified from time to time only by a written instrument executed by the Member. Any amendment to the Company's Articles of Organization or any equivalent legally recognized formative document under the laws of the jurisdiction where the entity is formed and to this agreement must be consistent with section 214 of the California Revenue and Taxation Code.

The following paragraphs are hereby added to the agreement:

12. Transfer of Membership. Any direct or indirect transfer of membership interest in the Company to a nonqualified person or entity is prohibited.

13. Reorganization of Company. Company is prohibited from merging with, or converting into, a for-profit entity.

WHEREFORE, the undersigned, intending to be legally bound, has executed this Second Amendment as of January 1, 2019.

HCR IV Healthcare, LLC

By: 

Name: Patricia A. McCormick

Title: Secretary

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF CITRUS HEIGHTS CA, LLC
a Delaware Limited Liability Company**

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF CITRUS HEIGHTS CA, LLC**

This **SECOND AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT** (the "Agreement") of **MANOR CARE OF CITRUS HEIGHTS CA, LLC** (the "Company") is entered into as of April 7, 2011 by **HCR IV Healthcare, LLC**, as the sole equity member (the "Member") of the Company.

RECITALS

WHEREAS, pursuant to that certain Certificate of Formation filed with the Secretary of the State of Delaware on July 24, 2007, the Company was formed as a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (6 Del. C. §18-101 et seq.), as amended from time to time (the "Act");

WHEREAS, the Member entered into that certain Amended and Restated Limited Liability Company Agreement of the Company, effective as of December 21, 2007 (the "Amended Agreement"); and

WHEREAS, the Member now desires to amend and restate the Amended Agreement in its entirety on the terms and conditions set forth herein.

NOW THEREFORE, the Member hereby agrees as follows.

AGREEMENT

1. Name. The name of the Company is Manor Care of Citrus Heights CA, LLC.
2. Purpose. The sole purposes of the Company are to (a) own, manage and operate the business of providing skilled nursing, assisted living or rehabilitation or related services (excluding physician services) to patients, either directly or by contract, or such other business reasonably related or similar to such business as the Member may determine; and (b) do such other things and carry on any other activities which the Member determines to be necessary or incidental to the foregoing purpose, and to have and to exercise all of the power and rights conferred upon limited liability companies formed pursuant to the Act in furtherance of the foregoing (including, without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine).
3. Registered Agent and Principal Office. The registered agent of the Company in the State of Delaware shall be The Corporation Trust Company, whose address is 1209 Orange Street, Wilmington, New Castle County, Wilmington, Delaware 19801. The

mailing address of the Company shall be 333 N. Summit Street, Toledo, Ohio 43604. The Company may have such other offices as the Member may designate from time to time.

4. Term of Company. The Company shall commence on the date set forth as the “effective date” as set forth in a Certificate of Formation of the Company that has been properly filed with the Secretary of State of the State of Delaware and shall continue in existence in perpetuity unless its business and affairs are earlier wound up following dissolution at such time as this Agreement may specify.

5. Management of Company.

(a) Board of Directors. The business and affairs of the Company shall be managed by or under the direction of a Board of one or more Directors designated by the Member (the “Board”). The Member may determine at any time in its sole and absolute discretion the number of Directors to constitute the Board. The authorized number of Directors may be increased or decreased by the Member at any time in its sole and absolute discretion, upon notice to all Directors. The number of Directors as of the date hereof is three (3). Each Director elected, designated or appointed by the Member shall hold office until a successor is elected and qualified or until such Director’s earlier death, resignation, expulsion or removal. Directors need not be a Member. The Directors of the Company as of the date hereof are listed on Schedule A hereto.

(b) Powers. The Board shall have the power to do any and all acts necessary, convenient or incidental to or for the furtherance of the purposes described herein, including all powers, statutory or otherwise. The Board has the authority to bind the Company.

(c) Meeting of the Board. The Board may hold meetings, both regular and special, within or outside the State of Delaware. Regular meetings of the Board may be held without notice at such time and at such place as shall from time to time be determined by the Board. Special meetings of the Board may be called by the President on not less than one day’s notice to each Director by telephone, facsimile, mail, telegram or any other means of communication, and special meetings shall be called by the President or Secretary in like manner and with like notice upon the written request of any one or more of the Directors.

(d) Quorum; Acts of the Board. At all meetings of the Board, a majority of the Directors shall constitute a quorum for the transaction of business and, except as otherwise provided in any other provision of this Agreement, the act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Directors present at such meeting may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. Any action required or permitted to be taken at any meeting of the Board or of any committee thereof may be taken without a meeting if all members of the Board or committee, as the case may be, consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board or committee, as the case may be.

(e) Electronic Communications. Members of the Board, or any committee designated by the Board, may participate in meetings of the Board, or any committee, by means

of telephone conference or similar communications equipment that allows all persons participating in the meeting to hear each other, and such participation in a meeting shall constitute presence in person at the meeting. If all the participants are participating by telephone conference or similar communications equipment, the meeting shall be deemed to be held at the principal place of business of the Company.

(f) Committees of Directors.

(i) The Board may, by resolution passed by a majority of the whole Board, designate one or more committees, each committee to consist of one or more of the Directors of the Company. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee.

(ii) In the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not such members constitute a quorum, may unanimously appoint another member of the Board to act at the meeting in the place of any such absent or disqualified member.

(iii) Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Company. Such committee or committees shall have such name or names as may be determined from time to time by resolution adopted by the Board. Each committee shall keep regular minutes of its meetings and report the same to the Board when required.

(g) Compensation of Directors; Expenses. The Board shall have the authority to fix the compensation of Directors. The Directors may be paid their expenses, if any, of attendance at meetings of the Board, which may be a fixed sum for attendance at each meeting of the Board or a stated salary as Director. No such payment shall preclude any Director from serving the Company in any other capacity and receiving compensation therefor. Members of special or standing committees may be allowed like compensation for attending committee meetings.

(h) Removal of Directors. Unless otherwise restricted by law, any Director or the entire Board of Directors may be removed or expelled, with or without cause, at any time by the Member, and any vacancy caused by any such removal or expulsion may be filled by action of the Member.

(i) Directors as Agents. To the extent of their powers set forth in this Agreement, the Directors are agents of the Company for the purpose of the Company's business, and the actions of the Directors authorized by resolution of the Directors and taken in accordance with such powers set forth in this Agreement shall bind the Company. Notwithstanding the last sentence of Section 18-402 of the Act, except as provided in a resolution of the Directors, a Director may not bind the Company.

6. Officers.

(a) Officers. The initial Officers of the Company shall be designated by the Member. The additional or successor Officers of the Company shall be chosen by the Board and shall consist of at least a President, a Secretary and a Treasurer. The Board may also choose one or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any number of offices may be held by the same person. The Board shall choose a President, a Secretary and a Treasurer. The Board may appoint such other Officers and agents as it shall deem necessary or advisable who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board. The Officers of the Company shall hold office until their successors are chosen and qualified. Any Officer may be removed at any time, with or without cause, by the affirmative vote of a majority of the Board. Any vacancy occurring in any office of the Company shall be filled by the Board. The Officers of the Company as of the date hereof are listed on Schedule B hereto.

(b) President. The President shall be the chief executive officer of the Company, shall preside at all meetings of the Board, shall be responsible for the general and active management of the business of the Company and shall see that all orders and resolutions of the Board are carried into effect. The President or any other Officer authorized by the President or the Board shall execute all bonds, mortgages and other contracts, except: (i) where required or permitted by law or this Agreement to be otherwise signed and executed or (ii) where signing and execution thereof shall be expressly delegated by the Board to some other Officer or agent of the Company.

(c) Vice President. In the absence of the President or in the event of the President's inability to act, the Vice President, if any (or in the event there be more than one Vice President, the Vice Presidents in the order designated by the Directors, or in the absence of any designation, then in the order of their election), shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice Presidents, if any, shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(d) Secretary and Assistant Secretary. The Secretary shall be responsible for filing legal documents and maintaining records for the Company. The Secretary shall attend all meetings of the Board and record all the proceedings of the meetings of the Company and of the Board in a book to be kept for that purpose and shall perform like duties for the standing committees when required. The Secretary shall give, or shall cause to be given, notice of all meetings of the Member, if any, and special meetings of the Board, and shall perform such other duties as may be prescribed by the Board or the President, under whose supervision the Secretary shall serve. The Assistant Secretary, or if there be more than one, the Assistant Secretaries in the order determined by the Board (or if there be no such determination, then in order of their election), shall, in the absence of the Secretary or in the event of the Secretary's inability to act, perform the duties and exercise the powers of the Secretary and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(e) Treasurer and Assistant Treasurer. The Treasurer shall have the custody of the Company funds and securities and shall keep full and accurate accounts of receipts and

disbursements in books belonging to the Company and shall deposit all moneys and other valuable effects in the name and to the credit of the Company in such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Company as may be ordered by the Board, taking proper vouchers for such disbursements, and shall render to the President and to the Board, at its regular meetings or when the Board so requires, an account of all of the Treasurer's transactions and of the financial condition of the Company. The Assistant Treasurer, or if there shall be more than one, the Assistant Treasurers in the order determined by the Board (or if there be no such determination, then in the order of their election), shall, in the absence of the Treasurer or in the event of the Treasurer's inability to act, perform the duties and exercise the powers of the Treasurer and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(f) Officers as Agents. The Officers, to the extent of their powers set forth in this Agreement or otherwise vested in them by action of the Board not inconsistent with this Agreement, are agents of the Company for the purpose of the Company's business and the actions of the Officers taken in accordance with such powers shall bind the Company.

(g) No Fiduciary Duties. To the fullest extent permitted by law, the Directors shall owe no fiduciary duties to the Company or the Member; provided that the Directors shall act in accordance with the implied contractual covenant of good faith and fair dealing.

(h) Reimbursement; Compensation. Each Officer shall be reimbursed for any actual costs reasonably incurred in connection with such Officer's service as an officer of the Company.

7. Limitation of Liability; Indemnification; Duties.

(a) To the fullest extent permitted by law, none of (i) the Member (in its capacity as Member), (ii) the affiliates, agents, officers, partners, employees, representatives, directors, members or shareholders of the Member or the Company and (iii) each former officer, director, employee, or member (collectively, the "Indemnitees") acting in accordance with this Agreement shall be liable, responsible, or accountable, in damages or otherwise, to the Company or the Member thereof for doing any act or failing to do any act, whether before, on or after the date hereof, the effect of which may cause or result in loss or damage to the Company or the Member unless such action or failure to act constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing.

(b) The Company shall defend, indemnify and hold harmless any Indemnitee to the greatest extent permitted by law against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, proceedings, costs, expenses and disbursements of any kind or nature whatsoever, and all costs of investigation in connection therewith, as a result of any claim, threatened action or legal proceeding by any person (including, without limitation, by or through the Company, any subsidiary and/or the Member), or otherwise imposed upon or incurred by such Indemnitee, relating to the performance or nonperformance of any act concerning the activities of the Company or a subsidiary, whether before, on or after the date hereof, unless the act or failure to act of such Indemnitee constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing. The indemnification authorized by this subsection (b) shall include any judgment, award, settlement, the payment of reasonable attorneys' fees and other expense (not limited to taxable costs)

incurred in settling or defending any claims, threatened action or finally adjudicated legal proceeding.

(c) From time to time, as requested by an Indemnitee hereunder, such attorneys' fees and other expenses shall, unless the Member determines that the Indemnitee has failed to meet the standards set forth in subsection (b) (taking into account, among other things, the availability of security for any repayment obligation on the part of the Indemnitee), be advanced by the Company prior to the final disposition of such claims, actions or proceedings upon receipt by the Company of an undertaking, reasonably acceptable to the Member, by or on behalf of such Indemnitee to repay such amounts if it shall be determined that such Indemnitee is not entitled to be indemnified as authorized hereunder.

(d) Any indemnification by the Company provided hereunder shall be satisfied solely out of assets of the Company as an expense of the Company (and the proceeds of any directors and officers insurance).

(e) The provisions of this Section 7 are for the benefit of the Indemnitees and their estate and heirs and shall not be deemed to create any rights for the benefit of any other person.

(f) The provisions of this Section 7 shall survive the termination of this Agreement. Any termination or amendment of this Section 7 shall not adversely affect any right or protection hereunder of any Indemnitee in respect of any act or omission prior to the time of such termination or amendment.

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member.

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

10. Amendments. This Agreement may be amended or modified from time to time only by a written instrument executed by the Member.

11. Governing Law. The validity and enforceability of this Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard to otherwise governing principles of conflicts of law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned Member of the Company hereby adopts this Agreement as of the date first above written.

HCR IV HEALTHCARE, LLC

By: 

Name: Richard A. Parr II

Title: Vice President

SCHEDULE A

Directors

Kathryn S. Hoops
Matthew S. Kang
Barry A. Lazarus

SCHEDULE B

Officers

Alan B. Hash
Larry R. Godla
Kathryn S. Hoops
Matthew S. Kang
Thomas R. Kile
Barry A. Lazarus
Steven D. Spencer

President
Vice President
Vice President
Secretary & Treasurer
Assistant Treasurer
Vice President
Vice President

**FIRST AMENDMENT
TO THE
SECOND AMENDED & RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF**

Manor Care of Citrus Heights CA, LLC (the “Company”)

This First Amendment to the Second Amended and Restated Limited Liability Company Agreement (the “Agreement”), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC as the sole member (the “Member”).

The Member, by execution of this First Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Paragraph 6 (g) of the Agreement is deleted in its entirety and replaced with the following:

(g) Fiduciary Duties. All Directors (including ex officio Directors) shall possess fiduciary responsibilities toward the Company, including but not limited to the fiduciary duties of care and loyalty. By becoming a Director, individuals elected as Directors or holding an ex officio Director position agree that their personal interests, and the interests of any constituency that they may represent, must at all times not conflict with the best interest of the Company. All Directors, including the ex officio Directors, are prohibited from using their position as Director to advance any personal interest or the interest of any third party or constituency. All Directors, including the ex officio Directors, are required to maintain the confidentiality of all information regarding the activities of the Company unless the disclosure of the information has been authorized or the information has been disclosed to the public or otherwise becomes public knowledge. Ex officio Directors are not permitted to disclose confidential information to represented constituencies other than as permitted in the preceding sentence. In addition to other remedies provided by law, this Agreement and Company policies, any individual holding office as a Director who fails to comply with these standards or who otherwise fails to meet his/her obligations as a director under the laws of the state of formation may be removed from office.

WHEREFORE, the undersigned, intending to be legally bound, has executed this First Amendment as of July 27, 2018.

HCR IV Healthcare, LLC

By: 

Name: Patricia A. McCormick

Title: Secretary

**SECOND AMENDMENT
TO THE
SECOND AMENDED &
RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Citrus Heights CA, LLC (the "Company")**

This Second Amendment to the Second Amended & Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC, as the sole member (the "Member").

The Member, by execution of this Second Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed and operates exclusively for charitable purposes as specified in section 214 of the California Revenue and Taxation Code, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will: i) maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member, which shall be a qualifying organization under Section 214 of the California Revenue and Taxation Code, and exempt under section 501(c)(3) of the Internal Revenue Code, may determine; ii) promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and exclusively support and further the charitable mission of the Member and the Member's affiliates; and iii) have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine. In addition to its existing properties and assets, the Company may acquire, own, dispose of, and to deal with any personal property and interest therein, so long a such property is dedicated to one or more of the Company's exempt purposes, as specified in sections 214 and 214.01 of the California Revenue and Tax Code.

Paragraph 8 of the Agreement is deleted in its entirety and replaced with the following:

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member, so long as the Member continues to be organized as described in section 214 of the California Revenue and Taxation Code .

Paragraph 9 of the Agreement is deleted in its entirety and replaced with the following:

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

Notwithstanding the foregoing, upon dissolution, all assets shall be distributed to an organization(s) organized and operating exclusively for exempt purposes, as specified in section 214 of the California Revenue and Taxation Code, and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code, or under section 23701d of the Revenue and Taxation Code.

Paragraph 10 of the Agreement is deleted in its entirety and replaced with the following:

10. Amendments. The Agreement may be amended or modified from time to time only by a written instrument executed by the Member. Any amendment to the Company's Articles of Organization or any equivalent legally recognized formative document under the laws of the jurisdiction where the entity is formed and to this agreement must be consistent with section 214 of the California Revenue and Taxation Code.

The following paragraphs are hereby added to the agreement:

12. Transfer of Membership. Any direct or indirect transfer of membership interest in the Company to a nonqualified person or entity is prohibited.

13. Reorganization of Company. Company is prohibited from merging with, or converting into, a for-profit entity.

WHEREFORE, the undersigned, intending to be legally bound, has executed this Second Amendment as of January 1, 2019.

HCR IV Healthcare, LLC

By: 

Name: Patricia A. McCormick

Title: Secretary

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF SUNNYVALE CA, LLC
a Delaware Limited Liability Company**

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF SUNNYVALE CA, LLC**

This **SECOND AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT** (the “Agreement”) of **MANOR CARE OF SUNNYVALE CA, LLC** (the “Company”) is entered into as of April 7, 2011 by **HCR IV Healthcare, LLC**, as the sole equity member (the “Member”) of the Company.

RECITALS

WHEREAS, pursuant to that certain Certificate of Formation filed with the Secretary of the State of Delaware on July 24, 2007, the Company was formed as a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (6 Del. C. §18-101 et seq.), as amended from time to time (the “Act”);

WHEREAS, the Member entered into that certain Amended and Restated Limited Liability Company Agreement of the Company, effective as of December 21, 2007 (the “Amended Agreement”); and

WHEREAS, the Member now desires to amend and restate the Amended Agreement in its entirety on the terms and conditions set forth herein.

NOW THEREFORE, the Member hereby agrees as follows.

AGREEMENT

1. Name. The name of the Company is Manor Care of Sunnyvale CA, LLC.
2. Purpose. The sole purposes of the Company are to (a) own, manage and operate the business of providing skilled nursing, assisted living or rehabilitation or related services (excluding physician services) to patients, either directly or by contract, or such other business reasonably related or similar to such business as the Member may determine; and (b) do such other things and carry on any other activities which the Member determines to be necessary or incidental to the foregoing purpose, and to have and to exercise all of the power and rights conferred upon limited liability companies formed pursuant to the Act in furtherance of the foregoing (including, without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine).
3. Registered Agent and Principal Office. The registered agent of the Company in the State of Delaware shall be The Corporation Trust Company, whose address is 1209 Orange Street, Wilmington, New Castle County, Wilmington, Delaware 19801. The mailing address of the Company shall be 333 N. Summit Street, Toledo, Ohio 43604. The Company may have such other offices as the Member may designate from time to time.

4. Term of Company. The Company shall commence on the date set forth as the “effective date” as set forth in a Certificate of Formation of the Company that has been properly filed with the Secretary of State of the State of Delaware and shall continue in existence in perpetuity unless its business and affairs are earlier wound up following dissolution at such time as this Agreement may specify.

5. Management of Company.

(a) Board of Directors. The business and affairs of the Company shall be managed by or under the direction of a Board of one or more Directors designated by the Member (the “Board”). The Member may determine at any time in its sole and absolute discretion the number of Directors to constitute the Board. The authorized number of Directors may be increased or decreased by the Member at any time in its sole and absolute discretion, upon notice to all Directors. The number of Directors as of the date hereof is three (3). Each Director elected, designated or appointed by the Member shall hold office until a successor is elected and qualified or until such Director’s earlier death, resignation, expulsion or removal. Directors need not be a Member. The Directors of the Company as of the date hereof are listed on Schedule A hereto.

(b) Powers. The Board shall have the power to do any and all acts necessary, convenient or incidental to or for the furtherance of the purposes described herein, including all powers, statutory or otherwise. The Board has the authority to bind the Company.

(c) Meeting of the Board. The Board may hold meetings, both regular and special, within or outside the State of Delaware. Regular meetings of the Board may be held without notice at such time and at such place as shall from time to time be determined by the Board. Special meetings of the Board may be called by the President on not less than one day’s notice to each Director by telephone, facsimile, mail, telegram or any other means of communication, and special meetings shall be called by the President or Secretary in like manner and with like notice upon the written request of any one or more of the Directors.

(d) Quorum; Acts of the Board. At all meetings of the Board, a majority of the Directors shall constitute a quorum for the transaction of business and, except as otherwise provided in any other provision of this Agreement, the act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Directors present at such meeting may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. Any action required or permitted to be taken at any meeting of the Board or of any committee thereof may be taken without a meeting if all members of the Board or committee, as the case may be, consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board or committee, as the case may be.

(e) Electronic Communications. Members of the Board, or any committee designated by the Board, may participate in meetings of the Board, or any committee, by means of telephone conference or similar communications equipment that allows all persons participating in the meeting to hear each other, and such participation in a meeting shall constitute presence in person at the meeting. If all the participants are participating by telephone

conference or similar communications equipment, the meeting shall be deemed to be held at the principal place of business of the Company.

(f) Committees of Directors.

(i) The Board may, by resolution passed by a majority of the whole Board, designate one or more committees, each committee to consist of one or more of the Directors of the Company. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee.

(ii) In the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not such members constitute a quorum, may unanimously appoint another member of the Board to act at the meeting in the place of any such absent or disqualified member.

(iii) Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Company. Such committee or committees shall have such name or names as may be determined from time to time by resolution adopted by the Board. Each committee shall keep regular minutes of its meetings and report the same to the Board when required.

(g) Compensation of Directors; Expenses. The Board shall have the authority to fix the compensation of Directors. The Directors may be paid their expenses, if any, of attendance at meetings of the Board, which may be a fixed sum for attendance at each meeting of the Board or a stated salary as Director. No such payment shall preclude any Director from serving the Company in any other capacity and receiving compensation therefor. Members of special or standing committees may be allowed like compensation for attending committee meetings.

(h) Removal of Directors. Unless otherwise restricted by law, any Director or the entire Board of Directors may be removed or expelled, with or without cause, at any time by the Member, and any vacancy caused by any such removal or expulsion may be filled by action of the Member.

(i) Directors as Agents. To the extent of their powers set forth in this Agreement, the Directors are agents of the Company for the purpose of the Company's business, and the actions of the Directors authorized by resolution of the Directors and taken in accordance with such powers set forth in this Agreement shall bind the Company. Notwithstanding the last sentence of Section 18-402 of the Act, except as provided in a resolution of the Directors, a Director may not bind the Company.

6. Officers.

(a) Officers. The initial Officers of the Company shall be designated by the Member. The additional or successor Officers of the Company shall be chosen by the Board and shall consist of at least a President, a Secretary and a Treasurer. The Board may also choose one

or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any number of offices may be held by the same person. The Board shall choose a President, a Secretary and a Treasurer. The Board may appoint such other Officers and agents as it shall deem necessary or advisable who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board. The Officers of the Company shall hold office until their successors are chosen and qualified. Any Officer may be removed at any time, with or without cause, by the affirmative vote of a majority of the Board. Any vacancy occurring in any office of the Company shall be filled by the Board. The Officers of the Company as of the date hereof are listed on Schedule B hereto.

(b) President. The President shall be the chief executive officer of the Company, shall preside at all meetings of the Board, shall be responsible for the general and active management of the business of the Company and shall see that all orders and resolutions of the Board are carried into effect. The President or any other Officer authorized by the President or the Board shall execute all bonds, mortgages and other contracts, except: (i) where required or permitted by law or this Agreement to be otherwise signed and executed or (ii) where signing and execution thereof shall be expressly delegated by the Board to some other Officer or agent of the Company.

(c) Vice President. In the absence of the President or in the event of the President's inability to act, the Vice President, if any (or in the event there be more than one Vice President, the Vice Presidents in the order designated by the Directors, or in the absence of any designation, then in the order of their election), shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice Presidents, if any, shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(d) Secretary and Assistant Secretary. The Secretary shall be responsible for filing legal documents and maintaining records for the Company. The Secretary shall attend all meetings of the Board and record all the proceedings of the meetings of the Company and of the Board in a book to be kept for that purpose and shall perform like duties for the standing committees when required. The Secretary shall give, or shall cause to be given, notice of all meetings of the Member, if any, and special meetings of the Board, and shall perform such other duties as may be prescribed by the Board or the President, under whose supervision the Secretary shall serve. The Assistant Secretary, or if there be more than one, the Assistant Secretaries in the order determined by the Board (or if there be no such determination, then in order of their election), shall, in the absence of the Secretary or in the event of the Secretary's inability to act, perform the duties and exercise the powers of the Secretary and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(e) Treasurer and Assistant Treasurer. The Treasurer shall have the custody of the Company funds and securities and shall keep full and accurate accounts of receipts and disbursements in books belonging to the Company and shall deposit all moneys and other valuable effects in the name and to the credit of the Company in such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Company as may be ordered by the Board, taking proper vouchers for such disbursements, and shall render to the President and to the Board, at its regular meetings or when the Board so requires, an account of

all of the Treasurer's transactions and of the financial condition of the Company. The Assistant Treasurer, or if there shall be more than one, the Assistant Treasurers in the order determined by the Board (or if there be no such determination, then in the order of their election), shall, in the absence of the Treasurer or in the event of the Treasurer's inability to act, perform the duties and exercise the powers of the Treasurer and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(f) Officers as Agents. The Officers, to the extent of their powers set forth in this Agreement or otherwise vested in them by action of the Board not inconsistent with this Agreement, are agents of the Company for the purpose of the Company's business and the actions of the Officers taken in accordance with such powers shall bind the Company.

(g) No Fiduciary Duties. To the fullest extent permitted by law, the Directors shall owe no fiduciary duties to the Company or the Member; provided that the Directors shall act in accordance with the implied contractual covenant of good faith and fair dealing.

(h) Reimbursement; Compensation. Each Officer shall be reimbursed for any actual costs reasonably incurred in connection with such Officer's service as an officer of the Company.

7. Limitation of Liability; Indemnification; Duties.

(a) To the fullest extent permitted by law, none of (i) the Member (in its capacity as Member), (ii) the affiliates, agents, officers, partners, employees, representatives, directors, members or shareholders of the Member or the Company and (iii) each former officer, director, employee, or member (collectively, the "Indemnitees") acting in accordance with this Agreement shall be liable, responsible, or accountable, in damages or otherwise, to the Company or the Member thereof for doing any act or failing to do any act, whether before, on or after the date hereof, the effect of which may cause or result in loss or damage to the Company or the Member unless such action or failure to act constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing.

(b) The Company shall defend, indemnify and hold harmless any Indemnitee to the greatest extent permitted by law against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, proceedings, costs, expenses and disbursements of any kind or nature whatsoever, and all costs of investigation in connection therewith, as a result of any claim, threatened action or legal proceeding by any person (including, without limitation, by or through the Company, any subsidiary and/or the Member), or otherwise imposed upon or incurred by such Indemnitee, relating to the performance or nonperformance of any act concerning the activities of the Company or a subsidiary, whether before, on or after the date hereof, unless the act or failure to act of such Indemnitee constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing. The indemnification authorized by this subsection (b) shall include any judgment, award, settlement, the payment of reasonable attorneys' fees and other expense (not limited to taxable costs) incurred in settling or defending any claims, threatened action or finally adjudicated legal proceeding.

(c) From time to time, as requested by an Indemnitee hereunder, such attorneys' fees and other expenses shall, unless the Member determines that the Indemnitee has failed to meet the standards set forth in subsection (b) (taking into account, among other things, the availability of security for any repayment obligation on the part of the Indemnitee), be

advanced by the Company prior to the final disposition of such claims, actions or proceedings upon receipt by the Company of an undertaking, reasonably acceptable to the Member, by or on behalf of such Indemnitee to repay such amounts if it shall be determined that such Indemnitee is not entitled to be indemnified as authorized hereunder.

(d) Any indemnification by the Company provided hereunder shall be satisfied solely out of assets of the Company as an expense of the Company (and the proceeds of any directors and officers insurance).

(e) The provisions of this Section 7 are for the benefit of the Indemnitees and their estate and heirs and shall not be deemed to create any rights for the benefit of any other person.

(f) The provisions of this Section 7 shall survive the termination of this Agreement. Any termination or amendment of this Section 7 shall not adversely affect any right or protection hereunder of any Indemnitee in respect of any act or omission prior to the time of such termination or amendment.

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member.

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

10. Amendments. This Agreement may be amended or modified from time to time only by a written instrument executed by the Member.

11. Governing Law. The validity and enforceability of this Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard to otherwise governing principles of conflicts of law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned Member of the Company hereby adopts this Agreement as of the date first above written.

HCR IV HEALTHCARE, LLC

By: 

Name: Richard A. Parr II

Title: Vice President

SCHEDULE A

Directors

Kathryn S. Hoops
Matthew S. Kang
Barry A. Lazarus

SCHEDULE B

Officers

Alan B. Hash
Larry R. Godla
Kathryn S. Hoops
Matthew S. Kang
Thomas R. Kile
Barry A. Lazarus
Steven D. Spencer

President
Vice President
Vice President
Secretary & Treasurer
Assistant Treasurer
Vice President
Vice President

**FIRST AMENDMENT
TO THE
SECOND AMENDED & RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Sunnyvale CA, LLC (the "Company")**

This First Amendment to the Second Amended and Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC as the sole member (the "Member").

The Member, by execution of this First Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Paragraph 6 (g) of the Agreement is deleted in its entirety and replaced with the following:

(g) Fiduciary Duties. All Directors (including ex officio Directors) shall possess fiduciary responsibilities toward the Company, including but not limited to the fiduciary duties of care and loyalty. By becoming a Director, individuals elected as Directors or holding an ex officio Director position agree that their personal interests, and the interests of any constituency that they may represent, must at all times not conflict with the best interest of the Company. All Directors, including the ex officio Directors, are prohibited from using their position as Director to advance any personal interest or the interest of any third party or constituency. All Directors, including the ex officio Directors, are required to maintain the confidentiality of all information regarding the activities of the Company unless the disclosure of the information has been authorized or the information has been disclosed to the public or otherwise becomes public knowledge. Ex officio Directors are not permitted to disclose confidential information to represented constituencies other than as permitted in the preceding sentence. In addition to other remedies provided by law, this Agreement and Company policies, any individual holding office as a Director who fails to comply with these standards or who otherwise fails to meet his/her obligations as a director under the laws of the state of formation may be removed from office.

WHEREFORE, the undersigned, intending to be legally bound, has executed this First Amendment as of July 27, 2018.

HCR IV Healthcare, LLC

By: 
Name: Patricia A. McCormick
Title: Secretary

**SECOND AMENDMENT
TO THE
SECOND AMENDED &
RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Sunnyvale CA, LLC (the "Company")**

This Second Amendment to the Second Amended & Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC, as the sole member (the "Member").

The Member, by execution of this Second Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed and operates exclusively for charitable purposes as specified in section 214 of the California Revenue and Taxation Code, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will: i) maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member, which shall be a qualifying organization under Section 214 of the California Revenue and Taxation Code, and exempt under section 501(c)(3) of the Internal Revenue Code, may determine; ii) promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and exclusively support and further the charitable mission of the Member and the Member's affiliates; and iii) have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine. In addition to its existing properties and assets, the Company may acquire, own, dispose of, and to deal with any personal property and interest therein, so long a such property is dedicated to one or more of the Company's exempt purposes, as specified in sections 214 and 214.01 of the California Revenue and Tax Code.

Paragraph 8 of the Agreement is deleted in its entirety and replaced with the following:

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member, so long as the Member continues to be organized as described in section 214 of the California Revenue and Taxation Code .

Paragraph 9 of the Agreement is deleted in its entirety and replaced with the following:

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

Notwithstanding the foregoing, upon dissolution, all assets shall be distributed to an organization(s) organized and operating exclusively for exempt purposes, as specified in section 214 of the California Revenue and Taxation Code, and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code, or under section 23701d of the Revenue and Taxation Code.

Paragraph 10 of the Agreement is deleted in its entirety and replaced with the following:

10. Amendments. The Agreement may be amended or modified from time to time only by a written instrument executed by the Member. Any amendment to the Company's Articles of Organization or any equivalent legally recognized formative document under the laws of the jurisdiction where the entity is formed and to this agreement must be consistent with section 214 of the California Revenue and Taxation Code.

The following paragraphs are hereby added to the agreement:

12. Transfer of Membership. Any direct or indirect transfer of membership interest in the Company to a nonqualified person or entity is prohibited.

13. Reorganization of Company. Company is prohibited from merging with, or converting into, a for-profit entity.

WHEREFORE, the undersigned, intending to be legally bound, has executed this Second Amendment as of January 1, 2019.

HCR IV Healthcare, LLC

By: 
Name: Patricia A. McCormick
Title: Secretary

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE-TICE VALLEY CA, LLC
a Delaware Limited Liability Company**

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE-TICE VALLEY CA, LLC**

This **SECOND AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT** (the “Agreement”) of **MANOR CARE-TICE VALLEY CA, LLC** (the “Company”) is entered into as of April 7, 2011 by **HCR IV Healthcare, LLC**, as the sole equity member (the “Member”) of the Company.

RECITALS

WHEREAS, pursuant to that certain Certificate of Formation filed with the Secretary of the State of Delaware on July 24, 2007, the Company was formed as a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (6 Del. C. §18-101 et seq.), as amended from time to time (the “Act”);

WHEREAS, the Member entered into that certain Amended and Restated Limited Liability Company Agreement of the Company, effective as of December 21, 2007 (the “Amended Agreement”); and

WHEREAS, the Member now desires to amend and restate the Amended Agreement in its entirety on the terms and conditions set forth herein.

NOW THEREFORE, the Member hereby agrees as follows.

AGREEMENT

1. Name. The name of the Company is Manor Care-Tice Valley CA, LLC.
2. Purpose. The sole purposes of the Company are to (a) own, manage and operate the business of providing skilled nursing, assisted living or rehabilitation or related services (excluding physician services) to patients, either directly or by contract, or such other business reasonably related or similar to such business as the Member may determine; and (b) do such other things and carry on any other activities which the Member determines to be necessary or incidental to the foregoing purpose, and to have and to exercise all of the power and rights conferred upon limited liability companies formed pursuant to the Act in furtherance of the foregoing (including, without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine).
3. Registered Agent and Principal Office. The registered agent of the Company in the State of Delaware shall be The Corporation Trust Company, whose address is 1209 Orange Street, Wilmington, New Castle County, Wilmington, Delaware 19801. The mailing address of the Company shall be 333 N. Summit Street, Toledo, Ohio 43604. The Company may have such other offices as the Member may designate from time to time.

4. Term of Company. The Company shall commence on the date set forth as the “effective date” as set forth in a Certificate of Formation of the Company that has been properly filed with the Secretary of State of the State of Delaware and shall continue in existence in perpetuity unless its business and affairs are earlier wound up following dissolution at such time as this Agreement may specify.

5. Management of Company.

(a) Board of Directors. The business and affairs of the Company shall be managed by or under the direction of a Board of one or more Directors designated by the Member (the “Board”). The Member may determine at any time in its sole and absolute discretion the number of Directors to constitute the Board. The authorized number of Directors may be increased or decreased by the Member at any time in its sole and absolute discretion, upon notice to all Directors. The number of Directors as of the date hereof is three (3). Each Director elected, designated or appointed by the Member shall hold office until a successor is elected and qualified or until such Director’s earlier death, resignation, expulsion or removal. Directors need not be a Member. The Directors of the Company as of the date hereof are listed on Schedule A hereto.

(b) Powers. The Board shall have the power to do any and all acts necessary, convenient or incidental to or for the furtherance of the purposes described herein, including all powers, statutory or otherwise. The Board has the authority to bind the Company.

(c) Meeting of the Board. The Board may hold meetings, both regular and special, within or outside the State of Delaware. Regular meetings of the Board may be held without notice at such time and at such place as shall from time to time be determined by the Board. Special meetings of the Board may be called by the President on not less than one day’s notice to each Director by telephone, facsimile, mail, telegram or any other means of communication, and special meetings shall be called by the President or Secretary in like manner and with like notice upon the written request of any one or more of the Directors.

(d) Quorum; Acts of the Board. At all meetings of the Board, a majority of the Directors shall constitute a quorum for the transaction of business and, except as otherwise provided in any other provision of this Agreement, the act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Directors present at such meeting may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. Any action required or permitted to be taken at any meeting of the Board or of any committee thereof may be taken without a meeting if all members of the Board or committee, as the case may be, consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board or committee, as the case may be.

(e) Electronic Communications. Members of the Board, or any committee designated by the Board, may participate in meetings of the Board, or any committee, by means of telephone conference or similar communications equipment that allows all persons participating in the meeting to hear each other, and such participation in a meeting shall constitute presence in person at the meeting. If all the participants are participating by telephone

conference or similar communications equipment, the meeting shall be deemed to be held at the principal place of business of the Company.

(f) Committees of Directors.

(i) The Board may, by resolution passed by a majority of the whole Board, designate one or more committees, each committee to consist of one or more of the Directors of the Company. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee.

(ii) In the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not such members constitute a quorum, may unanimously appoint another member of the Board to act at the meeting in the place of any such absent or disqualified member.

(iii) Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Company. Such committee or committees shall have such name or names as may be determined from time to time by resolution adopted by the Board. Each committee shall keep regular minutes of its meetings and report the same to the Board when required.

(g) Compensation of Directors; Expenses. The Board shall have the authority to fix the compensation of Directors. The Directors may be paid their expenses, if any, of attendance at meetings of the Board, which may be a fixed sum for attendance at each meeting of the Board or a stated salary as Director. No such payment shall preclude any Director from serving the Company in any other capacity and receiving compensation therefor. Members of special or standing committees may be allowed like compensation for attending committee meetings.

(h) Removal of Directors. Unless otherwise restricted by law, any Director or the entire Board of Directors may be removed or expelled, with or without cause, at any time by the Member, and any vacancy caused by any such removal or expulsion may be filled by action of the Member.

(i) Directors as Agents. To the extent of their powers set forth in this Agreement, the Directors are agents of the Company for the purpose of the Company's business, and the actions of the Directors authorized by resolution of the Directors and taken in accordance with such powers set forth in this Agreement shall bind the Company. Notwithstanding the last sentence of Section 18-402 of the Act, except as provided in a resolution of the Directors, a Director may not bind the Company.

6. Officers.

(a) Officers. The initial Officers of the Company shall be designated by the Member. The additional or successor Officers of the Company shall be chosen by the Board and shall consist of at least a President, a Secretary and a Treasurer. The Board may also choose one

or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any number of offices may be held by the same person. The Board shall choose a President, a Secretary and a Treasurer. The Board may appoint such other Officers and agents as it shall deem necessary or advisable who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board. The Officers of the Company shall hold office until their successors are chosen and qualified. Any Officer may be removed at any time, with or without cause, by the affirmative vote of a majority of the Board. Any vacancy occurring in any office of the Company shall be filled by the Board. The Officers of the Company as of the date hereof are listed on Schedule B hereto.

(b) President. The President shall be the chief executive officer of the Company, shall preside at all meetings of the Board, shall be responsible for the general and active management of the business of the Company and shall see that all orders and resolutions of the Board are carried into effect. The President or any other Officer authorized by the President or the Board shall execute all bonds, mortgages and other contracts, except: (i) where required or permitted by law or this Agreement to be otherwise signed and executed or (ii) where signing and execution thereof shall be expressly delegated by the Board to some other Officer or agent of the Company.

(c) Vice President. In the absence of the President or in the event of the President's inability to act, the Vice President, if any (or in the event there be more than one Vice President, the Vice Presidents in the order designated by the Directors, or in the absence of any designation, then in the order of their election), shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice Presidents, if any, shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(d) Secretary and Assistant Secretary. The Secretary shall be responsible for filing legal documents and maintaining records for the Company. The Secretary shall attend all meetings of the Board and record all the proceedings of the meetings of the Company and of the Board in a book to be kept for that purpose and shall perform like duties for the standing committees when required. The Secretary shall give, or shall cause to be given, notice of all meetings of the Member, if any, and special meetings of the Board, and shall perform such other duties as may be prescribed by the Board or the President, under whose supervision the Secretary shall serve. The Assistant Secretary, or if there be more than one, the Assistant Secretaries in the order determined by the Board (or if there be no such determination, then in order of their election), shall, in the absence of the Secretary or in the event of the Secretary's inability to act, perform the duties and exercise the powers of the Secretary and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(e) Treasurer and Assistant Treasurer. The Treasurer shall have the custody of the Company funds and securities and shall keep full and accurate accounts of receipts and disbursements in books belonging to the Company and shall deposit all moneys and other valuable effects in the name and to the credit of the Company in such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Company as may be ordered by the Board, taking proper vouchers for such disbursements, and shall render to the President and to the Board, at its regular meetings or when the Board so requires, an account of

all of the Treasurer's transactions and of the financial condition of the Company. The Assistant Treasurer, or if there shall be more than one, the Assistant Treasurers in the order determined by the Board (or if there be no such determination, then in the order of their election), shall, in the absence of the Treasurer or in the event of the Treasurer's inability to act, perform the duties and exercise the powers of the Treasurer and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(f) Officers as Agents. The Officers, to the extent of their powers set forth in this Agreement or otherwise vested in them by action of the Board not inconsistent with this Agreement, are agents of the Company for the purpose of the Company's business and the actions of the Officers taken in accordance with such powers shall bind the Company.

(g) No Fiduciary Duties. To the fullest extent permitted by law, the Directors shall owe no fiduciary duties to the Company or the Member; provided that the Directors shall act in accordance with the implied contractual covenant of good faith and fair dealing.

(h) Reimbursement; Compensation. Each Officer shall be reimbursed for any actual costs reasonably incurred in connection with such Officer's service as an officer of the Company.

7. Limitation of Liability; Indemnification; Duties.

(a) To the fullest extent permitted by law, none of (i) the Member (in its capacity as Member), (ii) the affiliates, agents, officers, partners, employees, representatives, directors, members or shareholders of the Member or the Company and (iii) each former officer, director, employee, or member (collectively, the "Indemnitees") acting in accordance with this Agreement shall be liable, responsible, or accountable, in damages or otherwise, to the Company or the Member thereof for doing any act or failing to do any act, whether before, on or after the date hereof, the effect of which may cause or result in loss or damage to the Company or the Member unless such action or failure to act constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing.

(b) The Company shall defend, indemnify and hold harmless any Indemnitee to the greatest extent permitted by law against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, proceedings, costs, expenses and disbursements of any kind or nature whatsoever, and all costs of investigation in connection therewith, as a result of any claim, threatened action or legal proceeding by any person (including, without limitation, by or through the Company, any subsidiary and/or the Member), or otherwise imposed upon or incurred by such Indemnitee, relating to the performance or nonperformance of any act concerning the activities of the Company or a subsidiary, whether before, on or after the date hereof, unless the act or failure to act of such Indemnitee constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing. The indemnification authorized by this subsection (b) shall include any judgment, award, settlement, the payment of reasonable attorneys' fees and other expense (not limited to taxable costs) incurred in settling or defending any claims, threatened action or finally adjudicated legal proceeding.

(c) From time to time, as requested by an Indemnitee hereunder, such attorneys' fees and other expenses shall, unless the Member determines that the Indemnitee has failed to meet the standards set forth in subsection (b) (taking into account, among other things, the availability of security for any repayment obligation on the part of the Indemnitee), be

advanced by the Company prior to the final disposition of such claims, actions or proceedings upon receipt by the Company of an undertaking, reasonably acceptable to the Member, by or on behalf of such Indemnatee to repay such amounts if it shall be determined that such Indemnatee is not entitled to be indemnified as authorized hereunder.

(d) Any indemnification by the Company provided hereunder shall be satisfied solely out of assets of the Company as an expense of the Company (and the proceeds of any directors and officers insurance).

(e) The provisions of this Section 7 are for the benefit of the Indemnitees and their estate and heirs and shall not be deemed to create any rights for the benefit of any other person.

(f) The provisions of this Section 7 shall survive the termination of this Agreement. Any termination or amendment of this Section 7 shall not adversely affect any right or protection hereunder of any Indemnatee in respect of any act or omission prior to the time of such termination or amendment.

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member.

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

10. Amendments. This Agreement may be amended or modified from time to time only by a written instrument executed by the Member.

11. Governing Law. The validity and enforceability of this Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard to otherwise governing principles of conflicts of law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned Member of the Company hereby adopts this Agreement as of the date first above written.

HCR IV HEALTHCARE, LLC

By:



Name: Richard A. Parr II

Title: Vice President

SCHEDULE A

Directors

Kathryn S. Hoops
Matthew S. Kang
Barry A. Lazarus

SCHEDULE B

Officers

Alan B. Hash
Larry R. Godla
Kathryn S. Hoops
Matthew S. Kang
Thomas R. Kile
Barry A. Lazarus
Steven D. Spencer

President
Vice President
Vice President
Secretary & Treasurer
Assistant Treasurer
Vice President
Vice President

**FIRST AMENDMENT
TO THE
SECOND AMENDED & RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care-Tice Valley CA, LLC (the “Company”)**

This First Amendment to the Second Amended and Restated Limited Liability Company Agreement (the “Agreement”), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC as the sole member (the “Member”).

The Member, by execution of this First Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Paragraph 6 (g) of the Agreement is deleted in its entirety and replaced with the following:

(g) Fiduciary Duties. All Directors (including ex officio Directors) shall possess fiduciary responsibilities toward the Company, including but not limited to the fiduciary duties of care and loyalty. By becoming a Director, individuals elected as Directors or holding an ex officio Director position agree that their personal interests, and the interests of any constituency that they may represent, must at all times not conflict with the best interest of the Company. All Directors, including the ex officio Directors, are prohibited from using their position as Director to advance any personal interest or the interest of any third party or constituency. All Directors, including the ex officio Directors, are required to maintain the confidentiality of all information regarding the activities of the Company unless the disclosure of the information has been authorized or the information has been disclosed to the public or otherwise becomes public knowledge. Ex officio Directors are not permitted to disclose confidential information to represented constituencies other than as permitted in the preceding sentence. In addition to other remedies provided by law, this Agreement and Company policies, any individual holding office as a Director who fails to comply with these standards or who otherwise fails to meet his/her obligations as a director under the laws of the state of formation may be removed from office.

WHEREFORE, the undersigned, intending to be legally bound, has executed this First Amendment as of July 27, 2018.

HCR IV Healthcare, LLC

By: 
Name: Patricia A. McCormick
Title: Secretary

**SECOND AMENDMENT
TO THE
SECOND AMENDED &
RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care-Tice Valley CA, LLC (the "Company")**

This Second Amendment to the Second Amended & Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC, as the sole member (the "Member").

The Member, by execution of this Second Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed and operates exclusively for charitable purposes as specified in section 214 of the California Revenue and Taxation Code, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will: i) maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member, which shall be a qualifying organization under Section 214 of the California Revenue and Taxation Code, and exempt under section 501(c)(3) of the Internal Revenue Code, may determine; ii) promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and exclusively support and further the charitable mission of the Member and the Member's affiliates; and iii) have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine. In addition to its existing properties and assets, the Company may acquire, own, dispose of, and to deal with any personal property and interest therein, so long a such property is dedicated to one or more of the Company's exempt purposes, as specified in sections 214 and 214.01 of the California Revenue and Tax Code.

Paragraph 8 of the Agreement is deleted in its entirety and replaced with the following:

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member, so long as the Member continues to be organized as described in section 214 of the California Revenue and Taxation Code .

Paragraph 9 of the Agreement is deleted in its entirety and replaced with the following:

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

Notwithstanding the foregoing, upon dissolution, all assets shall be distributed to an organization(s) organized and operating exclusively for exempt purposes, as specified in section 214 of the California Revenue and Taxation Code, and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code, or under section 23701d of the Revenue and Taxation Code.

Paragraph 10 of the Agreement is deleted in its entirety and replaced with the following:

10. Amendments. The Agreement may be amended or modified from time to time only by a written instrument executed by the Member. Any amendment to the Company's Articles of Organization or any equivalent legally recognized formative document under the laws of the jurisdiction where the entity is formed and to this agreement must be consistent with section 214 of the California Revenue and Taxation Code.

The following paragraphs are hereby added to the agreement:

12. Transfer of Membership. Any direct or indirect transfer of membership interest in the Company to a nonqualified person or entity is prohibited.

13. Reorganization of Company. Company is prohibited from merging with, or converting into, a for-profit entity.

WHEREFORE, the undersigned, intending to be legally bound, has executed this Second Amendment as of January 1, 2019.

HCR IV Healthcare, LLC

By: 
Name: Patricia A. McCormick
Title: Secretary

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF WALNUT CREEK CA, LLC
a Delaware Limited Liability Company**

**SECOND AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
MANOR CARE OF WALNUT CREEK CA, LLC**

This **SECOND AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT** (the “Agreement”) of **MANOR CARE OF WALNUT CREEK CA, LLC** (the “Company”) is entered into as of April 7, 2011 by **HCR IV Healthcare, LLC**, as the sole equity member (the “Member”) of the Company.

RECITALS

WHEREAS, pursuant to that certain Certificate of Formation filed with the Secretary of the State of Delaware on July 24, 2007, the Company was formed as a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (6 Del. C. §18-101 et seq.), as amended from time to time (the “Act”);

WHEREAS, the Member entered into that certain Amended and Restated Limited Liability Company Agreement of the Company, effective as of December 21, 2007 (the “Amended Agreement”); and

WHEREAS, the Member now desires to amend and restate the Amended Agreement in its entirety on the terms and conditions set forth herein.

NOW THEREFORE, the Member hereby agrees as follows.

AGREEMENT

1. Name. The name of the Company is Manor Care of Walnut Creek CA, LLC.
2. Purpose. The sole purposes of the Company are to (a) own, manage and operate the business of providing skilled nursing, assisted living or rehabilitation or related services (excluding physician services) to patients, either directly or by contract, or such other business reasonably related or similar to such business as the Member may determine; and (b) do such other things and carry on any other activities which the Member determines to be necessary or incidental to the foregoing purpose, and to have and to exercise all of the power and rights conferred upon limited liability companies formed pursuant to the Act in furtherance of the foregoing (including, without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine).
3. Registered Agent and Principal Office. The registered agent of the Company in the State of Delaware shall be The Corporation Trust Company, whose address is 1209 Orange Street, Wilmington, New Castle County, Wilmington, Delaware 19801. The

mailing address of the Company shall be 333 N. Summit Street, Toledo, Ohio 43604. The Company may have such other offices as the Member may designate from time to time.

4. Term of Company. The Company shall commence on the date set forth as the “effective date” as set forth in a Certificate of Formation of the Company that has been properly filed with the Secretary of State of the State of Delaware and shall continue in existence in perpetuity unless its business and affairs are earlier wound up following dissolution at such time as this Agreement may specify.

5. Management of Company.

(a) Board of Directors. The business and affairs of the Company shall be managed by or under the direction of a Board of one or more Directors designated by the Member (the “Board”). The Member may determine at any time in its sole and absolute discretion the number of Directors to constitute the Board. The authorized number of Directors may be increased or decreased by the Member at any time in its sole and absolute discretion, upon notice to all Directors. The number of Directors as of the date hereof is three (3). Each Director elected, designated or appointed by the Member shall hold office until a successor is elected and qualified or until such Director’s earlier death, resignation, expulsion or removal. Directors need not be a Member. The Directors of the Company as of the date hereof are listed on Schedule A hereto.

(b) Powers. The Board shall have the power to do any and all acts necessary, convenient or incidental to or for the furtherance of the purposes described herein, including all powers, statutory or otherwise. The Board has the authority to bind the Company.

(c) Meeting of the Board. The Board may hold meetings, both regular and special, within or outside the State of Delaware. Regular meetings of the Board may be held without notice at such time and at such place as shall from time to time be determined by the Board. Special meetings of the Board may be called by the President on not less than one day’s notice to each Director by telephone, facsimile, mail, telegram or any other means of communication, and special meetings shall be called by the President or Secretary in like manner and with like notice upon the written request of any one or more of the Directors.

(d) Quorum; Acts of the Board. At all meetings of the Board, a majority of the Directors shall constitute a quorum for the transaction of business and, except as otherwise provided in any other provision of this Agreement, the act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Directors present at such meeting may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. Any action required or permitted to be taken at any meeting of the Board or of any committee thereof may be taken without a meeting if all members of the Board or committee, as the case may be, consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board or committee, as the case may be.

(e) Electronic Communications. Members of the Board, or any committee designated by the Board, may participate in meetings of the Board, or any committee, by means

of telephone conference or similar communications equipment that allows all persons participating in the meeting to hear each other, and such participation in a meeting shall constitute presence in person at the meeting. If all the participants are participating by telephone conference or similar communications equipment, the meeting shall be deemed to be held at the principal place of business of the Company.

(f) Committees of Directors.

(i) The Board may, by resolution passed by a majority of the whole Board, designate one or more committees, each committee to consist of one or more of the Directors of the Company. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee.

(ii) In the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not such members constitute a quorum, may unanimously appoint another member of the Board to act at the meeting in the place of any such absent or disqualified member.

(iii) Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Company. Such committee or committees shall have such name or names as may be determined from time to time by resolution adopted by the Board. Each committee shall keep regular minutes of its meetings and report the same to the Board when required.

(g) Compensation of Directors; Expenses. The Board shall have the authority to fix the compensation of Directors. The Directors may be paid their expenses, if any, of attendance at meetings of the Board, which may be a fixed sum for attendance at each meeting of the Board or a stated salary as Director. No such payment shall preclude any Director from serving the Company in any other capacity and receiving compensation therefor. Members of special or standing committees may be allowed like compensation for attending committee meetings.

(h) Removal of Directors. Unless otherwise restricted by law, any Director or the entire Board of Directors may be removed or expelled, with or without cause, at any time by the Member, and any vacancy caused by any such removal or expulsion may be filled by action of the Member.

(i) Directors as Agents. To the extent of their powers set forth in this Agreement, the Directors are agents of the Company for the purpose of the Company's business, and the actions of the Directors authorized by resolution of the Directors and taken in accordance with such powers set forth in this Agreement shall bind the Company. Notwithstanding the last sentence of Section 18-402 of the Act, except as provided in a resolution of the Directors, a Director may not bind the Company.

6. Officers.

(a) Officers. The initial Officers of the Company shall be designated by the Member. The additional or successor Officers of the Company shall be chosen by the Board and shall consist of at least a President, a Secretary and a Treasurer. The Board may also choose one or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any number of offices may be held by the same person. The Board shall choose a President, a Secretary and a Treasurer. The Board may appoint such other Officers and agents as it shall deem necessary or advisable who shall hold their offices for such terms and shall exercise such powers and perform such duties as shall be determined from time to time by the Board. The Officers of the Company shall hold office until their successors are chosen and qualified. Any Officer may be removed at any time, with or without cause, by the affirmative vote of a majority of the Board. Any vacancy occurring in any office of the Company shall be filled by the Board. The Officers of the Company as of the date hereof are listed on Schedule B hereto.

(b) President. The President shall be the chief executive officer of the Company, shall preside at all meetings of the Board, shall be responsible for the general and active management of the business of the Company and shall see that all orders and resolutions of the Board are carried into effect. The President or any other Officer authorized by the President or the Board shall execute all bonds, mortgages and other contracts, except: (i) where required or permitted by law or this Agreement to be otherwise signed and executed or (ii) where signing and execution thereof shall be expressly delegated by the Board to some other Officer or agent of the Company.

(c) Vice President. In the absence of the President or in the event of the President's inability to act, the Vice President, if any (or in the event there be more than one Vice President, the Vice Presidents in the order designated by the Directors, or in the absence of any designation, then in the order of their election), shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice Presidents, if any, shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(d) Secretary and Assistant Secretary. The Secretary shall be responsible for filing legal documents and maintaining records for the Company. The Secretary shall attend all meetings of the Board and record all the proceedings of the meetings of the Company and of the Board in a book to be kept for that purpose and shall perform like duties for the standing committees when required. The Secretary shall give, or shall cause to be given, notice of all meetings of the Member, if any, and special meetings of the Board, and shall perform such other duties as may be prescribed by the Board or the President, under whose supervision the Secretary shall serve. The Assistant Secretary, or if there be more than one, the Assistant Secretaries in the order determined by the Board (or if there be no such determination, then in order of their election), shall, in the absence of the Secretary or in the event of the Secretary's inability to act, perform the duties and exercise the powers of the Secretary and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(e) Treasurer and Assistant Treasurer. The Treasurer shall have the custody of the Company funds and securities and shall keep full and accurate accounts of receipts and

disbursements in books belonging to the Company and shall deposit all moneys and other valuable effects in the name and to the credit of the Company in such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Company as may be ordered by the Board, taking proper vouchers for such disbursements, and shall render to the President and to the Board, at its regular meetings or when the Board so requires, an account of all of the Treasurer's transactions and of the financial condition of the Company. The Assistant Treasurer, or if there shall be more than one, the Assistant Treasurers in the order determined by the Board (or if there be no such determination, then in the order of their election), shall, in the absence of the Treasurer or in the event of the Treasurer's inability to act, perform the duties and exercise the powers of the Treasurer and shall perform such other duties and have such other powers as the Board may from time to time prescribe.

(f) Officers as Agents. The Officers, to the extent of their powers set forth in this Agreement or otherwise vested in them by action of the Board not inconsistent with this Agreement, are agents of the Company for the purpose of the Company's business and the actions of the Officers taken in accordance with such powers shall bind the Company.

(g) No Fiduciary Duties. To the fullest extent permitted by law, the Directors shall owe no fiduciary duties to the Company or the Member; provided that the Directors shall act in accordance with the implied contractual covenant of good faith and fair dealing.

(h) Reimbursement; Compensation. Each Officer shall be reimbursed for any actual costs reasonably incurred in connection with such Officer's service as an officer of the Company.

7. Limitation of Liability; Indemnification; Duties.

(a) To the fullest extent permitted by law, none of (i) the Member (in its capacity as Member), (ii) the affiliates, agents, officers, partners, employees, representatives, directors, members or shareholders of the Member or the Company and (iii) each former officer, director, employee, or member (collectively, the "Indemnitees") acting in accordance with this Agreement shall be liable, responsible, or accountable, in damages or otherwise, to the Company or the Member thereof for doing any act or failing to do any act, whether before, on or after the date hereof, the effect of which may cause or result in loss or damage to the Company or the Member unless such action or failure to act constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing.

(b) The Company shall defend, indemnify and hold harmless any Indemnitee to the greatest extent permitted by law against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, proceedings, costs, expenses and disbursements of any kind or nature whatsoever, and all costs of investigation in connection therewith, as a result of any claim, threatened action or legal proceeding by any person (including, without limitation, by or through the Company, any subsidiary and/or the Member), or otherwise imposed upon or incurred by such Indemnitee, relating to the performance or nonperformance of any act concerning the activities of the Company or a subsidiary, whether before, on or after the date hereof, unless the act or failure to act of such Indemnitee constitutes a bad faith violation of the implied contractual covenant of good faith and fair dealing. The indemnification authorized by this subsection (b) shall include any judgment, award, settlement, the payment of reasonable attorneys' fees and other expense (not limited to taxable costs)

incurred in settling or defending any claims, threatened action or finally adjudicated legal proceeding.

(c) From time to time, as requested by an Indemnatee hereunder, such attorneys' fees and other expenses shall, unless the Member determines that the Indemnatee has failed to meet the standards set forth in subsection (b) (taking into account, among other things, the availability of security for any repayment obligation on the part of the Indemnatee), be advanced by the Company prior to the final disposition of such claims, actions or proceedings upon receipt by the Company of an undertaking, reasonably acceptable to the Member, by or on behalf of such Indemnatee to repay such amounts if it shall be determined that such Indemnatee is not entitled to be indemnified as authorized hereunder.

(d) Any indemnification by the Company provided hereunder shall be satisfied solely out of assets of the Company as an expense of the Company (and the proceeds of any directors and officers insurance).

(e) The provisions of this Section 7 are for the benefit of the Indemnitees and their estate and heirs and shall not be deemed to create any rights for the benefit of any other person.

(f) The provisions of this Section 7 shall survive the termination of this Agreement. Any termination or amendment of this Section 7 shall not adversely affect any right or protection hereunder of any Indemnatee in respect of any act or omission prior to the time of such termination or amendment.

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member.

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

10. Amendments. This Agreement may be amended or modified from time to time only by a written instrument executed by the Member.

11. Governing Law. The validity and enforceability of this Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard to otherwise governing principles of conflicts of law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned Member of the Company hereby adopts this Agreement as of the date first above written.

HCR IV HEALTHCARE, LLC

By:



Name: Richard A. Parr II

Title: Vice President

SCHEDULE A

Directors

Kathryn S. Hoops
Matthew S. Kang
Barry A. Lazarus

SCHEDULE B

Officers

Alan B. Hash
Larry R. Godla
Kathryn S. Hoops
Matthew S. Kang
Thomas R. Kile
Barry A. Lazarus
Steven D. Spencer

President
Vice President
Vice President
Secretary & Treasurer
Assistant Treasurer
Vice President
Vice President

**FIRST AMENDMENT
TO THE
SECOND AMENDED & RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Walnut Creek CA, LLC (the “Company”)**

This First Amendment to the Second Amended and Restated Limited Liability Company Agreement (the “Agreement”), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC as the sole member (the “Member”).

The Member, by execution of this First Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed exclusively for charitable purposes, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member may determine; promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and support and further the charitable mission of the Member and the Member's affiliates; and will have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine.

Paragraph 6 (g) of the Agreement is deleted in its entirety and replaced with the following:

(g) Fiduciary Duties. All Directors (including ex officio Directors) shall possess fiduciary responsibilities toward the Company, including but not limited to the fiduciary duties of care and loyalty. By becoming a Director, individuals elected as Directors or holding an ex officio Director position agree that their personal interests, and the interests of any constituency that they may represent, must at all times not conflict with the best interest of the Company. All Directors, including the ex officio Directors, are prohibited from using their position as Director to advance any personal interest or the interest of any third party or constituency. All Directors, including the ex officio Directors, are required to maintain the confidentiality of all information regarding the activities of the Company unless the disclosure of the information has been authorized or the information has been disclosed to the public or otherwise becomes public knowledge. Ex officio Directors are not permitted to disclose confidential information to represented constituencies other than as permitted in the preceding sentence. In addition to other remedies provided by law, this Agreement and Company policies, any individual holding office as a Director who fails to comply with these standards or who otherwise fails to meet his/her obligations as a director under the laws of the state of formation may be removed from office.

WHEREFORE, the undersigned, intending to be legally bound, has executed this First Amendment as of July 27, 2018.

HCR IV Healthcare, LLC

By:



Name: Patricia A. McCormick

Title: Secretary

**SECOND AMENDMENT
TO THE
SECOND AMENDED &
RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF
Manor Care of Walnut Creek CA, LLC (the "Company")**

This Second Amendment to the Second Amended & Restated Limited Liability Company Agreement (the "Agreement"), dated April 7, 2011, is entered into by HCR IV Healthcare, LLC, as the sole member (the "Member").

The Member, by execution of this Second Amendment, amends the Agreement as follows:

Paragraph 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Purpose. The Company is formed and operates exclusively for charitable purposes as specified in section 214 of the California Revenue and Taxation Code, including the making of distributions for such purposes to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue law). The Company will: i) maintain and operate skilled nursing homes, homes for the aged, assisted living or rehabilitation facilities, and other like kind facilities, or such other activities related thereto as the Member, which shall be a qualifying organization under Section 214 of the California Revenue and Taxation Code, and exempt under section 501(c)(3) of the Internal Revenue Code, may determine; ii) promote, sponsor, develop, and operate programs and activities for the care and treatment of the sick, infirm, convalescent, and aged and exclusively support and further the charitable mission of the Member and the Member's affiliates; and iii) have and exercise all of the powers and rights conferred upon limited liability companies formed pursuant to the laws of the state of formation in furtherance of the foregoing including without limitation, entering into one or more leases or financing transactions, establishing one or more subsidiaries and any other actions as the Member shall determine. In addition to its existing properties and assets, the Company may acquire, own, dispose of, and to deal with any personal property and interest therein, so long a such property is dedicated to one or more of the Company's exempt purposes, as specified in sections 214 and 214.01 of the California Revenue and Tax Code.

Paragraph 8 of the Agreement is deleted in its entirety and replaced with the following:

8. Distributions. Each distribution of cash or other property by the Company shall be made 100% to the Member, so long as the Member continues to be organized as described in section 214 of the California Revenue and Taxation Code .

Paragraph 9 of the Agreement is deleted in its entirety and replaced with the following:

9. Dissolution and Winding Up. The Company shall dissolve and its business and affairs shall be wound up upon the written consent of the Member.

Notwithstanding the foregoing, upon dissolution, all assets shall be distributed to an organization(s) organized and operating exclusively for exempt purposes, as specified in section 214 of the California Revenue and Taxation Code, and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code, or under section 23701d of the Revenue and Taxation Code.

Paragraph 10 of the Agreement is deleted in its entirety and replaced with the following:

10. Amendments. The Agreement may be amended or modified from time to time only by a written instrument executed by the Member. Any amendment to the Company's Articles of Organization or any equivalent legally recognized formative document under the laws of the jurisdiction where the entity is formed and to this agreement must be consistent with section 214 of the California Revenue and Taxation Code.

The following paragraphs are hereby added to the agreement:

12. Transfer of Membership. Any direct or indirect transfer of membership interest in the Company to a nonqualified person or entity is prohibited.

13. Reorganization of Company. Company is prohibited from merging with, or converting into, a for-profit entity.

WHEREFORE, the undersigned, intending to be legally bound, has executed this Second Amendment as of January 1, 2019.

HCR IV Healthcare, LLC

By: 

Name: Patricia A. McCormick

Title: Secretary

Exhibit 3 to Section 999.5(d)(4)(A)

State of California
Secretary of State

CERTIFICATE OF REGISTRATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **10th** day of **September, 2007**, **MANOR CARE OF PALM DESERT CA, LLC**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **Delaware** as **MANOR CARE OF PALM DESERT CA, LLC** and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, **SUBJECT, HOWEVER, TO:**

- (a) any licensing requirements otherwise imposed by the laws of this State and;
- (b) that subject limited liability company shall transact all intrastate business within this State under the above name elected by it.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
September 14, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 14 2007

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

LLC-5

File #

200725510210

ENDORSED - FILED
In the Office of the Secretary of State
of the State of California

SEP 10 2007

**LIMITED LIABILITY COMPANY
APPLICATION FOR REGISTRATION**

A \$70.00 filing fee AND a certificate of good standing from an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name in Item 1 with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

Manor Care of Palm Desert CA, LLC

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3. THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 07 - 24 - 2007 IN Delaware
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS

C T Corporation System

5. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE
CA

APPOINTMENT (The following statement is required by statute and should not be altered.)

6. IN THE EVENT THE ABOVE AGENT FOR SERVICE OF PROCESS RESIGNS AND IS NOT REPLACED, OR IF THE AGENT CANNOT BE FOUND OR SERVED WITH THE EXERCISE OF REASONABLE DILIGENCE, THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA IS HEREBY APPOINTED AS THE AGENT FOR SERVICE OF PROCESS OF THIS FOREIGN LIMITED LIABILITY COMPANY.

OFFICE ADDRESSES (Do not abbreviate the name of the city.)

7. ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
333 N. Summit Street Toledo, Ohio 43604

8. ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

EXECUTION

9. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

DATE

9/6/07

SIGNATURE OF AUTHORIZED PERSON

Kathryn S. Hoops

Kathryn S. Hoops, Authorized Person

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

LLC-5 (REV 04/2007)

APPROVED BY SECRETARY OF STATE

State of California
Secretary of State

CERTIFICATE OF REGISTRATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **10th** day of **September, 2007**, **MANOR CARE OF FOUNTAIN VALLEY CA, LLC**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **Delaware** as **MANOR CARE OF FOUNTAIN VALLEY CA, LLC** and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, SUBJECT, HOWEVER, TO:

- (a) any licensing requirements otherwise imposed by the laws of this State and;
- (b) that subject limited liability company shall transact all intrastate business within this State under the above name elected by it.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
September 14, 2007.



Debra Bowen

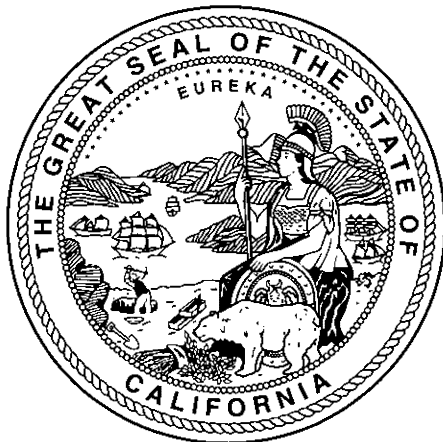
DEBRA BOWEN
Secretary of State

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 14 2007

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

LLC-5

File #

200725510196

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

SEP 10 2007

**LIMITED LIABILITY COMPANY
APPLICATION FOR REGISTRATION**

A \$70.00 filing fee AND a certificate of good standing from an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name in Item 1 with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

Manor Care of Fountain Valley CA, LLC

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3. THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 07 - 24 - 2007 IN Delaware
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS

C T Corporation System

5. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE
CA

APPOINTMENT (The following statement is required by statute and should not be altered.)

6. IN THE EVENT THE ABOVE AGENT FOR SERVICE OF PROCESS RESIGNS AND IS NOT REPLACED, OR IF THE AGENT CANNOT BE FOUND OR SERVED WITH THE EXERCISE OF REASONABLE DILIGENCE, THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA IS HEREBY APPOINTED AS THE AGENT FOR SERVICE OF PROCESS OF THIS FOREIGN LIMITED LIABILITY COMPANY.

OFFICE ADDRESSES (Do not abbreviate the name of the city.)

7. ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
333 N. Summit Street Toledo, Ohio 43604

8. ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

EXECUTION

9. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

DATE

9/6/07

SIGNATURE OF AUTHORIZED PERSON

Kathryn S. Hoops

Kathryn S. Hoops, Authorized Person

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



State of California
Secretary of State

CERTIFICATE OF REGISTRATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **10th** day of **September, 2007**, **MANOR CARE OF HEMET CA, LLC**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **Delaware** as **MANOR CARE OF HEMET CA, LLC** and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, SUBJECT, HOWEVER, TO:

- (a) any licensing requirements otherwise imposed by the laws of this State and;
- (b) that subject limited liability company shall transact all intrastate business within this State under the above name elected by it.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
September 14, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 14 2007

Debra Bowen

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

LLC-5

File # 200725510200

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

SEP 10 2007

**LIMITED LIABILITY COMPANY
APPLICATION FOR REGISTRATION**

A \$70.00 filing fee AND a certificate of good standing from an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name in Item 1 with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

Manor Care of Hemet CA, LLC

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3. THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 07 - 24 - 2007 IN Delaware
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS

C T Corporation System

5. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE
CA

APPOINTMENT (The following statement is required by statute and should not be altered.)

6. IN THE EVENT THE ABOVE AGENT FOR SERVICE OF PROCESS RESIGNS AND IS NOT REPLACED, OR IF THE AGENT CANNOT BE FOUND OR SERVED WITH THE EXERCISE OF REASONABLE DILIGENCE, THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA IS HEREBY APPOINTED AS THE AGENT FOR SERVICE OF PROCESS OF THIS FOREIGN LIMITED LIABILITY COMPANY.

OFFICE ADDRESSES (Do not abbreviate the name of the city.)

7. ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
333 N. Summit Street Toledo, Ohio 43604

8. ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

EXECUTION

9. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

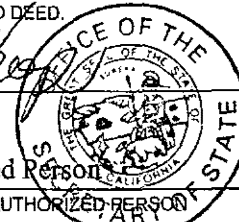
DATE

9/6/07

SIGNATURE OF AUTHORIZED PERSON

Kathryn S. Hoops, Authorized Person

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



LLC-5 (REV 04/2007)

APPROVED BY SECRETARY OF STATE

CA083 - 4/06/2007 C T System Online

May 12, 2023

State of California
Secretary of State

CERTIFICATE OF REGISTRATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **10th** day of **September, 2007**, **MANOR CARE OF CITRUS HEIGHTS CA, LLC**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **Delaware** as **MANOR CARE OF CITRUS HEIGHTS CA, LLC** and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, SUBJECT, HOWEVER, TO:

- (a) any licensing requirements otherwise imposed by the laws of this State and;
- (b) that subject limited liability company shall transact all intrastate business within this State under the above name elected by it.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
September 14, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 14 2007

Debra Bowen

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

LLC-5

File #

200725510190

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

SEP 10 2007

**LIMITED LIABILITY COMPANY
APPLICATION FOR REGISTRATION**

A \$70.00 filing fee AND a certificate of good standing from an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name in Item 1 with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

Manor Care of Citrus Heights CA, LLC

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3. THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 07 - 24 - 2007 IN Delaware
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS

C T Corporation System

5. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE
CA

APPOINTMENT (The following statement is required by statute and should not be altered.)

6. IN THE EVENT THE ABOVE AGENT FOR SERVICE OF PROCESS RESIGNS AND IS NOT REPLACED, OR IF THE AGENT CANNOT BE FOUND OR SERVED WITH THE EXERCISE OF REASONABLE DILIGENCE, THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA IS HEREBY APPOINTED AS THE AGENT FOR SERVICE OF PROCESS OF THIS FOREIGN LIMITED LIABILITY COMPANY.

OFFICE ADDRESSES (Do not abbreviate the name of the city.)

7. ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
333 N. Summit Street Toledo, Ohio 43604

8. ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

EXECUTION

9. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

DATE

9/6/07

SIGNATURE OF AUTHORIZED PERSON

Kathryn S. Hoops, Authorized Person

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

State of California
Secretary of State

CERTIFICATE OF REGISTRATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **10th** day of **September, 2007**, **MANOR CARE OF SUNNYVALE CA, LLC**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **Delaware** as **MANOR CARE OF SUNNYVALE CA, LLC** and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, SUBJECT, HOWEVER, TO:

- (a) any licensing requirements otherwise imposed by the laws of this State and;
- (b) that subject limited liability company shall transact all intrastate business within this State under the above name elected by it.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
September 14, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 14 2007

Debra Bowen

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

LLC-5

File #

200725510218

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

SEP 10 2007

**LIMITED LIABILITY COMPANY
APPLICATION FOR REGISTRATION**

A \$70.00 filing fee AND a certificate of good standing from an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name in Item 1 with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

Manor Care of Sunnyvale CA, LLC

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3. THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 07 - 24 - 2007 IN Delaware
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS

C T Corporation System

5. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE
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DATE

9/6/07

SIGNATURE OF AUTHORIZED PERSON

Kathryn S. Hoops

Kathryn S. Hoops, Authorized Person

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



LLC-5 (REV 04/2007)

APPROVED BY SECRETARY OF STATE

State of California
Secretary of State

CERTIFICATE OF REGISTRATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **10th** day of **September, 2007**, **MANOR CARE-TICE VALLEY CA, LLC**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **Delaware** as **MANOR CARE-TICE VALLEY CA, LLC** and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, SUBJECT, HOWEVER, TO:

- (a) any licensing requirements otherwise imposed by the laws of this State and;
- (b) that subject limited liability company shall transact all intrastate business within this State under the above name elected by it.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
September 14, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 14 2007

Debra Bowen

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

LLC-5

File # **200725510185**

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

SEP 10 2007

**LIMITED LIABILITY COMPANY
APPLICATION FOR REGISTRATION**

A \$70.00 filing fee AND a certificate of good standing from an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name in Item 1 with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

Manor Care-Tice Valley CA, LLC

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3. THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 07 - 24 - 2007 IN Delaware
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS

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DATE

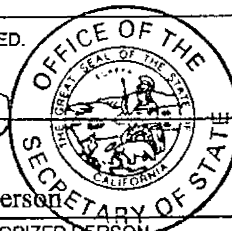
9/6/07

SIGNATURE OF AUTHORIZED PERSON

Kathryn S. Hoops

Kathryn S. Hoops, Authorized Person

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



LLC-5 (REV 04/2007)

APPROVED BY SECRETARY OF STATE

CA083 - 4/06/2007 C T System Online

May 12, 2023

State of California
Secretary of State

CERTIFICATE OF REGISTRATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **10th** day of **September, 2007**, **MANOR CARE OF WALNUT CREEK CA, LLC**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **Delaware** as **MANOR CARE OF WALNUT CREEK CA, LLC** and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, SUBJECT, HOWEVER, TO:

- (a) any licensing requirements otherwise imposed by the laws of this State and;
- (b) that subject limited liability company shall transact all intrastate business within this State under the above name elected by it.

IN WITNESS WHEREOF, I execute
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September 14, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

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IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 14 2007

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

LIMITED LIABILITY COMPANY
APPLICATION FOR REGISTRATION

LLC-5

File #

200725510225

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

SEP 10 2007

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IMPORTANT – Read instructions before completing this form.

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ENTITY NAME (End the name in Item 1 with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

Manor Care of Walnut Creek CA, LLC

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3. THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 07 - 24 - 2007 IN Delaware
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

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DATE

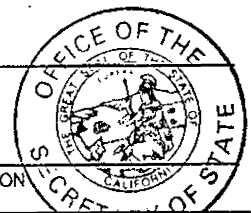
9/6/07

SIGNATURE OF AUTHORIZED PERSON

Kathryn S. Hoops

Kathryn S. Hoops, Authorized Person

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



LLC-5 (REV 04/2007)

APPROVED BY SECRETARY OF STATE

CA083 - 4/06/2007 C T System Online

May 12, 2023

11 Cal. Code Reg. Section 999.5(d)(4)(B)

APPLICANT’S PLAN FOR USE OF THE NET PROCEEDS AFTER THE CLOSE OF THE PROPOSED TRANSACTION TOGETHER WITH A STATEMENT EXPLAINING HOW THE PROPOSED PLAN IS AS CONSISTENT AS POSSIBLE WITH EXISTING CHARITABLE PURPOSES AND COMPLIES WITH ALL APPLICABLE CHARITABLE TRUSTS THAT GOVERN USE OF APPLICANT’S ASSETS. THE PLAN MUST INCLUDE ANY PROPOSED AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE APPLICANT OR ANY ENTITY RELATED TO THE APPLICANT THAT WILL CONTROL ANY OF THE PROCEEDS FROM THE PROPOSED TRANSFER

As described in Section (l)(A) of this Application, no cash, property, stock, notes, forgiveness of debt, or other monetary consideration is to be received by the Applicants in exchange for the transfer of operational responsibility for the Facilities to New Operators under the OTA given that the Applicants do not own any of the Facilities’ underlying assets. Additionally, since the Facilities are operating at a loss, there is no business enterprise value for the Facilities.

11 Cal. Code Reg. Section 999.5(d)(5)

IMPACTS ON HEALTHCARE SERVICES

11 Cal. Code Reg. Section 999.5(d)(5)(A)

A COPY OF THE TWO MOST RECENT “COMMUNITY NEEDS ASSESSMENTS” PREPARED BY APPLICANT FOR HEALTH FACILITIES THAT ARE THE SUBJECT OF THE AGREEMENT OR TRANSACTION

Because the health facilities at issue in the Transaction are skilled nursing facilities, there are no Community Needs Assessments prepared by Applicants for the Facilities.

A DESCRIPTION OF ALL CHARITY CARE PROVIDED IN THE LAST FIVE YEARS BY EACH HEALTH FACILITY
THAT IS A SUBJECT OF THE AGREEMENT OR TRANSACTION

As a general matter, Existing Operators provide charity and other uncompensated care to patients at the Facilities who have exhausted other payors. Because none of the Facilities is an acute care hospital, charity and uncompensated care statistics, the types of such care services and the policies and procedures for the provision of such care are not reported by the Facilities to any regulatory agency.

11 Cal. Code Reg. Section 999.5(d)(5)(C)

A DESCRIPTION OF ALL SERVICES PROVIDED BY EACH HEALTH FACILITY THAT IS THE SUBJECT OF THE TRANSACTION IN THE PAST FIVE YEARS TO MEDI-CAL PATIENTS, COUNTY INDIGENT PATIENTS, AND OTHER CLASSES OF PATIENTS

Applicants offer a full complement of post-acute skilled nursing, rehabilitation and related services at the Facilities, including to Medi-Cal patients, county indigent patients and other types of patients. Additional detail regarding services provided by Applicants to Medi-Cal patients, county indigent patients and other types of patients in the past five (5) years, including payor mix data, is attached to this Section 999.5(d)(5)(C) as **Exhibits 1 through 16**, as follows:

1. Annual Statistics Report for all Facilities dated as of December 31, 2022;
2. Monthly Census Data Report for all Facilities for the month of April, 2023 and 5-Year Census Data Report for all Facilities;
3. FY 2020-2022 Medi-Cal Cost Report Data (*ManorCare Health Services–Citrus Heights Facility*);
4. FY 2020-2022 Medi-Cal Cost Report Data (*ManorCare Health Services-Fountain Valley Facility*);
5. FY 2020-2022 Medi-Cal Cost Report Data (*ManorCare Health Services-Hemet Facility*);
6. FY 2020-2022 Medi-Cal Cost Report Data (*ManorCare of Palm Desert Facility*);
7. FY 2020-2022 Medi-Cal Cost Report Data (*ProMedica Skilled Nursing and Rehabilitation (Rossmoor Facility)*);
8. FY 2020-2022 Medi-Cal Cost Report Data (*ManorCare Health Services-Sunnyvale Facility*);
9. FY 2020-2022 Medi-Cal Cost Report Data (*ProMedica Skilled Nursing and Rehabilitation (Tice Valley Facility)*);
10. FY 2020-2022 Medicare Cost Report Data (*ManorCare Health Services–Citrus Heights Facility*);
11. FY 2020-2022 Medicare Cost Report Data (*ManorCare Health Services-Fountain Valley Facility*);
12. FY 2020-2022 Medicare Cost Report Data (*ManorCare Health Services-Hemet Facility*);
13. FY 2020-2022 Medicare Cost Report Data (*ManorCare of Palm Desert Facility*);
14. FY 2020-2022 Medicare Cost Report Data (*ProMedica Skilled Nursing and Rehabilitation (Rossmoor Facility)*);
15. FY 2020-2022 Medicare Cost Report Data (*ManorCare Health Services-Sunnyvale Facility*); and
16. FY 2020-2022 Medicare Cost Report Data (*ProMedica Skilled Nursing and Rehabilitation (Tice Valley Facility)*).

Exhibit 1 to Section 999.5(d)(5)(C)

Days by Payer

	<u>2022 Billed Days Medicare</u>	<u>2022 Billed Days Medicaid</u>	<u>2022 Billed Days Manage Care</u>	<u>2022 Billed Days Other</u>	<u>2022 Billed Days Total</u>
Citrus Heights	4,673	29,266	5,961	3,449	43,349
Tice Valley	2,391	22,733	10,810	3,452	39,386
Sunnyvale	4,142	20,336	3,093	8,747	36,318
Fountain Valley	3,793	19,868	13,316	4,044	41,021
Palm Desert	1,791	20,134	6,196	3,426	31,547
Rossmoor	5,655	25,461	11,035	6,207	48,358
Hemet	1,548	22,360	13,582	1,309	38,799
	23,993	160,158	63,993	30,634	278,778

% Payer Mix

	<u>2022 Billed Days Medicare</u>	<u>2022 Billed Days Medicaid</u>	<u>2022 Billed Days Manage Care</u>	<u>2022 Billed Days Other</u>	<u>2022 Billed Days Total</u>
Citrus Heights	10.78%	67.51%	13.75%	7.96%	100.00%
Tice Valley	6.07%	57.72%	27.45%	8.76%	100.00%
Sunnyvale	11.40%	55.99%	8.52%	24.08%	100.00%
Fountain Valley	9.25%	48.43%	32.46%	9.86%	100.00%
Palm Desert	5.68%	63.82%	19.64%	10.86%	100.00%
Rossmoor	11.69%	52.65%	22.82%	12.84%	100.00%
Hemet	3.99%	57.63%	35.01%	3.37%	100.00%
	8.61%	57.45%	22.95%	10.99%	100.00%

Exhibit 2 to Section 999.5(d)(5)(C)

Patient Census Data - April 2023

	April 2023 Stays - Medicare	April 2023 Stays - Medicaid	April 2023 Stays - Managed Care	April 2023 Stays - Other	April 2023 Stays - Total
Citrus Heights	18	9	27	3	57
Tice Valley	2	7	37	10	56
Sunnyvale	12	7	10	8	37
Fountain Valley	8	9	56	9	82
Palm Desert	5	3	16	2	26
Rossmoor	20	14	67	6	107
Hemet	5	20	56	10	91
	70	69	269	48	456


Patient Census Data - 5 Years - 2018-2022

	2022 Stays - Medicare	2022 Stays - Medicaid	2022 Stays - Managed Care	2022 Stays - Other	2022 Stays - Total	2021 Stays - Medicare	2021 Stays - Medicaid	2021 Stays - Managed Care	2021 Stays - Other	2021 Stays - Total	2020 Stays - Medicare	2020 Stays - Medicaid	2020 Stays - Managed Care	2020 Stays - Other	2020 Stays - Total	2019 Stays - Medicare	2019 Stays - Medicaid	2019 Stays - Managed Care	2019 Stays - Other	2019 Stays - Total	2018 Stays - Medicare	2018 Stays - Medicaid	2018 Stays - Managed Care	2018 Stays - Other	2018 Stays - Total
Citrus Heights	235	109	373	66	783	221	120	358	38	737	287	149	325	74	835	530	165	534	71	1,300	575	133	515	86	1,309
Tice Valley	115	103	535	78	831	95	70	487	72	724	145	89	427	65	726	219	92	877	101	1,289	262	53	884	131	1,330
Sunnyvale	225	109	165	118	617	144	69	134	66	413	193	96	160	75	524	344	97	223	160	824	340	83	244	156	823
Fountain Valley	147	156	760	66	1,129	178	92	628	45	943	169	122	632	49	972	317	136	970	99	1,522	366	133	904	101	1,504
Palm Desert	71	94	384	51	600	83	99	590	46	818	132	141	662	97	1,032	207	156	1,336	200	1,899	375	127	1,193	340	2,035
Rossmoor	284	140	577	111	1,112	350	109	384	118	961	342	107	272	133	854	563	127	373	201	1,264	554	119	410	169	1,252
Hemet	50	140	607	37	834	36	128	498	67	729	101	215	589	44	949	201	195	998	53	1,447	266	209	946	65	1,486
	1,127	851	3,401	527	5,906	1,107	687	3,079	452	5,325	1,369	919	3,067	537	5,892	2,381	968	5,311	885	9,545	2,738	857	5,096	1,048	9,739

Payer Mix by Stays 5 Years - 2018-2022

Citrus Heights	30.01%	13.92%	47.64%	8.43%	100.00%	29.99%	16.28%	48.58%	5.16%	100.00%	34.37%	17.84%	38.92%	8.86%	100.00%	40.77%	12.69%	41.08%	5.46%	100.00%	43.93%	10.16%	39.34%	6.57%	100.00%
Tice Valley	13.84%	12.39%	64.38%	9.39%	100.00%	13.12%	9.67%	67.27%	9.94%	100.00%	19.97%	12.26%	58.82%	8.95%	100.00%	16.99%	7.14%	68.04%	7.84%	100.00%	19.70%	3.98%	66.47%	9.85%	100.00%
Sunnyvale	36.47%	17.67%	26.74%	19.12%	100.00%	34.87%	16.71%	32.45%	15.98%	100.00%	36.83%	18.32%	30.53%	14.31%	100.00%	41.75%	11.77%	27.06%	19.42%	100.00%	41.31%	10.09%	29.65%	18.96%	100.00%
Fountain Valley	13.02%	13.82%	67.32%	5.85%	100.00%	18.88%	9.76%	66.60%	4.77%	100.00%	17.39%	12.55%	65.02%	5.04%	100.00%	20.83%	8.94%	63.73%	6.50%	100.00%	24.34%	8.84%	60.11%	6.72%	100.00%
Palm Desert	11.83%	15.67%	64.00%	8.50%	100.00%	10.15%	12.10%	72.13%	5.62%	100.00%	12.79%	13.66%	64.15%	9.40%	100.00%	10.90%	8.21%	70.35%	10.53%	100.00%	18.43%	6.24%	58.62%	16.71%	100.00%
Rossmoor	25.54%	12.59%	51.89%	9.98%	100.00%	36.42%	11.34%	39.96%	12.28%	100.00%	40.05%	12.53%	31.85%	15.57%	100.00%	44.54%	10.05%	29.51%	15.90%	100.00%	44.25%	9.50%	32.75%	13.50%	100.00%
Hemet	6.00%	16.79%	72.78%	4.44%	100.00%	4.94%	17.56%	68.31%	9.19%	100.00%	10.64%	22.66%	62.07%	4.64%	100.00%	13.89%	13.48%	68.97%	3.66%	100.00%	17.90%	14.06%	63.66%	4.37%	100.00%
	19.08%	14.41%	57.59%	8.92%	100.00%	20.79%	12.90%	57.82%	8.49%	100.00%	23.23%	15.60%	52.05%	9.11%	100.00%	24.94%	10.14%	55.64%	9.27%	100.00%	28.11%	8.80%	52.33%	10.76%	100.00%

Exhibit 3 to Section 999.5(d)(5)(C)

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 3:20 pm MCRIF32: LTCIR Version: 44.5.169.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF CITRUS HEIGHTS CA, LLC		2. State License Number: 030000360		3. Medi-Cal Provider Number: LTC55337F	
4. D.B.A. (Doing Business As): MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS				5. Facility Business Phone: 916-967-2929	
6. Facility Street Address: 7807 UPLANDS WAY		7. City: CITRUS HEIGHTS		8. Zip Code: 95610	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: TERRI BALLESTEROS					
13. Report Contact Person: KIMBERLY COUSINO				14. Phone Number: 419-252-5796 Ext:	
15. Mailing Address - Street or P.O. Box: P.O. BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 43699-0086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2019		26. Reporting Period End: 05/31/2020			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS
 Name of Facility (D.B.A.)

By: _____
(Signature)Title: DIRECTORAddress: 7807 UPLANDS WAY

CITRUS HEIGHTS, CA 95610


NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 3:20 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	01/01/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	05/07/1990	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
End: 05/31/2020

Run Date Time: 1/14/2021 3:20 pm
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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	4	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	4	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 3:20 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEATH SYSTEM, INC % HCR MC

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name 1.00	Street Name & Number 2.00	City 3.00	State 4.00	Zip-Code 5.00	% of Ownership 6.00	
40.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST


90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 3:20 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN D. ALLEN	DIRECTOR	130.00
131.00	KATHERYN S. HOOPS	VICE PRESIDENT	131.00
132.00	ELIZABETH M. KACZOR	VICE PRESIDENT	132.00
133.00	RAMI UBAYDI	PRESIDENT	133.00
134.00	THOMAS R. KILE	TRASURER	134.00
135.00	PATRICIA A MCCORMICK	SECRETARY	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____


210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 3:20 pm MCRIF32: LTCIR Version: 44.5.169.0	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	9,364	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	135,511	371.00
372.00	Interest Added / Earned	13	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	135,524	373.00
374.00	Total Trust Account Expenditures	128,606	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	16,282	375.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	8,708	28,034	1,412	8,502	2,612	49,268	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		8,708	28,034	1,412	8,502	2,612	49,268	70.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	6,200,824		12,736,943		492,386		6,153,093			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		6,200,824		12,736,943		492,386		6,153,093			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	1,227,315	0	19,100	0	7,300	0	922,688	0		115.00
120.00	Respiratory Therapy	4220	110	0	15,215	0	0	0	0	0		120.00
125.00	Occupational Therapy	4250	1,038,800	0	18,800	0	4,050	0	873,675	0		125.00
130.00	Speech Therapy	4280	113,750	0	1,950	0	450	0	61,917	0		130.00
135.00	Pharmacy	4300	696,118	0	27,872	0	0	0	704,156	0		135.00
140.00	Laboratory	4400	97,403	0	9,854	0	1,333	0	94,008	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	33,905	0	2,198	0	1,676	0	41,011	0		155.00
170.00	Subtotal (Lines 105 through 155)		3,207,401	0	94,989	0	14,809	0	2,697,455	0		170.00
175.00	Total (Lines 70 and 170)		9,408,225	0	12,831,932	0	507,195	0	8,850,548	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,297,744		26,880,990								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,297,744		26,880,990								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	450	0	2,176,853	0							115.00
120.00	Respiratory Therapy	4,478	0	19,803	0							120.00
125.00	Occupational Therapy	1,050	0	1,936,375	0							125.00
130.00	Speech Therapy	50	0	178,117	0							130.00
135.00	Pharmacy	2,940	0	1,431,086	0							135.00
140.00	Laboratory	656	0	203,254	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	1,036,983	0	1,115,773	0							155.00
170.00	Subtotal (Lines 105 through 155)	1,046,607	0	7,061,261	0							170.00
175.00	Total (Lines 70 and 170)	2,344,351	0	33,942,251	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	0									
210.00	Administrative Adjustments	5200	7									

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	2,086,093		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	5,260,705		220.00
222.00	Contractual Adjustments - Managed Care	5330	4,370,254		222.00
225.00	Contractual Adjustments - Other	5340	610,774		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		12,327,833		240.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 3:20 pm MCRIF32: LTCIR Version: 44.5.169.0	
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION			Number	
			1.00	
Licensed Beds:				
5.00	End of Period		162	5.00
10.00	Average (Monthly average)		162	10.00
Available Beds:				
20.00	End of Period		162	20.00
25.00	Average (Monthly average)		162	25.00
40.00	Admissions (Excluding transfers)		1,005	40.00
45.00	Discharges (Excluding transfers)		1,030	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)		83.09	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS			Total	Medi-Cal
			1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)		0	0
115.00	Other Sub-Acute Care		0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)		0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)		0	0
145.00	Other Sub-Acute Care - Pediatric		0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)		0	0
165.00	Transitional Inpatient Care - Medical		0	0
170.00	Transitional Inpatient Care - Rehabilitation		0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)		0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY			Amount	
			1.00	
FOR MEDI-CAL PROVIDERS, ONLY				
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)		0	200.00
205.00	Less: Patient Liability		0	205.00
210.00	Less: Third Party and Other Liability		0	210.00
215.00	Less: Noncovered Charges		0	215.00
240.00	Less: Other		0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)		0	250.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-2,293	-10,645	0	-2,293	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,415,824	4,341,449	0	2,415,824	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-565,254	-1,073,194	0	-565,254	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	202,184	21,529	0	202,184	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	111,822	94,435	0	111,822	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,162,283	3,373,574	0	2,162,283	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	651,059	651,059	0	651,059	0	95.00
100.00	Land improvements	1210	814,015	814,015	0	814,015	0	100.00
105.00	Buildings and improvements	1220	15,438,597	15,286,139	0	15,438,597	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-11,955,108	-11,500,441	0	-11,955,108	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	4,527,644	4,294,237	0	4,527,644	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-4,012,635	-3,850,000	0	-4,012,635	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		5,463,572	5,695,009	0	5,463,572	0	135.00
140.00	Construction-in-progress	1250	74,193	60,715	0	74,193	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		7,700,048	9,129,298	0	7,700,048	0	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		633,405	15,165				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	1,476,811	256,785	0	1,476,811	0	10.00
15.00	Accrued compensation and related liabilities	2020	978,693	1,019,580	0	978,693	0	15.00
20.00	Other accrued liabilities	2030	-55,360	263,783	0	-55,360	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,400,144	1,540,148	0	2,400,144	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	2,132,668	5,246,060	0	2,132,668	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		2,132,668	5,246,060	0	2,132,668	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		2,132,668	5,246,060	0	2,132,668	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		4,532,812	6,786,208	0	4,532,812	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,891,732	1,891,732	0	1,891,732	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	1,275,504	451,358	0	1,275,504	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		3,167,236	2,343,090	0	3,167,236	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		7,700,048	9,129,298	0	7,700,048	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

Facility D.B.A. Name:
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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2,019	2,132,668	2,020	0.00	2,132,668	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	2,343,090	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	2,343,090	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	367,874					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJE'S P&L IMPACT	456,272	0	0	0		21.00
22.00	OTHER (DESCRIBE)	0	0	0	0		22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	824,146	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	3,167,236	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

Facility D.B.A. Name:
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	26,880,990	28,405,961	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	7,061,261	7,406,144	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	12,327,833	13,657,656	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	21,614,418	22,154,449	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	1,168	109,956	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	21,615,586	22,264,405	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	8,198,825	7,879,764	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	8,198,825	7,879,764	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	1,033,516	1,093,667	75.00
76.00	Respiratory Therapy	8220	108,493	75,284	76.00
77.00	Occupational Therapy	8250	739,920	770,676	77.00
78.00	Speech Therapy	8280	167,452	155,621	78.00
80.00	Pharmacy	8300	675,075	909,903	80.00
85.00	Laboratory	8400	176,806	202,189	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	138,658	93,651	95.00
100.00	Total Ancillary Services	Lines 70 through 95	3,039,920	3,300,991	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	535,944	564,700	105.00
110.00	Housekeeping	6300	348,242	300,528	110.00
115.00	Laundry and Linen	6400	120,728	109,845	115.00
120.00	Dietary	6500	1,170,086	1,092,552	120.00
125.00	Social Services	6600	246,058	246,208	125.00
130.00	Activities	6700	134,391	106,890	130.00
135.00	Inservice Education - Nursing	6800	129,595	121,223	135.00
140.00	Administration	6900	3,813,747	3,998,523	140.00
145.00	Total Support Services	Lines 105 through 140	6,498,791	6,540,469	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	617,301	597,557	155.00
160.00	Leases and Rentals	7200	30,028	24,755	160.00
165.00	Property Taxes	7300	179,267	102,679	165.00
170.00	Property Insurance	7400	7,350	7,089	170.00
175.00	Interest - Property, Plant and Equipment	7500	2,400,124	2,036,231	175.00
180.00	Total Property Expenses	Lines 155 through 175	3,234,070	2,768,311	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	276,106	874,884	190.00
195.00	Total Other Expenses	Lines 185 + 190	276,106	874,884	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	21,247,712	21,364,419	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	367,874	899,986	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	367,874	899,986	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	367,874	899,986	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	367,874	899,986	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses.

☒ X

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
End: 05/31/2020

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	367,874	899,986	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	617,301	597,557	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	1,417,685	59,506	20.00
25.00	Change in receivables from third-party payors	-180,655	-21,529	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-17,387	-5,668	40.00
45.00	Change in accounts payable	1,220,026	-58,980	45.00
50.00	Change in accrued compensation and related liabilities	-40,887	130,028	50.00
55.00	Change in other accrued liabilities	-319,143	-41,712	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	2,696,940	659,202	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	3,064,814	1,559,188	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-399,343	-248,823	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	1	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-399,342	-248,823	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	-3,113,392	-369,478	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	PROPERTY TAX	-195,609	6,148	175.00
180.00	BONUS	3,949	0	180.00
185.00	DEPR ADJ TO HISTORICAL	428,365	394,810	185.00
190.00	HCP LEASE INTEREST /DIRECT INTEREST	0	-746,552	190.00
195.00	W/C & GROUP INSURANCE ADJ 6	219,567	-594,805	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	-2,657,120	-1,309,877	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	8,352	488	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	-10,645	-11,133	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-2,293	-10,645	215.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	76,708	19,703	439,533	535,944	0	0	0	5.00
10.00	Housekeeping	6300	247,616	75,890	24,736	348,242	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			454,666	454,666	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			162,635	162,635	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			30,028	30,028	0	0	0	35.00
40.00	Property Taxes	7300			179,267	179,267	0	0	0	40.00
45.00	Property Insurance	7400			7,350	7,350	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			2,400,124	2,400,124	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	78,195	23,965	18,568	120,728	0	0	0	60.00
65.00	Dietary	6500	525,359	179,723	465,004	1,170,086	0	0	0	65.00
70.00	Provision for Bad Debts	7700			276,106	276,106	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	783,737	228,580	21,199	1,033,516		0		80.00
81.00	Respiratory Therapy	8220	0	0	108,493	108,493		0		81.00
82.00	Occupational Therapy	8250	572,449	165,960	1,511	739,920		0		82.00
83.00	Speech Therapy	8280	126,816	37,188	3,448	167,452		0		83.00
85.00	Pharmacy	8300	0	0	675,075	675,075		0		85.00
90.00	Laboratory	8400	0	0	176,806	176,806		0		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	19,632	6,759	112,267	138,658		0		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	6,018,547	1,775,028	405,250	8,198,825		0		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					16,923,921	0			150.00
155.00	Social Services	6600	190,271	55,787	0	246,058	0	0	0	155.00
160.00	Activities	6700	97,880	30,115	6,396	134,391	0	0	0	160.00
165.00	Administration	6900	974,318	185,241	2,654,188	3,813,747	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	99,017	30,578	0	129,595	0	0	0	170.00
175.00	Total (See Instructions)		9,810,545	2,814,517	8,622,650	21,247,712	0	0	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				381,553					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			104,848	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			4,867	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	535,944	1,168	534,776	-10,446	525,498	5.00
10.00	Housekeeping	6300	0.000000	0	348,242	0	348,242	2,537	350,779	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	454,666	0	454,666	0	454,666	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	162,635	0	162,635	0	162,635	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	30,028	0	30,028	0	30,028	35.00
40.00	Property Taxes	7300	0.000000	0	179,267	0	179,267	0	179,267	40.00
45.00	Property Insurance	7400	0.000000	0	7,350	0	7,350	0	7,350	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	2,400,124	0	2,400,124	-2,394,617	5,507	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	120,728	0	120,728	9	120,737	60.00
65.00	Dietary	6500	0.000000	0	1,170,086	0	1,170,086	1,624	1,171,710	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	276,106	0	276,106	-276,106	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			1,033,516	0	1,033,516	1,531	1,035,047	80.00
81.00	Respiratory Therapy	8220			108,493	0	108,493	0	108,493	81.00
82.00	Occupational Therapy	8250			739,920	0	739,920	1,138	741,058	82.00
83.00	Speech Therapy	8280			167,452	0	167,452	216	167,668	83.00
85.00	Pharmacy	8300			675,075	0	675,075	0	675,075	85.00
90.00	Laboratory	8400			176,806	0	176,806	0	176,806	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			138,658	0	138,658	-3,740	134,918	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			8,198,825	0	8,198,825	24,442	8,223,267	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							2,817	2,817	140.00
145.00	Other Nonreimbursable***							27,858	27,858	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	246,058	0	246,058	676	246,734	155.00
160.00	Activities	6700	0.000000	0	134,391	0	134,391	0	134,391	160.00
165.00	Administration	6900	0.000000	0	3,813,747	0	3,813,747	-279,456	3,534,291	165.00
170.00	Inservise Education - Nursing	6800	0.000000	0	129,595	0	129,595	0	129,595	170.00
175.00	Total (See Instructions)			0	21,247,712	1,168	21,246,544	-2,901,517	18,346,195	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	1,168	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	0		75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	(DESCRIBE)	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		1,168		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-9,141	-9,141	REMOVE CABLE IN RES. ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-276,106	-276,106	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	321	321	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-1,489	-1,489	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER ANCILLARY	100	A	-2,817	-2,817	RECLASS BEAUTY & BARBER	140.00
141.00	BEAUTY AND BARBER	140	A	2,817	2,817	RECLASS BEAUTY & BARBER	141.00
142.00	ADMINISTRATION	165	A	80,329	80,329	ADJ LIABILITY INS TO ALLOWABL	142.00
143.00	ADMINISTRATION	165	A	-5,818	-5,818	REMOVE LEGAL COST	143.00
144.00	ADMINISTRATION	165	A	-221,311	-221,311	REMOVE MARKETING COSTS	144.00
145.00	ADMINISTRATION	165	A	-21,542	-21,542	RECLASS WAGES ADMISSIONS/MRKT	145.00
146.00	NON-REIMBURABLE	145	A	21,542	21,542	RECLASS WAGES ADMISSIONS/MRKT	146.00
147.00	ADMINISTRATION	165	A	-6,316	-6,316	RECLASS PROH ADMISSIONS/MRKT	147.00
148.00	NON-REIMBURABLE	145	A	6,316	6,316	RECLASS PROH ADMISSIONS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-11,878	-11,878	REMOVE NON-ALLOW ADVERTISING	149.00
150.00	ADMINISTRATION	165	A	-2,596	-2,596	REMOVE NON-ALLOWABLE DUES	150.00
151.00	ADMINISTRATION	165	A	-8,870	-8,870	REMOVE CUSTOMER REIMBUREMENT	151.00
152.00	ADMINISTRATION	165	A	-2,600	-2,600	REMOVE PENALTIES	152.00
153.00	ACTIVITIES	160	B	0	0	OFFSET ACTIVITIES INCOME	153.00
154.00	ADMINISTRATION	165	B	0	0	OFFSET TRANSPORTATION INCOME	154.00
155.00	OTHER ANCILLARY	100	B	0	0	OFFSET ADULT DAY CARE INCOME	155.00
156.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW ADVERTISING	156.00
157.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW EXPENSE	157.00
158.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON-ALLOW EXPENSE	158.00
159.00	INTROPPLTEQUIP	50	A	-2,400,124	-2,400,124	REMOVE NON-ALLOW EXPENSE	159.00
160.00	SKILLED NURSING	105	A	24,442	24,442	ADD PPE EXPENSE DISTRIBUTED T	160.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
161.00	PLT OP AND MAINT	5	A	184	184	ADD PPE EXPENSE DISTRIBUTED T	161.00
162.00	HOUSEKEEPING	10	A	2,537	2,537	ADD PPE EXPENSE DISTRIBUTED T	162.00
163.00	LAUNDRY AND LINEN	60	A	9	9	ADD PPE EXPENSE DISTRIBUTED T	163.00
164.00	DIETARY	65	A	1,624	1,624	ADD PPE EXPENSE DISTRIBUTED T	164.00
165.00	SOCIAL SERVICES	155	A	676	676	ADD PPE EXPENSE DISTRIBUTED T	165.00
166.00	ADMINISTRATION	165	A	1,019	1,019	ADD PPE EXPENSE DISTRIBUTED T	166.00
167.00	PHYSICAL THERAPY	80	A	1,531	1,531	ADD PPE EXPENSE DISTRIBUTED T	167.00
168.00	OCCUPATIONAL THERAPY	82	A	1,138	1,138	ADD PPE EXPENSE DISTRIBUTED T	168.00
169.00	SPEECH THERAPY	83	A	216	216	ADD PPE EXPENSE DISTRIBUTED T	169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	-76,069	-76,069	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE POOLED INTEREST,	50	A	5,507	5,507	ADJ PER HOME OFFICE COST RPT.	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-923	-923	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,901,517	-2,901,517		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	2	0	165	673,398	673,398	0	0	673,398	30.00
31.00	HEARTLAND EMPLOYMENT SERVICES, LLC	0	PERSONNEL	2	0	165	9,810,545	9,810,545	0	0	9,810,545	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYALBE TO RELATED PARTY	2	0	165	-2,132,668	-2,132,668	0	0	-2,132,668	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						8,351,275	8,351,275	0	0	8,351,275	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 3:20 pm MCRIF32: LTCIR Version: 44.5.169.0	
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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	TERRI BALLESTEROS	136,370	25,927	26,987		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	76,708	19,703	0	429,087	525,498	5.00
10.00	Housekeeping	6300	247,616	75,890	0	27,273	350,779	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				454,666	454,666	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				162,635	162,635	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				30,028	30,028	35.00
40.00	Property Taxes	7300				179,267	179,267	40.00
45.00	Property Insurance	7400				7,350	7,350	45.00
50.00	Interest - Property, Plant & Equip.	7500				5,507	5,507	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	78,195	23,965	0	18,577	120,737	60.00
65.00	Dietary	6500	525,359	179,723	5,583	461,045	1,171,710	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	783,737	228,580	-1,013	23,743	1,035,047	80.00
81.00	Respiratory Therapy	8220	0	0	0	108,493	108,493	81.00
82.00	Occupational Therapy	8250	572,449	165,960	0	2,649	741,058	82.00
83.00	Speech Therapy	8280	126,816	37,188	1,861	1,803	167,668	83.00
85.00	Pharmacy	8300	0	0	0	675,075	675,075	85.00
90.00	Laboratory	8400	0	0	0	176,806	176,806	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	19,632	6,759	0	108,527	134,918	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	6,018,547	1,775,028	1,403	428,289	8,223,267	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	2,817	0	2,817	140.00
145.00	Other Nonreimbursable		21,542	6,316	0	0	27,858	145.00
155.00	Social Services	6600	190,271	55,787	0	676	246,734	155.00
160.00	Activities	6700	97,880	30,115	2,438	3,958	134,391	160.00
165.00	Administration	6900	872,428	155,003	45,774	941,288	2,014,493	165.00
166.00	Medical Records - Salaries and Wages ***	6900	80,348	23,922	0	-308	103,962	166.00
167.00	DPH Licensing Fees ***	6900				126,049	126,049	167.00
168.00	Liability Insurance ***	6900				533,651	533,651	168.00
169.00	Quality Assurance Fees ***	6900				756,136	756,136	169.00
170.00	Inservice Education - Nursing	6800	99,017	30,578	0	0	129,595	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		9,810,545	2,814,517	58,863	5,662,270	18,346,195	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	162	2.00	
10.00	Total Licensed Beds End of Period:		162		
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0		

CAPITAL THRESHOLD 81,000
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

		Enter Data for each Bed Addition Project Completed During the Report Period		
		Project 1	Project 2	Project 3
		1.00	2.00	3.00
25.00	Number of New Licensed Beds	0	0	0
30.00	Date Placed into Service			
35.00	Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

		1.00						
50.00	Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):							
55.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00					0	0	0	0
57.00					0	0	0	0
58.00					0	0	0	0
59.00					0	0	0	0
60.00					0	0	0	0
61.00					0	0	0	0
62.00					0	0	0	0
63.00					0	0	0	0
64.00					0	0	0	0
65.00					0	0	0	0
66.00					0	0	0	0
67.00					0	0	0	0
68.00					0	0	0	0
69.00					0	0	0	0
70.00					0	0	0	0
71.00					0	0	0	0
72.00					0	0	0	0
73.00					0	0	0	0
74.00					0	0	0	0
75.00					0	0	0	0
76.00	Total Project 1 Costs					0		

		1.00						
90.00	Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):							
95.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00					0	0	0	0
97.00					0	0	0	0
98.00					0	0	0	0
99.00					0	0	0	0
100.00					0	0	0	0
101.00					0	0	0	0
102.00					0	0	0	0
103.00					0	0	0	0
104.00					0	0	0	0
105.00					0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

Facility D.B.A. Name:
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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	1,124	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	353	353	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,136	1,136	1,136	0	0	0	0	0	0	0	60.00
65.00	Dietary	5,192	5,192	5,192	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	657	657	657	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	2,276	2,276	2,276	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	180	180	180	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	81	81	81	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	28,057	28,057	28,057	223,905	146,736	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	153	153	153	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	129	129	129	0	0	0	0	0	0	0	155.00
160.00	Activities	561	561	561	0	0	0	0	0	0	0	160.00
165.00	Administration	2,613	2,613	2,613	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	42,512	41,388	41,035	223,905	146,736	0	0	0	0	0	175.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)


			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	7,053,188		1,715,730		120,737		1,171,710	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	1,035,047	2,276	124,347	0	0			15.00
16.00	Respiratory Therapy	108,493	0	0	0	0			16.00
17.00	Occupational Therapy	741,058	180	9,834	0	0			17.00
18.00	Speech Therapy	167,668	81	4,425	0	0			18.00
20.00	Pharmacy	675,075	0	0	0	0			20.00
25.00	Laboratory	176,806	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	134,918	153	8,359	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	8,223,267	28,714	1,568,765	223,905	120,737	146,736	1,171,710	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	2,817	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	27,858	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		31,404		223,905		146,736		85.00
90.00	UNIT COST MULTIPLIER**		54.634123		0.539233		7.985157		90.00
95.00	TOTAL COSTS (See instructions)	11,293,007		1,715,730		120,737		1,171,710	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		510,720		3,534,291		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			1,159,394	276,645	1,436,039	15.00
16.00	Respiratory Therapy			108,493	25,888	134,381	16.00
17.00	Occupational Therapy			750,892	179,172	930,064	17.00
18.00	Speech Therapy			172,093	41,063	213,156	18.00
20.00	Pharmacy			675,075	161,081	836,156	20.00
25.00	Laboratory			176,806	42,188	218,994	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			143,277	34,188	177,465	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	8,223,267	510,720	11,595,199	2,766,747	14,361,946	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			2,817	672	3,489		75.00
80.00	Other Nonreimbursable			27,858	6,647	34,505		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	8,223,267		14,811,904				85.00
90.00	UNIT COST MULTIPLIER**	0.062107		0.238612				90.00
95.00	TOTAL COSTS (See instructions)		510,720		3,534,291	18,346,195		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	14,361,946	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	49,268	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	291.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	8,872	479,446	54.04	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	47,211	2,315,206	49.04	25.00
30.00	Licensed Vocational Nurses	23,892	856,197	35.84	30.00
35.00	Nurse Assistants (Aides and Orderlies)	101,528	2,082,645	20.51	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	6,308	285,053	45.19	60.00
65.00	Subtotal (Sum of lines 5 through 60)	187,811	6,018,547	32.05	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	33,263	1,483,002	44.58	220.00
225.00	Other Salaries and Wages	281	19,632	69.86	225.00
230.00	Subtotal (Sum of lines 200 through 225)	33,544	1,502,634	44.80	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,179	76,708	35.20	250.00
255.00	Housekeeping	17,054	247,616	14.52	255.00
260.00	Laundry and Linen	5,376	78,195	14.55	260.00
265.00	Dietary	26,131	525,359	20.10	265.00
270.00	Social Services	7,107	190,271	26.77	270.00
275.00	Activities	4,328	97,880	22.62	275.00
280.00	Inservice Education - Nursing	1,840	99,017	53.81	280.00
285.00	Administration	29,693	974,318	32.81	285.00
290.00	Subtotal (Sum of lines 250 through 285)	93,708	2,289,364	24.43	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	315,063	9,810,545	31.14	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,848	48,800	26.41	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	218	171	80
610.00	Number of employees at end of period	198	150	66
615.00	Average number of employees (See instructions)	211	164	74
620.00	Total number of people employed during the period **	273	201	96
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	29.38	22.56	29.73
630.00	Number of employees with continuous service for entire reporting period	158	128	55

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 3:47 pm MCRIF32: LTCIR Version: 45.2.172.2	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF CITRUS HEIGHTS CA, LLC		2. State License Number: 030000360		3. Medi-Cal Provider Number: LTC55337F	
4. D.B.A. (Doing Business As): MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS				5. Facility Business Phone: 916-967-2929	
6. Facility Street Address: 7807 UPLANDS WAY		7. City: CITRUS HEIGHTS		8. Zip Code: 95610	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: TERRI BALLESTEROS					
13. Report Contact Person: KIMBERLY COUSINO				14. Phone Number: 419-252-5796 Ext: 0	
15. Mailing Address - Street or P.O. Box: P.O. BOX 10086		16. City: TOLEDO		17. State: OH	
19. Previous Name of Facility if Changed Since Previous Report:				18. Zip Code: 43699-0086	
21. Previous State License Number:		22. Date of Change:		20. Date of Change:	
23. Previous Medi-Cal Provider No.:		24. Date of Change:			
25. Reporting Period Begin: 06/01/2020		26. Reporting Period End: 05/31/2021			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 7807 UPLANDS WAY

CITRUS HEIGHTS, CA 95610

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	01/01/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	05/07/1990	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 3:47 pm MCRIF32: LTCIR Version: 45.2.172.2	
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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	4	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	4	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 3:47 pm MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEATH SYSTEM, INC % HCR MC

20.00 Address: ADDRESS: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	45.00
46.00	MCHS (CITRUS HEIGHTS) SNF	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST


90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 3:47 pm MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name 1.00	Occupation 2.00	
130.00	MARTIN ALLEN	DIRECTOR	130.00
131.00	KATHRYN HOOPS	VICE PRESIDENT	131.00
132.00	THOMAS R. KILE	TREASURER	132.00
133.00	DAMIAN RODGERS	SECRETARY	133.00
134.00	ANDREA SYPE	VICE PRESIDENT	134.00
135.00	RAMI UBAYDI	PRESIDENT	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____


210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 3:47 pm MCRIF32: LTCIR Version: 45.2.172.2	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	16,282	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	181,498	371.00
372.00	Interest Added / Earned	11	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	181,509	373.00
374.00	Total Trust Account Expenditures	176,680	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	21,111	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	4,886	25,104	1,022	5,948	2,316	39,276	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		4,886	25,104	1,022	5,948	2,316	39,276	70.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	3,470,525		11,216,838		328,927		4,340,926			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		3,470,525		11,216,838		328,927		4,340,926			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	746,600	0	37,350	0	850	0	612,081	0		115.00
120.00	Respiratory Therapy	4220	275	0	11,100	0	0	0	0	0		120.00
125.00	Occupational Therapy	4250	566,175	0	22,200	0	350	0	548,289	0		125.00
130.00	Speech Therapy	4280	57,775	0	5,100	0	300	0	49,860	0		130.00
135.00	Pharmacy	4300	343,321	0	19,426	0	657	0	505,807	0		135.00
140.00	Laboratory	4400	33,522	0	8,072	0	757	0	57,535	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	37,174	0	6,505	0	226	0	44,173	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,784,842	0	109,753	0	3,140	0	1,817,745	0		170.00
175.00	Total (Lines 70 and 170)		5,255,367	0	11,326,591	0	332,067	0	6,158,671	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,124,832		20,482,048								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,124,832		20,482,048								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0	0						105.00
110.00	Specialized Support Surf	0	0	0	0	0						110.00
115.00	Physical Therapy	650	0	1,397,531	0							115.00
120.00	Respiratory Therapy	198	0	11,573	0							120.00
125.00	Occupational Therapy	900	0	1,137,914	0							125.00
130.00	Speech Therapy	150	0	113,185	0							130.00
135.00	Pharmacy	492	0	869,703	0							135.00
140.00	Laboratory	741	0	100,627	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	337,129	0	425,207	0							155.00
170.00	Subtotal (Lines 105 through 155)	340,260	0	4,055,740	0							170.00
175.00	Total (Lines 70 and 170)	1,465,092	0	24,537,788	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	145									
210.00	Administrative Adjustments	5200	0									

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	679,727		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	3,777,595		220.00
222.00	Contractual Adjustments - Managed Care	5330	-839		222.00
225.00	Contractual Adjustments - Other	5340	2,666,797		225.00
230.00	Other Deductions from Revenue	5400	417,998		230.00
240.00	Total (Lines 205 through 230)		7,541,423		240.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 3:47 pm MCRIF32: LTCIR Version: 45.2.172.2	
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION			Number	
			1.00	
Licensed Beds:				
5.00	End of Period		162	5.00
10.00	Average (Monthly average)		162	10.00
Available Beds:				
20.00	End of Period		162	20.00
25.00	Average (Monthly average)		162	25.00
40.00	Admissions (Excluding transfers)		584	40.00
45.00	Discharges (Excluding transfers)		586	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)		66.42	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS			Total	Medi-Cal
			1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)		0	0
115.00	Other Sub-Acute Care		0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)		0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)		0	0
145.00	Other Sub-Acute Care - Pediatric		0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)		0	0
165.00	Transitional Inpatient Care - Medical		0	0
170.00	Transitional Inpatient Care - Rehabilitation		0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)		0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY			Amount	
			1.00	
FOR MEDI-CAL PROVIDERS, ONLY				
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)		0	200.00
205.00	Less: Patient Liability		0	205.00
210.00	Less: Third Party and Other Liability		0	210.00
215.00	Less: Noncovered Charges		0	215.00
240.00	Less: Other		0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)		0	250.00

Facility D.B.A. Name:
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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-2,928	-2,293	0	-2,928	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,734,732	2,415,824	0	2,734,732	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-422,874	-565,254	0	-422,874	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	202,184	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	121,209	111,822	0	121,209	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,430,139	2,162,283	0	2,430,139	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	651,059	651,059	0	651,059	0	95.00
100.00	Land improvements	1210	814,015	814,015	0	814,015	0	100.00
105.00	Buildings and improvements	1220	15,586,558	15,438,597	0	15,586,558	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-12,283,947	-11,955,108	0	-12,283,947	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	4,759,718	4,527,644	0	4,759,718	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-4,364,998	-4,012,635	0	-4,364,998	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		5,162,405	5,463,572	0	5,162,405	0	135.00
140.00	Construction-in-progress	1250	927,089	74,193	0	927,089	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		8,519,633	7,700,048	0	8,519,633	0	200.00
* From Page 5.4 ** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		927,089	633,405				215.00

Facility D.B.A. Name:
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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	1,312,313	1,476,811	0	1,312,313	0	10.00
15.00	Accrued compensation and related liabilities	2020	1,019,823	978,693	0	1,019,823	0	15.00
20.00	Other accrued liabilities	2030	171,717	-55,360	0	171,717	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,503,853	2,400,144	0	2,503,853	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	4,277,744	2,132,668	0	4,277,744	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		4,277,744	2,132,668	0	4,277,744	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		4,277,744	2,132,668	0	4,277,744	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		6,781,597	4,532,812	0	6,781,597	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,891,732	1,891,732	0	1,891,732	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-153,696	1,275,504	0	-153,696	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		1,738,036	3,167,236	0	1,738,036	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		8,519,633	7,700,048	0	8,519,633	0	185.00

* From Page 5.4

** Combine Columns 1 and 3

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	4,277,744	2021	0.00	4,277,744	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY


7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	3,167,236	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	3,167,236	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-1,223,178					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJE'S P&L IMPACT	607,292	0	0	0		21.00
22.00	OFFSET CARES ACT REVENUE	-813,314	0	0	0		22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-1,429,200	0	0	0		23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0		31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	1,738,036	0	0	0		32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	20,482,048	26,880,990	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	4,055,740	7,061,261	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	7,541,423	12,327,833	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	16,996,365	21,614,418	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	813,911	1,168	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	17,810,276	21,615,586	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	7,077,351	8,198,825	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	7,077,351	8,198,825	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	786,852	1,033,516	75.00
76.00	Respiratory Therapy	8220	47,408	108,493	76.00
77.00	Occupational Therapy	8250	491,139	739,920	77.00
78.00	Speech Therapy	8280	90,258	167,452	78.00
80.00	Pharmacy	8300	409,734	675,075	80.00
85.00	Laboratory	8400	102,887	176,806	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	107,716	138,658	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,035,994	3,039,920	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	560,506	535,944	105.00
110.00	Housekeeping	6300	391,420	348,242	110.00
115.00	Laundry and Linen	6400	123,167	120,728	115.00
120.00	Dietary	6500	1,064,034	1,170,086	120.00
125.00	Social Services	6600	224,153	246,058	125.00
130.00	Activities	6700	127,639	134,391	130.00
135.00	Inservice Education - Nursing	6800	4,729	129,595	135.00
140.00	Administration	6900	3,967,010	3,813,747	140.00
145.00	Total Support Services	Lines 105 through 140	6,462,658	6,498,791	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	456,954	617,301	155.00
160.00	Leases and Rentals	7200	30,882	30,028	160.00
165.00	Property Taxes	7300	181,813	179,267	165.00
170.00	Property Insurance	7400	8,567	7,350	170.00
175.00	Interest - Property, Plant and Equipment	7500	2,388,463	2,400,124	175.00
180.00	Total Property Expenses	Lines 155 through 175	3,066,679	3,234,070	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	390,800	276,106	190.00
195.00	Total Other Expenses	Lines 185 + 190	390,800	276,106	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	19,033,482	21,247,712	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-1,223,206	367,874	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	28	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-1,223,178	367,874	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-1,223,178	367,874	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-1,223,178	367,874	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-1,223,178	367,874	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	456,954	617,301	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-461,288	1,417,685	20.00
25.00	Change in receivables from third-party payors	202,184	-180,655	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-9,387	-17,387	40.00
45.00	Change in accounts payable	-164,498	1,220,026	45.00
50.00	Change in accrued compensation and related liabilities	41,130	-40,887	50.00
55.00	Change in other accrued liabilities	227,077	-319,143	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	292,172	2,696,940	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-931,006	3,064,814	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-1,008,383	-399,343	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	0	1	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-1,008,383	-399,342	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	2,144,776	-3,113,392	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS, P-TX CASH CASE AJE 1&2	-9,471	-191,660	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	231,862	428,365	180.00
185.00	OFFSET CARES ACT REVENUE	-813,314	0	185.00
190.00	WC & GRP INS AJE 6	384,901	219,567	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	1,938,754	-2,657,120	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-635	8,352	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	-2,293	-10,645	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-2,928	-2,293	215.00

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	84,235	25,438	450,833	560,506	0	0	0	5.00
10.00	Housekeeping	6300	272,322	93,271	25,827	391,420	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			290,997	290,997	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			165,957	165,957	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			30,882	30,882	0	0	0	35.00
40.00	Property Taxes	7300			181,813	181,813	0	0	0	40.00
45.00	Property Insurance	7400			8,567	8,567	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			2,388,463	2,388,463	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	81,006	28,198	13,963	123,167	0	0	0	60.00
65.00	Dietary	6500	481,026	165,143	417,865	1,064,034	0	0	0	65.00
70.00	Provision for Bad Debts	7700			390,800	390,800	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	567,560	195,160	24,132	786,852		786,852		80.00
81.00	Respiratory Therapy	8220	0	0	47,408	47,408		47,408		81.00
82.00	Occupational Therapy	8250	364,462	124,331	2,346	491,139		491,139		82.00
83.00	Speech Therapy	8280	59,966	20,561	9,731	90,258		90,258		83.00
85.00	Pharmacy	8300	0	0	409,734	409,734		409,734		85.00
90.00	Laboratory	8400	0	0	102,887	102,887		102,887		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	6,248	2,053	99,415	107,716		107,716		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,900,419	1,683,604	493,328	7,077,351		7,077,351		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					14,709,951	0			150.00
155.00	Social Services	6600	165,671	57,294	1,188	224,153	0	0	0	155.00
160.00	Activities	6700	92,349	31,255	4,035	127,639	0	0	0	160.00
165.00	Administration	6900	1,081,641	324,049	2,561,320	3,967,010	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	3,463	1,266	0	4,729	0	0	0	170.00
175.00	Total (See Instructions)		8,160,368	2,751,623	8,121,491	19,033,482	0	9,113,345	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				330,352					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			150,563	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			33,473	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	560,506	0	560,506	-10,443	550,063	5.00
10.00	Housekeeping	6300	0.000000	0	391,420	0	391,420	0	391,420	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	290,997	0	290,997	0	290,997	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	165,957	0	165,957	0	165,957	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	30,882	0	30,882	0	30,882	35.00
40.00	Property Taxes	7300	0.000000	0	181,813	0	181,813	0	181,813	40.00
45.00	Property Insurance	7400	0.000000	0	8,567	0	8,567	0	8,567	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	2,388,463	0	2,388,463	-2,384,994	3,469	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	123,167	0	123,167	0	123,167	60.00
65.00	Dietary	6500	0.000000	0	1,064,034	1	1,064,033	0	1,064,034	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	390,800	0	390,800	-390,800	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			786,852	19,888	766,964	0	786,852	80.00
81.00	Respiratory Therapy	8220			47,408	0	47,408	0	47,408	81.00
82.00	Occupational Therapy	8250			491,139	0	491,139	0	491,139	82.00
83.00	Speech Therapy	8280			90,258	0	90,258	0	90,258	83.00
85.00	Pharmacy	8300			409,734	0	409,734	0	409,734	85.00
90.00	Laboratory	8400			102,887	0	102,887	0	102,887	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			107,716	0	107,716	-1,523	106,193	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			7,077,351	793,695	6,283,656	0	7,077,351	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							1,295	1,295	140.00
145.00	Other Nonreimbursable***							17,374	17,374	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	224,153	0	224,153	0	224,153	155.00
160.00	Activities	6700	0.000000	0	127,639	0	127,639	0	127,639	160.00
165.00	Administration	6900	0.000000	0	3,967,010	327	3,966,683	-177,661	3,789,349	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	4,729	0	4,729	0	4,729	170.00
175.00	Total (See Instructions)			0	19,033,482	813,911	18,219,571	-2,946,752	16,086,730	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	0	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	1	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	327	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME	5990	269	105	85.00
90.00	CARES ACT REVENUE	5990	19,888	80	90.00
95.00	CARES ACT REVENUE	5990	793,426	105	95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		813,911		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-10,110	-10,110	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-390,800	-390,800	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-327	-327	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions			0	0		120.00
125.00	Owner Compensation Adjustment	5	B	-333	-333	OFFSET VENDING INCOME	125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER MISC. INCOME	165	B	64	64	OFFSET MISC INCOME	140.00
141.00	OTHER ANCILLARY	100	A	-1,295	-1,295	RECLASS BEAUTY & BARBER	141.00
142.00	BEAUTY AND BARBER	140	A	1,295	1,295	RECLASS BEAUTY & BARBER	142.00
143.00	ADMINISTRATION	165	A	200,374	200,374	ADJ LIABILITY INS TO ALLOWABL	143.00
144.00	ADMINISTRATION	165	A	-202,859	-202,859	REMOVE LEGAL COST	144.00
145.00	ADMINISTRATION	165	A	-227,067	-227,067	REMOVE MARKETING COSTS	145.00
146.00	ADMINISTRATION	165	A	-12,866	-12,866	RECLASS WAGES ADMISSIONS/MRKT	146.00
147.00	NON-REIMBURABLE	145	A	12,866	12,866	RECLASS WAGES ADMISSIONS/MRKT	147.00
148.00	ADMINISTRATION	165	A	-4,508	-4,508	RECLASS PROH ADMISSIONS/MRKT	148.00
149.00	NON-REIMBURABLE	145	A	4,508	4,508	RECLASS PROH ADMISSIONS/MRKT	149.00
150.00	ADMINISTRATION	165	A	-4,239	-4,239	REMOVE NON-ALLOW ADVERTISING	150.00
151.00	ADMINISTRATION	165	A	-2,389	-2,389	REMOVE NON-ALLOWABLE DUES	151.00
152.00	ADMINISTRATION	165	A	-6,352	-6,352	REMOVE CUSTOMER REIMBURSEMENT	152.00
153.00	OTHER ANCILLARY	100	B	-28	-28	OFFSET ADULT DAY CARE INCOME	153.00
154.00	ADMINISTRATION	165	A	-335	-335	REMOVE NON-ALLOW ADVERTISING	154.00
155.00	INTPROPLTEQUIP	50	A	-2,388,463	-2,388,463	REMOVE NON-ALLOW EXPENSE	155.00
156.00	OTHER (SPECIFY)			0	0		156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	82,843	82,843	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE POOLED INTEREST,	50	A	3,469	3,469	ADJ PER HOME OFFICE COST RPT.	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-200	-200	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,946,752	-2,946,752		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	684,816	684,816	0	0	684,816	30.00
31.00	HEARTLAND EMPLOYMENT SVC. LLC	0	PERSONNEL	Yes	0	165	8,160,368	8,160,368	0	0	8,160,368	31.00
32.00	HCR MANOR CARE SVCS, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-4,277,744	-4,277,744	0	0	-4,277,744	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						4,567,440	4,567,440	0	0	4,567,440	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 3:47 pm MCRIF32: LTCIR Version: 45.2.172.2	
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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	TERRI BALLESTEROS	153,234	45,907	33,839		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	84,235	25,438	0	440,390	550,063	5.00
10.00	Housekeeping	6300	272,322	93,271	0	25,827	391,420	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				290,997	290,997	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				165,957	165,957	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				30,882	30,882	35.00
40.00	Property Taxes	7300				181,813	181,813	40.00
45.00	Property Insurance	7400				8,567	8,567	45.00
50.00	Interest - Property, Plant & Equip.	7500				3,469	3,469	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	81,006	28,198	0	13,963	123,167	60.00
65.00	Dietary	6500	481,026	165,143	1,247	416,618	1,064,034	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	567,560	195,160	0	24,132	786,852	80.00
81.00	Respiratory Therapy	8220	0	0	4,720	42,688	47,408	81.00
82.00	Occupational Therapy	8250	364,462	124,331	0	2,346	491,139	82.00
83.00	Speech Therapy	8280	59,966	20,561	9,320	411	90,258	83.00
85.00	Pharmacy	8300	0	0	0	409,734	409,734	85.00
90.00	Laboratory	8400	0	0	0	102,887	102,887	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	6,248	2,053	0	97,892	106,193	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,900,419	1,683,604	0	493,328	7,077,351	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	1,295	0	1,295	140.00
145.00	Other Nonreimbursable		12,866	4,508	0	0	17,374	145.00
155.00	Social Services	6600	165,671	57,294	0	1,188	224,153	155.00
160.00	Activities	6700	92,349	31,255	0	4,035	127,639	160.00
165.00	Administration	6900	992,402	292,872	51,578	726,073	2,062,925	165.00
166.00	Medical Records - Salaries and Wages ***	6900	76,373	26,669	0	-239	102,803	166.00
167.00	DPH Licensing Fees ***	6900				137,277	137,277	167.00
168.00	Liability Insurance ***	6900				883,882	883,882	168.00
169.00	Quality Assurance Fees ***	6900				602,462	602,462	169.00
170.00	Inservice Education - Nursing	6800	3,463	1,266	0	0	4,729	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		8,160,368	2,751,623	68,160	5,106,579	16,086,730	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	162	2.00
10.00	Total Licensed Beds End of Period:		162	
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0	

CAPITAL THRESHOLD 81,000
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project
Completed During the Report Period

	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00				0	0	0	0
57.00				0	0	0	0
58.00				0	0	0	0
59.00				0	0	0	0
60.00				0	0	0	0
61.00				0	0	0	0
62.00				0	0	0	0
63.00				0	0	0	0
64.00				0	0	0	0
65.00				0	0	0	0
66.00				0	0	0	0
67.00				0	0	0	0
68.00				0	0	0	0
69.00				0	0	0	0
70.00				0	0	0	0
71.00				0	0	0	0
72.00				0	0	0	0
73.00				0	0	0	0
74.00				0	0	0	0
75.00				0	0	0	0
76.00 Total Project 1 Costs					0		

90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00				0	0	0	0
97.00				0	0	0	0
98.00				0	0	0	0
99.00				0	0	0	0
100.00				0	0	0	0
101.00				0	0	0	0
102.00				0	0	0	0
103.00				0	0	0	0
104.00				0	0	0	0
105.00				0	0	0	0

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)


Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	1,124	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	353	353	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,136	1,136	1,136	0	0	0	0	0	0	0	60.00
65.00	Dietary	5,192	5,192	5,192	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	657	657	657	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	2,276	2,276	2,276	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	180	180	180	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	81	81	81	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	28,057	28,057	28,057	223,905	116,778	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	153	153	153	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	129	129	129	0	0	0	0	0	0	0	155.00
160.00	Activities	561	561	561	0	0	0	0	0	0	0	160.00
165.00	Administration	2,613	2,613	2,613	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	42,512	41,388	41,035	223,905	116,778	0	0	0	0	0	175.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)


			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	6,956,239		1,623,168		123,167		1,064,034	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	786,852	2,276	117,639	0	0			15.00
16.00	Respiratory Therapy	47,408	0	0	0	0			16.00
17.00	Occupational Therapy	491,139	180	9,304	0	0			17.00
18.00	Speech Therapy	90,258	81	4,187	0	0			18.00
20.00	Pharmacy	409,734	0	0	0	0			20.00
25.00	Laboratory	102,887	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	106,193	153	7,908	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	7,077,351	28,714	1,484,130	223,905	123,167	116,778	1,064,034	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	1,295	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	17,374	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		31,404		223,905		116,778		85.00
90.00	UNIT COST MULTIPLIER**		51.686664		0.550086		9.111596		90.00
95.00	TOTAL COSTS (See instructions)	9,130,491		1,623,168		123,167		1,064,034	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		356,521		3,789,349		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			904,491	278,713	1,183,204	15.00
16.00	Respiratory Therapy			47,408	14,608	62,016	16.00
17.00	Occupational Therapy			500,443	154,208	654,651	17.00
18.00	Speech Therapy			94,445	29,103	123,548	18.00
20.00	Pharmacy			409,734	126,257	535,991	20.00
25.00	Laboratory			102,887	31,704	134,591	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			114,101	35,159	149,260	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	7,077,351	356,521	10,105,203	3,113,844	13,219,047	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			1,295	399	1,694		75.00
80.00	Other Nonreimbursable			17,374	5,354	22,728		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	7,077,351		12,297,381				85.00
90.00	UNIT COST MULTIPLIER**	0.050375		0.308143				90.00
95.00	TOTAL COSTS (See instructions)		356,521		3,789,349	16,086,730		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.
** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	13,219,047	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	39,276	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	336.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.
** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	8,330	462,129	55.48	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	33,104	1,679,628	50.74	25.00
30.00	Licensed Vocational Nurses	23,400	869,951	37.18	30.00
35.00	Nurse Assistants (Aides and Orderlies)	80,569	1,711,920	21.25	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	3,386	176,791	52.21	60.00
65.00	Subtotal (Sum of lines 5 through 60)	148,789	4,900,419	32.94	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	21,227	991,988	46.73	200.00
205.00	Registered Nurses	87	6,248	71.82	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	0	0	0.00	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	21,314	998,236	46.83	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,344	84,235	35.94	250.00
255.00	Housekeeping	16,374	272,322	16.63	255.00
260.00	Laundry and Linen	5,567	81,006	14.55	260.00
265.00	Dietary	25,416	481,026	18.93	265.00
270.00	Social Services	6,773	165,671	24.46	270.00
275.00	Activities	3,836	92,349	24.07	275.00
280.00	Inservice Education - Nursing	64	3,463	54.11	280.00
285.00	Administration	29,867	1,081,641	36.22	285.00
290.00	Subtotal (Sum of lines 250 through 285)	90,241	2,261,713	25.06	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	260,344	8,160,368	31.34	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	1	1	1.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	2,033	57,520	28.29	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	1	1	1.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	1	1	1.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	198	150	66
610.00	Number of employees at end of period	154	113	49
615.00	Average number of employees (See instructions)	246	148	53
620.00	Total number of people employed during the period **	219	167	75
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	-10.98	12.84	41.51
630.00	Number of employees with continuous service for entire reporting period	139	101	43

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:18 pm MCRIF32: LTCIR Version: 45.7.175.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF CITRUS HEIGHTS CA, LLC		2. State License Number: 030000360		3. Medi-Cal Provider Number: LTC55337F	
4. D.B.A. (Doing Business As): MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS				5. Facility Business Phone: 916-967-2929	
6. Facility Street Address: 7807 UPLANDS WAY		7. City: CITRUS HEIGHTS		8. Zip Code: 95610	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: TERRI BALLESTEROS					
13. Report Contact Person: KAREN NOFZIGER				14. Phone Number: 419-252-5879	
15. Mailing Address - Street or P.O. Box: P.O. BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 43699-0086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2021		26. Reporting Period End: 05/31/2022			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS
 (Name of Individual) Name of Facility (D.B.A.)
 and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HCAI's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 7807 UPLANDS WAY

CITRUS HEIGHTS, CA 95610

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Department of Health Care Access and Information
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
End: 05/31/2022

Run Date Time: 11/10/2022 2:18 pm
MCRIF32: **LTCIR**
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	01/01/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	05/07/1990	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00


26.00

27.00

28.00

29.00

30.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:18 pm MCRIF32: LTCIR Version: 45.7.175.0	
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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	4	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	4	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:18 pm MCRIF32: LTCIR Version: 45.7.175.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEATH SYSTEM, INC % HCR MC

20.00 Address: ADDRESS: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	PROMEDICA SN & REHAB (TICE VAL	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	PROMEDICA SN & REHAB (ROSSMOOR	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	45.00
46.00	MCHS (CITRUS HEIGHTS) SNF	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST


90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

104.00		104.00
105.00		105.00
106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:18 pm MCRIF32: LTCIR Version: 45.7.175.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	VP BUSINESS OFFICE SUPPORT	130.00
131.00	KATHRYN HOOPS	LITIGATION SUPPORT SPECIALIST	131.00
132.00	TIMOTHY ROBERTS	VP, TREASURY	132.00
133.00	DAMIAN RODGERS	ASST GENERAL COUNSEL	133.00
134.00	ANDREA SYPE	AVP, TAX	134.00
135.00	LUKE PILE	SR VP & COO	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____


210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:18 pm MCRIF32: LTCIR Version: 45.7.175.0	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	21,111	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	191,894	371.00
372.00 Interest Added / Earned	6	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	191,900	373.00
374.00 Total Trust Account Expenditures	191,776	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	21,235	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	4,693	27,148	843	5,896	2,505	41,085	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		4,693	27,148	843	5,896	2,505	41,085	70.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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FACILITY REVENUE INFORMATION

4.2

	GROSS REVENUE	Account Number	Medicare		Medi-Cal		Self-Pay		Managed Care			
			Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	3,407,595		13,240,903		314,504		4,298,941			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		3,407,595		13,240,903		314,504		4,298,941			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	649,325	0	3,900	0	550	0	617,349	0		115.00
120.00	Respiratory Therapy	4220	40,485	0	308,848	0	6,901	0	38,200	0		120.00
125.00	Occupational Therapy	4250	543,650	0	1,925	0	550	0	603,304	0		125.00
130.00	Speech Therapy	4280	57,925	0	525	0	125	0	66,053	0		130.00
135.00	Pharmacy	4300	340,187	0	16,478	0	173	0	407,279	0		135.00
140.00	Laboratory	4400	29,600	0	6,458	0	58	0	40,582	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	33,656	0	4,113	0	0	0	41,286	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,694,828	0	342,247	0	8,357	0	1,814,053	0		170.00
175.00	Total (Lines 70 and 170)		5,102,423	0	13,583,150	0	322,861	0	6,112,994	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,533,993		22,795,936								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,533,993		22,795,936								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0	0						105.00
110.00	Specialized Support Surf	0	0	0	0	0						110.00
115.00	Physical Therapy	200	0	1,271,324	0							115.00
120.00	Respiratory Therapy	11,412	0	405,846	0							120.00
125.00	Occupational Therapy	150	0	1,149,579	0							125.00
130.00	Speech Therapy	0	0	124,628	0							130.00
135.00	Pharmacy	674	0	764,791	0							135.00
140.00	Laboratory	230	0	76,928	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	0	0	79,055	0							155.00
170.00	Subtotal (Lines 105 through 155)	12,666	0	3,872,151	0							170.00
175.00	Total (Lines 70 and 170)	1,546,659	0	26,668,087	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	362									
210.00	Administrative Adjustments	5200	0									

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	727,098		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	5,136,661		220.00
222.00	Contractual Adjustments - Managed Care	5330	2,435,114		222.00
225.00	Contractual Adjustments - Other	5340	777,776		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		9,077,011		240.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:18 pm MCRIF32: LTCIR Version: 45.7.175.0	
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	162	5.00
10.00	Average (Monthly average)	162	10.00
Available Beds:			
20.00	End of Period	162	20.00
25.00	Average (Monthly average)	162	25.00
40.00	Admissions (Excluding transfers)	647	40.00
45.00	Discharges (Excluding transfers)	632	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	69.48	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-21,230	-2,928	0	-21,230	-2,928	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,722,872	2,734,732	0	2,722,872	2,734,732	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-525,876	-422,874	0	-525,876	-422,874	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	0	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	131,024	121,209	0	131,024	121,209	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,306,790	2,430,139	0	2,306,790	2,430,139	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	651,059	651,059	0	651,059	651,059	95.00
100.00	Land improvements	1210	814,015	814,015	0	814,015	814,015	100.00
105.00	Buildings and improvements	1220	15,628,674	15,586,558	0	15,628,674	15,586,558	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-12,548,422	-12,283,947	0	-12,548,422	-12,283,947	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	4,796,349	4,759,718	0	4,796,349	4,759,718	125.00
130.00	Less accumulated depreciation - equipment	1290	-4,511,799	-4,364,998	0	-4,511,799	-4,364,998	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		4,829,876	5,162,405	0	4,829,876	5,162,405	135.00
140.00	Construction-in-progress	1250	1,552,440	927,089	0	1,552,440	927,089	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		8,689,106	8,519,633	0	8,689,106	8,519,633	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1	927,089				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	19,964	1,312,313	0	19,964	1,312,313	10.00
15.00	Accrued compensation and related liabilities	2020	1,165,786	1,019,823	0	1,165,786	1,019,823	15.00
20.00	Other accrued liabilities	2030	726,335	171,717	0	726,335	171,717	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,912,085	2,503,853	0	1,912,085	2,503,853	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	7,976,101	4,277,744	0	7,976,101	4,277,744	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		7,976,101	4,277,744	0	7,976,101	4,277,744	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		7,976,101	4,277,744	0	7,976,101	4,277,744	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		9,888,186	6,781,597	0	9,888,186	6,781,597	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,891,732	1,891,732	0	1,891,732	1,891,732	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-3,090,812	-153,696	0	-3,090,812	-153,696	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-1,199,080	1,738,036	0	-1,199,080	1,738,036	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		8,689,106	8,519,633	0	8,689,106	8,519,633	185.00

* From Page 5.4

** Combine Columns 1 and 3

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	7,976,101	2022	0.00	7,976,101	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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BALANCE SHEET - RESTRICTED FUNDS

6

	ASSETS	Account Number	Current Period	Prior Period	
			1.00	2.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Cash (Including CD's)	1710	0	0	5.00
10.00	Investments, at cost: Marketable securities (\$)*	1720	0	0	10.00
15.00	Investments, at cost: Other (\$)*	1720	0	0	15.00
20.00	Pledges and receivables	1730	0	0	20.00
25.00	Due from other funds	1740	0	0	25.00
30.00	Other assets	1750	0	0	30.00
50.00	TOTAL ASSETS (Sum of lines 5 through 30)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Cash (Including CD's)	1810	0	0	105.00
110.00	Marketable securities at cost (\$)*	1820	0	0	110.00
115.00	PLEDGES AND RECEIVABLES	1830	0	0	115.00
120.00	Due from other funds	1840	0	0	120.00
125.00	Other assets	1850	0	0	125.00
150.00	TOTAL ASSETS (Sum of lines 105 through 125)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Cash (Including CD's)	1910	0	0	205.00
210.00	Investments, at cost: Marketable securities (\$)*	1920	0	0	210.00
215.00	Investments, at cost: Other (\$)*	1920	0	0	215.00
220.00	Pledges and receivables	1930	0	0	220.00
225.00	Due from other funds	1940	0	0	225.00
230.00	Other assets	1950	0	0	230.00
250.00	TOTAL ASSETS (Sum of lines 205 through 230)		0	0	250.00
* Include Market Value at Current Year Balance Sheet Date in Parentheses.					

	LIABILITIES AND FUND BALANCES	Account Number	Current Period	Prior Period	
			3.00	4.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Due to other funds	2710-2730	0	0	5.00
45.00	Fund balance (Column 3 must agree with Page 7, column 2, line 32)	2770	0	0	45.00
50.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 5 and 45)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Due to other funds	2810-2830	0	0	105.00
145.00	Fund balance (Column 3 must agree with Page 7, column 3, line 32)	2870	0	0	145.00
150.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 105 and 145)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Mortgages	2910	0	0	205.00
210.00	OTHER LIABILITIES (SPECIFY)	2920	0	0	210.00
215.00	Due to other funds	2930-2950	0	0	215.00
245.00	Fund Balance (Column 3 must agree with Page 7, column 4, line 32)	2970	0	0	245.00
250.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 205 through 245)		0	0	250.00

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STATEMENT OF CHANGES IN EQUITY


7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	1,738,036	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	1,738,036	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-3,715,853					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJE'S P&L IMPACT	778,737	0	0	0	0	21.00
22.00	OTHER (DESCRIBE)	0	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-2,937,116	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0	0	25.00
26.00	Principal payments on long-term debt	0	0	0	0	0	26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-1,199,080	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	22,795,936	20,482,048	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	3,872,151	4,055,740	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	9,077,011	7,541,423	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	17,591,076	16,996,365	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	2,504	813,911	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	17,593,580	17,810,276	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	8,854,811	7,077,351	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	8,854,811	7,077,351	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	709,386	786,852	75.00
76.00	Respiratory Therapy	8220	50,255	47,408	76.00
77.00	Occupational Therapy	8250	491,039	491,139	77.00
78.00	Speech Therapy	8280	91,937	90,258	78.00
80.00	Pharmacy	8300	341,016	409,734	80.00
85.00	Laboratory	8400	62,921	102,887	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	99,122	107,716	95.00
100.00	Total Ancillary Services	Lines 70 through 95	1,845,676	2,035,994	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	608,206	560,506	105.00
110.00	Housekeeping	6300	410,036	391,420	110.00
115.00	Laundry and Linen	6400	133,827	123,167	115.00
120.00	Dietary	6500	1,150,948	1,064,034	120.00
125.00	Social Services	6600	196,374	224,153	125.00
130.00	Activities	6700	129,489	127,639	130.00
135.00	Inservice Education - Nursing	6800	0	4,729	135.00
140.00	Administration	6900	4,539,630	3,967,010	140.00
145.00	Total Support Services	Lines 105 through 140	7,168,510	6,462,658	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	420,894	456,954	155.00
160.00	Leases and Rentals	7200	44,393	30,882	160.00
165.00	Property Taxes	7300	177,679	181,813	165.00
170.00	Property Insurance	7400	8,935	8,567	170.00
175.00	Interest - Property, Plant and Equipment	7500	2,491,882	2,388,463	175.00
180.00	Total Property Expenses	Lines 155 through 175	3,143,783	3,066,679	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	296,653	390,800	190.00
195.00	Total Other Expenses	Lines 185 + 190	296,653	390,800	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	21,309,433	19,033,482	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-3,715,853	-1,223,206	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	28	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-3,715,853	-1,223,178	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

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	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-3,715,853	-1,223,178	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-3,715,853	-1,223,178	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-3,715,853	-1,223,178	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	217,906	456,954	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	114,862	-461,288	20.00
25.00	Change in receivables from third-party payors	0	202,184	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-9,815	-9,387	40.00
45.00	Change in accounts payable	-1,292,349	-164,498	45.00
50.00	Change in accrued compensation and related liabilities	145,963	41,130	50.00
55.00	Change in other accrued liabilities	554,618	227,077	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	ASSETS	193,670	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	-75,145	292,172	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-3,790,998	-931,006	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-704,398	-1,008,383	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	OTHER (DESCRIBE)	0	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-704,398	-1,008,383	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	3,698,357	2,144,776	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS, P-TX CASH CASE AJE 1&2	16,057	-9,471	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	217,906	231,862	180.00
185.00	OFFSET CARES ACT REVENUE	0	-813,314	185.00
190.00	WC & GRP INS AJE 6	544,774	384,901	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	4,477,094	1,938,754	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-18,302	-635	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	-2,928	-2,293	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-21,230	-2,928	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	68,648	25,297	514,261	608,206	0	0	0	5.00
10.00	Housekeeping	6300	286,152	105,609	18,275	410,036	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			275,441	275,441	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			145,453	145,453	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			44,393	44,393	0	0	0	35.00
40.00	Property Taxes	7300			177,679	177,679	0	0	0	40.00
45.00	Property Insurance	7400			8,935	8,935	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			2,491,882	2,491,882	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	89,586	33,201	11,040	133,827	0	0	0	60.00
65.00	Dietary	6500	498,388	184,636	467,924	1,150,948	0	0	0	65.00
70.00	Provision for Bad Debts	7700			296,653	296,653	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	471,421	172,675	65,290	709,386		709,386		80.00
81.00	Respiratory Therapy	8220	0	0	50,255	50,255		50,255		81.00
82.00	Occupational Therapy	8250	357,569	133,178	292	491,039		491,039		82.00
83.00	Speech Therapy	8280	60,180	21,774	9,983	91,937		91,937		83.00
85.00	Pharmacy	8300	0	0	341,016	341,016		341,016		85.00
90.00	Laboratory	8400	0	0	62,921	62,921		62,921		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	0	0	99,122	99,122		99,122		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,838,990	1,790,313	2,225,508	8,854,811		8,854,811		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					16,443,940	0			150.00
155.00	Social Services	6600	143,464	52,910	0	196,374	0	0	0	155.00
160.00	Activities	6700	93,137	33,954	2,398	129,489	0	0	0	160.00
165.00	Administration	6900	651,879	240,815	3,646,936	4,539,630	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	0	0	0	0	0	0	0	170.00
175.00	Total (See Instructions)		7,559,414	2,794,362	10,955,657	21,309,433	0	10,700,487	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				369,882					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			104,175	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			32,440	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	608,206	569	607,637	-11,524	596,682	5.00
10.00	Housekeeping	6300	0.000000	0	410,036	0	410,036	0	410,036	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	275,441	0	275,441	0	275,441	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	145,453	0	145,453	0	145,453	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	44,393	0	44,393	0	44,393	35.00
40.00	Property Taxes	7300	0.000000	0	177,679	0	177,679	0	177,679	40.00
45.00	Property Insurance	7400	0.000000	0	8,935	0	8,935	0	8,935	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	2,491,882	0	2,491,882	-2,482,418	9,464	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	133,827	0	133,827	0	133,827	60.00
65.00	Dietary	6500	0.000000	0	1,150,948	0	1,150,948	0	1,150,948	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	296,653	0	296,653	-296,653	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			709,386	0	709,386	0	709,386	80.00
81.00	Respiratory Therapy	8220			50,255	0	50,255	0	50,255	81.00
82.00	Occupational Therapy	8250			491,039	0	491,039	0	491,039	82.00
83.00	Speech Therapy	8280			91,937	0	91,937	0	91,937	83.00
85.00	Pharmacy	8300			341,016	0	341,016	0	341,016	85.00
90.00	Laboratory	8400			62,921	0	62,921	0	62,921	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			99,122	0	99,122	-1,580	97,542	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			8,854,811	1,869	8,852,942	0	8,854,811	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							2,450	2,450	140.00
145.00	Other Nonreimbursable***							28,324	28,324	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	196,374	0	196,374	0	196,374	155.00
160.00	Activities	6700	0.000000	0	129,489	0	129,489	0	129,489	160.00
165.00	Administration	6900	0.000000	0	4,539,630	66	4,539,564	2,261,569	6,801,199	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	0	0	0	0	0	170.00
175.00	Total (See Instructions)			0	21,309,433	2,504	21,306,929	-499,832	20,809,601	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	569	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	66	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME	5990	1,869	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		2,504		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-10,955	-10,955	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-296,653	-296,653	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-66	-66	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions			0	0		120.00
125.00	Owner Compensation Adjustment	5	B	-569	-569	OFFSET VENDING INCOME	125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER MISC. INCOME	165	B	-1,869	-1,869	OFFSET MISC INCOME	140.00
141.00	OTHER ANCILLARY	100	A	-2,450	-2,450	RECLASS BEAUTY & BARBER	141.00
142.00	BEAUTY AND BARBER	140	A	2,450	2,450	RECLASS BEAUTY & BARBER	142.00
143.00	ADMINISTRATION	165	A	2,563,953	2,563,953	ADJ LIABILITY INS TO ALLOWABL	143.00
144.00	ADMINISTRATION	165	A	-81,440	-81,440	REMOVE LEGAL COST	144.00
145.00	ADMINISTRATION	165	A	-163,399	-163,399	REMOVE MARKETING COSTS	145.00
146.00	ADMINISTRATION	165	A	-20,671	-20,671	RECLASS WAGES ADMISSIONS/MRKT	146.00
147.00	NON-REIMBURABLE	145	A	20,671	20,671	RECLASS WAGES ADMISSIONS/MRKT	147.00
148.00	ADMINISTRATION	165	A	-7,653	-7,653	RECLASS PROH ADMISSIONS/MRKT	148.00
149.00	NON-REIMBURABLE	145	A	7,653	7,653	RECLASS PROH ADMISSIONS/MRKT	149.00
150.00	ADMINISTRATION	165	A	-7,901	-7,901	REMOVE NON-ALLOW ADVERTISING	150.00
151.00	ADMINISTRATION	165	A	-2,112	-2,112	REMOVE NON-ALLOWABLE DUES	151.00
152.00	ADMINISTRATION	165	A	-3,340	-3,340	REMOVE CUSTOMER REIMBURSEMENT	152.00
153.00	OTHER ANCILLARY	165	A	-15,987	-15,987	REMOVE PENALTIES	153.00
154.00	ADMINISTRATION	165	A	-2,317	-2,317	REMOVE NON-ALLOW ADVERTISING	154.00
155.00	INTPROPLTEQUIP	50	A	-2,491,882	-2,491,882	REMOVE NON-ALLOW EXPENSE	155.00
156.00	OTHER (SPECIFY)			0	0		156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	4,371	4,371	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE POOLED INTEREST,	50	A	9,464	9,464	ADJ PER HOME OFFICE COST RPT.	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	870	870	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-499,832	-499,832		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

RELATED PARTY INFORMATION

10.4(1)

	If the facility had transactions with related parties during the report period, complete the following information:					
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code	
	1.00	2.00	3.00	4.00	5.00	
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00

* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received			Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	620,138	620,138	0	0	620,138	30.00
31.00	HEARTLAND EMPLOYMENT SVC. LLC	0	PERSONNEL	Yes	0	165	7,559,414	7,559,414	0	0	7,559,414	31.00
32.00	HCR MANOR CARE SVCS, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-7,976,101	-7,976,101	0	0	-7,976,101	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						203,451	203,451	0	0	203,451	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	TERRI BALLESTEROS	146,737	43,646	32,928		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of C's. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	68,648	25,297	0	502,737	596,682	5.00
10.00	Housekeeping	6300	286,152	105,609	0	18,275	410,036	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				275,441	275,441	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				145,453	145,453	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				44,393	44,393	35.00
40.00	Property Taxes	7300				177,679	177,679	40.00
45.00	Property Insurance	7400				8,935	8,935	45.00
50.00	Interest - Property, Plant & Equip.	7500				9,464	9,464	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	89,586	33,201	0	11,040	133,827	60.00
65.00	Dietary	6500	498,388	184,636	3,681	464,243	1,150,948	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	471,421	172,675	43,342	21,948	709,386	80.00
81.00	Respiratory Therapy	8220	0	0	3,172	47,083	50,255	81.00
82.00	Occupational Therapy	8250	357,569	133,178	0	292	491,039	82.00
83.00	Speech Therapy	8280	60,180	21,774	9,983	0	91,937	83.00
85.00	Pharmacy	8300	0	0	0	341,016	341,016	85.00
90.00	Laboratory	8400	0	0	0	62,921	62,921	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	0	0	0	97,542	97,542	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,838,990	1,790,313	1,817,139	408,369	8,854,811	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	2,450	0	2,450	140.00
145.00	Other Nonreimbursable		20,671	7,653	0	0	28,324	145.00
155.00	Social Services	6600	143,464	52,910	0	0	196,374	155.00
160.00	Activities	6700	93,137	33,954	0	2,398	129,489	160.00
165.00	Administration	6900	579,123	213,870	36,853	1,183,332	2,013,178	165.00
166.00	Medical Records - Salaries and Wages ***	6900	52,085	19,292	0	562	71,939	166.00
167.00	DPH Licensing Fees ***	6900				149,364	149,364	167.00
168.00	Liability Insurance ***	6900				3,944,156	3,944,156	168.00
169.00	Quality Assurance Fees ***	6900				622,562	622,562	169.00
170.00	Inservice Education - Nursing	6800	0	0	0	0	0	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		7,559,414	2,794,362	1,916,620	8,539,205	20,809,601	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	162	2.00	
10.00	Total Licensed Beds End of Period:		162		
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0		

CAPITAL THRESHOLD 81,000

(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

Enter Data for each Bed Addition Project Completed During the Report Period

	Project 1 1.00	Project 2 2.00	Project 3 3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00				0	0	0	0
57.00				0	0	0	0
58.00				0	0	0	0
59.00				0	0	0	0
60.00				0	0	0	0
61.00				0	0	0	0
62.00				0	0	0	0
63.00				0	0	0	0
64.00				0	0	0	0
65.00				0	0	0	0
66.00				0	0	0	0
67.00				0	0	0	0
68.00				0	0	0	0
69.00				0	0	0	0
70.00				0	0	0	0
71.00				0	0	0	0
72.00				0	0	0	0
73.00				0	0	0	0
74.00				0	0	0	0
75.00				0	0	0	0
76.00 Total Project 1 Costs					0		

90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00				0	0	0	0
97.00				0	0	0	0
98.00				0	0	0	0
99.00				0	0	0	0
100.00				0	0	0	0
101.00				0	0	0	0
102.00				0	0	0	0
103.00				0	0	0	0
104.00				0	0	0	0
105.00				0	0	0	0

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	1,124	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	353	353	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,136	1,136	1,136	0	0	0	0	0	0	0	60.00
65.00	Dietary	5,192	5,192	5,192	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	657	657	657	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	2,276	2,276	2,276	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	180	180	180	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	81	81	81	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	28,057	28,057	28,057	329,505	122,403	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	153	153	153	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	129	129	129	0	0	0	0	0	0	0	155.00
160.00	Activities	561	561	561	0	0	0	0	0	0	0	160.00
165.00	Administration	2,613	2,613	2,613	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	42,512	41,388	41,035	329,505	122,403	0	0	0	0	0	175.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)


			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	10,079,920		1,668,083		133,827		1,150,948	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	709,386	2,276	120,894	0	0			15.00
16.00	Respiratory Therapy	50,255	0	0	0	0			16.00
17.00	Occupational Therapy	491,039	180	9,561	0	0			17.00
18.00	Speech Therapy	91,937	81	4,302	0	0			18.00
20.00	Pharmacy	341,016	0	0	0	0			20.00
25.00	Laboratory	62,921	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	97,542	153	8,127	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	8,854,811	28,714	1,525,199	329,505	133,827	122,403	1,150,948	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	2,450	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	28,324	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		31,404		329,505		122,403		85.00
90.00	UNIT COST MULTIPLIER**		53.116896		0.406146		9.402939		90.00
95.00	TOTAL COSTS (See instructions)	10,729,681		1,668,083		133,827		1,150,948	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		325,863		6,801,199		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			830,280	403,108	1,233,388	15.00
16.00	Respiratory Therapy			50,255	24,399	74,654	16.00
17.00	Occupational Therapy			500,600	243,046	743,646	17.00
18.00	Speech Therapy			96,239	46,725	142,964	18.00
20.00	Pharmacy			341,016	165,566	506,582	20.00
25.00	Laboratory			62,921	30,549	93,470	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			105,669	51,303	156,972	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	8,854,811	325,863	11,990,648	5,821,562	17,812,210	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)								
		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			2,450	1,189	3,639		75.00
80.00	Other Nonreimbursable			28,324	13,752	42,076		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	8,854,811		14,008,402				85.00
90.00	UNIT COST MULTIPLIER**	0.036801		0.485509				90.00
95.00	TOTAL COSTS (See instructions)		325,863		6,801,199	20,809,601		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	17,812,210	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	41,085	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	433.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	7,643	438,389	57.36	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	26,768	1,397,912	52.22	25.00
30.00	Licensed Vocational Nurses	25,963	1,049,621	40.43	30.00
35.00	Nurse Assistants (Aides and Orderlies)	69,089	1,762,569	25.51	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	3,935	190,499	48.41	60.00
65.00	Subtotal (Sum of lines 5 through 60)	133,398	4,838,990	36.27	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	18,591	889,170	47.83	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	18,591	889,170	47.83	230.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
End: 05/31/2022

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	1,995	68,648	34.41	250.00
255.00	Housekeeping	14,872	286,152	19.24	255.00
260.00	Laundry and Linen	6,157	89,586	14.55	260.00
265.00	Dietary	21,549	498,388	23.13	265.00
270.00	Social Services	5,248	143,464	27.34	270.00
275.00	Activities	3,620	93,137	25.73	275.00
280.00	Inservice Education - Nursing	0	0	0.00	280.00
285.00	Administration	17,537	651,879	37.17	285.00
290.00	Subtotal (Sum of lines 250 through 285)	70,978	1,831,254	25.80	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	222,967	7,559,414	33.90	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.

Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES - CITRUS HEIGHTS

Report Period
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LABOR REPORT

12.2

SUPPLEMENTAL LABOR INFORMATION		Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,962	65,016	33.14	315.00
TEMPORARY STAFFING AGENCY SERVICES		Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING		Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00


LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	152	113	49
610.00	Number of employees at end of period	137	101	45
615.00	Average number of employees (See instructions)	146	109	49
620.00	Total number of people employed during the period **	201	153	63
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	37.67	40.37	28.57
630.00	Number of employees with continuous service for entire reporting period	104	75	35

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.
Do not include supervisors who provide no direct nursing care.
Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).
This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.
Therefore, in most cases, line 620 should be greater than this calculation.

Exhibit 4 to Section 999.5(d)(5)(C)

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2020	Run Date Time: 1/4/2021 2:28 pm MCRIF32: LTCIR Version: 44.5.169.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF FOUNTAIN VALLEY CA, LLC		2. State License Number: 060000249		3. Medi-Cal Provider Number: LTC55328F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)				5. Facility Business Phone: 714-241-9800	
6. Facility Street Address: 11680 WARNER AVENUE		7. City: FOUNTAIN VALLEY		8. Zip Code: 927080000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: LOUIS RIOS					
13. Report Contact Person: KIMBERLY COUSINO			14. Phone Number: 419-252-5796		
15. Mailing Address - Street or P.O. Box: PO BOX 10086			16. City: TOLEDO		17. State: OH
19. Previous Name of Facility if Changed Since Previous Report:				18. Zip Code: 436990086	
21. Previous State License Number:		22. Date of Change:		20. Date of Change:	
23. Previous Medi-Cal Provider No.:		24. Date of Change:			
25. Reporting Period Begin: 06/01/2019		26. Reporting Period End: 05/31/2020			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES-FOUNTAIN VALLEY
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 11680 WARNER AVENUE

FOUNTAIN VALLEY, CA 927080000


NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2020	Run Date Time: 1/4/2021 2:28 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	02/09/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	12/08/1993	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

Report Period
End: 05/31/2020

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	3	9.00
10.00	PROSTHETIC DEVICES	2	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	3	12.00
13.00	DENTAL CARE	3	13.00
14.00	PODIATRIC CARE	3	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2020	Run Date Time: 1/4/2021 2:28 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. % HCR MC

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS) SNF	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCNS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	42.00
43.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	43.00
44.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

Report Period
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN D. ALLEN	DIRECTOR	130.00
131.00	KATHRYN S. HOOPS	VICE PRESIDENT	131.00
132.00	ELIZABETH M. KACZOR	VICE PRESIDENT	132.00
133.00	RAMI UBAYDI	PRESIDENT	133.00
134.00	THOMAS R. KILE	TREASURER	134.00
135.00	PATRICIA A. MCCORMICK	SECRETARY	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

Report Period
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	8,782	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	277,994	371.00
372.00 Interest Added / Earned	13	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	278,007	373.00
374.00 Total Trust Account Expenditures	263,979	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	22,810	375.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

Report Period
End: 05/31/2020

Run Date Time: 1/4/2021 2:28 pm
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	8,708	28,034	1,412	8,502	2,612	49,268	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		8,708	28,034	1,412	8,502	2,612	49,268	70.00

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	3,751,275		9,127,027		154,031		8,172,757			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		3,751,275		9,127,027		154,031		8,172,757			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	900,550	0	5,250	0	5,500	0	1,784,181	0		115.00
120.00	Respiratory Therapy	4220	15,014	0	76,033	0	148	0	28,018	0		120.00
125.00	Occupational Therapy	4250	996,400	0	2,750	0	3,900	0	1,735,384	0		125.00
130.00	Speech Therapy	4280	26,400	0	0	0	100	0	68,450	0		130.00
135.00	Pharmacy	4300	658,817	0	34,263	0	0	0	1,531,242	0		135.00
140.00	Laboratory	4400	46,769	0	10,554	0	50	0	175,648	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	37,135	0	6,889	0	1,595	0	129,986	0		155.00
170.00	Subtotal (Lines 105 through 155)		2,681,085	0	135,739	0	11,293	0	5,452,909	0		170.00
175.00	Total (Lines 70 and 170)		6,432,360	0	9,262,766	0	165,324	0	13,625,666	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	964,408		22,169,498								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	964,408		22,169,498								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	1,250	0	2,696,731	0							115.00
120.00	Respiratory Therapy	14,593	0	133,806	0							120.00
125.00	Occupational Therapy	1,100	0	2,739,534	0							125.00
130.00	Speech Therapy	0	0	94,950	0							130.00
135.00	Pharmacy	4,300	0	2,228,622	0							135.00
140.00	Laboratory	163	0	233,184	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	799,529	0	975,134	0							155.00
170.00	Subtotal (Lines 105 through 155)	820,935	0	9,101,961	0							170.00
175.00	Total (Lines 70 and 170)	1,785,343	0	31,271,459	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	1,690									
210.00	Administrative Adjustments	5200	326									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	1,899,013		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	3,653,507		220.00
222.00	Contractual Adjustments - Managed Care	5330	6,909,009		222.00
225.00	Contractual Adjustments - Other	5340	312,879		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		12,776,424		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION			Number	
			1.00	
Licensed Beds:				
5.00	End of Period		151	5.00
10.00	Average (Monthly average)		151	10.00
Available Beds:				
20.00	End of Period		151	20.00
25.00	Average (Monthly average)		151	25.00
40.00	Admissions (Excluding transfers)		1,277	40.00
45.00	Discharges (Excluding transfers)		1,319	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)		89.15	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS			Total	Medi-Cal
			1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)		0	0
115.00	Other Sub-Acute Care		0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)		0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)		0	0
145.00	Other Sub-Acute Care - Pediatric		0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)		0	0
165.00	Transitional Inpatient Care - Medical		0	0
170.00	Transitional Inpatient Care - Rehabilitation		0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)		0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY			Amount	
			1.00	
FOR MEDI-CAL PROVIDERS, ONLY				
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)		0	200.00
205.00	Less: Patient Liability		0	205.00
210.00	Less: Third Party and Other Liability		0	210.00
215.00	Less: Noncovered Charges		0	215.00
240.00	Less: Other		0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)		0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-63,649	15,368	0	-63,649	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	1,678,879	2,352,870	0	1,678,879	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-256,775	-249,887	0	-256,775	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	154,552	748	0	154,552	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	104,767	88,555	0	104,767	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,617,774	2,207,654	0	1,617,774	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,628,726	1,628,726	0	1,628,726	0	95.00
100.00	Land improvements	1210	552,626	552,626	0	552,626	0	100.00
105.00	Buildings and improvements	1220	11,217,862	11,152,170	0	11,217,862	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-10,534,642	-10,203,144	0	-10,534,642	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,319,922	3,211,544	0	3,319,922	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,016,253	-2,896,122	0	-3,016,253	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		3,168,241	3,445,800	0	3,168,241	0	135.00
140.00	Construction-in-progress	1250	0	0	0	0	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	41,600	41,600	0	41,600	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		41,600	41,600	0	41,600	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		4,827,615	5,695,054	0	4,827,615	0	200.00
* From Page 5.4 ** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		0	0				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	739,250	306,138	0	739,250	0	10.00
15.00	Accrued compensation and related liabilities	2020	909,257	999,358	0	909,257	0	15.00
20.00	Other accrued liabilities	2030	170,410	207,602	0	170,410	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,818,917	1,513,098	0	1,818,917	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	6,642,074	5,582,898	0	6,642,074	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		6,642,074	5,582,898	0	6,642,074	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		6,642,074	5,582,898	0	6,642,074	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		8,460,991	7,095,996	0	8,460,991	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	600,994	600,994	0	600,994	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-4,234,370	-2,001,936	0	-4,234,370	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-3,633,376	-1,400,942	0	-3,633,376	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		4,827,615	5,695,054	0	4,827,615	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2,019	6,642,074	2,020	0.00	6,642,074	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY


7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-1,400,942	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-1,400,942	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-2,549,706					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT	317,264	0	0	0		21.00
22.00	ROUNDING	8	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-2,232,434	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-3,633,376	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2020	Run Date Time: 1/4/2021 2:28 pm MCRIF32: LTCIR Version: 44.5.169.0	
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period 1.00	Prior Period 2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	22,169,498	23,437,833	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	9,101,961	10,072,246	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	12,776,424	14,926,023	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	18,495,035	18,584,056	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	7,167	7,732	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	18,502,202	18,591,788	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	7,417,601	7,297,845	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	7,417,601	7,297,845	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	2,071	72.00
75.00	Physical Therapy	8200	1,145,848	1,312,137	75.00
76.00	Respiratory Therapy	8220	40,670	16,399	76.00
77.00	Occupational Therapy	8250	1,188,726	1,414,549	77.00
78.00	Speech Therapy	8280	99,591	160,226	78.00
80.00	Pharmacy	8300	1,013,030	1,225,872	80.00
85.00	Laboratory	8400	269,249	281,021	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	84,755	146,921	95.00
100.00	Total Ancillary Services	Lines 70 through 95	3,841,869	4,559,196	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	490,091	487,322	105.00
110.00	Housekeeping	6300	332,738	317,094	110.00
115.00	Laundry and Linen	6400	124,962	114,165	115.00
120.00	Dietary	6500	1,070,231	1,044,469	120.00
125.00	Social Services	6600	197,146	315,103	125.00
130.00	Activities	6700	147,215	169,839	130.00
135.00	Inservice Education - Nursing	6800	112,422	44,946	135.00
140.00	Administration	6900	5,108,747	4,669,432	140.00
145.00	Total Support Services	Lines 105 through 140	7,583,552	7,162,370	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	451,629	447,213	155.00
160.00	Leases and Rentals	7200	57,774	56,616	160.00
165.00	Property Taxes	7300	176,772	128,726	165.00
170.00	Property Insurance	7400	5,214	5,168	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,224,064	1,038,773	175.00
180.00	Total Property Expenses	Lines 155 through 175	1,915,453	1,676,496	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	293,433	43,410	190.00
195.00	Total Other Expenses	Lines 185 + 190	293,433	43,410	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	21,051,908	20,739,317	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-2,549,706	-2,147,529	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	925	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-2,549,706	-2,146,604	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-2,549,706	-2,146,604	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-2,549,706	-2,146,604	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses.

X

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-2,549,706	-2,146,604	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	451,629	447,213	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	680,879	-204,519	20.00
25.00	Change in receivables from third-party payors	-153,804	-748	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-16,212	-5,262	40.00
45.00	Change in accounts payable	433,112	-14,068	45.00
50.00	Change in accrued compensation and related liabilities	-90,101	91,714	50.00
55.00	Change in other accrued liabilities	-37,192	-31,455	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	1,268,311	282,875	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-1,281,395	-1,863,729	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-174,070	-184,830	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	9	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-174,061	-184,830	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	1,059,176	0	145.00
150.00	Principal payments on long-term debt	0	-1,409,591	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	-3,842	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS	-12,244	0	175.00
180.00	DEPR ADJ TO HISTORICAL	324,935	0	180.00
185.00	OTHER (DESCRIBE)	0	0	185.00
190.00	OTHER (DESCRIBE)	0	0	190.00
195.00	WC & GROUP INSURANCE	4,572	3,477,360	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	1,376,439	2,063,927	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-79,017	15,368	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	15,368	0	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-63,649	15,368	215.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	84,251	22,310	383,530	490,091	0	0	0	5.00
10.00	Housekeeping	6300	225,749	70,999	35,990	332,738	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			331,498	331,498	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			120,131	120,131	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			57,774	57,774	0	0	0	35.00
40.00	Property Taxes	7300			176,772	176,772	0	0	0	40.00
45.00	Property Insurance	7400			5,214	5,214	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,224,064	1,224,064	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	71,146	22,370	31,446	124,962	0	0	0	60.00
65.00	Dietary	6500	440,046	138,264	491,921	1,070,231	0	0	0	65.00
70.00	Provision for Bad Debts	7700			293,433	293,433	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	867,635	256,851	21,362	1,145,848		0		80.00
81.00	Respiratory Therapy	8220	0	0	40,670	40,670		0		81.00
82.00	Occupational Therapy	8250	908,566	279,488	672	1,188,726		0		82.00
83.00	Speech Therapy	8280	75,071	24,520	0	99,591		0		83.00
85.00	Pharmacy	8300	0	0	1,013,030	1,013,030		0		85.00
90.00	Laboratory	8400	0	0	269,249	269,249		0		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	17,996	6,436	60,323	84,755		0		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	5,348,843	1,639,892	428,866	7,417,601		0		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					15,486,378	0			150.00
155.00	Social Services	6600	151,239	45,592	315	197,146	0	0	0	155.00
160.00	Activities	6700	105,453	32,721	9,041	147,215	0	0	0	160.00
165.00	Administration	6900	1,123,653	263,712	3,721,382	5,108,747	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	82,896	29,526	0	112,422	0	0	0	170.00
175.00	Total (See Instructions)		9,502,544	2,832,681	8,716,683	21,051,908	0	0	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				344,219					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			260,889	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			7,303	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	490,091	1,237	488,854	-10,054	480,037	5.00
10.00	Housekeeping	6300	0.000000	0	332,738	0	332,738	963	333,701	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	331,498	0	331,498	0	331,498	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	120,131	0	120,131	0	120,131	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	57,774	0	57,774	0	57,774	35.00
40.00	Property Taxes	7300	0.000000	0	176,772	0	176,772	0	176,772	40.00
45.00	Property Insurance	7400	0.000000	0	5,214	0	5,214	0	5,214	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,224,064	0	1,224,064	-1,218,328	5,736	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	124,962	0	124,962	118	125,080	60.00
65.00	Dietary	6500	0.000000	0	1,070,231	899	1,069,332	-289	1,069,942	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	293,433	0	293,433	-293,433	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			1,145,848	0	1,145,848	858	1,146,706	80.00
81.00	Respiratory Therapy	8220			40,670	0	40,670	0	40,670	81.00
82.00	Occupational Therapy	8250			1,188,726	0	1,188,726	925	1,189,651	82.00
83.00	Speech Therapy	8280			99,591	0	99,591	76	99,667	83.00
85.00	Pharmacy	8300			1,013,030	0	1,013,030	0	1,013,030	85.00
90.00	Laboratory	8400			269,249	0	269,249	0	269,249	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			84,755	0	84,755	-3,544	81,211	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			7,417,601	4,000	7,413,601	14,013	7,431,614	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							1,949	1,949	140.00
145.00	Other Nonreimbursable***							81,368	81,368	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	197,146	0	197,146	239	197,385	155.00
160.00	Activities	6700	0.000000	0	147,215	0	147,215	-45	147,170	160.00
165.00	Administration	6900	0.000000	0	5,108,747	1,031	5,107,716	4,757,537	9,866,284	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	112,422	0	112,422	0	112,422	170.00
175.00	Total (See Instructions)			0	21,051,908	7,167	21,044,741	3,332,353	24,384,261	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	1,237	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	45	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	899	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	986	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INC OTHER INC	5990	4,000	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		7,167		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals	65	B	-899	-899	OFFSET MEAL INCOME	15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)	60	B	0	0	OFFSET LAUNDRY INCOME	40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-8,957	-8,957	REMOVE CABLE IN RES. ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-293,433	-293,433	REMOVE BAD DEBT	75.00
80.00	Rental of Space	5	B	0	0	OFFSET RENTAL INCOME	80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service	165	B	0	0	OFFSET TELEPHONE INCOME	110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-986	-986	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-1,237	-1,237	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER MISC. INCOME	165	B	-4,000	-4,000	OFFSET MISC INCOME	140.00
141.00	OTHER ANCILLARY	100	A	-1,949	-1,949	RECLASS BEAUTY & BARBER	141.00
142.00	BEAUTY AND BARBER	140	A	1,949	1,949	RECLASS BEAUTY & BARBER	142.00
143.00	ADMINISTRATION	165	A	5,042,633	5,042,633	ADJ LIABILITY INS TO ALLOWABL	143.00
144.00	ADMINISTRATION	165	A	-5,818	-5,818	REMOVE LEGAL COST	144.00
145.00	ADMINISTRATION	165	A	-228,469	-228,469	REMOVE MARKETING COSTS	145.00
146.00	ADMINISTRATION	165	A	-62,520	-62,520	RECLASS WAGES ADMISSIONS/MRKT	146.00
147.00	NON-REIMBURABLE	145	A	62,520	62,520	RECLASS WAGES ADMISSIONS/MRKT	147.00
148.00	ADMINISTRATION	165	A	-18,848	-18,848	RECLASS PROH ADMISSIONS/MRKT	148.00
149.00	NON-REIMBURABLE	145	A	18,848	18,848	RECLASS PROH ADMISSIONS/MRKT	149.00
150.00	ADMINISTRATION	165	A	-9,982	-9,982	REMOVE NON-ALLOW ADVERTISING	150.00
151.00	ADMINISTRATION	165	A	-2,629	-2,629	REMOVE NON-ALLOWABLE DUES	151.00
152.00	ADMINISTRATION	165	A	-7,765	-7,765	REMOVE CUSTOMER REIMBURSEMENT	152.00
153.00	ADMINISTRATION	165	A	0	0	REMOVE PENALTIES	153.00
154.00	ACTIVITIES	160	B	-45	-45	OFFSET ACTIVITIES INCOME	154.00
155.00	ADMINISTRATION	165	B	0	0	OFFSET TRANSPORTATION INCOME	155.00
156.00	OTHER ANCILLARY	100	B	0	0	OFFSET ADULT DAY CARE INCOME	156.00
157.00	ADMINISTRATION	165	A	-1,693	-1,693	REMOVE NON-ALLOW ADVERTISING	157.00
158.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW EXPENSE	158.00
159.00	ADMINISTRATION	165	A	-2,077	-2,077	REMOVE NON-ALLOW EXPENSE	159.00
160.00	INTPROPLTEQUIP	50	A	-1,224,064	-1,224,064	REMOVE NON-ALLOW EXPENSE	160.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

161.00	SKILLED NURSING	105	A	14,013	14,013	ADD PPE EXPENSE DISTRIBUTED T	161.00
162.00	PLT' OP AND MAINT	5	A	140	140	ADD PPE EXPENSE DISTRIBUTED T	162.00
163.00	HOUSEKEEPING	10	A	963	963	ADD PPE EXPENSE DISTRIBUTED T	163.00
164.00	LAUNDRY AND LINEN	60	A	118	118	ADD PPE EXPENSE DISTRIBUTED T	164.00
165.00	DIETARY	65	A	610	610	ADD PPE EXPENSE DISTRIBUTED T	165.00
166.00	SOCIAL SERVICES	155	A	239	239	ADD PPE EXPENSE DISTRIBUTED T	166.00
167.00	ADMINISTRATION	165	A	504	504	ADD PPE EXPENSE DISTRIBUTED T	167.00
168.00	PHYSICAL THERAPY	80	A	858	858	ADD PPE EXPENSE DISTRIBUTED T	168.00
169.00	OCCUPATIONAL THERAPY	82	A	925	925	ADD PPE EXPENSE DISTRIBUTED T	169.00
170.00	SPEECH THERAPY	83	A	76	76	ADD PPE EXPENSE DISTRIBUTED T	170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	59,187	59,187	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE POOLED INTEREST,	50	A	5,736	5,736	ADJ PER HOME OFFICE COST RPT.	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-1,595	-1,595	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			3,332,353	3,332,353		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	2	0	165	701,355	701,355	0	0	701,355	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	2	0	165	9,502,544	9,502,544	0	0	9,502,544	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	2	0	165	-6,642,074	-6,642,074	0	0	-6,642,074	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						3,561,825	3,561,825	0	0	3,561,825	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	LOUIS RIOS	145,460	34,138	17,264		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	84,251	22,310	0	373,476	480,037	5.00
10.00	Housekeeping	6300	225,749	70,999	0	36,953	333,701	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				331,498	331,498	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				120,131	120,131	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				57,774	57,774	35.00
40.00	Property Taxes	7300				176,772	176,772	40.00
45.00	Property Insurance	7400				5,214	5,214	45.00
50.00	Interest - Property, Plant & Equip.	7500				5,736	5,736	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	71,146	22,370	0	31,564	125,080	60.00
65.00	Dietary	6500	440,046	138,264	51,491	440,141	1,069,942	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	867,635	256,851	1,448	20,772	1,146,706	80.00
81.00	Respiratory Therapy	8220	0	0	0	40,670	40,670	81.00
82.00	Occupational Therapy	8250	908,566	279,488	0	1,597	1,189,651	82.00
83.00	Speech Therapy	8280	75,071	24,520	0	76	99,667	83.00
85.00	Pharmacy	8300	0	0	0	1,013,030	1,013,030	85.00
90.00	Laboratory	8400	0	0	0	269,249	269,249	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	17,996	6,436	0	56,779	81,211	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	5,348,843	1,639,892	21,615	421,264	7,431,614	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	1,949	0	1,949	140.00
145.00	Other Nonreimbursable		62,520	18,848	0	0	81,368	145.00
155.00	Social Services	6600	151,239	45,592	0	554	197,385	155.00
160.00	Activities	6700	105,453	32,721	1,260	7,736	147,170	160.00
165.00	Administration	6900	1,022,248	232,379	96,056	822,923	2,173,606	165.00
166.00	Medical Records - Salaries and Wages ***	6900	38,885	12,485	0	116	51,486	166.00
167.00	DPH Licensing Fees ***	6900				117,615	117,615	167.00
168.00	Liability Insurance ***	6900				6,798,213	6,798,213	168.00
169.00	Quality Assurance Fees ***	6900				725,364	725,364	169.00
170.00	Inservice Education - Nursing	6800	82,896	29,526	0	0	112,422	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		9,502,544	2,832,681	173,819	11,875,217	24,384,261	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

	1.00	2.00
5.00 Total Licensed Beds Prior to Modification(s):	151	
10.00 Total Licensed Beds End of Period:	151	
15.00 Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD 75,500

(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

Enter Data for each Bed Addition Project
Completed During the Report Period

	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

	1.00
50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

	Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00					0	0	0	0
57.00					0	0	0	0
58.00					0	0	0	0
59.00					0	0	0	0
60.00					0	0	0	0
61.00					0	0	0	0
62.00					0	0	0	0
63.00					0	0	0	0
64.00					0	0	0	0
65.00					0	0	0	0
66.00					0	0	0	0
67.00					0	0	0	0
68.00					0	0	0	0
69.00					0	0	0	0
70.00					0	0	0	0
71.00					0	0	0	0
72.00					0	0	0	0
73.00					0	0	0	0
74.00					0	0	0	0
75.00					0	0	0	0
76.00	Total Project 1 Costs					0		

	1.00
90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

	Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00					0	0	0	0
97.00					0	0	0	0
98.00					0	0	0	0
99.00					0	0	0	0
100.00					0	0	0	0
101.00					0	0	0	0
102.00					0	0	0	0
103.00					0	0	0	0
104.00					0	0	0	0
105.00					0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	718	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	305	305	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	836	836	836	0	0	0	0	0	0	0	60.00
65.00	Dietary	2,836	2,836	2,836	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	611	611	611	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	667	667	667	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	494	494	494	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	50	50	50	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	22,049	22,049	22,049	450,000	146,736	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	168	138	138	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	487	487	487	0	0	0	0	0	0	0	160.00
165.00	Administration	1,382	1,382	1,382	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	30,603	29,855	29,550	450,000	146,736	0	0	0	0	0	175.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	13,029,146		1,510,863		125,080		1,069,942	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	1,146,706	667	41,921	0	0			15.00
16.00	Respiratory Therapy	40,670	0	0	0	0			16.00
17.00	Occupational Therapy	1,189,651	494	31,048	0	0			17.00
18.00	Speech Therapy	99,667	50	3,143	0	0			18.00
20.00	Pharmacy	1,013,030	0	0	0	0			20.00
25.00	Laboratory	269,249	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	81,211	168	10,559	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	7,431,614	22,660	1,424,192	450,000	125,080	146,736	1,069,942	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	1,949	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	81,368	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		24,039		450,000		146,736		85.00
90.00	UNIT COST MULTIPLIER**		62.850493		0.277956		7.291612		90.00
95.00	TOTAL COSTS (See instructions)	11,355,115		1,510,863		125,080		1,069,942	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		456,977		9,866,284		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			1,188,627	807,780	1,996,407	15.00
16.00	Respiratory Therapy			40,670	27,639	68,309	16.00
17.00	Occupational Therapy			1,220,699	829,576	2,050,275	17.00
18.00	Speech Therapy			102,810	69,869	172,679	18.00
20.00	Pharmacy			1,013,030	688,446	1,701,476	20.00
25.00	Laboratory			269,249	182,979	452,228	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			91,770	62,366	154,136	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	7,431,614	456,977	10,507,805	7,141,007	17,648,812	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			1,949	1,325	3,274		75.00
80.00	Other Nonreimbursable			81,368	55,297	136,665		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	7,431,614		14,517,977				85.00
90.00	UNIT COST MULTIPLIER**	0.061491		0.679591				90.00
95.00	TOTAL COSTS (See instructions)		456,977		9,866,284	24,384,261		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	17,648,812	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	49,268	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	358.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	8,041	433,506	53.91	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	27,236	1,285,779	47.21	25.00
30.00	Licensed Vocational Nurses	39,717	1,527,201	38.45	30.00
35.00	Nurse Assistants (Aides and Orderlies)	96,089	1,796,804	18.70	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	6,914	305,553	44.19	60.00
65.00	Subtotal (Sum of lines 5 through 60)	177,997	5,348,843	30.05	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	37,701	1,851,272	49.10	200.00
205.00	Registered Nurses	257	17,996	70.02	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	0	0	0.00	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	37,958	1,869,268	49.25	230.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2020	Run Date Time: 1/4/2021 2:28 pm MCRIF32: LTCIR Version: 44.5.169.0	
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,312	84,251	36.44	250.00
255.00	Housekeeping	15,402	225,749	14.66	255.00
260.00	Laundry and Linen	5,009	71,146	14.20	260.00
265.00	Dietary	22,028	440,046	19.98	265.00
270.00	Social Services	5,751	151,239	26.30	270.00
275.00	Activities	5,959	105,453	17.70	275.00
280.00	Inservice Education - Nursing	1,752	82,896	47.32	280.00
285.00	Administration	34,528	1,123,653	32.54	285.00
290.00	Subtotal (Sum of lines 250 through 285)	92,741	2,284,433	24.63	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	308,696	9,502,544	30.78	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,923	46,996	24.44	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	237	186	80
610.00	Number of employees at end of period	218	174	80
615.00	Average number of employees (See instructions)	226	179	81
620.00	Total number of people employed during the period **	388	300	155
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	71.68	67.60	91.36
630.00	Number of employees with continuous service for entire reporting period	133	108	41

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 1:34 pm MCRIF32: LTCIR Version: 45.2.172.2	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF FOUNTAIN VALLEY CA, LLC		2. State License Number: 060000249		3. Medi-Cal Provider Number: LTC55328F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)				5. Facility Business Phone: 714-241-9800	
6. Facility Street Address: 11680 WARNER AVENUE		7. City: FOUNTAIN VALLEY		8. Zip Code: 927080000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: LOUIS RIOS					
13. Report Contact Person: KIMBERLY COUSINO			14. Phone Number: 419-252-5796		
15. Mailing Address - Street or P.O. Box: PO BOX 10086			16. City: TOLEDO		17. State: OH
19. Previous Name of Facility if Changed Since Previous Report:				18. Zip Code: 436990086	
21. Previous State License Number:		22. Date of Change:		20. Date of Change:	
23. Previous Medi-Cal Provider No.:		24. Date of Change:			
25. Reporting Period Begin: 06/01/2020		26. Reporting Period End: 05/31/2021			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES-FOUNTAIN VALLEY
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 11680 WARNER AVENUE

FOUNTAIN VALLEY, CA 927080000


NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 1:34 pm MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	02/09/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	12/08/1993	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	3	9.00
10.00	PROSTHETIC DEVICES	2	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	3	12.00
13.00	DENTAL CARE	3	13.00
14.00	PODIATRIC CARE	3	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	1	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	4	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	1	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. % HCR MC

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	45.00
46.00	MCHS (CITRUS HEIGHTS) SNF	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	DIRECTOR	130.00
131.00	KATHRYN HOOPS	VICE PRESIDENT	131.00
132.00	THOMAS R. KILE	TREASURER	132.00
133.00	DAMIAN RODGERS	SECRETARY	133.00
134.00	ANDREA SYPE	VICE PRESIDENT	134.00
135.00	RAMI UBAYDI	PRESIDENT	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	22,810	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	288,509	371.00
372.00	Interest Added / Earned	9	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	288,518	373.00
374.00	Total Trust Account Expenditures	288,476	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	22,852	375.00

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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	3,773	18,049	1,228	9,947	2,648	35,645	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		3,773	18,049	1,228	9,947	2,648	35,645	70.00

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	2,395,499		7,182,111		216,951		6,104,681			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		2,395,499		7,182,111		216,951		6,104,681			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	562,600	0	2,725	0	0	0	1,400,684	0		115.00
120.00	Respiratory Therapy	4220	8,273	0	70,490	0	100	0	32,668	0		120.00
125.00	Occupational Therapy	4250	608,025	0	2,975	0	0	0	1,422,030	0		125.00
130.00	Speech Therapy	4280	33,525	0	0	0	0	0	116,452	0		130.00
135.00	Pharmacy	4300	288,787	0	25,247	0	0	0	920,263	0		135.00
140.00	Laboratory	4400	22,417	0	14,811	0	0	0	106,792	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	21,704	0	13,076	0	147	0	129,635	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,545,331	0	129,324	0	247	0	4,128,524	0		170.00
175.00	Total (Lines 70 and 170)		3,940,830	0	7,311,435	0	217,198	0	10,233,205	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,073,557		16,972,799								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,073,557		16,972,799								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	1,075	0	1,967,084	0							115.00
120.00	Respiratory Therapy	21,054	0	132,585	0							120.00
125.00	Occupational Therapy	1,550	0	2,034,580	0							125.00
130.00	Speech Therapy	125	0	150,102	0							130.00
135.00	Pharmacy	3,488	0	1,237,785	0							135.00
140.00	Laboratory	1,819	0	145,839	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	292,887	0	457,449	0							155.00
170.00	Subtotal (Lines 105 through 155)	321,998	0	6,125,424	0							170.00
175.00	Total (Lines 70 and 170)	1,395,555	0	23,098,223	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	9,494									
210.00	Administrative Adjustments	5200	0									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	1,146,373		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	2,120,351		220.00
222.00	Contractual Adjustments - Managed Care	5330	24		222.00
225.00	Contractual Adjustments - Other	5340	5,237,858		225.00
230.00	Other Deductions from Revenue	5400	304,132		230.00
240.00	Total (Lines 205 through 230)		8,818,232		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	151	5.00
10.00	Average (Monthly average)	151	10.00
Available Beds:			
20.00	End of Period	151	20.00
25.00	Average (Monthly average)	151	25.00
40.00	Admissions (Excluding transfers)	736	40.00
45.00	Discharges (Excluding transfers)	728	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	64.67	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	1,681	-63,649	0	1,681	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	1,807,359	1,678,879	0	1,807,359	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-164,023	-256,775	0	-164,023	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	154,552	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	113,529	104,767	0	113,529	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,758,546	1,617,774	0	1,758,546	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,628,726	1,628,726	0	1,628,726	0	95.00
100.00	Land improvements	1210	552,626	552,626	0	552,626	0	100.00
105.00	Buildings and improvements	1220	11,243,751	11,217,862	0	11,243,751	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-10,726,456	-10,534,642	0	-10,726,456	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,346,759	3,319,922	0	3,346,759	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,123,242	-3,016,253	0	-3,123,242	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		2,922,164	3,168,241	0	2,922,164	0	135.00
140.00	Construction-in-progress	1250	0	0	0	0	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	41,600	41,600	0	41,600	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		41,600	41,600	0	41,600	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		4,722,310	4,827,615	0	4,722,310	0	200.00
* From Page 5.4 ** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		0	0				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	527,862	739,250	0	527,862	0	10.00
15.00	Accrued compensation and related liabilities	2020	965,897	909,257	0	965,897	0	15.00
20.00	Other accrued liabilities	2030	223,029	170,410	0	223,029	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		1	1	0	1	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,716,789	1,818,918	0	1,716,789	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	10,687,170	6,642,074	0	10,687,170	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		10,687,170	6,642,074	0	10,687,170	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		-1	-1	0	-1	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		10,687,169	6,642,073	0	10,687,169	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		12,403,958	8,460,991	0	12,403,958	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	600,994	600,994	0	600,994	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-8,282,642	-4,234,370	0	-8,282,642	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-7,681,648	-3,633,376	0	-7,681,648	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		4,722,310	4,827,615	0	4,722,310	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	10,687,170	2021	0.00	10,687,170	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-3,633,376	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-3,633,376	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-3,540,944					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT	60,146	0	0	0	0	21.00
22.00	OFFSET CARES ACT REVENUE	-567,474	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-4,048,272	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0	0	25.00
26.00	Principal payments on long-term debt	0	0	0	0	0	26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-7,681,648	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

Facility D.B.A. Name:
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	16,972,799	22,169,498	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	6,125,424	9,101,961	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	8,818,232	12,776,424	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	14,279,991	18,495,035	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	568,080	7,167	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	14,848,071	18,502,202	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	6,263,316	7,417,601	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	6,263,316	7,417,601	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	838,078	1,145,848	75.00
76.00	Respiratory Therapy	8220	8,203	40,670	76.00
77.00	Occupational Therapy	8250	921,168	1,188,726	77.00
78.00	Speech Therapy	8280	109,481	99,591	78.00
80.00	Pharmacy	8300	573,089	1,013,030	80.00
85.00	Laboratory	8400	131,347	269,249	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	69,071	84,755	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,650,437	3,841,869	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	505,509	490,091	105.00
110.00	Housekeeping	6300	287,937	332,738	110.00
115.00	Laundry and Linen	6400	126,507	124,962	115.00
120.00	Dietary	6500	933,342	1,070,231	120.00
125.00	Social Services	6600	180,350	197,146	125.00
130.00	Activities	6700	100,218	147,215	130.00
135.00	Inservice Education - Nursing	6800	12,335	112,422	135.00
140.00	Administration	6900	5,595,862	5,108,747	140.00
145.00	Total Support Services	Lines 105 through 140	7,742,060	7,583,552	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	298,803	451,629	155.00
160.00	Leases and Rentals	7200	63,503	57,774	160.00
165.00	Property Taxes	7300	177,629	176,772	165.00
170.00	Property Insurance	7400	5,840	5,214	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,218,116	1,224,064	175.00
180.00	Total Property Expenses	Lines 155 through 175	1,763,891	1,915,453	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	-29,135	293,433	190.00
195.00	Total Other Expenses	Lines 185 + 190	-29,135	293,433	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	18,390,569	21,051,908	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-3,542,498	-2,549,706	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	1,554	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-3,540,944	-2,549,706	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-3,540,944	-2,549,706	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-3,540,944	-2,549,706	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

Facility D.B.A. Name:
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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-3,540,944	-2,549,706	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	298,803	451,629	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-221,232	680,879	20.00
25.00	Change in receivables from third-party payors	154,552	-153,804	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-8,762	-16,212	40.00
45.00	Change in accounts payable	-211,388	433,112	45.00
50.00	Change in accrued compensation and related liabilities	56,640	-90,101	50.00
55.00	Change in other accrued liabilities	52,619	-37,192	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	121,232	1,268,311	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-3,419,712	-1,281,395	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-52,726	-174,070	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	1	9	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-52,725	-174,061	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	4,045,096	1,059,176	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS, PTAX CASH BASE AJE 1 & 2	2,893	-12,244	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	151,075	324,935	180.00
185.00	OFFSET CARES ACT REVENUE	-567,475	0	185.00
190.00	AC & GRP INS AJE 6	-93,822	4,572	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	3,537,767	1,376,439	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	65,330	-79,017	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	-63,649	15,368	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	1,681	-63,649	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	77,904	22,387	405,218	505,509	0	0	0	5.00
10.00	Housekeeping	6300	187,975	64,116	35,846	287,937	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			191,814	191,814	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			106,989	106,989	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			63,503	63,503	0	0	0	35.00
40.00	Property Taxes	7300			177,629	177,629	0	0	0	40.00
45.00	Property Insurance	7400			5,840	5,840	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,218,116	1,218,116	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	80,598	26,292	19,617	126,507	0	0	0	60.00
65.00	Dietary	6500	408,325	129,625	395,392	933,342	0	0	0	65.00
70.00	Provision for Bad Debts	7700			-29,135	-29,135	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	619,380	195,563	23,135	838,078		838,078		80.00
81.00	Respiratory Therapy	8220	0	0	8,203	8,203		8,203		81.00
82.00	Occupational Therapy	8250	689,829	229,942	1,397	921,168		921,168		82.00
83.00	Speech Therapy	8280	82,557	26,846	78	109,481		109,481		83.00
85.00	Pharmacy	8300	0	0	573,089	573,089		573,089		85.00
90.00	Laboratory	8400	0	0	131,347	131,347		131,347		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	5,728	1,910	61,433	69,071		69,071		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,425,310	1,409,422	428,584	6,263,316		6,263,316		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					12,501,804	0			150.00
155.00	Social Services	6600	137,677	42,429	244	180,350	0	0	0	155.00
160.00	Activities	6700	72,149	22,660	5,409	100,218	0	0	0	160.00
165.00	Administration	6900	1,210,370	295,259	4,090,233	5,595,862	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	9,161	3,174	0	12,335	0	0	0	170.00
175.00	Total (See Instructions)		8,006,963	2,469,625	7,913,981	18,390,569	0	8,913,753	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				298,465					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			319,803	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			54,801	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	505,509	0	505,509	-10,039	495,470	5.00
10.00	Housekeeping	6300	0.000000	0	287,937	15,723	272,214	0	287,937	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	191,814	0	191,814	0	191,814	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	106,989	0	106,989	0	106,989	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	63,503	0	63,503	0	63,503	35.00
40.00	Property Taxes	7300	0.000000	0	177,629	0	177,629	0	177,629	40.00
45.00	Property Insurance	7400	0.000000	0	5,840	0	5,840	0	5,840	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,218,116	0	1,218,116	-1,214,499	3,617	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	126,507	1,860	124,647	0	126,507	60.00
65.00	Dietary	6500	0.000000	0	933,342	10,870	922,472	0	933,342	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	-29,135	0	-29,135	29,135	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			838,078	28,139	809,939	0	838,078	80.00
81.00	Respiratory Therapy	8220			8,203	0	8,203	0	8,203	81.00
82.00	Occupational Therapy	8250			921,168	14,559	906,609	0	921,168	82.00
83.00	Speech Therapy	8280			109,481	2,154	107,327	0	109,481	83.00
85.00	Pharmacy	8300			573,089	0	573,089	0	573,089	85.00
90.00	Laboratory	8400			131,347	0	131,347	0	131,347	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			69,071	0	69,071	-1,649	67,422	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			6,263,316	361,426	5,901,890	0	6,263,316	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							0	0	140.00
145.00	Other Nonreimbursable***							84,483	84,483	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	180,350	122,440	57,910	0	180,350	155.00
160.00	Activities	6700	0.000000	0	100,218	1,987	98,231	0	100,218	160.00
165.00	Administration	6900	0.000000	0	5,595,862	8,922	5,586,940	5,512,990	11,108,852	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	12,335	0	12,335	0	12,335	170.00
175.00	Total (See Instructions)			0	18,390,569	568,080	17,822,489	4,400,421	22,790,990	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

Report Period
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	0	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	605	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME	5990	15,723	10	85.00
90.00	COVID ACT REVENUE	5990	14,559	82	90.00
95.00	COVID ACT REVENUE	5990	537,193	Various	95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		568,080		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-9,677	-9,677	REMOVE CABLE IN RES. ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	29,135	29,135	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-1,121	-1,121	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-362	-362	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER MISC. INCOME	165	B	878	878	OFFSET MISC INCOME	140.00
141.00	ADMINISTRATION	165	A	5,732,770	5,732,770	ADJ LIABILITY INS TO ALLOWABL	141.00
142.00	ADMINISTRATION	165	A	-42,445	-42,445	REMOVE LEGAL COST	142.00
143.00	ADMINISTRATION	165	A	-274,983	-274,983	REMOVE MARKETING COSTS	143.00
144.00	ADMINISTRATION	165	A	-64,469	-64,469	RECLASS WAGES ADMISSIONS/MRKT	144.00
145.00	NON-REIMBURABLE	145	A	64,469	64,469	RECLASS WAGES ADMISSIONS/MRKT	145.00
146.00	ADMINISTRATION	165	A	-20,014	-20,014	RECLASS PROH ADMISSIONS/MRKT	146.00
147.00	NON-REIMBURABLE	145	A	20,014	20,014	RECLASS PROH ADMISSIONS/MRKT	147.00
148.00	ADMINISTRATION	165	A	-10,358	-10,358	REMOVE NON-ALLOW ADVERTISING	148.00
149.00	ADMINISTRATION	165	A	-2,419	-2,419	REMOVE NON-ALLOWABLE DUES	149.00
150.00	ADMINISTRATION	165	A	-5,952	-5,952	REMOVE CUSTOMER REIMBURSEMENT	150.00
151.00	OTHER ANCILLARY	100	B	-1,554	-1,554	OFFSET ADULT DAY CARE INCOME	151.00
152.00	ADMINISTRATION	165	A	-1,096	-1,096	REMOVE NON-ALLOW ADVERTISING	152.00
153.00	ADMINISTRATION	165	A	-6,708	-6,708	REMOVE NON-ALLOW EXPENSE	153.00
154.00	INTPROPPLTEQUIP	50	A	-1,218,116	-1,218,116	REMOVE NON-ALLOW EXPENSE	154.00
155.00	OTHER (SPECIFY)			0	0		155.00
156.00	OTHER (SPECIFY)			0	0		156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	208,907	208,907	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE POOLED INTEREST,	50	A	3,617	3,617	ADJ PER HOME OFFICE COST RPT.	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-95	-95	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			4,400,421	4,400,421		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANORCARE SERVICES, LLC	0	HOME OFFICE COST	No	0	165	714,192	714,192	0	0	714,192	30.00
31.00	HEARTLAND EMPLOYMENT SERVICES, LLC	0	PERSONNEL	No	0	165	8,006,963	8,006,963	0	0	8,006,963	31.00
32.00	HCR MANORCARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	No	0	165	-10,687,170	-10,687,170	0	0	-10,687,170	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						-1,966,015	-1,966,015	0	0	-1,966,015	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	LOUIE RIOS	142,996	34,883	30,020		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	77,904	22,387	0	395,179	495,470	5.00
10.00	Housekeeping	6300	187,975	64,116	0	35,846	287,937	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				191,814	191,814	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				106,989	106,989	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				63,503	63,503	35.00
40.00	Property Taxes	7300				177,629	177,629	40.00
45.00	Property Insurance	7400				5,840	5,840	45.00
50.00	Interest - Property, Plant & Equip.	7500				3,617	3,617	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	80,598	26,292	0	19,617	126,507	60.00
65.00	Dietary	6500	408,325	129,625	9,266	386,126	933,342	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	619,380	195,563	0	23,135	838,078	80.00
81.00	Respiratory Therapy	8220	0	0	0	8,203	8,203	81.00
82.00	Occupational Therapy	8250	689,829	229,942	0	1,397	921,168	82.00
83.00	Speech Therapy	8280	82,557	26,846	0	78	109,481	83.00
85.00	Pharmacy	8300	0	0	0	573,089	573,089	85.00
90.00	Laboratory	8400	0	0	0	131,347	131,347	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	5,728	1,910	0	59,784	67,422	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,425,310	1,409,422	0	428,584	6,263,316	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	-95	0	-95	140.00
145.00	Other Nonreimbursable		64,469	20,014	0	0	84,483	145.00
155.00	Social Services	6600	137,677	42,429	0	244	180,350	155.00
160.00	Activities	6700	72,149	22,660	257	5,152	100,218	160.00
165.00	Administration	6900	1,104,437	261,532	68,338	721,264	2,155,571	165.00
166.00	Medical Records - Salaries and Wages ***	6900	41,464	13,713	0	50	55,227	166.00
167.00	DPH Licensing Fees ***	6900				128,084	128,084	167.00
168.00	Liability Insurance ***	6900				8,218,906	8,218,906	168.00
169.00	Quality Assurance Fees ***	6900				551,064	551,064	169.00
170.00	Inservice Education - Nursing	6800	9,161	3,174	0	0	12,335	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		8,006,963	2,469,625	77,766	12,236,541	22,790,895	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

	1.00	2.00
5.00 Total Licensed Beds Prior to Modification(s):	151	
10.00 Total Licensed Beds End of Period:	151	
15.00 Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD 75,500
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project Completed During the Report Period			
	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

1.00								
50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):								
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)								
Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
56.00				0	0	0	0	0
57.00				0	0	0	0	0
58.00				0	0	0	0	0
59.00				0	0	0	0	0
60.00				0	0	0	0	0
61.00				0	0	0	0	0
62.00				0	0	0	0	0
63.00				0	0	0	0	0
64.00				0	0	0	0	0
65.00				0	0	0	0	0
66.00				0	0	0	0	0
67.00				0	0	0	0	0
68.00				0	0	0	0	0
69.00				0	0	0	0	0
70.00				0	0	0	0	0
71.00				0	0	0	0	0
72.00				0	0	0	0	0
73.00				0	0	0	0	0
74.00				0	0	0	0	0
75.00				0	0	0	0	0
76.00 Total Project 1 Costs					0			

1.00								
90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):								
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)								
Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
96.00				0	0	0	0	0
97.00				0	0	0	0	0
98.00				0	0	0	0	0
99.00				0	0	0	0	0
100.00				0	0	0	0	0
101.00				0	0	0	0	0
102.00				0	0	0	0	0
103.00				0	0	0	0	0
104.00				0	0	0	0	0
105.00				0	0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	715	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	305	305	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	836	836	836	0	0	0	0	0	0	0	60.00
65.00	Dietary	2,836	2,836	2,836	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	611	611	611	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	667	667	667	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	494	494	494	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	50	50	50	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	22,049	22,049	22,049	450,000	116,778	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	168	168	168	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	487	487	487	0	0	0	0	0	0	0	160.00
165.00	Administration	1,382	1,382	1,382	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	30,600	29,885	29,580	450,000	116,778	0	0	0	0	0	175.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	13,794,403		1,332,799		126,507		933,342	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	838,078	667	36,981	0	0			15.00
16.00	Respiratory Therapy	8,203	0	0	0	0			16.00
17.00	Occupational Therapy	921,168	494	27,389	0	0			17.00
18.00	Speech Therapy	109,481	50	2,772	0	0			18.00
20.00	Pharmacy	573,089	0	0	0	0			20.00
25.00	Laboratory	131,347	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	67,422	168	9,314	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	6,263,316	22,660	1,256,343	450,000	126,507	116,778	933,342	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	0	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	84,483	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		24,039		450,000		116,778		85.00
90.00	UNIT COST MULTIPLIER**		55.443196		0.281127		7.992447		90.00
95.00	TOTAL COSTS (See instructions)	8,996,587		1,332,799		126,507		933,342	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		292,903		11,108,852		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			875,059	832,116	1,707,175	15.00
16.00	Respiratory Therapy			8,203	7,800	16,003	16.00
17.00	Occupational Therapy			948,557	902,008	1,850,565	17.00
18.00	Speech Therapy			112,253	106,744	218,997	18.00
20.00	Pharmacy			573,089	544,965	1,118,054	20.00
25.00	Laboratory			131,347	124,901	256,248	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			76,736	72,970	149,706	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	6,263,316	292,903	8,872,411	8,437,011	17,309,422	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			0	0	0		75.00
80.00	Other Nonreimbursable			84,483	80,337	164,820		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	6,263,316		11,682,138				85.00
90.00	UNIT COST MULTIPLIER**	0.046765		0.950926				90.00
95.00	TOTAL COSTS (See instructions)		292,903		11,108,852	22,790,990		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	17,309,422	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	35,645	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	485.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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Version: 45.2.172.2



LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	4,964	295,966	59.62	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	26,178	1,147,532	43.84	25.00
30.00	Licensed Vocational Nurses	27,028	1,035,853	38.33	30.00
35.00	Nurse Assistants (Aides and Orderlies)	88,403	1,668,834	18.88	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	4,617	215,518	46.68	60.00
65.00	Subtotal (Sum of lines 5 through 60)	151,190	4,363,703	28.86	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	27,773	1,391,766	50.11	220.00
225.00	Other Salaries and Wages	80	5,728	71.60	225.00
230.00	Subtotal (Sum of lines 200 through 225)	27,853	1,397,494	50.17	230.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 1:34 pm MCRIF32: LTCIR Version: 45.2.172.2	
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,316	77,904	33.64	250.00
255.00	Housekeeping	12,037	187,975	15.62	255.00
260.00	Laundry and Linen	4,360	80,598	18.49	260.00
265.00	Dietary	20,276	408,325	20.14	265.00
270.00	Social Services	5,375	137,677	25.61	270.00
275.00	Activities	3,340	72,149	21.60	275.00
280.00	Inservice Education - Nursing	184	9,161	49.79	280.00
285.00	Administration	36,825	1,210,370	32.87	285.00
290.00	Subtotal (Sum of lines 250 through 285)	84,713	2,184,159	25.78	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	263,756	7,945,356	30.12	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	1	1	1.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,976	51,544	26.09	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	237	186	80
610.00	Number of employees at end of period	218	174	80
615.00	Average number of employees (See instructions)	226	179	81
620.00	Total number of people employed during the period **	388	300	155
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	71.68	67.60	91.36
630.00	Number of employees with continuous service for entire reporting period	133	108	41

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:22 pm MCRIF32: LTCIR Version: 45.7.175.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF FOUNTAIN VALLEY CA, LLC		2. State License Number: 060000249		3. Medi-Cal Provider Number: LTC55328F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)				5. Facility Business Phone: 714-241-9800	
6. Facility Street Address: 11680 WARNER AVENUE		7. City: FOUNTAIN VALLEY		8. Zip Code: 927080000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: LOUIS RIOS					
13. Report Contact Person: KAREN L NOFZIGER				14. Phone Number: 419 252 5879	
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:		23. Previous Medi-Cal Provider No.:	
24. Date of Change:					
25. Reporting Period Begin: 06/01/2021		26. Reporting Period End: 05/31/2022			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES-FOUNTAIN VALLEY
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HC.AI's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 11680 WARNER AVENUE

FOUNTAIN VALLEY, CA 927080000

NOTICE


Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Department of Health Care Access and Information
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:22 pm MCRIF32: LTCIR Version: 45.7.175.0	
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	02/09/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	12/08/1993	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	3	9.00
10.00	PROSTHETIC DEVICES	2	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	3	12.00
13.00	DENTAL CARE	3	13.00
14.00	PODIATRIC CARE	3	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	1	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	4	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	1	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. % HCR MC

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	PROMEDICA SN & REHAB (TICE VAL	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	PROMEDICA SN & REHAB (ROSSMOOR	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	45.00
46.00	MCHS (CITRUS HEIGHTS) SNF	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00	90.00
91.00	91.00
92.00	92.00
93.00	93.00
94.00	94.00
95.00	95.00
96.00	96.00
97.00	97.00
98.00	98.00
99.00	99.00
100.00	100.00
101.00	101.00
102.00	102.00
103.00	103.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

104.00		104.00
105.00		105.00
106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	VP BUSINESS OFFICE SUPPORT	130.00
131.00	KATHRYN HOOPS	LITIGATION SUPPORT SPECIALIST	131.00
132.00	TIMOTHY ROBERTS	VP, TREASURY	132.00
133.00	DAMIAN RODGERS	ASST GENERAL COUNSEL	133.00
134.00	ANDREA SYPE	AVP, TAX	134.00
135.00	LUKE PILE	SR VP & COO	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____


210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:22 pm MCRIF32: LTCIR Version: 45.7.175.0	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	22,852	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	327,854	371.00
372.00	Interest Added / Earned	6	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	327,860	373.00
374.00	Total Trust Account Expenditures	332,508	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	18,204	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	2,329	22,609	2,046	9,386	1,869	38,239	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		2,329	22,609	2,046	9,386	1,869	38,239	70.00

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FACILITY REVENUE INFORMATION

4.2

	GROSS REVENUE	Account Number	Medicare		Medi-Cal		Self-Pay		Managed Care			
			Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	3,028,495		8,205,581		208,844		7,555,859			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		3,028,495		8,205,581		208,844		7,555,859			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	521,900	0	2,050	0	1,875	0	1,451,043	0		115.00
120.00	Respiratory Therapy	4220	32,815	0	114,645	0	139	0	88,735	0		120.00
125.00	Occupational Therapy	4250	548,000	0	100	0	750	0	1,458,367	0		125.00
130.00	Speech Therapy	4280	34,550	0	0	0	125	0	147,646	0		130.00
135.00	Pharmacy	4300	296,300	0	29,281	0	0	0	967,442	0		135.00
140.00	Laboratory	4400	31,648	0	13,095	0	0	0	129,012	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	34,196	0	9,811	0	0	0	131,582	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,499,409	0	168,982	0	2,889	0	4,373,827	0		170.00
175.00	Total (Lines 70 and 170)		4,527,904	0	8,374,563	0	211,733	0	11,929,686	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,211,943		20,210,722								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,211,943		20,210,722								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	1,350	0	1,978,218	0							115.00
120.00	Respiratory Therapy	42,458	0	278,792	0							120.00
125.00	Occupational Therapy	1,825	0	2,009,042	0							125.00
130.00	Speech Therapy	250	0	182,571	0							130.00
135.00	Pharmacy	499	0	1,293,522	0							135.00
140.00	Laboratory	847	0	174,602	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	949	0	176,538	0							155.00
170.00	Subtotal (Lines 105 through 155)	48,178	0	6,093,285	0							170.00
175.00	Total (Lines 70 and 170)	1,260,121	0	26,304,007	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	308									
210.00	Administrative Adjustments	5200	69									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	1,055,347		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	2,562,972		220.00
222.00	Contractual Adjustments - Managed Care	5330	5,678,959		222.00
225.00	Contractual Adjustments - Other	5340	330,596		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		9,628,251		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	151	5.00
10.00	Average (Monthly average)	151	10.00
Available Beds:			
20.00	End of Period	151	20.00
25.00	Average (Monthly average)	151	25.00
40.00	Admissions (Excluding transfers)	904	40.00
45.00	Discharges (Excluding transfers)	880	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	69.38	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	361	1,681	0	361	1,681	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,138,499	1,807,359	0	2,138,499	1,807,359	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-204,180	-164,023	0	-204,180	-164,023	25.00
30.00	Receivables from third party payors for contract settlement	1050	7,966	0	0	7,966	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	122,660	113,529	0	122,660	113,529	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,065,306	1,758,546	0	2,065,306	1,758,546	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,628,726	1,628,726	0	1,628,726	1,628,726	95.00
100.00	Land improvements	1210	552,626	552,626	0	552,626	552,626	100.00
105.00	Buildings and improvements	1220	11,302,231	11,243,751	0	11,302,231	11,243,751	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-10,864,135	-10,726,456	0	-10,864,135	-10,726,456	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,514,779	3,346,759	0	3,514,779	3,346,759	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,198,309	-3,123,242	0	-3,198,309	-3,123,242	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		2,935,918	2,922,164	0	2,935,918	2,922,164	135.00
140.00	Construction-in-progress	1250	6,658	0	0	6,658	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	-4	41,600	0	-4	41,600	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		-4	41,600	0	-4	41,600	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		5,007,878	4,722,310	0	5,007,878	4,722,310	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1	0				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	141	527,862	0	141	527,862	10.00
15.00	Accrued compensation and related liabilities	2020	1,141,665	965,897	0	1,141,665	965,897	15.00
20.00	Other accrued liabilities	2030	349,897	223,029	0	349,897	223,029	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	1	0	0	1	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,491,703	1,716,789	0	1,491,703	1,716,789	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	13,573,404	10,687,170	0	13,573,404	10,687,170	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		13,573,404	10,687,170	0	13,573,404	10,687,170	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	-1	0	0	-1	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		13,573,404	10,687,169	0	13,573,404	10,687,169	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		15,065,107	12,403,958	0	15,065,107	12,403,958	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	600,994	600,994	0	600,994	600,994	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-10,658,223	-8,282,642	0	-10,658,223	-8,282,642	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-10,057,229	-7,681,648	0	-10,057,229	-7,681,648	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		5,007,878	4,722,310	0	5,007,878	4,722,310	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	13,573,404	2022	0.00	13,573,404	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

Report Period
End: 05/31/2022

Run Date Time: 11/10/2022 2:22 pm
MCRIF32: **LTCIR**
Version: 45.7.175.0



ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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BALANCE SHEET - RESTRICTED FUNDS

6

	ASSETS	Account Number	Current Period	Prior Period	
			1.00	2.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Cash (Including CD's)	1710	0	0	5.00
10.00	Investments, at cost: Marketable securities (\$)*	1720	0	0	10.00
15.00	Investments, at cost: Other (\$)*	1720	0	0	15.00
20.00	Pledges and receivables	1730	0	0	20.00
25.00	Due from other funds	1740	0	0	25.00
30.00	Other assets	1750	0	0	30.00
50.00	TOTAL ASSETS (Sum of lines 5 through 30)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Cash (Including CD's)	1810	0	0	105.00
110.00	Marketable securities at cost (\$)*	1820	0	0	110.00
115.00	PLEDGES AND RECEIVABLES	1830	0	0	115.00
120.00	Due from other funds	1840	0	0	120.00
125.00	Other assets	1850	0	0	125.00
150.00	TOTAL ASSETS (Sum of lines 105 through 125)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Cash (Including CD's)	1910	0	0	205.00
210.00	Investments, at cost: Marketable securities (\$)*	1920	0	0	210.00
215.00	Investments, at cost: Other (\$)*	1920	0	0	215.00
220.00	Pledges and receivables	1930	0	0	220.00
225.00	Due from other funds	1940	0	0	225.00
230.00	Other assets	1950	0	0	230.00
250.00	TOTAL ASSETS (Sum of lines 205 through 230)		0	0	250.00
* Include Market Value at Current Year Balance Sheet Date in Parentheses.					

	LIABILITIES AND FUND BALANCES	Account Number	Current Period	Prior Period	
			3.00	4.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Due to other funds	2710-2730	0	0	5.00
45.00	Fund balance (Column 3 must agree with Page 7, column 2, line 32)	2770	0	0	45.00
50.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 5 and 45)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Due to other funds	2810-2830	0	0	105.00
145.00	Fund balance (Column 3 must agree with Page 7, column 3, line 32)	2870	0	0	145.00
150.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 105 and 145)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Mortgages	2910	0	0	205.00
210.00	OTHER LIABILITIES (SPECIFY)	2920	0	0	210.00
215.00	Due to other funds	2930-2950	0	0	215.00
245.00	Fund Balance (Column 3 must agree with Page 7, column 4, line 32)	2970	0	0	245.00
250.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 205 through 245)		0	0	250.00

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STATEMENT OF CHANGES IN EQUITY


7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-7,681,648	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-7,681,648	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-2,671,059					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT	295,479	0	0	0	0	21.00
22.00	ROUNDING	-1	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-2,375,581	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0	0	25.00
26.00	Principal payments on long-term debt	0	0	0	0	0	26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-10,057,229	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:22 pm MCRIF32: LTCIR Version: 45.7.175.0	
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	20,210,722	16,972,799	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	6,093,285	6,125,424	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	9,628,251	8,818,232	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	16,675,756	14,279,991	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	1,488	568,080	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	16,677,244	14,848,071	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	7,129,422	6,263,316	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	7,129,422	6,263,316	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	793,164	838,078	75.00
76.00	Respiratory Therapy	8220	13,695	8,203	76.00
77.00	Occupational Therapy	8250	909,539	921,168	77.00
78.00	Speech Therapy	8280	86,848	109,481	78.00
80.00	Pharmacy	8300	632,880	573,089	80.00
85.00	Laboratory	8400	111,249	131,347	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	235,614	69,071	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,782,989	2,650,437	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	565,461	505,509	105.00
110.00	Housekeeping	6300	322,437	287,937	110.00
115.00	Laundry and Linen	6400	116,481	126,507	115.00
120.00	Dietary	6500	1,062,073	933,342	120.00
125.00	Social Services	6600	249,566	180,350	125.00
130.00	Activities	6700	96,297	100,218	130.00
135.00	Inservice Education - Nursing	6800	0	12,335	135.00
140.00	Administration	6900	5,115,342	5,595,862	140.00
145.00	Total Support Services	Lines 105 through 140	7,527,657	7,742,060	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	261,473	298,803	155.00
160.00	Leases and Rentals	7200	70,037	63,503	160.00
165.00	Property Taxes	7300	179,740	177,629	165.00
170.00	Property Insurance	7400	6,405	5,840	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,270,860	1,218,116	175.00
180.00	Total Property Expenses	Lines 155 through 175	1,788,515	1,763,891	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	119,720	-29,135	190.00
195.00	Total Other Expenses	Lines 185 + 190	119,720	-29,135	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	19,348,303	18,390,569	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-2,671,059	-3,542,498	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	1,554	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-2,671,059	-3,540,944	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

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	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-2,671,059	-3,540,944	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-2,671,059	-3,540,944	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-2,671,059	-3,540,944	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	261,473	298,803	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-290,983	-221,232	20.00
25.00	Change in receivables from third-party payors	-7,966	154,552	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-9,131	-8,762	40.00
45.00	Change in accounts payable	-527,721	-211,388	45.00
50.00	Change in accrued compensation and related liabilities	175,768	56,640	50.00
55.00	Change in other accrued liabilities	126,868	52,619	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	CHANGE IN DEPOSITS AND OTHER ASSETS	-166,932	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	-438,624	121,232	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-3,109,683	-3,419,712	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-73,350	-52,726	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	0	1	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-73,350	-52,725	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	2,886,234	4,045,096	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS, PTAX CASH BASE AJE 1 & 2	4,487	2,893	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	278,832	151,075	180.00
185.00	OFFSET CARES ACT REVENUE	0	-567,475	185.00
190.00	AC & GRP INS AJE 6	12,160	-93,822	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	3,181,713	3,537,767	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-1,320	65,330	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	1,681	-63,649	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	361	1,681	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	85,594	26,083	453,784	565,461	0	0	0	5.00
10.00	Housekeeping	6300	220,348	67,822	34,267	322,437	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			180,529	180,529	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			80,944	80,944	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			70,037	70,037	0	0	0	35.00
40.00	Property Taxes	7300			179,740	179,740	0	0	0	40.00
45.00	Property Insurance	7400			6,405	6,405	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,270,860	1,270,860	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	68,581	21,100	26,800	116,481	0	0	0	60.00
65.00	Dietary	6500	454,028	139,340	468,705	1,062,073	0	0	0	65.00
70.00	Provision for Bad Debts	7700			119,720	119,720	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	594,244	182,417	16,503	793,164		793,164		80.00
81.00	Respiratory Therapy	8220	0	0	13,695	13,695		13,695		81.00
82.00	Occupational Therapy	8250	695,665	213,040	834	909,539		909,539		82.00
83.00	Speech Therapy	8280	66,217	20,631	0	86,848		86,848		83.00
85.00	Pharmacy	8300	0	0	632,880	632,880		632,880		85.00
90.00	Laboratory	8400	0	0	111,249	111,249		111,249		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	0	0	235,614	235,614		235,614		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	5,155,203	1,582,983	391,236	7,129,422		7,129,422		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					13,887,098	0			150.00
155.00	Social Services	6600	191,698	57,868	0	249,566	0	0	0	155.00
160.00	Activities	6700	68,753	21,203	6,341	96,297	0	0	0	160.00
165.00	Administration	6900	919,370	280,557	3,915,415	5,115,342	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	0	0	0	0	0	0	0	170.00
175.00	Total (See Instructions)		8,519,701	2,613,044	8,215,558	19,348,303	0	9,912,411	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				325,784					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			372,949	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			6,162	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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Version: 45.7.175.0



EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	565,461	357	565,104	-10,723	554,738	5.00
10.00	Housekeeping	6300	0.000000	0	322,437	0	322,437	0	322,437	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	180,529	0	180,529	0	180,529	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	80,944	0	80,944	0	80,944	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	70,037	0	70,037	0	70,037	35.00
40.00	Property Taxes	7300	0.000000	0	179,740	0	179,740	0	179,740	40.00
45.00	Property Insurance	7400	0.000000	0	6,405	0	6,405	0	6,405	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,270,860	0	1,270,860	-1,260,211	10,649	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	116,481	0	116,481	0	116,481	60.00
65.00	Dietary	6500	0.000000	0	1,062,073	0	1,062,073	0	1,062,073	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	119,720	0	119,720	-119,720	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			793,164	0	793,164	0	793,164	80.00
81.00	Respiratory Therapy	8220			13,695	0	13,695	0	13,695	81.00
82.00	Occupational Therapy	8250			909,539	0	909,539	0	909,539	82.00
83.00	Speech Therapy	8280			86,848	0	86,848	0	86,848	83.00
85.00	Pharmacy	8300			632,880	0	632,880	0	632,880	85.00
90.00	Laboratory	8400			111,249	0	111,249	0	111,249	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			235,614	0	235,614	0	235,614	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			7,129,422	0	7,129,422	0	7,129,422	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							0	0	140.00
145.00	Other Nonreimbursable***							75,264	75,264	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	249,566	0	249,566	0	249,566	155.00
160.00	Activities	6700	0.000000	0	96,297	0	96,297	0	96,297	160.00
165.00	Administration	6900	0.000000	0	5,115,342	1,131	5,114,211	-3,536,044	1,579,298	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	0	0	0	0	0	170.00
175.00	Total (See Instructions)			0	19,348,303	1,488	19,346,815	-4,851,434	14,496,869	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	357	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	121	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME	5990	1,010	165	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		1,488		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-10,366	-10,366	REMOVE CABLE IN RES. ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-119,720	-119,720	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-121	-121	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-357	-357	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER MISC. INCOME	165	B	-1,010	-1,010	OFFSET MISC INCOME	140.00
141.00	ADMINISTRATION	165	A	-3,302,121	-3,302,121	ADJ LIABILITY INS TO ALLOWABL	141.00
142.00	ADMINISTRATION	165	A	-2,243	-2,243	REMOVE LEGAL COST	142.00
143.00	ADMINISTRATION	165	A	-251,275	-251,275	REMOVE MARKETING COSTS	143.00
144.00	ADMINISTRATION	165	A	-57,813	-57,813	RECLASS WAGES ADMISSIONS/MRKT	144.00
145.00	NON-REIMBURABLE	145	A	57,813	57,813	RECLASS WAGES ADMISSIONS/MRKT	145.00
146.00	ADMINISTRATION	165	A	-17,451	-17,451	RECLASS PROH ADMISSIONS/MRKT	146.00
147.00	NON-REIMBURABLE	145	A	17,451	17,451	RECLASS PROH ADMISSIONS/MRKT	147.00
148.00	ADMINISTRATION	165	A	-2,565	-2,565	REMOVE NON-ALLOW ADVERTISING	148.00
149.00	ADMINISTRATION	165	A	-3,628	-3,628	REMOVE NON-ALLOWABLE DUES	149.00
150.00	ADMINISTRATION	165	A	-8,448	-8,448	REMOVE CUSTOMER REIMBURSEMENT	150.00
151.00	ADMINISTRATION	165	A	-1,500	-1,500	REMOVE PENALTIES	151.00
152.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW ADVERTISING	152.00
153.00	ADMINISTRATION	165	A	-1,979	-1,979	REMOVE NON-ALLOW EXPENSE	153.00
154.00	INTPROPLTEQUIP	50	A	-1,270,860	-1,270,860	REMOVE NON-ALLOW EXPENSE	154.00
155.00	OTHER (SPECIFY)			0	0		155.00
156.00	OTHER (SPECIFY)			0	0		156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	114,110	114,110	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE POOLED INTEREST,	50	A	10,649	10,649	ADJ PER HOME OFFICE COST RPT.	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	0	0	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-4,851,434	-4,851,434		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

RELATED PARTY INFORMATION

10.4(1)

If the facility had transactions with related parties during the report period, complete the following information:					
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code
	1.00	2.00	3.00	4.00	5.00
1.00					1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00

* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received			Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANORCARE SERVICES, LLC	0	HOME OFFICE COST	No	0	165	697,787	697,787	0	0	697,787	30.00
31.00	HEARTLAND EMPLOYMENT SERVICES, LLC	0	PERSONNEL	No	0	165	8,519,701	8,519,701	0	0	8,519,701	31.00
32.00	HCR MANORCARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	No	0	165	-13,573,404	-13,573,404	0	0	-13,573,404	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						-4,355,916	-4,355,916	0	0	-4,355,916	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:22 pm MCRIF32: LTCIR Version: 45.7.175.0	
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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	LOUIE RIOS	160,446	47,539	26,840		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	85,594	26,083	0	443,061	554,738	5.00
10.00	Housekeeping	6300	220,348	67,822	0	34,267	322,437	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				180,529	180,529	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				80,944	80,944	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				70,037	70,037	35.00
40.00	Property Taxes	7300				179,740	179,740	40.00
45.00	Property Insurance	7400				6,405	6,405	45.00
50.00	Interest - Property, Plant & Equip.	7500				10,649	10,649	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	68,581	21,100	0	26,800	116,481	60.00
65.00	Dietary	6500	454,028	139,340	47,632	421,073	1,062,073	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	594,244	182,417	0	16,503	793,164	80.00
81.00	Respiratory Therapy	8220	0	0	0	13,695	13,695	81.00
82.00	Occupational Therapy	8250	695,665	213,040	0	834	909,539	82.00
83.00	Speech Therapy	8280	66,217	20,631	0	0	86,848	83.00
85.00	Pharmacy	8300	0	0	0	632,880	632,880	85.00
90.00	Laboratory	8400	0	0	0	111,249	111,249	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	0	0	0	235,614	235,614	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	5,155,203	1,582,983	0	391,236	7,129,422	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	0	0	0	140.00
145.00	Other Nonreimbursable		57,813	17,451	0	0	75,264	145.00
155.00	Social Services	6600	191,698	57,868	0	0	249,566	155.00
160.00	Activities	6700	68,753	21,203	0	6,341	96,297	160.00
165.00	Administration	6900	819,621	250,308	42,204	1,315,280	2,427,413	165.00
166.00	Medical Records - Salaries and Wages ***	6900	41,936	12,798	0	219	54,953	166.00
167.00	DPH Licensing Fees ***	6900				139,222	139,222	167.00
168.00	Liability Insurance ***	6900				-1,654,782	-1,654,782	168.00
169.00	Quality Assurance Fees ***	6900				612,492	612,492	169.00
170.00	Inservice Education - Nursing	6800	0	0	0	0	0	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		8,519,701	2,613,044	89,836	3,274,288	14,496,869	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	151	2.00	
10.00	Total Licensed Beds End of Period:		151		
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0		

CAPITAL THRESHOLD 75,500
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project
Completed During the Report Period

	Project 1 1.00	Project 2 2.00	Project 3 3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00				0	0	0	0
57.00				0	0	0	0
58.00				0	0	0	0
59.00				0	0	0	0
60.00				0	0	0	0
61.00				0	0	0	0
62.00				0	0	0	0
63.00				0	0	0	0
64.00				0	0	0	0
65.00				0	0	0	0
66.00				0	0	0	0
67.00				0	0	0	0
68.00				0	0	0	0
69.00				0	0	0	0
70.00				0	0	0	0
71.00				0	0	0	0
72.00				0	0	0	0
73.00				0	0	0	0
74.00				0	0	0	0
75.00				0	0	0	0
76.00 Total Project 1 Costs					0		

90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00				0	0	0	0
97.00				0	0	0	0
98.00				0	0	0	0
99.00				0	0	0	0
100.00				0	0	0	0
101.00				0	0	0	0
102.00				0	0	0	0
103.00				0	0	0	0
104.00				0	0	0	0
105.00				0	0	0	0

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

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Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	715	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	305	305	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	836	836	836	0	0	0	0	0	0	0	60.00
65.00	Dietary	2,836	2,836	2,836	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	611	611	611	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	667	667	667	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	494	494	494	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	50	50	50	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	22,049	22,049	22,049	293,825	118,188	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	168	168	168	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	487	487	487	0	0	0	0	0	0	0	160.00
165.00	Administration	1,382	1,382	1,382	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	30,600	29,885	29,580	293,825	118,188	0	0	0	0	0	175.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	4,509,194		1,405,479		116,481		1,062,073	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	793,164	667	38,997	0	0			15.00
16.00	Respiratory Therapy	13,695	0	0	0	0			16.00
17.00	Occupational Therapy	909,539	494	28,883	0	0			17.00
18.00	Speech Therapy	86,848	50	2,923	0	0			18.00
20.00	Pharmacy	632,880	0	0	0	0			20.00
25.00	Laboratory	111,249	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	235,614	168	9,822	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	7,129,422	22,660	1,324,854	293,825	116,481	118,188	1,062,073	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	0	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	75,264	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		24,039		293,825		118,188		85.00
90.00	UNIT COST MULTIPLIER**		58.466617		0.396430		8.986301		90.00
95.00	TOTAL COSTS (See instructions)	9,987,675		1,405,479		116,481		1,062,073	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		345,863		1,579,298		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			832,161	101,740	933,901	15.00
16.00	Respiratory Therapy			13,695	1,674	15,369	16.00
17.00	Occupational Therapy			938,422	114,731	1,053,153	17.00
18.00	Speech Therapy			89,771	10,975	100,746	18.00
20.00	Pharmacy			632,880	77,376	710,256	20.00
25.00	Laboratory			111,249	13,601	124,850	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			245,436	30,007	275,443	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	7,129,422	345,863	9,978,693	1,219,992	11,198,685	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			0	0	0		75.00
80.00	Other Nonreimbursable			75,264	9,202	84,466		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	7,129,422		12,917,571				85.00
90.00	UNIT COST MULTIPLIER**	0.048512		0.122260				90.00
95.00	TOTAL COSTS (See instructions)		345,863		1,579,298	14,496,869		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	11,198,685	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	38,239	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	292.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	5,242	319,071	60.87	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	25,893	1,403,543	54.21	25.00
30.00	Licensed Vocational Nurses	28,926	1,286,609	44.48	30.00
35.00	Nurse Assistants (Aides and Orderlies)	92,516	1,962,715	21.21	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	4,561	183,265	40.18	60.00
65.00	Subtotal (Sum of lines 5 through 60)	157,138	5,155,203	32.81	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	26,819	1,356,126	50.57	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	26,819	1,356,126	50.57	230.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/10/2022 2:22 pm MCRIF32: LTCIR Version: 45.7.175.0	
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	1,998	85,594	42.84	250.00
255.00	Housekeeping	13,412	220,348	16.43	255.00
260.00	Laundry and Linen	3,936	68,581	17.42	260.00
265.00	Dietary	20,130	454,028	22.55	265.00
270.00	Social Services	7,705	191,698	24.88	270.00
275.00	Activities	2,985	68,753	23.03	275.00
280.00	Inservice Education - Nursing	0	0	0.00	280.00
285.00	Administration	24,746	919,370	37.15	285.00
290.00	Subtotal (Sum of lines 250 through 285)	74,912	2,008,372	26.81	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	258,869	8,519,701	32.91	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.

Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (FOUNTAIN VALLEY)

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,542	43,934	28.49	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

		All Employees	Direct Nursing Employees*	Nurse Assistants	
		1.00	2.00	3.00	
605.00	Number of employees at beginning of period	189	148	77	605.00
610.00	Number of employees at end of period	181	139	67	610.00
615.00	Average number of employees (See instructions)	182	139	67	615.00
620.00	Total number of people employed during the period **	321	231	100	620.00
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	76.37	66.19	49.25	625.00
630.00	Number of employees with continuous service for entire reporting period	107	89	52	630.00

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.


Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Exhibit 5 to Section 999.5(d)(5)(C)

Facility D.B.A. Name: MANORCARE HEALTH SERVICES - HEMET	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 2:24 pm MCRIF32: LTCIR Version: 44.5.169.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF HEMET CA, LLC		2. State License Number: 250000276		3. Medi-Cal Provider Number: LTC55297F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES - HEMET				5. Facility Business Phone: 951-925-9171	
6. Facility Street Address: 1717 W. STETSON AVENUE		7. City: HEMET		8. Zip Code: 92545	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: SHARRON CLARK					
13. Report Contact Person: KIMBERLY COUSINO			14. Phone Number: 419-252-5796		
15. Mailing Address - Street or P.O. Box: PO BOX 10086			16. City: TOLEDO		17. State: OH
19. Previous Name of Facility if Changed Since Previous Report:				18. Zip Code: 43699-0086	
21. Previous State License Number:		22. Date of Change:		20. Date of Change:	
		23. Previous Medi-Cal Provider No.:		24. Date of Change:	
25. Reporting Period Begin: 06/01/2019		26. Reporting Period End: 05/31/2020			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES - HEMET
 (Name of Individual) Name of Facility (D.B.A.)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

 MANORCARE HEALTH SERVICES - HEMET
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: _____
 DIRECTOR

Address: _____
 1717 W STETSON AVENUE

 HEMET, CA 92545

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	04/24/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF		X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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End: 05/31/2020

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	2	13.00
14.00	PODIATRIC CARE	2	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	2	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES - HEMET	Report Period End: 05/31/2020	Run Date Time: 1/14/2021 2:24 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC % HCR MC

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name 1.00	Street Name & Number 2.00	City 3.00	State 4.00	Zip-Code 5.00	% of Ownership 6.00	
40.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN D. ALLEN	DIRECTOR	130.00
131.00	KATHERYN S. HOOPS	VICE PRESIDENT	131.00
132.00	ELIZABETH M. KACZOR	VICE PRESIDENT	132.00
133.00	RAMI UBAYDI	PRESIDENT	133.00
134.00	THOMAS R. KILE	TRASURER	134.00
135.00	PATRICIA A MCCORMICK	SECRETARY	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company:

210.00 Address:

215.00 City: 220. State: 225. Zip:

230.00 Phone No.:

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	9,654	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	163,062	371.00
372.00	Interest Added / Earned	11	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	163,073	373.00
374.00	Total Trust Account Expenditures	150,903	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	21,824	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	5,045	23,629	836	17,324	1,302	48,136	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		5,045	23,629	836	17,324	1,302	48,136	70.00

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	2,678,134		9,731,363		208,251		9,050,816			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		2,678,134		9,731,363		208,251		9,050,816			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	843,950	9,950	31,650	0	11,250	0	2,263,079	0		115.00
120.00	Respiratory Therapy	4220	901	0	38,779	0	0	0	1,960	0		120.00
125.00	Occupational Therapy	4250	485,400	0	13,400	0	7,450	0	1,580,255	0		125.00
130.00	Speech Therapy	4280	24,800	0	3,700	0	50	0	88,765	0		130.00
135.00	Pharmacy	4300	386,359	0	39,567	0	5,118	0	1,338,614	0		135.00
140.00	Laboratory	4400	27,113	0	9,997	0	0	0	53,180	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	39,127	0	10,473	0	161	0	110,138	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,807,650	9,950	147,566	0	24,029	0	5,435,991	0		170.00
175.00	Total (Lines 70 and 170)		4,485,784	9,950	9,878,929	0	232,280	0	14,486,807	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	593,112			22,261,676							5.00
10.00	Intermediate Care	0			0							10.00
15.00	Mentally Disordered Care	0			0							15.00
20.00	Developmentally Disabled Care	0			0							20.00
25.00	Sub-Acute Care	0			0							25.00
30.00	Sub-Acute Care-Pediatric	0			0							30.00
35.00	Transitional Inpat Care	0			0							35.00
40.00	Hospice Inpatient Care	0			0							40.00
45.00	Other Routine Services	0			0							45.00
70.00	Subtotal (Lines 5 through 45)	593,112			22,261,676							70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0	0						105.00
110.00	Specialized Support Surf	0	0	0	0	0						110.00
115.00	Physical Therapy	7,150	0	0	3,157,079	9,950						115.00
120.00	Respiratory Therapy	33	0	0	41,673	0						120.00
125.00	Occupational Therapy	6,750	0	0	2,093,255	0						125.00
130.00	Speech Therapy	50	0	0	117,365	0						130.00
135.00	Pharmacy	306	0	0	1,769,964	0						135.00
140.00	Laboratory	299	0	0	90,589	0						140.00
145.00	Home Health Services		0	0		0						145.00
155.00	Other Ancillary Services	874,508	0	0	1,034,407	0						155.00
170.00	Subtotal (Lines 105 through 155)	889,096	0	0	8,304,332	9,950						170.00
175.00	Total (Lines 70 and 170)	1,482,208	0	0	30,566,008	9,950						175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	14,404									
210.00	Administrative Adjustments	5200	4									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	1,204,133		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	4,275,588		220.00
222.00	Contractual Adjustments - Managed Care	5330	6,817,308		222.00
225.00	Contractual Adjustments - Other	5340	299,003		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		12,610,440		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION			Number	
			1.00	
Licensed Beds:				
5.00	End of Period		178	5.00
10.00	Average (Monthly average)		178	10.00
Available Beds:				
20.00	End of Period		178	20.00
25.00	Average (Monthly average)		178	25.00
40.00	Admissions (Excluding transfers)		1,090	40.00
45.00	Discharges (Excluding transfers)		1,173	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)		73.89	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS			Total	Medi-Cal
			1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)		0	0
115.00	Other Sub-Acute Care		0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)		0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)		0	0
145.00	Other Sub-Acute Care - Pediatric		0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)		0	0
165.00	Transitional Inpatient Care - Medical		0	0
170.00	Transitional Inpatient Care - Rehabilitation		0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)		0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY			Amount	
			1.00	
FOR MEDI-CAL PROVIDERS, ONLY				
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)		0	200.00
205.00	Less: Patient Liability		0	205.00
210.00	Less: Third Party and Other Liability		0	210.00
215.00	Less: Noncovered Charges		0	215.00
240.00	Less: Other		0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)		0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-380	4,146	0	-380	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,728,484	3,151,620	0	2,728,484	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-743,520	-744,478	0	-743,520	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	124,872	18,742	0	124,872	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	123,453	104,361	0	123,453	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,232,909	2,534,391	0	2,232,909	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	760,967	760,967	0	760,967	0	95.00
100.00	Land improvements	1210	519,905	519,905	0	519,905	0	100.00
105.00	Buildings and improvements	1220	18,571,942	18,512,821	0	18,571,942	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-14,917,698	-14,376,599	0	-14,917,698	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,731,094	3,637,064	0	3,731,094	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,438,592	-3,325,926	0	-3,438,592	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		5,227,618	5,728,232	0	5,227,618	0	135.00
140.00	Construction-in-progress	1250	850,486	0	0	850,486	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	42,000	42,000	0	42,000	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		42,000	42,000	0	42,000	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		8,353,013	8,304,623	0	8,353,013	0	200.00
* From Page 5.4 ** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		170,639	0				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	936,310	333,703	0	936,310	0	10.00
15.00	Accrued compensation and related liabilities	2020	865,984	926,918	0	865,984	0	15.00
20.00	Other accrued liabilities	2030	132,668	327,042	0	132,668	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,934,962	1,587,663	0	1,934,962	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	9,806,764	7,368,900	0	9,806,764	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		9,806,764	7,368,900	0	9,806,764	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		9,806,764	7,368,900	0	9,806,764	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		11,741,726	8,956,563	0	11,741,726	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	956,419	956,419	0	956,419	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-4,345,132	-1,608,359	0	-4,345,132	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-3,388,713	-651,940	0	-3,388,713	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		8,353,013	8,304,623	0	8,353,013	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2,019	9,806,764	2,050	0.00	9,806,764	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-651,940	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-651,940	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-3,012,898					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT A/E'S P&L INPACT	276,123	0	0	0		21.00
22.00	ROUNDING	2	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-2,736,773	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-3,388,713	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	22,261,676	24,479,596	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	8,314,282	9,233,680	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	12,610,440	14,750,834	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	17,965,518	18,962,442	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	2,936	2,782	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	17,968,454	18,965,224	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	6,688,956	7,571,661	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	6,688,956	7,571,661	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	4,889	72.00
75.00	Physical Therapy	8200	1,377,785	1,681,359	75.00
76.00	Respiratory Therapy	8220	30,190	26,105	76.00
77.00	Occupational Therapy	8250	848,241	1,103,461	77.00
78.00	Speech Therapy	8280	140,414	162,585	78.00
80.00	Pharmacy	8300	798,048	1,085,580	80.00
85.00	Laboratory	8400	110,295	139,498	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	118,061	74,992	95.00
100.00	Total Ancillary Services	Lines 70 through 95	3,423,034	4,278,469	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	614,400	572,656	105.00
110.00	Housekeeping	6300	332,664	361,352	110.00
115.00	Laundry and Linen	6400	122,226	138,954	115.00
120.00	Dietary	6500	1,132,433	1,163,220	120.00
125.00	Social Services	6600	182,410	220,282	125.00
130.00	Activities	6700	158,916	162,678	130.00
135.00	Inservice Education - Nursing	6800	95,703	108,541	135.00
140.00	Administration	6900	5,529,466	5,068,547	140.00
145.00	Total Support Services	Lines 105 through 140	8,168,218	7,796,230	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	653,765	651,899	155.00
160.00	Leases and Rentals	7200	14,188	16,154	160.00
165.00	Property Taxes	7300	145,127	113,622	165.00
170.00	Property Insurance	7400	3,894	3,915	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,224,063	1,039,205	175.00
180.00	Total Property Expenses	Lines 155 through 175	2,041,037	1,824,795	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	676,519	316,374	190.00
195.00	Total Other Expenses	Lines 185 + 190	676,519	316,374	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	20,997,764	21,787,529	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-3,029,310	-2,822,305	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	16,412	14,844	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-3,012,898	-2,807,461	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-3,012,898	-2,807,461	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-3,012,898	-2,807,461	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses.

X

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-3,012,898	-2,807,461	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	653,765	651,899	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	422,178	-275,479	20.00
25.00	Change in receivables from third-party payors	-106,130	-18,742	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-19,092	-6,214	40.00
45.00	Change in accounts payable	602,607	19,568	45.00
50.00	Change in accrued compensation and related liabilities	-60,934	111,317	50.00
55.00	Change in other accrued liabilities	-194,374	58,877	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	1,298,020	541,226	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-1,714,878	-2,266,235	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-1,003,729	-263,074	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	2	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-1,003,727	-263,074	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	2,437,956	2,079,196	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	P TAX	-5,766	4,157	175.00
180.00	BONUS	325	0	180.00
185.00	DEPR ADJ TO HISTORICAL	514,667	473,877	185.00
190.00	HCP LEASE INTEREST & DIRECT INTEREST	0	-608,593	190.00
195.00	W/C & GROUP INSURANCE	-233,103	585,816	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	2,714,079	2,534,453	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-4,526	5,144	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	4,146	-998	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-380	4,146	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	86,493	20,252	507,655	614,400	0	0	0	5.00
10.00	Housekeeping	6300	229,771	62,849	40,044	332,664	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			541,099	541,099	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			112,666	112,666	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			14,188	14,188	0	0	0	35.00
40.00	Property Taxes	7300			145,127	145,127	0	0	0	40.00
45.00	Property Insurance	7400			3,894	3,894	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,224,063	1,224,063	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	71,168	19,383	31,675	122,226	0	0	0	60.00
65.00	Dietary	6500	458,963	125,095	548,375	1,132,433	0	0	0	65.00
70.00	Provision for Bad Debts	7700			676,519	676,519	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	1,065,758	286,167	25,860	1,377,785		0		80.00
81.00	Respiratory Therapy	8220	0	0	30,190	30,190		0		81.00
82.00	Occupational Therapy	8250	661,584	180,717	5,940	848,241		0		82.00
83.00	Speech Therapy	8280	109,577	30,837	0	140,414		0		83.00
85.00	Pharmacy	8300	0	0	798,048	798,048		0		85.00
90.00	Laboratory	8400	0	0	110,295	110,295		0		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	19,632	5,932	92,497	118,061		0		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,977,656	1,352,669	358,631	6,688,956		0		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					15,031,269	0			150.00
155.00	Social Services	6600	143,149	39,261	0	182,410	0	0	0	155.00
160.00	Activities	6700	119,495	32,651	6,770	158,916	0	0	0	160.00
165.00	Administration	6900	1,407,490	269,870	3,852,106	5,529,466	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	75,047	20,656	0	95,703	0	0	0	170.00
175.00	Total (See Instructions)		9,425,783	2,446,339	9,125,642	20,997,764	0	0	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				411,394					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			181,306	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			29,328	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	614,400	1,356	613,044	-7,641	606,759	5.00
10.00	Housekeeping	6300	0.000000	0	332,664	0	332,664	1,925	334,589	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	541,099	0	541,099	0	541,099	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	112,666	0	112,666	0	112,666	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	14,188	0	14,188	0	14,188	35.00
40.00	Property Taxes	7300	0.000000	0	145,127	0	145,127	0	145,127	40.00
45.00	Property Insurance	7400	0.000000	0	3,894	0	3,894	0	3,894	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,224,063	0	1,224,063	-1,218,343	5,720	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	122,226	0	122,226	212	122,438	60.00
65.00	Dietary	6500	0.000000	0	1,132,433	1,169	1,131,264	-723	1,131,710	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	676,519	0	676,519	-676,519	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			1,377,785	0	1,377,785	1,744	1,379,529	80.00
81.00	Respiratory Therapy	8220			30,190	0	30,190	0	30,190	81.00
82.00	Occupational Therapy	8250			848,241	0	848,241	1,153	849,394	82.00
83.00	Speech Therapy	8280			140,414	0	140,414	189	140,603	83.00
85.00	Pharmacy	8300			798,048	0	798,048	0	798,048	85.00
90.00	Laboratory	8400			110,295	0	110,295	0	110,295	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			118,061	0	118,061	-17,677	100,384	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			6,688,956	0	6,688,956	43,577	6,732,533	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							1,765	1,765	140.00
145.00	Other Nonreimbursable***							77,779	77,779	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	182,410	0	182,410	591	183,001	155.00
160.00	Activities	6700	0.000000	0	158,916	0	158,916	0	158,916	160.00
165.00	Administration	6900	0.000000	0	5,529,466	411	5,529,055	-785,974	4,743,492	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	95,703	0	95,703	0	95,703	170.00
175.00	Total (See Instructions)			0	20,997,764	2,936	20,994,828	-2,577,942	18,419,822	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	1,356	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	1,169	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	411	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	(DESCRIBE)	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		2,936		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals	65	B	-1,169	-1,169	OFFSET MEAL INCOME	15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-6,602	-6,602	REMOVE CABLE IN RES. ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-676,519	-676,519	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-411	-411	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-1,356	-1,356	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER ANCILLARY	100	A	-1,765	-1,765	RECLASS BEAUTY & BARBER	140.00
141.00	BEAUTY AND BARBER	140	A	1,765	1,765	RECLASS BEAUTY & BARBER	141.00
142.00	ADMINISTRATION	165	A	-506,750	-506,750	ADJ LIABILITY INS TO ALLOWABL	142.00
143.00	ADMINISTRATION	165	A	-5,818	-5,818	REMOVE LEGAL COST	143.00
144.00	ADMINISTRATION	165	A	-243,170	-243,170	REMOVE MARKETING COSTS	144.00
145.00	ADMINISTRATION	165	A	-61,088	-61,088	RECLASS WAGES ADMISSIONS/MRKT	145.00
146.00	NON-REIMBURABLE	145	A	61,088	61,088	RECLASS WAGES ADMISSIONS/MRKT	146.00
147.00	ADMINISTRATION	165	A	-16,691	-16,691	RECLASS PROH ADMISSIONS/MRKT	147.00
148.00	NON-REIMBURABLE	145	A	16,691	16,691	RECLASS PROH ADMISSIONS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-11,112	-11,112	REMOVE NON-ALLOW ADVERTISING	149.00
150.00	ADMINISTRATION	165	A	-3,105	-3,105	REMOVE NON-ALLOWABLE DUES	150.00
151.00	ADMINISTRATION	165	A	-3,495	-3,495	REMOVE CUSTOMER REIMBUREMENT	151.00
152.00	ADMINISTRATION	165	A	-3,754	-3,754	REMOVE PENALTIES	152.00
153.00	ACTIVITIES	160	B	0	0	OFFSET ACTIVITIES INCOME	153.00
154.00	ADMINISTRATION	165	B	0	0	OFFSET TRANSPORTATION INCOME	154.00
155.00	OTHER ANCILLARY	100	B	-15,912	-15,912	OFFSET ADULT DAY CARE INCOME	155.00
156.00	ADMINISTRATION	165	A	-1,011	-1,011	REMOVE NON-ALLOW ADVERTISING	156.00
157.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW EXPENSE	157.00
158.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON-ALLOW EXPENSE	158.00
159.00	INTROPPLTEQUIP	50	A	-1,224,063	-1,224,063	REMOVE NON-ALLOW EXPENSE	159.00
160.00	SKILLED NURSING	105	A	43,577	43,577	ADD PPE EXPENSE DISTRIBUTED T	160.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
161.00	PLT OP AND MAINT	5	A	317	317	ADD PPE EXPENSE DISTRIBUTED T	161.00
162.00	HOUSEKEEPING	10	A	1,925	1,925	ADD PPE EXPENSE DISTRIBUTED T	162.00
163.00	LAUNDRY AND LINEN	60	A	212	212	ADD PPE EXPENSE DISTRIBUTED T	163.00
164.00	DIETARY	65	A	446	446	ADD PPE EXPENSE DISTRIBUTED T	164.00
165.00	SOCIAL SERVICES	155	A	591	591	ADD PPE EXPENSE DISTRIBUTED T	165.00
166.00	ADMINISTRATION	165	A	439	439	ADD PPE EXPENSE DISTRIBUTED T	166.00
167.00	PHYSICAL THERAPY	80	A	1,744	1,744	ADD PPE EXPENSE DISTRIBUTED T	167.00
168.00	RESPIRATORY THERAPY	81	A	0	0	ADD PPE EXPENSE DISTRIBUTED T	168.00
169.00	OCCUPATIONAL THERAPY	82	A	1,153	1,153	ADD PPE EXPENSE DISTRIBUTED T	169.00
170.00	SPEECH THERAPY	83	A	189	189	ADD PPE EXPENSE DISTRIBUTED T	170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	74,117	74,117	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE POOLED INTEREST,	50	A	5,720	5,720	ADJ PER HOME OFFICE COST RPT.	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber			0	0		200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,577,942	-2,577,942		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	2	0	165	699,216	699,216	0	0	699,216	30.00
31.00	HEARTLAND EMPLOYMENT SERVICES, LLC	0	PERSONNEL	2	0	165	9,425,783	9,425,783	0	0	9,425,783	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	2	0	165	-9,806,764	-9,806,764	0	0	-9,806,764	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						318,235	318,235	0	0	318,235	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	SHARRON L CLARK	139,944	26,833	7,167		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	MTLYSSA A DYER	72,164	13,836	0		40	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

			Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)					
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	86,493	20,252	0	500,014	606,759	5.00
10.00	Housekeeping	6300	229,771	62,849	1,525	40,444	334,589	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				541,099	541,099	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				112,666	112,666	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				14,188	14,188	35.00
40.00	Property Taxes	7300				145,127	145,127	40.00
45.00	Property Insurance	7400				3,894	3,894	45.00
50.00	Interest - Property, Plant & Equip.	7500				5,720	5,720	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	71,168	19,383	0	31,887	122,438	60.00
65.00	Dietary	6500	458,963	125,095	32,361	515,291	1,131,710	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	1,065,758	286,167	0	27,604	1,379,529	80.00
81.00	Respiratory Therapy	8220	0	0	0	30,190	30,190	81.00
82.00	Occupational Therapy	8250	661,584	180,717	0	7,093	849,394	82.00
83.00	Speech Therapy	8280	109,577	30,837	0	189	140,603	83.00
85.00	Pharmacy	8300	0	0	0	798,048	798,048	85.00
90.00	Laboratory	8400	0	0	0	110,295	110,295	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	19,632	5,932	0	74,820	100,384	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,977,656	1,352,669	3,175	399,033	6,732,533	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	1,765	0	1,765	140.00
145.00	Other Nonreimbursable		61,088	16,691	0	0	77,779	145.00
155.00	Social Services	6600	143,149	39,261	0	591	183,001	155.00
160.00	Activities	6700	119,495	32,651	1,119	5,651	158,916	160.00
165.00	Administration	6900	1,250,392	227,328	63,642	1,235,922	2,777,284	165.00
166.00	Medical Records - Salaries and Wages ***	6900	96,010	25,851	0	408	122,269	166.00
167.00	DPH Licensing Fees ***	6900				138,622	138,622	167.00
168.00	Liability Insurance ***	6900				962,304	962,304	168.00
169.00	Quality Assurance Fees ***	6900				743,013	743,013	169.00
170.00	Inservice Education - Nursing	6800	75,047	20,656	0	0	95,703	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		9,425,783	2,446,339	103,587	6,444,113	18,419,822	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	178	2.00	
10.00	Total Licensed Beds End of Period:		178		
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0		

CAPITAL THRESHOLD 89,000
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

		Enter Data for each Bed Addition Project Completed During the Report Period		
		Project 1	Project 2	Project 3
		1.00	2.00	3.00
25.00	Number of New Licensed Beds	0	0	0
30.00	Date Placed into Service			
35.00	Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00	Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00						
55.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00					0	0	0	0
57.00					0	0	0	0
58.00					0	0	0	0
59.00					0	0	0	0
60.00					0	0	0	0
61.00					0	0	0	0
62.00					0	0	0	0
63.00					0	0	0	0
64.00					0	0	0	0
65.00					0	0	0	0
66.00					0	0	0	0
67.00					0	0	0	0
68.00					0	0	0	0
69.00					0	0	0	0
70.00					0	0	0	0
71.00					0	0	0	0
72.00					0	0	0	0
73.00					0	0	0	0
74.00					0	0	0	0
75.00					0	0	0	0
76.00	Total Project 1 Costs					0		

90.00	Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00						
95.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00					0	0	0	0
97.00					0	0	0	0
98.00					0	0	0	0
99.00					0	0	0	0
100.00					0	0	0	0
101.00					0	0	0	0
102.00					0	0	0	0
103.00					0	0	0	0
104.00					0	0	0	0
105.00					0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	1,246	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	271	271	271	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	2,596	2,596	2,596	0	0	0	0	0	0	0	60.00
65.00	Dietary	4,656	4,656	4,656	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,226	1,226	1,226	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	991	991	991	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	562	562	562	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	231	231	231	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	24,993	24,993	24,993	753,240	147,804	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	193	193	193	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	270	270	270	0	0	0	0	0	0	0	155.00
160.00	Activities	1,215	1,215	1,215	0	0	0	0	0	0	0	160.00
165.00	Administration	2,330	2,330	2,330	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	40,780	39,534	39,534	753,240	147,804	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	8,199,302		1,764,042		122,438		1,131,710	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	1,379,529	991	62,000	0	0			15.00
16.00	Respiratory Therapy	30,190	0	0	0	0			16.00
17.00	Occupational Therapy	849,394	562	35,161	0	0			17.00
18.00	Speech Therapy	140,603	231	14,452	0	0			18.00
20.00	Pharmacy	798,048	0	0	0	0			20.00
25.00	Laboratory	110,295	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	100,384	193	12,075	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	6,732,533	26,219	1,640,354	753,240	122,438	147,804	1,131,710	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	1,765	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	77,779	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		28,196		753,240		147,804		85.00
90.00	UNIT COST MULTIPLIER**		62.563555		0.162548		7.656829		90.00
95.00	TOTAL COSTS (See instructions)	10,220,520		1,764,042		122,438		1,131,710	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		437,620		4,743,492		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			1,441,529	499,980	1,941,509	15.00
16.00	Respiratory Therapy			30,190	10,471	40,661	16.00
17.00	Occupational Therapy			884,555	306,799	1,191,354	17.00
18.00	Speech Therapy			155,055	53,779	208,834	18.00
20.00	Pharmacy			798,048	276,795	1,074,843	20.00
25.00	Laboratory			110,295	38,255	148,550	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			112,459	39,005	151,464	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	6,732,533	437,620	10,064,655	3,490,819	13,555,474	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			1,765	612	2,377		75.00
80.00	Other Nonreimbursable			77,779	26,977	104,756		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	6,732,533		13,676,330				85.00
90.00	UNIT COST MULTIPLIER**	0.065001		0.346840				90.00
95.00	TOTAL COSTS (See instructions)		437,620		4,743,492	18,419,822		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	13,555,474	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	48,136	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	281.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	6,319	319,316	50.53	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	16,132	832,551	51.61	25.00
30.00	Licensed Vocational Nurses	57,118	1,759,606	30.81	30.00
35.00	Nurse Assistants (Aides and Orderlies)	106,306	1,785,878	16.80	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	8,458	280,305	33.14	60.00
65.00	Subtotal (Sum of lines 5 through 60)	194,333	4,977,656	25.61	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	39,844	1,836,919	46.10	220.00
225.00	Other Salaries and Wages	281	19,632	69.86	225.00
230.00	Subtotal (Sum of lines 200 through 225)	40,125	1,856,551	46.27	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	4,142	86,493	20.88	250.00
255.00	Housekeeping	15,949	229,771	14.41	255.00
260.00	Laundry and Linen	5,434	71,168	13.10	260.00
265.00	Dietary	27,619	458,963	16.62	265.00
270.00	Social Services	5,393	143,149	26.54	270.00
275.00	Activities	7,850	119,495	15.22	275.00
280.00	Inservice Education - Nursing	1,803	75,047	41.62	280.00
285.00	Administration	58,391	1,407,490	24.10	285.00
290.00	Subtotal (Sum of lines 250 through 285)	126,581	2,591,576	20.47	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	361,039	9,425,783	26.11	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,681	41,506	24.69	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	247	189	75 605.00
610.00	Number of employees at end of period	236	181	86 610.00
615.00	Average number of employees (See instructions)	244	188	88 615.00
620.00	Total number of people employed during the period **	373	301	159 620.00
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	52.87	60.11	80.68 625.00
630.00	Number of employees with continuous service for entire reporting period	156	114	41 630.00

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES - HEMET	Report Period End: 05/31/2021	Run Date Time: 11/18/2021 2:00 pm MCRIF32: LTCIR Version: 45.2.172.2	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF HEMET CA, LLC		2. State License Number: 250000276		3. Medi-Cal Provider Number: LTC55297F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES - HEMET				5. Facility Business Phone: 951-925-9171	
6. Facility Street Address: 1717 W. STETSON AVENUE		7. City: HEMET		8. Zip Code: 92545	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: M'LYSSA DYER					
13. Report Contact Person: KIMBERLY COUSINO			14. Phone Number: 419-252-5796		
15. Mailing Address - Street or P.O. Box: PO BOX 10086			16. City: TOLEDO		17. State: OH
19. Previous Name of Facility if Changed Since Previous Report:				18. Zip Code: 43699-0086	
21. Previous State License Number:		22. Date of Change:		20. Date of Change:	
23. Previous Medi-Cal Provider No.:		24. Date of Change:			
25. Reporting Period Begin: 06/01/2020		26. Reporting Period End: 05/31/2021			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES - HEMET
 (Name of Individual) Name of Facility (D.B.A.)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES - HEMET
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 1717 W STETSON AVENUE

HEMET, CA 92545

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	04/24/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF		X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	2	13.00
14.00	PODIATRIC CARE	2	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	2	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES - HEMET	Report Period End: 05/31/2021	Run Date Time: 11/18/2021 2:00 pm MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC % HCR MC

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name 1.00	Street Name & Number 2.00	City 3.00	State 4.00	Zip-Code 5.00	% of Ownership 6.00	
40.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	45.00
46.00	MCHS (CITRUS HEIGHTS) SNF	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	DIRECTOR	130.00
131.00	KATHRYN HOOPS	VICE PRESIDENT	131.00
132.00	THOMAS R. KILE	TREASURER	132.00
133.00	DAMIAN RODGERS	SECRETARY	133.00
134.00	ANDREA SYPE	VICE PRESIDENT	134.00
135.00	RAMI UBAYDI	PRESIDENT	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	21,824	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	149,451	371.00
372.00 Interest Added / Earned	10	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	149,461	373.00
374.00 Total Trust Account Expenditures	135,892	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	35,393	375.00

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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	1,031	19,765	1,078	9,882	1,428	33,184	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		1,031	19,765	1,078	9,882	1,428	33,184	70.00

Facility D.B.A. Name:
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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	525,854		8,657,934		253,040		5,305,852			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		525,854		8,657,934		253,040		5,305,852			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	174,075	0	22,925	0	1,600	0	1,665,543	0		115.00
120.00	Respiratory Therapy	4220	578	0	26,603	0	0	0	170	0		120.00
125.00	Occupational Therapy	4250	171,575	0	20,350	0	0	0	1,673,596	1,200		125.00
130.00	Speech Therapy	4280	7,500	0	6,900	0	350	0	160,714	0		130.00
135.00	Pharmacy	4300	104,811	0	21,184	0	0	0	713,702	0		135.00
140.00	Laboratory	4400	13,837	0	22,978	0	0	0	63,237	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	4,914	0	6,779	0	0	0	74,218	0		155.00
170.00	Subtotal (Lines 105 through 155)		477,290	0	127,719	0	1,950	0	4,351,180	1,200		170.00
175.00	Total (Lines 70 and 170)		1,003,144	0	8,785,653	0	254,990	0	9,657,032	1,200		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	634,598		15,377,278								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	634,598		15,377,278								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0	0						105.00
110.00	Specialized Support Surf	0	0	0	0	0						110.00
115.00	Physical Therapy	625	0	1,864,768	0							115.00
120.00	Respiratory Therapy	0	0	27,351	0							120.00
125.00	Occupational Therapy	900	0	1,866,421	1,200							125.00
130.00	Speech Therapy	250	0	175,714	0							130.00
135.00	Pharmacy	4,073	0	843,770	0							135.00
140.00	Laboratory	2,937	0	102,989	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	811,277	0	897,188	0							155.00
170.00	Subtotal (Lines 105 through 155)	820,062	0	5,778,201	1,200							170.00
175.00	Total (Lines 70 and 170)	1,454,660	0	21,155,479	1,200							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	3,542									
210.00	Administrative Adjustments	5200	169,156									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	236,027		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	3,223,622		220.00
222.00	Contractual Adjustments - Managed Care	5330	5,277,881		222.00
225.00	Contractual Adjustments - Other	5340	216,777		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		9,127,005		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	178	5.00
10.00	Average (Monthly average)	178	10.00
Available Beds:			
20.00	End of Period	178	20.00
25.00	Average (Monthly average)	178	25.00
40.00	Admissions (Excluding transfers)	557	40.00
45.00	Discharges (Excluding transfers)	539	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	51.08	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-6,650	-380	0	-6,650	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	1,754,703	2,728,484	0	1,754,703	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-445,564	-743,520	0	-445,564	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	124,872	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	133,328	123,453	0	133,328	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,435,817	2,232,909	0	1,435,817	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	760,967	760,967	0	760,967	0	95.00
100.00	Land improvements	1210	519,905	519,905	0	519,905	0	100.00
105.00	Buildings and improvements	1220	18,617,454	18,571,942	0	18,617,454	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-15,432,013	-14,917,698	0	-15,432,013	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,748,599	3,731,094	0	3,748,599	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,537,657	-3,438,592	0	-3,537,657	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		4,677,255	5,227,618	0	4,677,255	0	135.00
140.00	Construction-in-progress	1250	964,549	850,486	0	964,549	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	42,000	42,000	0	42,000	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		42,000	42,000	0	42,000	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		7,119,621	8,353,013	0	7,119,621	0	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		106,402	170,639				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	734,412	936,310	0	734,412	0	10.00
15.00	Accrued compensation and related liabilities	2020	944,018	865,984	0	944,018	0	15.00
20.00	Other accrued liabilities	2030	208,459	132,668	0	208,459	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		1	1	0	1	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,886,890	1,934,963	0	1,886,890	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	14,001,197	9,806,764	0	14,001,197	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		14,001,197	9,806,764	0	14,001,197	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		-1	-1	0	-1	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		14,001,196	9,806,763	0	14,001,196	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		15,888,086	11,741,726	0	15,888,086	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	956,419	956,419	0	956,419	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-9,724,884	-4,345,132	0	-9,724,884	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-8,768,465	-3,388,713	0	-8,768,465	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		7,119,621	8,353,013	0	7,119,621	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	14,001,197	2021	0.00	14,001,197	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-3,388,713	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-3,388,713	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-5,139,573					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST RPT AJES P&L IMPACT & ROUNDING	326,591	0	0	0	0	21.00
22.00	OFFSET CARES ACT REVENUE	-566,770	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-5,379,752	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0	0	25.00
26.00	Principal payments on long-term debt	0	0	0	0	0	26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-8,768,465	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	15,377,278	22,261,676	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	5,779,401	8,314,282	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	9,127,005	12,610,440	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	12,029,674	17,965,518	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	567,491	2,936	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	12,597,165	17,968,454	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	5,664,288	6,688,956	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	5,664,288	6,688,956	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	996,808	1,377,785	75.00
76.00	Respiratory Therapy	8220	22,073	30,190	76.00
77.00	Occupational Therapy	8250	762,433	848,241	77.00
78.00	Speech Therapy	8280	156,880	140,414	78.00
80.00	Pharmacy	8300	407,027	798,048	80.00
85.00	Laboratory	8400	158,838	110,295	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	224,265	118,061	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,728,324	3,423,034	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	615,875	614,400	105.00
110.00	Housekeeping	6300	333,470	332,664	110.00
115.00	Laundry and Linen	6400	119,065	122,226	115.00
120.00	Dietary	6500	911,620	1,132,433	120.00
125.00	Social Services	6600	69,460	182,410	125.00
130.00	Activities	6700	107,793	158,916	130.00
135.00	Inservice Education - Nursing	6800	4,300	95,703	135.00
140.00	Administration	6900	4,701,227	5,529,466	140.00
145.00	Total Support Services	Lines 105 through 140	6,862,810	8,168,218	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	613,380	653,765	155.00
160.00	Leases and Rentals	7200	30,886	14,188	160.00
165.00	Property Taxes	7300	151,756	145,127	165.00
170.00	Property Insurance	7400	4,132	3,894	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,218,116	1,224,063	175.00
180.00	Total Property Expenses	Lines 155 through 175	2,018,270	2,041,037	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	463,046	676,519	190.00
195.00	Total Other Expenses	Lines 185 + 190	463,046	676,519	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	17,736,738	20,997,764	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-5,139,573	-3,029,310	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	16,412	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-5,139,573	-3,012,898	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-5,139,573	-3,012,898	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-5,139,573	-3,012,898	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-5,139,573	-3,012,898	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	613,380	653,765	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	675,825	422,178	20.00
25.00	Change in receivables from third-party payors	124,872	-106,130	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-9,875	-19,092	40.00
45.00	Change in accounts payable	-201,898	602,607	45.00
50.00	Change in accrued compensation and related liabilities	78,034	-60,934	50.00
55.00	Change in other accrued liabilities	75,791	-194,374	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	1,356,129	1,298,020	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-3,783,444	-1,714,878	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-1,027,565	-1,003,727	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	10	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-1,027,555	-1,003,727	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	5,044,907	2,437,956	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS PTAX	-73,308	-5,441	175.00
180.00	DEPR ADJ TO HISTORICAL COST AJE 1&2	457,361	514,667	180.00
185.00	OFFSEST CARES ACT REVENUE	-566,770	0	185.00
190.00	WC & GRP INS AJE 6	-57,461	-233,103	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	4,804,729	2,714,079	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-6,270	-4,526	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	-380	4,146	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-6,650	-380	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	92,488	30,742	492,645	615,875	0	0	0	5.00
10.00	Housekeeping	6300	224,145	71,763	37,562	333,470	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			514,315	514,315	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			99,065	99,065	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			30,886	30,886	0	0	0	35.00
40.00	Property Taxes	7300			151,756	151,756	0	0	0	40.00
45.00	Property Insurance	7400			4,132	4,132	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,218,116	1,218,116	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	70,077	22,409	26,579	119,065	0	0	0	60.00
65.00	Dietary	6500	407,746	130,481	373,393	911,620	0	0	0	65.00
70.00	Provision for Bad Debts	7700			463,046	463,046	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	718,179	250,546	28,083	996,808		996,808		80.00
81.00	Respiratory Therapy	8220	0	0	22,073	22,073		22,073		81.00
82.00	Occupational Therapy	8250	570,249	189,356	2,828	762,433		762,433		82.00
83.00	Speech Therapy	8280	116,241	40,446	193	156,880		156,880		83.00
85.00	Pharmacy	8300	0	0	407,027	407,027		407,027		85.00
90.00	Laboratory	8400	0	0	158,838	158,838		158,838		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	6,248	2,075	215,942	224,265		224,265		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	3,819,677	1,248,781	595,830	5,664,288		5,664,288		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					12,853,958	0			150.00
155.00	Social Services	6600	52,784	16,073	603	69,460	0	0	0	155.00
160.00	Activities	6700	76,593	29,066	2,134	107,793	0	0	0	160.00
165.00	Administration	6900	1,246,779	380,414	3,074,034	4,701,227	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	3,211	1,089	0	4,300	0	0	0	170.00
175.00	Total (See Instructions)		7,404,417	2,413,241	7,919,080	17,736,738	0	8,392,612	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				299,929					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			71,223	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			168,331	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	615,875	288	615,587	-8,340	607,535	5.00
10.00	Housekeeping	6300	0.000000	0	333,470	0	333,470	0	333,470	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	514,315	0	514,315	0	514,315	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	99,065	0	99,065	0	99,065	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	30,886	0	30,886	0	30,886	35.00
40.00	Property Taxes	7300	0.000000	0	151,756	0	151,756	0	151,756	40.00
45.00	Property Insurance	7400	0.000000	0	4,132	0	4,132	0	4,132	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,218,116	0	1,218,116	-1,214,527	3,589	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	119,065	0	119,065	0	119,065	60.00
65.00	Dietary	6500	0.000000	0	911,620	0	911,620	0	911,620	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	463,046	0	463,046	-463,046	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			996,808	0	996,808	0	996,808	80.00
81.00	Respiratory Therapy	8220			22,073	0	22,073	0	22,073	81.00
82.00	Occupational Therapy	8250			762,433	0	762,433	0	762,433	82.00
83.00	Speech Therapy	8280			156,880	0	156,880	0	156,880	83.00
85.00	Pharmacy	8300			407,027	0	407,027	0	407,027	85.00
90.00	Laboratory	8400			158,838	0	158,838	0	158,838	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			224,265	0	224,265	0	224,265	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			5,664,288	466,538	5,197,750	0	5,664,288	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							0	0	140.00
145.00	Other Nonreimbursable***							73,220	73,220	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	69,460	0	69,460	0	69,460	155.00
160.00	Activities	6700	0.000000	0	107,793	0	107,793	0	107,793	160.00
165.00	Administration	6900	0.000000	0	4,701,227	100,665	4,600,562	-337,420	4,363,807	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	4,300	0	4,300	0	4,300	170.00
175.00	Total (See Instructions)			0	17,736,738	567,491	17,169,247	-1,950,113	15,786,625	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	288	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	433	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME	5990	466,538	105	85.00
90.00	CARES ACT REVENUE	5990	100,232	165	90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		567,491		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-8,052	-8,052	REMOVE CABLE IN RES. ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-463,046	-463,046	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-433	-433	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-288	-288	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	ADMINISTRATION	165	A	-182,204	-182,204	ADJ LIABILITY INS TO ALLOWABL	140.00
141.00	ADMINISTRATION	165	A	-73,725	-73,725	REMOVE LEGAL COST	141.00
142.00	ADMINISTRATION	165	A	-234,817	-234,817	REMOVE MARKETING COSTS	142.00
143.00	ADMINISTRATION	165	A	-55,778	-55,778	RECLASS WAGES ADMISSIONS/MRKT	143.00
144.00	NON-REIMBURABLE	145	A	55,778	55,778	RECLASS WAGES ADMISSIONS/MRKT	144.00
145.00	ADMINISTRATION	165	A	-17,442	-17,442	RECLASS PROH ADMISSIONS/MRKT	145.00
146.00	NON-REIMBURABLE	145	A	17,442	17,442	RECLASS PROH ADMISSIONS/MRKT	146.00
147.00	ADMINISTRATION	165	A	-6,788	-6,788	REMOVE NON-ALLOW ADVERTISING	147.00
148.00	ADMINISTRATION	165	A	-2,857	-2,857	REMOVE NON-ALLOWABLE DUES	148.00
149.00	ADMINISTRATION	165	A	-6,203	-6,203	REMOVE CUSTOMER REIMBUREMENT	149.00
150.00	ADMINISTRATION	165	A	-35,198	-35,198	REMOVE PENALTIES	150.00
151.00	ADMINISTRATION	165	A	-937	-937	REMOVE NON-ALLOW ADVERTISING	151.00
152.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON-ALLOW EXPENSE	152.00
153.00	INTPROPLTEQUIP	50	A	-1,218,116	-1,218,116	REMOVE NON-ALLOW EXPENSE	153.00
154.00	OTHER (SPECIFY)			0	0		154.00
155.00	OTHER (SPECIFY)			0	0		155.00
156.00	OTHER (SPECIFY)			0	0		156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	HOME OFFICE COSTS	165	A	283,087	283,087	ADJ PER HOME OFFICE COST RPT.	170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE POOLED INTEREST,	50	A	3,589	3,589	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber			0	0		200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-1,950,113	-1,950,113		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	No	0	165	708,522	708,522	0	0	708,522	30.00
31.00	HEARTLAND EMPLOYMENT SERVICES, LLC	0	PERSONNEL	No	0	165	7,404,417	7,404,417	0	0	7,404,417	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	No	0	165	-14,001,197	-14,001,197	0	0	-14,001,197	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						-5,888,258	-5,888,258	0	0	-5,888,258	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	SHARRON CLARK	54,441	13,324	4,369		40	165		140.00
141.00	M'LYSSA DYER	72,758	17,807	12,423		40	165		141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	M'LYSSA DYER	31,728	9,681	0		40	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	92,488	30,742	0	484,305	607,535	5.00
10.00	Housekeeping	6300	224,145	71,763	2,095	35,467	333,470	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				514,315	514,315	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				99,065	99,065	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				30,886	30,886	35.00
40.00	Property Taxes	7300				151,756	151,756	40.00
45.00	Property Insurance	7400				4,132	4,132	45.00
50.00	Interest - Property, Plant & Equip.	7500				3,589	3,589	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	70,077	22,409	0	26,579	119,065	60.00
65.00	Dietary	6500	407,746	130,481	1,361	372,032	911,620	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	718,179	250,546	0	28,083	996,808	80.00
81.00	Respiratory Therapy	8220	0	0	0	22,073	22,073	81.00
82.00	Occupational Therapy	8250	570,249	189,356	0	2,828	762,433	82.00
83.00	Speech Therapy	8280	116,241	40,446	0	193	156,880	83.00
85.00	Pharmacy	8300	0	0	0	407,027	407,027	85.00
90.00	Laboratory	8400	0	0	0	158,838	158,838	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	6,248	2,075	0	215,942	224,265	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	3,819,677	1,248,781	45,640	550,190	5,664,288	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	0	0	0	140.00
145.00	Other Nonreimbursable		55,778	17,442	0	0	73,220	145.00
155.00	Social Services	6600	52,784	16,073	0	603	69,460	155.00
160.00	Activities	6700	76,593	29,066	0	2,134	107,793	160.00
165.00	Administration	6900	1,143,794	347,597	71,175	740,854	2,303,420	165.00
166.00	Medical Records - Salaries and Wages ***	6900	47,207	15,375	0	17	62,599	166.00
167.00	DPH Licensing Fees ***	6900				150,926	150,926	167.00
168.00	Liability Insurance ***	6900				1,345,111	1,345,111	168.00
169.00	Quality Assurance Fees ***	6900				501,751	501,751	169.00
170.00	Inservice Education - Nursing	6800	3,211	1,089	0	0	4,300	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		7,404,417	2,413,241	120,271	5,848,696	15,786,625	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

	1.00	2.00
5.00 Total Licensed Beds Prior to Modification(s):	178	
10.00 Total Licensed Beds End of Period:	178	
15.00 Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD 89,000

(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project
Completed During the Report Period

	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

	1.00
50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

	Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00					0	0	0	0
57.00					0	0	0	0
58.00					0	0	0	0
59.00					0	0	0	0
60.00					0	0	0	0
61.00					0	0	0	0
62.00					0	0	0	0
63.00					0	0	0	0
64.00					0	0	0	0
65.00					0	0	0	0
66.00					0	0	0	0
67.00					0	0	0	0
68.00					0	0	0	0
69.00					0	0	0	0
70.00					0	0	0	0
71.00					0	0	0	0
72.00					0	0	0	0
73.00					0	0	0	0
74.00					0	0	0	0
75.00					0	0	0	0
76.00	Total Project 1 Costs					0		

	1.00
90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

	Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00					0	0	0	0
97.00					0	0	0	0
98.00					0	0	0	0
99.00					0	0	0	0
100.00					0	0	0	0
101.00					0	0	0	0
102.00					0	0	0	0
103.00					0	0	0	0
104.00					0	0	0	0
105.00					0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	1,246	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	271	271	271	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	2,596	2,596	2,596	0	0	0	0	0	0	0	60.00
65.00	Dietary	4,656	4,656	4,656	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,226	1,226	1,226	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	991	991	991	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	562	562	562	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	231	231	231	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	24,993	24,993	24,993	753,240	97,881	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	193	193	193	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	270	270	270	0	0	0	0	0	0	0	155.00
160.00	Activities	1,215	1,215	1,215	0	0	0	0	0	0	0	160.00
165.00	Administration	2,330	2,330	2,330	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	40,780	39,534	39,534	753,240	97,881	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	7,320,793		1,744,748		119,065		911,620	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	996,808	991	61,322	0	0			15.00
16.00	Respiratory Therapy	22,073	0	0	0	0			16.00
17.00	Occupational Therapy	762,433	562	34,776	0	0			17.00
18.00	Speech Therapy	156,880	231	14,294	0	0			18.00
20.00	Pharmacy	407,027	0	0	0	0			20.00
25.00	Laboratory	158,838	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	224,265	193	11,943	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	5,664,288	26,219	1,622,413	753,240	119,065	97,881	911,620	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	0	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	73,220	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		28,196		753,240		97,881		85.00
90.00	UNIT COST MULTIPLIER**		61.879274		0.158070		9.313554		90.00
95.00	TOTAL COSTS (See instructions)	8,465,832		1,744,748		119,065		911,620	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		181,553		4,363,807		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			1,058,130	404,232	1,462,362	15.00
16.00	Respiratory Therapy			22,073	8,432	30,505	16.00
17.00	Occupational Therapy			797,209	304,554	1,101,763	17.00
18.00	Speech Therapy			171,174	65,393	236,567	18.00
20.00	Pharmacy			407,027	155,494	562,521	20.00
25.00	Laboratory			158,838	60,680	219,518	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			236,208	90,237	326,445	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	5,664,288	181,553	8,498,939	3,246,813	11,745,752	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			0	0	0		75.00
80.00	Other Nonreimbursable			73,220	27,972	101,192		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	5,664,288		11,422,818				85.00
90.00	UNIT COST MULTIPLIER**	0.032052		0.382025				90.00
95.00	TOTAL COSTS (See instructions)		181,553		4,363,807	15,786,625		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	11,745,752	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	33,184	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	353.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

Facility D.B.A. Name:
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	5,768	306,138	53.08	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	10,272	596,750	58.09	25.00
30.00	Licensed Vocational Nurses	39,456	1,298,109	32.90	30.00
35.00	Nurse Assistants (Aides and Orderlies)	79,675	1,434,460	18.00	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	5,471	184,220	33.67	60.00
65.00	Subtotal (Sum of lines 5 through 60)	140,642	3,819,677	27.16	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	28,661	1,404,669	49.01	220.00
225.00	Other Salaries and Wages	87	6,248	71.82	225.00
230.00	Subtotal (Sum of lines 200 through 225)	28,748	1,410,917	49.08	230.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES - HEMET	Report Period End: 05/31/2021	Run Date Time: 11/18/2021 2:00 pm MCRIF32: LTCIR Version: 45.2.172.2	
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	3,137	92,488	29.48	250.00
255.00	Housekeeping	13,505	224,145	16.60	255.00
260.00	Laundry and Linen	4,384	70,077	15.98	260.00
265.00	Dietary	23,307	407,746	17.49	265.00
270.00	Social Services	1,917	52,784	27.53	270.00
275.00	Activities	3,807	76,593	20.12	275.00
280.00	Inservice Education - Nursing	102	3,211	31.48	280.00
285.00	Administration	38,658	1,246,779	32.25	285.00
290.00	Subtotal (Sum of lines 250 through 285)	88,817	2,173,823	24.48	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	258,207	7,404,417	28.68	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	1	1	1.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,871	48,344	25.84	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	247	189	75 605.00
610.00	Number of employees at end of period	236	181	86 610.00
615.00	Average number of employees (See instructions)	244	188	88 615.00
620.00	Total number of people employed during the period **	373	301	159 620.00
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	52.87	60.11	80.68 625.00
630.00	Number of employees with continuous service for entire reporting period	156	114	41 630.00

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

Report Period
End: 05/31/2022

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Version: 45.7.175.0



INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF HEMET CA, LLC		2. State License Number: 250000276		3. Medi-Cal Provider Number: LTC55297F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES - HEMET				5. Facility Business Phone: 951-925-9171	
6. Facility Street Address: 1717 W. STETSON AVENUE		7. City: HEMET		8. Zip Code: 92545	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MLYSSA DYER					
13. Report Contact Person: KAREN L NOFZIGER				14. Phone Number: 419-252-5879	
15. Mailing Address - Street or P.O. Box: PO BOX 10086				16. City: TOLEDO	
17. State: OH				18. Zip Code: 43699-0086	
19. Previous Name of Facility if Changed Since Previous Report:				20. Date of Change:	
21. Previous State License Number:		22. Date of Change:		23. Previous Medi-Cal Provider No.:	
24. Date of Change:					
25. Reporting Period Begin: 06/01/2021		26. Reporting Period End: 05/31/2022			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES - HEMET
(Name of Individual) (Name of Facility (D.B.A))
and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HCAI's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES - HEMET
(Name of Facility (D.B.A.))

By: _____
(Signature)

Title: DIRECTOR

Address: 1717 W STETSON AVENUE

HEMET, CA 92545

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Department of Health Care Access and Information
Accounting and Reporting Systems Section
2020 West El Camino Avenue, Suite 1100
Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT
TO DEPARTMENT OF HEALTH SERVICES

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	04/24/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF		X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES - HEMET

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	2	13.00
14.00	PODIATRIC CARE	2	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	2	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)**B. Is this facility a**10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)**C. Name and address of parent organization**

15.00 Name: PROMEDICA HEALTH SYSTEM, INC % HCR MC

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	PROMEDICA SN & REHAB (TICE VAL	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	PROMEDICA SN & REHAB (ROSSMOOR	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	45.00
46.00	MCHS (CITRUS HEIGHTS) SNF	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00	90.00
91.00	91.00
92.00	92.00
93.00	93.00
94.00	94.00
95.00	95.00
96.00	96.00
97.00	97.00
98.00	98.00
99.00	99.00
100.00	100.00
101.00	101.00
102.00	102.00
103.00	103.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

104.00		104.00
105.00		105.00
106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	VP BUSINESS OFFICE SUPPORT	130.00
131.00	KATHRYN HOOPS	LITIGATION SUPPORT SPECIALIST	131.00
132.00	TIMOTHY ROBERTS	VP, TREASURY	132.00
133.00	DAMIAN RODGERS	ASST GENERAL COUNSEL	133.00
134.00	ANDREA SYPE	AVP, TAX	134.00
135.00	LUKE PILE	SR VP & COO	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: NONE

366.00 Address: NONE

367.00 City: NONE

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	35,393	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	146,717	371.00
372.00 Interest Added / Earned	11	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	146,728	373.00
374.00 Total Trust Account Expenditures	136,834	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	45,287	375.00

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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	1,734	20,115	1,186	11,217	1,863	36,115	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		1,734	20,115	1,186	11,217	1,863	36,115	70.00

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FACILITY REVENUE INFORMATION

4.2

	GROSS REVENUE	Account Number	Medicare		Medi-Cal		Self-Pay		Managed Care			
			Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	857,027		9,070,733		159,443		6,192,892			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		857,027		9,070,733		159,443		6,192,892			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	234,200	0	24,700	0	1,275	0	1,549,407	0		115.00
120.00	Respiratory Therapy	4220	442	0	14,231	0	0	0	204	0		120.00
125.00	Occupational Therapy	4250	202,925	0	12,550	0	775	0	1,337,349	0		125.00
130.00	Speech Therapy	4280	32,600	0	11,375	0	250	0	214,931	0		130.00
135.00	Pharmacy	4300	71,340	0	11,630	0	0	0	725,597	0		135.00
140.00	Laboratory	4400	4,581	0	3,389	0	326	0	24,633	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	8,237	0	9,781	0	70	0	70,685	0		155.00
170.00	Subtotal (Lines 105 through 155)		554,325	0	87,656	0	2,696	0	3,922,806	0		170.00
175.00	Total (Lines 70 and 170)		1,411,352	0	9,158,389	0	162,139	0	10,115,698	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	707,163		16,987,258								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	707,163		16,987,258								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0	0						105.00
110.00	Specialized Support Surf	0	0	0	0	0						110.00
115.00	Physical Therapy	150	0	1,809,732	0							115.00
120.00	Respiratory Therapy	0	0	14,877	0							120.00
125.00	Occupational Therapy	150	0	1,553,749	0							125.00
130.00	Speech Therapy	125	0	259,281	0							130.00
135.00	Pharmacy	41	0	808,608	0							135.00
140.00	Laboratory	212	0	33,141	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	188	0	88,961	0							155.00
170.00	Subtotal (Lines 105 through 155)	866	0	4,568,349	0							170.00
175.00	Total (Lines 70 and 170)	708,029	0	21,555,607	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	2,897									
210.00	Administrative Adjustments	5200	0									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	187,683		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	3,195,698		220.00
222.00	Contractual Adjustments - Managed Care	5330	5,159,175		222.00
225.00	Contractual Adjustments - Other	5340	168,484		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		8,713,937		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	178	5.00
10.00	Average (Monthly average)	178	10.00
Available Beds:			
20.00	End of Period	178	20.00
25.00	Average (Monthly average)	178	25.00
40.00	Admissions (Excluding transfers)	672	40.00
45.00	Discharges (Excluding transfers)	653	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	55.59	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-23,169	-6,650	0	-23,169	-6,650	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	1,704,449	1,754,703	0	1,704,449	1,754,703	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-385,820	-445,564	0	-385,820	-445,564	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	0	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	144,601	133,328	0	144,601	133,328	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,440,061	1,435,817	0	1,440,061	1,435,817	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	760,967	760,967	0	760,967	760,967	95.00
100.00	Land improvements	1210	519,905	519,905	0	519,905	519,905	100.00
105.00	Buildings and improvements	1220	18,761,010	18,617,454	0	18,761,010	18,617,454	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-15,856,351	-15,432,013	0	-15,856,351	-15,432,013	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	4,602,962	3,748,599	0	4,602,962	3,748,599	125.00
130.00	Less accumulated depreciation - equipment	1290	-4,505,935	-3,537,657	0	-4,505,935	-3,537,657	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		4,282,558	4,677,255	0	4,282,558	4,677,255	135.00
140.00	Construction-in-progress	1250	963,332	964,549	0	963,332	964,549	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	42,000	0	0	42,000	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	42,000	0	0	42,000	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		6,685,951	7,119,621	0	6,685,951	7,119,621	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1	106,402				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	323,197	734,412	0	323,197	734,412	10.00
15.00	Accrued compensation and related liabilities	2020	1,092,149	944,018	0	1,092,149	944,018	15.00
20.00	Other accrued liabilities	2030	637,228	208,459	0	637,228	208,459	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	1	0	0	1	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,052,574	1,886,890	0	2,052,574	1,886,890	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	19,379,018	14,001,197	0	19,379,018	14,001,197	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		19,379,018	14,001,197	0	19,379,018	14,001,197	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	-1	0	0	-1	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		19,379,018	14,001,196	0	19,379,018	14,001,196	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		21,431,592	15,888,086	0	21,431,592	15,888,086	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	956,419	956,419	0	956,419	956,419	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-15,702,060	-9,724,884	0	-15,702,060	-9,724,884	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-14,745,641	-8,768,465	0	-14,745,641	-8,768,465	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		6,685,951	7,119,621	0	6,685,951	7,119,621	185.00

* From Page 5.4

** Combine Columns 1 and 3

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	19,379,018	2022	0.00	19,379,018	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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BALANCE SHEET - RESTRICTED FUNDS

6

	ASSETS	Account Number	Current Period	Prior Period	
			1.00	2.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Cash (Including CD's)	1710	0	0	5.00
10.00	Investments, at cost: Marketable securities (\$)*	1720	0	0	10.00
15.00	Investments, at cost: Other (\$)*	1720	0	0	15.00
20.00	Pledges and receivables	1730	0	0	20.00
25.00	Due from other funds	1740	0	0	25.00
30.00	Other assets	1750	0	0	30.00
50.00	TOTAL ASSETS (Sum of lines 5 through 30)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Cash (Including CD's)	1810	0	0	105.00
110.00	Marketable securities at cost (\$)*	1820	0	0	110.00
115.00	PLEDGES AND RECEIVABLES	1830	0	0	115.00
120.00	Due from other funds	1840	0	0	120.00
125.00	Other assets	1850	0	0	125.00
150.00	TOTAL ASSETS (Sum of lines 105 through 125)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Cash (Including CD's)	1910	0	0	205.00
210.00	Investments, at cost: Marketable securities (\$)*	1920	0	0	210.00
215.00	Investments, at cost: Other (\$)*	1920	0	0	215.00
220.00	Pledges and receivables	1930	0	0	220.00
225.00	Due from other funds	1940	0	0	225.00
230.00	Other assets	1950	0	0	230.00
250.00	TOTAL ASSETS (Sum of lines 205 through 230)		0	0	250.00
* Include Market Value at Current Year Balance Sheet Date in Parentheses.					

	LIABILITIES AND FUND BALANCES	Account Number	Current Period	Prior Period	
			3.00	4.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Due to other funds	2710-2730	0	0	5.00
45.00	Fund balance (Column 3 must agree with Page 7, column 2, line 32)	2770	0	0	45.00
50.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 5 and 45)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Due to other funds	2810-2830	0	0	105.00
145.00	Fund balance (Column 3 must agree with Page 7, column 3, line 32)	2870	0	0	145.00
150.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 105 and 145)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Mortgages	2910	0	0	205.00
210.00	OTHER LIABILITIES (SPECIFY)	2920	0	0	210.00
215.00	Due to other funds	2930-2950	0	0	215.00
245.00	Fund Balance (Column 3 must agree with Page 7, column 4, line 32)	2970	0	0	245.00
250.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 205 through 245)		0	0	250.00

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STATEMENT OF CHANGES IN EQUITY


7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-8,768,465	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-8,768,465	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-6,510,276					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST RPT AJES P&L IMPACT & ROUNDING	533,100	0	0	0		21.00
22.00	OTHER (DESCRIBE)	0	0	0	0		22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-5,977,176	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-14,745,641	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	16,987,258	15,377,278	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	4,568,349	5,779,401	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	8,713,937	9,127,005	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	12,841,670	12,029,674	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	146	567,491	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	12,841,816	12,597,165	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	7,660,659	5,664,288	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	7,660,659	5,664,288	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	945,085	996,808	75.00
76.00	Respiratory Therapy	8220	39,153	22,073	76.00
77.00	Occupational Therapy	8250	638,592	762,433	77.00
78.00	Speech Therapy	8280	146,659	156,880	78.00
80.00	Pharmacy	8300	402,518	407,027	80.00
85.00	Laboratory	8400	24,710	158,838	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	323,703	224,265	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,520,420	2,728,324	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	641,159	615,875	105.00
110.00	Housekeeping	6300	368,591	333,470	110.00
115.00	Laundry and Linen	6400	131,664	119,065	115.00
120.00	Dietary	6500	1,000,462	911,620	120.00
125.00	Social Services	6600	93,226	69,460	125.00
130.00	Activities	6700	127,188	107,793	130.00
135.00	Inservice Education - Nursing	6800	0	4,300	135.00
140.00	Administration	6900	4,557,159	4,701,227	140.00
145.00	Total Support Services	Lines 105 through 140	6,919,449	6,862,810	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	465,477	613,380	155.00
160.00	Leases and Rentals	7200	39,409	30,886	160.00
165.00	Property Taxes	7300	153,091	151,756	165.00
170.00	Property Insurance	7400	4,254	4,132	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,270,860	1,218,116	175.00
180.00	Total Property Expenses	Lines 155 through 175	1,933,091	2,018,270	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	337,768	463,046	190.00
195.00	Total Other Expenses	Lines 185 + 190	337,768	463,046	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	19,371,387	17,736,738	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-6,529,571	-5,139,573	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	19,295	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-6,510,276	-5,139,573	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-6,510,276	-5,139,573	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-6,510,276	-5,139,573	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-6,510,276	-5,139,573	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	496,064	613,380	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-9,490	675,825	20.00
25.00	Change in receivables from third-party payors	0	124,872	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-11,273	-9,875	40.00
45.00	Change in accounts payable	-411,215	-201,898	45.00
50.00	Change in accrued compensation and related liabilities	148,131	78,034	50.00
55.00	Change in other accrued liabilities	428,769	75,791	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	CHANGE IN DEPOSITS & OTHER ASSETS	11,417	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	652,403	1,356,129	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-5,857,873	-3,783,444	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-69,567	-1,027,565	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	0	10	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-69,567	-1,027,555	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	5,377,821	5,044,907	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS PTAX	-4,529	-73,308	175.00
180.00	DEPR ADJ TO HISTORICAL COST AJE 1&2	496,064	457,361	180.00
185.00	OFFSEST CARES ACT REVENUE	0	-566,770	185.00
190.00	WC & GRP INS AJE 6	41,565	-57,461	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	5,910,921	4,804,729	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-16,519	-6,270	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	-6,650	-380	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-23,169	-6,650	215.00

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	73,930	22,945	544,284	641,159	0	0	0	5.00
10.00	Housekeeping	6300	254,051	80,734	33,806	368,591	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			342,861	342,861	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			122,616	122,616	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			39,409	39,409	0	0	0	35.00
40.00	Property Taxes	7300			153,091	153,091	0	0	0	40.00
45.00	Property Insurance	7400			4,254	4,254	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,270,860	1,270,860	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	79,315	25,116	27,233	131,664	0	0	0	60.00
65.00	Dietary	6500	474,249	152,502	373,711	1,000,462	0	0	0	65.00
70.00	Provision for Bad Debts	7700			337,768	337,768	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	697,312	222,987	24,786	945,085		945,085		80.00
81.00	Respiratory Therapy	8220	0	0	39,153	39,153		39,153		81.00
82.00	Occupational Therapy	8250	482,075	155,529	988	638,592		638,592		82.00
83.00	Speech Therapy	8280	111,842	34,817	0	146,659		146,659		83.00
85.00	Pharmacy	8300	0	0	402,518	402,518		402,518		85.00
90.00	Laboratory	8400	0	0	24,710	24,710		24,710		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	0	0	323,703	323,703		323,703		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,157,984	1,329,646	2,173,029	7,660,659		7,660,659		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					14,593,814	0			150.00
155.00	Social Services	6600	70,683	22,543	0	93,226	0	0	0	155.00
160.00	Activities	6700	95,139	30,635	1,414	127,188	0	0	0	160.00
165.00	Administration	6900	805,113	256,654	3,495,392	4,557,159	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	0	0	0	0	0	0	0	170.00
175.00	Total (See Instructions)		7,301,693	2,334,108	9,735,586	19,371,387	0	10,181,079	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				282,586					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			104,015	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			37,726	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	641,159	140	641,019	-7,794	633,365	5.00
10.00	Housekeeping	6300	0.000000	0	368,591	0	368,591	0	368,591	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	342,861	0	342,861	0	342,861	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	122,616	0	122,616	0	122,616	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	39,409	0	39,409	0	39,409	35.00
40.00	Property Taxes	7300	0.000000	0	153,091	0	153,091	0	153,091	40.00
45.00	Property Insurance	7400	0.000000	0	4,254	0	4,254	0	4,254	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,270,860	0	1,270,860	-1,261,260	9,600	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	131,664	0	131,664	0	131,664	60.00
65.00	Dietary	6500	0.000000	0	1,000,462	0	1,000,462	0	1,000,462	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	337,768	0	337,768	-337,768	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			945,085	0	945,085	0	945,085	80.00
81.00	Respiratory Therapy	8220			39,153	0	39,153	0	39,153	81.00
82.00	Occupational Therapy	8250			638,592	0	638,592	0	638,592	82.00
83.00	Speech Therapy	8280			146,659	0	146,659	0	146,659	83.00
85.00	Pharmacy	8300			402,518	0	402,518	0	402,518	85.00
90.00	Laboratory	8400			24,710	0	24,710	0	24,710	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			323,703	0	323,703	-2,057	321,646	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			7,660,659	0	7,660,659	0	7,660,659	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							2,057	2,057	140.00
145.00	Other Nonreimbursable***							73,824	73,824	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	93,226	0	93,226	0	93,226	155.00
160.00	Activities	6700	0.000000	0	127,188	0	127,188	0	127,188	160.00
165.00	Administration	6900	0.000000	0	4,557,159	6	4,557,153	-71,832	4,485,327	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	0	0	0	0	0	170.00
175.00	Total (See Instructions)			0	19,371,387	146	19,371,241	-1,604,830	17,766,557	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	140	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	6	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		146		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-7,654	-7,654	REMOVE CABLE IN RES. ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-337,768	-337,768	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-6	-6	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-140	-140	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER ANCILLARY	100	A	-2,057	-2,057	RECLASS BEAUTY & BARBER	140.00
141.00	BEAUTY AND BARBER	140	A	2,057	2,057	RECLASS BEAUTY & BARBER	141.00
142.00	ADMINISTRATION	165	A	31,705	31,705	ADJ LIABILITY INS TO ALLOWABL	142.00
143.00	ADMINISTRATION	165	A	-2,245	-2,245	REMOVE LEGAL COST	143.00
144.00	NON-REIMBURABLE	165	A	-188,185	-188,185	REMOVE MARKETING COSTS	144.00
145.00	ADMINISTRATION	165	A	-55,827	-55,827	RECLASS WAGES ADMISSIONS/MRKT	145.00
146.00	NON-REIMBURABLE	145	A	55,827	55,827	RECLASS WAGES ADMISSIONS/MRKT	146.00
147.00	ADMINISTRATION	165	A	-17,997	-17,997	RECLASS PROH ADMISSIONS/MRKT	147.00
148.00	NON-REIMBURABLE	145	A	17,997	17,997	RECLASS PROH ADMISSIONS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-4,319	-4,319	REMOVE NON-ALLOW ADVERTISING	149.00
150.00	ADMINISTRATION	165	A	-2,526	-2,526	REMOVE NON-ALLOWABLE DUES	150.00
151.00	ADMINISTRATION	165	A	-8,624	-8,624	REMOVE CUSTOMER REIMBURSEMENT	151.00
152.00	ADMINISTRATION	165	A	0	0	REMOVE PENALTIES	152.00
153.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW ADVERTISING	153.00
154.00	ADMINISTRATION	165	A	-2,772	-2,772	REMOVE NON-ALLOW EXPENSE	154.00
155.00	INTPROPLTEQUIP	50	A	-1,270,860	-1,270,860	REMOVE NON-ALLOW EXPENSE	155.00
156.00	OTHER (SPECIFY)			0	0		156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	HOME OFFICE COSTS	165	A	178,964	178,964	ADJ PER HOME OFFICE COST RPT.	170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE POOLED INTEREST,	50	A	9,600	9,600	ADJ PER HOME OFFICE COST RPT.	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber			0	0		200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-1,604,830	-1,604,830		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

RELATED PARTY INFORMATION

10.4(1)

	If the facility had transactions with related parties during the report period, complete the following information:					
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code	
	1.00	2.00	3.00	4.00	5.00	
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00

* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received			Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction				
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	No	0	165	629,096	629,096	0	0	629,096	30.00
31.00	HEARTLAND EMPLOYMENT SERVICES, LLC	0	PERSONNEL	No	0	165	7,301,693	7,301,693	0	0	7,301,693	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	No	0	165	-19,379,018	-19,379,018	0	0	-19,379,018	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						-11,448,229	-11,448,229	0	0	-11,448,229	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MLYSSA DYER	136,472	42,995	17,715		0	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	MLYSSA DYER	0	0	0		0	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of C.s. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	73,930	22,945	0	536,490	633,365	5.00
10.00	Housekeeping	6300	254,051	80,734	1,420	32,386	368,591	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				342,861	342,861	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				122,616	122,616	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				39,409	39,409	35.00
40.00	Property Taxes	7300				153,091	153,091	40.00
45.00	Property Insurance	7400				4,254	4,254	45.00
50.00	Interest - Property, Plant & Equip.	7500				9,600	9,600	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	79,315	25,116	0	27,233	131,664	60.00
65.00	Dietary	6500	474,249	152,502	3,883	369,828	1,000,462	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	697,312	222,987	0	24,786	945,085	80.00
81.00	Respiratory Therapy	8220	0	0	0	39,153	39,153	81.00
82.00	Occupational Therapy	8250	482,075	155,529	0	988	638,592	82.00
83.00	Speech Therapy	8280	111,842	34,817	0	0	146,659	83.00
85.00	Pharmacy	8300	0	0	0	402,518	402,518	85.00
90.00	Laboratory	8400	0	0	0	24,710	24,710	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	0	0	0	321,646	321,646	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,157,976	1,329,646	1,680,473	492,556	7,660,651	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	2,057	0	2,057	140.00
145.00	Other Nonreimbursable		55,827	17,997	0	0	73,824	145.00
155.00	Social Services	6600	70,683	22,543	0	0	93,226	155.00
160.00	Activities	6700	95,139	30,635	0	1,414	127,188	160.00
165.00	Administration	6900	702,277	223,656	36,797	1,209,321	2,172,051	165.00
166.00	Medical Records - Salaries and Wages ***	6900	47,009	15,001	0	-128	61,882	166.00
167.00	DPH Licensing Fees ***	6900				164,229	164,229	167.00
168.00	Liability Insurance ***	6900				1,432,707	1,432,707	168.00
169.00	Quality Assurance Fees ***	6900				654,458	654,458	169.00
170.00	Inservice Education - Nursing	6800	0	0	0	0	0	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		7,301,685	2,334,108	1,724,630	6,406,126	17,766,549	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	178	2.00	
10.00	Total Licensed Beds End of Period:		178		
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0		

CAPITAL THRESHOLD **89,000**
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

Enter Data for each Bed Addition Project
Completed During the Report Period

	Project 1 1.00	Project 2 2.00	Project 3 3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00				0	0	0	0
57.00				0	0	0	0
58.00				0	0	0	0
59.00				0	0	0	0
60.00				0	0	0	0
61.00				0	0	0	0
62.00				0	0	0	0
63.00				0	0	0	0
64.00				0	0	0	0
65.00				0	0	0	0
66.00				0	0	0	0
67.00				0	0	0	0
68.00				0	0	0	0
69.00				0	0	0	0
70.00				0	0	0	0
71.00				0	0	0	0
72.00				0	0	0	0
73.00				0	0	0	0
74.00				0	0	0	0
75.00				0	0	0	0
76.00 Total Project 1 Costs					0		

90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00				0	0	0	0
97.00				0	0	0	0
98.00				0	0	0	0
99.00				0	0	0	0
100.00				0	0	0	0
101.00				0	0	0	0
102.00				0	0	0	0
103.00				0	0	0	0
104.00				0	0	0	0
105.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	1,246	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	271	271	271	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	2,596	2,596	2,596	0	0	0	0	0	0	0	60.00
65.00	Dietary	4,656	4,656	4,656	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,226	1,226	1,226	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	991	991	991	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	562	562	562	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	231	231	231	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	24,993	24,993	24,993	529,980	106,854	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	193	193	193	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	270	270	270	0	0	0	0	0	0	0	155.00
160.00	Activities	1,215	1,215	1,215	0	0	0	0	0	0	0	160.00
165.00	Administration	2,330	2,330	2,330	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	40,780	39,534	39,534	529,980	106,854	0	0	0	0	0	175.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	7,511,654		1,673,787		131,664		1,000,462	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	0	0	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	945,085	991	58,828	0	0			15.00
16.00	Respiratory Therapy	39,153	0	0	0	0			16.00
17.00	Occupational Therapy	638,592	562	33,362	0	0			17.00
18.00	Speech Therapy	146,659	231	13,713	0	0			18.00
20.00	Pharmacy	402,518	0	0	0	0			20.00
25.00	Laboratory	24,710	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	321,646	193	11,457	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	7,660,659	26,219	1,556,427	529,980	131,664	106,854	1,000,462	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpat Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	2,057	0	0	0	0	0	0	75.00
80.00	Other Nonreimbursable	73,824	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		28,196		529,980		106,854		85.00
90.00	UNIT COST MULTIPLIER**		59.362569		0.248432		9.362888		90.00
95.00	TOTAL COSTS (See instructions)	10,254,903		1,673,787		131,664		1,000,462	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		220,414		4,485,327		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			0	0	0	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			1,003,913	339,040	1,342,953	15.00
16.00	Respiratory Therapy			39,153	13,223	52,376	16.00
17.00	Occupational Therapy			671,954	226,932	898,886	17.00
18.00	Speech Therapy			160,372	54,161	214,533	18.00
20.00	Pharmacy			402,518	135,938	538,456	20.00
25.00	Laboratory			24,710	8,345	33,055	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			333,103	112,495	445,598	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	7,660,659	220,414	10,569,626	3,569,566	14,139,192	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			2,057	695	2,752		75.00
80.00	Other Nonreimbursable			73,824	24,932	98,756		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	7,660,659		13,281,230				85.00
90.00	UNIT COST MULTIPLIER**	0.028772		0.337719				90.00
95.00	TOTAL COSTS (See instructions)		220,414		4,485,327	17,766,557		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	14,139,192	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	36,115	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	391.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	3,746	209,071	55.81	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	12,275	685,589	55.85	25.00
30.00	Licensed Vocational Nurses	40,052	1,529,377	38.18	30.00
35.00	Nurse Assistants (Aides and Orderlies)	75,247	1,523,035	20.24	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	5,808	210,912	36.31	60.00
65.00	Subtotal (Sum of lines 5 through 60)	137,128	4,157,984	30.32	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	25,626	1,291,229	50.39	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	25,626	1,291,229	50.39	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,539	73,930	29.12	250.00
255.00	Housekeeping	13,982	254,051	18.17	255.00
260.00	Laundry and Linen	4,489	79,315	17.67	260.00
265.00	Dietary	23,226	474,249	20.42	265.00
270.00	Social Services	2,365	70,683	29.89	270.00
275.00	Activities	4,732	95,139	20.11	275.00
280.00	Inservice Education - Nursing	0	0	0.00	280.00
285.00	Administration	23,449	805,113	34.33	285.00
290.00	Subtotal (Sum of lines 250 through 285)	74,782	1,852,480	24.77	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	237,536	7,301,693	30.74	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.

Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,834	48,449	26.42	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

		All Employees	Direct Nursing Employees*	Nurse Assistants	
		1.00	2.00	3.00	
605.00	Number of employees at beginning of period	168	128	55	605.00
610.00	Number of employees at end of period	159	116	53	610.00
615.00	Average number of employees (See instructions)	165	122	54	615.00
620.00	Total number of people employed during the period **	225	168	66	620.00
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	36.36	37.70	22.22	625.00
630.00	Number of employees with continuous service for entire reporting period	119	88	44	630.00

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.


Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Exhibit 6 to Section 999.5(d)(5)(C)

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (PALM DESERT)	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 4:21 pm MCRIF32: LTCIR Version: 44.5.169.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF PALM DESERT CA. LLC		2. State License Number: 250000317		3. Medi-Cal Provider Number: LTC55339F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (PALM DESERT)				5. Facility Business Phone: (760)341-0261	
6. Facility Street Address: 74-350 COUNTRY CLUB DR.		7. City: PALM DESERT		8. Zip Code: 922600000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MICHELLE SAVELKOUL					
13. Report Contact Person: KIMBERLY COUSINO				14. Phone Number: (419)252-5796	
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2019		26. Reporting Period End: 05/31/2020			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES (PALM DESERT)
 (Name of Individual) Name of Facility (D.B.A.)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES (PALM DESERT)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 74-350 COUNTRY CLUB DR.

PALM DESERT, CA 922600000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	02/09/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	10/01/1990	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name:
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	42.00
43.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	43.00
44.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN D. ALLEN	DIRECTOR	130.00
131.00	KATHRYN S. HOOPS	VICE PRESIDENT	131.00
132.00	ELIZABETH M. KACZOR	VICE PRESIDENT	132.00
133.00	RAMI UBAYDI	PRESIDENT	133.00
134.00	THOMAS R. KILE	TREASURER	134.00
135.00	PATRICIA A. MCCORMICK	SECRETARY	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A

366.00 Address: 1

367.00 City: A

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	7,926	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	260,291	371.00
372.00	Interest Added / Earned	14	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	260,305	373.00
374.00	Total Trust Account Expenditures	239,194	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	29,037	375.00

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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	4,781	24,141	526	16,613	5,544	51,605	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		4,781	24,141	526	16,613	5,544	51,605	70.00

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	3,025,612		8,678,880		140,640		8,391,294			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		3,025,612		8,678,880		140,640		8,391,294			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	14,980	0	51,240	0	0	0	7,560	0		110.00
115.00	Physical Therapy	4200	777,350	0	8,200	0	2,200	0	2,288,624	0		115.00
120.00	Respiratory Therapy	4220	85,220	0	776,939	0	13,862	0	328,066	0		120.00
125.00	Occupational Therapy	4250	743,700	0	8,300	0	0	0	2,057,722	0		125.00
130.00	Speech Therapy	4280	68,300	0	50	0	650	0	194,098	0		130.00
135.00	Pharmacy	4300	476,954	0	25,163	0	0	0	1,643,730	0		135.00
140.00	Laboratory	4400	36,468	0	18,896	0	0	0	185,327	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	14,392	0	8,148	0	1,256	0	87,673	0		155.00
170.00	Subtotal (Lines 105 through 155)		2,217,364	0	896,936	0	17,968	0	6,792,800	0		170.00
175.00	Total (Lines 70 and 170)		5,242,976	0	9,575,816	0	158,608	0	15,184,094	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	2,017,652		22,254,078								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	2,017,652		22,254,078								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	89,320	0	163,100	0							110.00
115.00	Physical Therapy	1,700	0	3,078,074	0							115.00
120.00	Respiratory Therapy	176,955	0	1,381,042	0							120.00
125.00	Occupational Therapy	2,250	0	2,811,972	0							125.00
130.00	Speech Therapy	700	0	263,798	0							130.00
135.00	Pharmacy	0	0	2,145,847	0							135.00
140.00	Laboratory	939	0	241,630	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	894,823	0	1,006,292	0							155.00
170.00	Subtotal (Lines 105 through 155)	1,166,687	0	11,091,755	0							170.00
175.00	Total (Lines 70 and 170)	3,184,339	0	33,345,833	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	3,419									205.00
210.00	Administrative Adjustments	5200	0									210.00

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	2,066,156		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	3,470,214		220.00
222.00	Contractual Adjustments - Managed Care	5330	7,325,217		222.00
225.00	Contractual Adjustments - Other	5340	848,399		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		13,713,405		240.00

Facility D.B.A. Name:
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	178	5.00
10.00	Average (Monthly average)	178	10.00
Available Beds:			
20.00	End of Period	178	20.00
25.00	Average (Monthly average)	178	25.00
40.00	Admissions (Excluding transfers)	1,582	40.00
45.00	Discharges (Excluding transfers)	1,572	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	79.21	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	2,200	1,040	0	2,200	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,356,046	2,962,520	0	2,356,046	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-555,065	-491,289	0	-555,065	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	182,559	6,089	0	182,559	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	123,475	103,994	0	123,475	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,109,215	2,582,354	0	2,109,215	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	0	0	0	0	0	95.00
100.00	Land improvements	1210	505,495	505,495	0	505,495	0	100.00
105.00	Buildings and improvements	1220	8,214,817	8,095,559	0	8,214,817	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-7,348,189	-7,044,628	0	-7,348,189	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,825,186	3,626,530	0	3,825,186	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,453,966	-3,306,171	0	-3,453,966	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		1,743,343	1,876,785	0	1,743,343	0	135.00
140.00	Construction-in-progress	1250	280,914	87,471	0	280,914	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	42,000	42,000	0	42,000	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		42,000	42,000	0	42,000	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		4,175,472	4,588,610	0	4,175,472	0	200.00
* From Page 5.4 ** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		476,797	97,975				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	713,586	366,242	0	713,586	0	10.00
15.00	Accrued compensation and related liabilities	2020	1,037,127	978,744	0	1,037,127	0	15.00
20.00	Other accrued liabilities	2030	359,559	548,150	0	359,559	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,110,272	1,893,136	0	2,110,272	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	5,306,737	3,141,018	0	5,306,737	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		5,306,737	3,141,018	0	5,306,737	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		5,306,737	3,141,018	0	5,306,737	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		7,417,009	5,034,154	0	7,417,009	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	753,668	753,668	0	753,668	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-3,995,205	-1,199,212	0	-3,995,205	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-3,241,537	-445,544	0	-3,241,537	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		4,175,472	4,588,610	0	4,175,472	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2,019	5,306,737	2,020	0.00	5,306,737	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-445,544	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-445,544	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-2,739,808					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT	-56,177	0	0	0		21.00
22.00	ROUNDING	-8	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-2,795,993	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-3,241,537	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	22,254,078	22,987,812	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	11,091,755	12,134,424	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	13,713,405	15,140,750	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	19,632,428	19,981,486	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	4,116	11,929	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	19,636,544	19,993,415	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	8,793,877	7,773,327	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	8,793,877	7,773,327	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	201	0	72.00
75.00	Physical Therapy	8200	1,220,229	1,419,419	75.00
76.00	Respiratory Therapy	8220	36,195	22,902	76.00
77.00	Occupational Therapy	8250	1,063,846	1,216,275	77.00
78.00	Speech Therapy	8280	334,637	382,345	78.00
80.00	Pharmacy	8300	991,074	1,262,103	80.00
85.00	Laboratory	8400	202,332	251,348	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	177,300	128,529	95.00
100.00	Total Ancillary Services	Lines 70 through 95	4,025,814	4,682,921	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	664,772	630,940	105.00
110.00	Housekeeping	6300	328,674	343,169	110.00
115.00	Laundry and Linen	6400	129,619	132,530	115.00
120.00	Dietary	6500	1,228,303	1,365,012	120.00
125.00	Social Services	6600	219,742	253,459	125.00
130.00	Activities	6700	114,920	117,126	130.00
135.00	Inservice Education - Nursing	6800	136,643	47,389	135.00
140.00	Administration	6900	4,493,749	4,544,826	140.00
145.00	Total Support Services	Lines 105 through 140	7,316,422	7,434,451	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	451,356	418,088	155.00
160.00	Leases and Rentals	7200	79,264	69,113	160.00
165.00	Property Taxes	7300	155,958	126,073	165.00
170.00	Property Insurance	7400	6,126	5,776	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,264,065	1,072,408	175.00
180.00	Total Property Expenses	Lines 155 through 175	1,956,769	1,691,458	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	474,736	24,352	190.00
195.00	Total Other Expenses	Lines 185 + 190	474,736	24,352	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	22,567,618	21,606,509	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-2,931,074	-1,613,094	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	191,266	97,899	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-2,739,808	-1,515,195	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-2,739,808	-1,515,195	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-2,739,808	-1,515,195	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses.

X

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-2,739,808	-1,515,195	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	451,356	418,088	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	670,250	281,196	20.00
25.00	Change in receivables from third-party payors	-176,470	-6,089	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-19,481	-6,197	40.00
45.00	Change in accounts payable	347,344	-40,695	45.00
50.00	Change in accrued compensation and related liabilities	58,383	149,218	50.00
55.00	Change in other accrued liabilities	-188,591	171,933	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	1,142,791	967,454	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-1,597,017	-547,741	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-511,357	-42,083	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	-8	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-511,365	-42,083	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	2,165,719	451,389	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	ADJ 1 PROPERTY TAXES	-9,981	34,204	175.00
180.00	ADJ 2 BONUS	-7,510	255,930	180.00
185.00	ADJ 3 ASSET ADJUST	284,115	-195,643	185.00
190.00	ADJ 6 WORKER COMP AND GROUP INSURANC	-322,801	132	190.00
195.00	PRIOR YEAR AUDIT	0	35,079	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	2,109,542	581,091	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	1,160	-8,733	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	1,040	9,773	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	2,200	1,040	215.00

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	132,220	27,554	504,998	664,772	0	0	0	5.00
10.00	Housekeeping	6300	236,292	58,608	33,774	328,674	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			303,561	303,561	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			147,795	147,795	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			79,264	79,264	0	0	0	35.00
40.00	Property Taxes	7300			155,958	155,958	0	0	0	40.00
45.00	Property Insurance	7400			6,126	6,126	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,264,065	1,264,065	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	74,035	18,342	37,242	129,619	0	0	0	60.00
65.00	Dietary	6500	607,335	148,897	472,071	1,228,303	0	0	0	65.00
70.00	Provision for Bad Debts	7700			474,736	474,736	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	201	201		0		77.00
80.00	Physical Therapy	8200	954,342	235,516	30,371	1,220,229		0		80.00
81.00	Respiratory Therapy	8220	0	0	36,195	36,195		0		81.00
82.00	Occupational Therapy	8250	853,423	210,299	124	1,063,846		0		82.00
83.00	Speech Therapy	8280	267,729	66,908	0	334,637		0		83.00
85.00	Pharmacy	8300	0	0	991,074	991,074		0		85.00
90.00	Laboratory	8400	0	0	202,332	202,332		0		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	19,632	5,534	152,134	177,300		0		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	5,813,049	1,446,804	1,534,024	8,793,877		0		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					17,602,564	0			150.00
155.00	Social Services	6600	176,869	42,873	0	219,742	0	0	0	155.00
160.00	Activities	6700	89,406	21,588	3,926	114,920	0	0	0	160.00
165.00	Administration	6900	1,305,889	236,652	2,951,208	4,493,749	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	107,732	28,911	0	136,643	0	0	0	170.00
175.00	Total (See Instructions)		10,637,953	2,548,486	9,381,179	22,567,618	0	0	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				371,624					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			232,437	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			28,179	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	664,772	450	664,322	-152,524	512,248	5.00
10.00	Housekeeping	6300	0.000000	0	328,674	0	328,674	1,672	330,346	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	303,561	0	303,561	0	303,561	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	147,795	0	147,795	0	147,795	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	79,264	0	79,264	0	79,264	35.00
40.00	Property Taxes	7300	0.000000	0	155,958	0	155,958	0	155,958	40.00
45.00	Property Insurance	7400	0.000000	0	6,126	0	6,126	0	6,126	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,264,065	0	1,264,065	-1,257,988	6,077	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	129,619	0	129,619	196	129,815	60.00
65.00	Dietary	6500	0.000000	0	1,228,303	3,555	1,224,748	-3,275	1,225,028	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	474,736	0	474,736	-474,736	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			201	0	201	0	201	77.00
80.00	Physical Therapy	8200			1,220,229	0	1,220,229	1,530	1,221,759	80.00
81.00	Respiratory Therapy	8220			36,195	0	36,195	0	36,195	81.00
82.00	Occupational Therapy	8250			1,063,846	0	1,063,846	1,388	1,065,234	82.00
83.00	Speech Therapy	8280			334,637	0	334,637	494	335,131	83.00
85.00	Pharmacy	8300			991,074	0	991,074	0	991,074	85.00
90.00	Laboratory	8400			202,332	0	202,332	0	202,332	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			177,300	0	177,300	-58,409	118,891	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			8,793,877	111	8,793,766	52,533	8,846,410	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							1,297	1,297	140.00
145.00	Other Nonreimbursable***							73,306	73,306	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	219,742	0	219,742	687	220,429	155.00
160.00	Activities	6700	0.000000	0	114,920	0	114,920	0	114,920	160.00
165.00	Administration	6900	0.000000	0	4,493,749	0	4,493,749	-388,241	4,105,508	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	136,643	0	136,643	0	136,643	170.00
175.00	Total (See Instructions)			0	22,567,618	4,116	22,563,502	-2,202,070	20,365,548	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	450	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	3,555	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	0	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME	5990	111	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		4,116		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals	65	B	-3,555	-3,555	OFFSET MEAL INCOME	15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-15,775	-15,775	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-474,736	-474,736	REMOVE BAD DEBT	75.00
80.00	Rental of Space	5	B	-135,410	-135,410	OFFSET RENTAL INCOME	80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	1,152	1,152	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-1,602	-1,602	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER MISC INCOME	165	B	-111	-111	OFFSET MISC INCOME	140.00
141.00	HOME OFFICE COSTS	165	A	55,656	55,656	ADJ PER HOME OFFICE COST REPOR	141.00
142.00	HOME OFFICE POOLED INTEREST	50	A	6,077	6,077	ADJ PER HOME OFFICE COST REPOR	142.00
143.00	BEAUTY AND BARBER	100	B	-1,256	-1,256	OFFSET B&B INCOME	143.00
144.00	OTHER ANCILLARY	100	A	-1,297	-1,297	RECLASS BEAUTY AND BARBER	144.00
145.00	BEAUTY AND BARBER	140	A	1,297	1,297	RECLASS BEAUTY AND BARBER	145.00
146.00	ADMINISTRATION	165	A	-26,823	-26,823	ADJ LIABILITY INS TO ALLOWABLE	146.00
147.00	ADMINISTRATION	165	A	-5,818	-5,818	REMOVE LEGAL COST	147.00
148.00	ADMINISTRATION	165	A	-243,170	-243,170	REMOVE MARKETING COSTS	148.00
149.00	ADMINISTRATION	165	A	-59,024	-59,024	RECLASS WAGES ADMISSIONS/MRKT	149.00
150.00	NON-REIMBURABLE	145	A	59,024	59,024	RECLASS WAGES ADMISSIONS/MRKT	150.00
151.00	ADMINISTRATION	165	A	-14,282	-14,282	RECLASS PROH ADMISSIONS/MRKT	151.00
152.00	NON-REIMBURABLE	145	A	14,282	14,282	RECLASS PROH ADMISSIONS/MRKT	152.00
153.00	ADMINISTRATION	165	A	-8,908	-8,908	REMOVE NON-ALLOW ADVERTISING	153.00
154.00	ADMINISTRATION	165	A	-3,122	-3,122	REMOVE NON-ALLOWABLE DUES	154.00
155.00	ADMINISTRATION	165	A	-19,597	-19,597	REMOVE CUSTOMER REIMBUREMENT	155.00
156.00	ADMINISTRATION	165	A	-56,111	-56,111	REMOVE PENALTIES	156.00
157.00	ACTIVITIES	160	B	0	0	OFFSET ACTIVITIES INCOME	157.00
158.00	ADMINISTRATION	165	B	0	0	OFFSET TRANSPORTATION INCOME	158.00
159.00	OTHER ANCILLARY	100	B	-55,856	-55,856	OFFSET ADULT DAY CARE INCOME	159.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
160.00	ADMINISTRATION	165	A	-4,235	-4,235	REMOVE NON-ALLOW ADVERTISING	160.00
161.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW EXPENSE	161.00
162.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON-ALLOW EXPENSE	162.00
163.00	INTPROPLTEQUIP	50	A	-1,264,065	-1,264,065	REMOVE NON-ALLOW EXPENSE	163.00
164.00	SKILLED NURSING	105	A	52,533	52,533	ADD PPE EXPENSE DISTRIBUTED T	164.00
165.00	PLT'OP AND MAINT	5	A	263	263	ADD PPE EXPENSE DISTRIBUTED T	165.00
166.00	HOUSEKEEPING	10	A	1,672	1,672	ADD PPE EXPENSE DISTRIBUTED T	166.00
167.00	LAUNDRY AND LINEN	60	A	196	196	ADD PPE EXPENSE DISTRIBUTED T	167.00
168.00	DIETARY	65	A	280	280	ADD PPE EXPENSE DISTRIBUTED T	168.00
169.00	SOCIAL SERVICES	155	A	687	687	ADD PPE EXPENSE DISTRIBUTED T	169.00
170.00	ADMINISTRATION	165	A	277	277	ADD PPE EXPENSE DISTRIBUTED T	170.00
171.00	PHYSICAL THERAPY	80	A	1,530	1,530	ADD PPE EXPENSE DISTRIBUTED T	171.00
172.00	OCCUPATIONAL THERAPY	82	A	1,388	1,388	ADD PPE EXPENSE DISTRIBUTED T	172.00
173.00	SPEECH THERAPY	83	A	494	494	ADD PPE EXPENSE DISTRIBUTED T	173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber			0	0		200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,202,070	-2,202,070		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	2	0	165	743,240	743,240	0	0	743,240	30.00
31.00	HEARTLAND EMPLOYMENT SCVS, LLC	0	PERSONNEL	2	0	165	10,637,953	10,637,953	0	0	10,637,953	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	2	0	165	-5,306,737	-5,306,737	0	0	-5,306,737	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						6,074,456	6,074,456	0	0	6,074,456	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MICHELLE SAVELKOUL	136,749	24,782	19,022		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	MLYSSA DYER	294	53	0		8	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	132,220	27,554	0	352,474	512,248	5.00
10.00	Housekeeping	6300	236,292	58,608	0	35,446	330,346	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				303,561	303,561	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				147,795	147,795	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				79,264	79,264	35.00
40.00	Property Taxes	7300				155,958	155,958	40.00
45.00	Property Insurance	7400				6,126	6,126	45.00
50.00	Interest - Property, Plant & Equip.	7500				6,077	6,077	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	74,035	18,342	0	37,438	129,815	60.00
65.00	Dietary	6500	607,335	148,897	0	468,796	1,225,028	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	201	201	77.00
80.00	Physical Therapy	8200	954,342	235,516	-983	32,884	1,221,759	80.00
81.00	Respiratory Therapy	8220	0	0	0	36,195	36,195	81.00
82.00	Occupational Therapy	8250	853,423	210,299	0	1,512	1,065,234	82.00
83.00	Speech Therapy	8280	267,729	66,908	0	494	335,131	83.00
85.00	Pharmacy	8300	0	0	0	991,074	991,074	85.00
90.00	Laboratory	8400	0	0	0	202,332	202,332	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	19,632	5,534	0	93,725	118,891	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	5,813,049	1,446,804	1,121,042	465,515	8,846,410	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	1,297	0	1,297	140.00
145.00	Other Nonreimbursable		59,024	14,282	0	0	73,306	145.00
155.00	Social Services	6600	176,869	42,873	0	687	220,429	155.00
160.00	Activities	6700	89,406	21,588	981	2,945	114,920	160.00
165.00	Administration	6900	1,171,021	203,358	90,687	1,166,314	2,631,380	165.00
166.00	Medical Records - Salaries and Wages ***	6900	75,844	19,012	0	-342	94,514	166.00
167.00	DPH Licensing Fees ***	6900				138,481	138,481	167.00
168.00	Liability Insurance ***	6900				437,158	437,158	168.00
169.00	Quality Assurance Fees ***	6900				803,975	803,975	169.00
170.00	Inservice Education - Nursing	6800	107,732	28,911	0	0	136,643	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		10,637,953	2,548,486	1,213,024	5,966,085	20,365,548	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

	1.00	2.00
5.00	Total Licensed Beds Prior to Modification(s):	178
10.00	Total Licensed Beds End of Period:	178
15.00	Total Unlicensed Beds End of Period (e.g., residential care):	0

CAPITAL THRESHOLD 89,000
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

Enter Data for each Bed Addition Project Completed During the Report Period			
	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00	Number of New Licensed Beds	0	0
30.00	Date Placed into Service		
35.00	Total Costs	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

		1.00							
50.00	Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):								
55.00	Date Placed in Service (e.g., when was project completed and available for resident use?)								
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
56.00					0	0	0	0	0
57.00					0	0	0	0	0
58.00					0	0	0	0	0
59.00					0	0	0	0	0
60.00					0	0	0	0	0
61.00					0	0	0	0	0
62.00					0	0	0	0	0
63.00					0	0	0	0	0
64.00					0	0	0	0	0
65.00					0	0	0	0	0
66.00					0	0	0	0	0
67.00					0	0	0	0	0
68.00					0	0	0	0	0
69.00					0	0	0	0	0
70.00					0	0	0	0	0
71.00					0	0	0	0	0
72.00					0	0	0	0	0
73.00					0	0	0	0	0
74.00					0	0	0	0	0
75.00					0	0	0	0	0
76.00	Total Project 1 Costs					0			

90.00	Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):								
95.00	Date Placed in Service (e.g., when was project completed and available for resident use?)								
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
96.00					0	0	0	0	0
97.00					0	0	0	0	0
98.00					0	0	0	0	0
99.00					0	0	0	0	0
100.00					0	0	0	0	0
101.00					0	0	0	0	0
102.00					0	0	0	0	0
103.00					0	0	0	0	0
104.00					0	0	0	0	0
105.00					0	0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	1,220	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	176	176	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,727	1,727	1,727	0	0	0	0	0	0	0	60.00
65.00	Dietary	7,253	7,253	7,253	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	425	425	425	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,028	1,028	1,028	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	30,594	30,594	30,594	423,115	153,384	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	190	190	190	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	776	776	776	0	0	0	0	0	0	0	160.00
165.00	Administration	3,587	3,587	3,587	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	46,976	45,756	45,580	423,115	153,384	0	0	0	0	0	175.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	7,473,718		1,541,375		129,815		1,225,028	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	425	20,321	0	0			10.00
12.00	Specialized Support Surf	201	0	0	0	0			12.00
15.00	Physical Therapy	1,221,759	1,028	49,153	0	0			15.00
16.00	Respiratory Therapy	36,195	0	0	0	0			16.00
17.00	Occupational Therapy	1,065,234	0	0	0	0			17.00
18.00	Speech Therapy	335,131	0	0	0	0			18.00
20.00	Pharmacy	991,074	0	0	0	0			20.00
25.00	Laboratory	202,332	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	118,891	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	8,846,410	30,594	1,462,816	423,115	129,815	153,384	1,225,028	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	1,297	190	9,085	0	0	0	0	75.00
80.00	Other Nonreimbursable	73,306	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		32,237		423,115		153,384		85.00
90.00	UNIT COST MULTIPLIER**		47.813847		0.306808		7.986674		90.00
95.00	TOTAL COSTS (See instructions)	12,891,830		1,541,375		129,815		1,225,028	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		471,992		4,105,508		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			20,321	5,131	25,452	10.00
12.00	Specialized Support Surf			201	51	252	12.00
15.00	Physical Therapy			1,270,912	320,894	1,591,806	15.00
16.00	Respiratory Therapy			36,195	9,139	45,334	16.00
17.00	Occupational Therapy			1,065,234	268,962	1,334,196	17.00
18.00	Speech Therapy			335,131	84,618	419,749	18.00
20.00	Pharmacy			991,074	250,237	1,241,311	20.00
25.00	Laboratory			202,332	51,087	253,419	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			118,891	30,019	148,910	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	8,846,410	471,992	12,136,061	3,064,240	15,200,301	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			10,382	2,621	13,003		75.00
80.00	Other Nonreimbursable			73,306	18,509	91,815		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	8,846,410		16,260,040				85.00
90.00	UNIT COST MULTIPLIER**	0.053354		0.252491				90.00
95.00	TOTAL COSTS (See instructions)		471,992		4,105,508	20,365,548		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	15,200,301	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	51,605	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	294.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	6,447	336,588	52.21	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	10,272	593,041	57.73	25.00
30.00	Licensed Vocational Nurses	64,470	2,142,508	33.23	30.00
35.00	Nurse Assistants (Aides and Orderlies)	124,604	2,404,771	19.30	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	8,324	336,141	40.38	60.00
65.00	Subtotal (Sum of lines 5 through 60)	214,117	5,813,049	27.15	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	42,561	2,075,494	48.77	220.00
225.00	Other Salaries and Wages	281	19,632	69.86	225.00
230.00	Subtotal (Sum of lines 200 through 225)	42,842	2,095,126	48.90	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	4,015	132,220	32.93	250.00
255.00	Housekeeping	16,305	236,292	14.49	255.00
260.00	Laundry and Linen	5,539	74,035	13.37	260.00
265.00	Dietary	30,018	607,335	20.23	265.00
270.00	Social Services	7,208	176,869	24.54	270.00
275.00	Activities	5,209	89,406	17.16	275.00
280.00	Inservice Education - Nursing	1,906	107,732	56.52	280.00
285.00	Administration	48,225	1,305,889	27.08	285.00
290.00	Subtotal (Sum of lines 250 through 285)	118,425	2,729,778	23.05	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	375,384	10,637,953	28.34	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,887	46,384	24.58	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	249	190	89
610.00	Number of employees at end of period	238	186	88
615.00	Average number of employees (See instructions)	244	192	93
620.00	Total number of people employed during the period **	396	313	156
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	62.30	63.02	67.74
630.00	Number of employees with continuous service for entire reporting period	150	113	50

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (PALM DESERT)	Report Period End: 05/31/2021	Run Date Time: 11/18/2021 3:05 pm MCRIF32: LTCIR Version: 45.2.172.2	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF PALM DESERT CA. LLC		2. State License Number: 250000317		3. Medi-Cal Provider Number: LTC55339F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (PALM DESERT)				5. Facility Business Phone: (760)341-0261	
6. Facility Street Address: 74-350 COUNTRY CLUB DR.		7. City: PALM DESERT		8. Zip Code: 922600000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MICHELLE SAVELKOUL					
13. Report Contact Person: KIMBERLY COUSINO			14. Phone Number: (419)252-5796		
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2020		26. Reporting Period End: 5/31/2021			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES (PALM DESERT)
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

 MANORCARE HEALTH SERVICES (PALM DESERT)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: _____
 DIRECTOR

Address: _____
 74-350 COUNTRY CLUB DR.

 PALM DESERT 922600000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	02/09/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	10/01/1990	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					
Describe any items which management believes may have a significant effect on the data in this report:						
25.00						
26.00						
27.00						
28.00						
29.00						
30.00						

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization


15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL							
	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	42.00
43.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	43.00
44.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST		
90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (PALM DESERT)	Report Period End: 05/31/2021	Run Date Time: 11/18/2021 3:05 pm MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	DIRECTOR	130.00
131.00	KATHRYN HOOPS	VICE PRESIDENT	131.00
132.00	THOMAS R. KILE	TREASURER	132.00
133.00	DAMIAN RODGERS	SECRETARY	133.00
134.00	ANDREA SYPE	VICE PRESIDENT	134.00
135.00	RAMI UBAYDI	PRESIDENT	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No

(If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company:

210.00 Address:

215.00 City:

220. State:

225. Zip:

230.00 Phone No.:

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

		Account Description	Account Number	Amount	Explanation of Allocations	
		1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:						
340.00				0		340.00
341.00				0		341.00
342.00				0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)			0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:						
344.00				0		344.00
345.00				0		345.00
346.00				0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)			0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)			0		348.00
HOME OFFICE EQUITY ALLOCATIONS:						
ASSET						
349.00				0		349.00
350.00				0		350.00
LIABILITY						
351.00				0		351.00
352.00				0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)			0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A

366.00 Address: 1

367.00 City: A

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	29,037	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	323,928	371.00
372.00	Interest Added / Earned	11	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	323,939	373.00
374.00	Total Trust Account Expenditures	318,162	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	34,814	375.00

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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	2,706	18,144	128	8,624	3,233	32,835	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpatient Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		2,706	18,144	128	8,624	3,233	32,835	70.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	1,900,871		5,317,445		36,002		4,178,513			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		1,900,871		5,317,445		36,002		4,178,513			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	6,860	0	113,820	0	0	0	25,760	0		110.00
115.00	Physical Therapy	4200	443,050	0	9,900	0	6,250	0	1,544,001	0		115.00
120.00	Respiratory Therapy	4220	53,430	0	404,561	0	1,541	0	231,254	0		120.00
125.00	Occupational Therapy	4250	418,000	0	5,200	0	350	0	1,421,830	0		125.00
130.00	Speech Therapy	4280	59,500	0	250	0	100	0	289,275	0		130.00
135.00	Pharmacy	4300	172,084	0	17,102	0	0	0	611,294	0		135.00
140.00	Laboratory	4400	15,883	0	22,757	0	180	0	102,323	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	11,969	0	10,121	0	26	0	93,166	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,180,776	0	583,711	0	8,447	0	4,318,903	0		170.00
175.00	Total (Lines 70 and 170)		3,081,647	0	5,901,156	0	44,449	0	8,497,416	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	991,292		12,424,123								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	991,292		12,424,123								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	4,060	0	150,500	0							110.00
115.00	Physical Therapy	2,250	0	2,005,451	0							115.00
120.00	Respiratory Therapy	120,880	0	811,666	0							120.00
125.00	Occupational Therapy	1,625	0	1,847,005	0							125.00
130.00	Speech Therapy	600	0	349,725	0							130.00
135.00	Pharmacy	1,656	0	802,136	0							135.00
140.00	Laboratory	1,054	0	142,197	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	969,954	0	1,085,236	0							155.00
170.00	Subtotal (Lines 105 through 155)	1,102,079	0	7,193,916	0							170.00
175.00	Total (Lines 70 and 170)	2,093,371	0	19,618,039	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	262									
210.00	Administrative Adjustments	5200	0									

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (PALM DESERT)	Report Period End: 05/31/2021	Run Date Time: 11/18/2021 3:05 pm MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	1,190,845		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	700,010		220.00
222.00	Contractual Adjustments - Managed Care	5330	4,331,406		222.00
225.00	Contractual Adjustments - Other	5340	154,079		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		6,376,602		240.00

Facility D.B.A. Name:
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION			Number	
			1.00	
Licensed Beds:				
5.00	End of Period		178	5.00
10.00	Average (Monthly average)		178	10.00
Available Beds:				
20.00	End of Period		178	20.00
25.00	Average (Monthly average)		178	25.00
40.00	Admissions (Excluding transfers)		593	40.00
45.00	Discharges (Excluding transfers)		628	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)		50.54	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS				
			Total 1.00	Medi-Cal 2.00
100.00	Sub-Acute Care (Ventilator-Dependent)		0	0 100.00
115.00	Other Sub-Acute Care		0	0 115.00
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)		0	0 120.00
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)		0	0 130.00
145.00	Other Sub-Acute Care - Pediatric		0	0 145.00
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)		0	0 150.00
165.00	Transitional Inpatient Care - Medical		0	0 165.00
170.00	Transitional Inpatient Care - Rehabilitation		0	0 170.00
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)		0	0 175.00
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY			Amount	
			1.00	
FOR MEDI-CAL PROVIDERS, ONLY				
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)		0	200.00
205.00	Less: Patient Liability		0	205.00
210.00	Less: Third Party and Other Liability		0	210.00
215.00	Less: Noncovered Charges		0	215.00
240.00	Less: Other		0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)		0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	400	2,200	0	400	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	1,981,639	2,356,046	0	1,981,639	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-409,837	-555,065	0	-409,837	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	182,559	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	133,822	123,475	0	133,822	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,706,024	2,109,215	0	1,706,024	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	0	0	0	0	0	95.00
100.00	Land improvements	1210	505,495	505,495	0	505,495	0	100.00
105.00	Buildings and improvements	1220	8,503,530	8,214,817	0	8,503,530	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-7,665,851	-7,348,189	0	-7,665,851	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,869,774	3,825,186	0	3,869,774	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,589,212	-3,453,966	0	-3,589,212	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		1,623,736	1,743,343	0	1,623,736	0	135.00
140.00	Construction-in-progress	1250	269,226	280,914	0	269,226	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	42,000	42,000	0	42,000	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		42,000	42,000	0	42,000	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		3,640,986	4,175,472	0	3,640,986	0	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		220,706	476,797				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	800,015	713,586	0	800,015	0	10.00
15.00	Accrued compensation and related liabilities	2020	858,315	1,037,127	0	858,315	0	15.00
20.00	Other accrued liabilities	2030	622,611	359,559	0	622,611	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,280,941	2,110,272	0	2,280,941	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	8,888,395	5,306,737	0	8,888,395	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		8,888,395	5,306,737	0	8,888,395	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		8,888,395	5,306,737	0	8,888,395	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		11,169,336	7,417,009	0	11,169,336	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	753,668	753,668	0	753,668	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-8,282,018	-3,995,205	0	-8,282,018	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-7,528,350	-3,241,537	0	-7,528,350	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		3,640,986	4,175,472	0	3,640,986	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

Facility D.B.A. Name:
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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	8,888,395	2021	0.00	8,888,395	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-3,241,537	0	0	0	1.00	
2.00	Prior period audit adjustments	0	0	0	0	2.00	
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	3.00	
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	4.00	
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	5.00	
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	6.00	
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-3,241,537	0	0	0	7.00	
Additions (deductions):							
8.00	Net income (loss)	-3,993,700				8.00	
9.00	Capital contributions	0				9.00	
10.00	Proceeds from sale of stock	0				10.00	
11.00	Owners' draw	0				11.00	
12.00	Restricted contributions and grants		0	0	0	12.00	
13.00	Restricted investment income		0	0	0	13.00	
14.00	Expenditures for specific purposes		0	0	0	14.00	
15.00	Dividends declared	0				15.00	
16.00	Donated property, plant, and equipment	0	0	0		16.00	
17.00	Acquisitions of pooled companies	0				17.00	
18.00	Stock options exercised	0				18.00	
19.00	Related party transfers	0				19.00	
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0	20.00	
21.00	COST REPORT AJES P&L INPACT AND ROUN	284,745	0	0	0	21.00	
22.00	OFFSET CARES ACT REVENUE	-577,858	0	0	0	22.00	
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-4,286,813	0	0	0	23.00	
Transfers:							
25.00	Property and equipment additions	0	0	0	0	25.00	
26.00	Principal payments on long-term debt	0	0	0	0	26.00	
27.00	OTHER (DESCRIBE)	0	0	0	0	27.00	
28.00	OTHER (DESCRIBE)	0	0	0	0	28.00	
29.00	OTHER (DESCRIBE)	0	0	0	0	29.00	
30.00	OTHER (DESCRIBE)	0	0	0	0	30.00	
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	31.00	
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-7,528,350	0	0	0	32.00	

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	12,424,123	22,254,078	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	7,193,916	11,091,755	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	6,376,602	13,713,405	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	13,241,437	19,632,428	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	578,237	4,116	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	13,819,674	19,636,544	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	6,894,677	8,793,877	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	6,894,677	8,793,877	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	201	72.00
75.00	Physical Therapy	8200	852,323	1,220,229	75.00
76.00	Respiratory Therapy	8220	20,537	36,195	76.00
77.00	Occupational Therapy	8250	744,474	1,063,846	77.00
78.00	Speech Therapy	8280	327,236	334,637	78.00
80.00	Pharmacy	8300	387,529	991,074	80.00
85.00	Laboratory	8400	177,981	202,332	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	129,543	177,300	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,639,623	4,025,814	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	597,431	664,772	105.00
110.00	Housekeeping	6300	331,768	328,674	110.00
115.00	Laundry and Linen	6400	112,222	129,619	115.00
120.00	Dietary	6500	1,009,971	1,228,303	120.00
125.00	Social Services	6600	168,580	219,742	125.00
130.00	Activities	6700	119,934	114,920	130.00
135.00	Inservice Education - Nursing	6800	10,153	136,643	135.00
140.00	Administration	6900	3,755,875	4,493,749	140.00
145.00	Total Support Services	Lines 105 through 140	6,105,934	7,316,422	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	452,908	451,356	155.00
160.00	Leases and Rentals	7200	48,610	79,264	160.00
165.00	Property Taxes	7300	163,009	155,958	165.00
170.00	Property Insurance	7400	6,123	6,126	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,257,924	1,264,065	175.00
180.00	Total Property Expenses	Lines 155 through 175	1,928,574	1,956,769	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	298,599	474,736	190.00
195.00	Total Other Expenses	Lines 185 + 190	298,599	474,736	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	17,867,407	22,567,618	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-4,047,733	-2,931,074	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	54,033	191,266	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-3,993,700	-2,739,808	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-3,993,700	-2,739,808	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-3,993,700	-2,739,808	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

Facility D.B.A. Name:
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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-3,993,700	-2,739,808	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	452,908	451,356	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	229,179	670,250	20.00
25.00	Change in receivables from third-party payors	182,559	-176,470	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-10,347	-19,481	40.00
45.00	Change in accounts payable	86,429	347,344	45.00
50.00	Change in accrued compensation and related liabilities	-178,812	58,383	50.00
55.00	Change in other accrued liabilities	263,052	-188,591	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	1,024,968	1,142,791	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-2,968,732	-1,597,017	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-321,613	-511,357	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	-9	-8	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-321,622	-511,365	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	3,581,658	2,165,719	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS, PTAX CASE BASIS AJE 1&2	-74,083	-9,981	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	237,544	-7,510	180.00
185.00	OFFSET CARES ACT REVENUE	-577,858	284,115	185.00
190.00	WC & GROUP INS AJE 6	121,293	-322,801	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	3,288,554	2,109,542	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-1,800	1,160	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	2,200	1,040	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	400	2,200	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	107,876	33,201	456,354	597,431	0	0	0	5.00
10.00	Housekeeping	6300	227,985	79,111	24,672	331,768	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			317,662	317,662	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			135,246	135,246	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			48,610	48,610	0	0	0	35.00
40.00	Property Taxes	7300			163,009	163,009	0	0	0	40.00
45.00	Property Insurance	7400			6,123	6,123	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,257,924	1,257,924	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	67,692	23,447	21,083	112,222	0	0	0	60.00
65.00	Dietary	6500	483,430	166,927	359,614	1,009,971	0	0	0	65.00
70.00	Provision for Bad Debts	7700			298,599	298,599	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	619,233	211,455	21,635	852,323		852,323		80.00
81.00	Respiratory Therapy	8220	0	0	20,537	20,537		20,537		81.00
82.00	Occupational Therapy	8250	553,959	188,858	1,657	744,474		744,474		82.00
83.00	Speech Therapy	8280	241,778	84,869	589	327,236		327,236		83.00
85.00	Pharmacy	8300	0	0	387,529	387,529		387,529		85.00
90.00	Laboratory	8400	0	0	177,981	177,981		177,981		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	6,248	2,249	121,046	129,543		129,543		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	3,747,011	1,300,740	1,846,926	6,894,677		6,894,677		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					13,812,865	0			150.00
155.00	Social Services	6600	125,422	42,301	857	168,580	0	0	0	155.00
160.00	Activities	6700	87,058	30,492	2,384	119,934	0	0	0	160.00
165.00	Administration	6900	1,274,645	346,816	2,134,414	3,755,875	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	7,450	2,703	0	10,153	0	0	0	170.00
175.00	Total (See Instructions)		7,549,787	2,513,169	7,804,451	17,867,407	0	9,534,300	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				260,853					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			224,423	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			135,222	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	597,431	196	597,235	-16,456	580,975	5.00
10.00	Housekeeping	6300	0.000000	0	331,768	10,174	321,594	0	331,768	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	317,662	0	317,662	0	317,662	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	135,246	0	135,246	0	135,246	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	48,610	0	48,610	0	48,610	35.00
40.00	Property Taxes	7300	0.000000	0	163,009	0	163,009	0	163,009	40.00
45.00	Property Insurance	7400	0.000000	0	6,123	0	6,123	0	6,123	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,257,924	0	1,257,924	-1,257,901	23	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	112,222	0	112,222	0	112,222	60.00
65.00	Dietary	6500	0.000000	0	1,009,971	183	1,009,788	-183	1,009,788	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	298,599	0	298,599	-298,599	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			852,323	10,667	841,656	0	852,323	80.00
81.00	Respiratory Therapy	8220			20,537	0	20,537	0	20,537	81.00
82.00	Occupational Therapy	8250			744,474	0	744,474	0	744,474	82.00
83.00	Speech Therapy	8280			327,236	10,371	316,865	0	327,236	83.00
85.00	Pharmacy	8300			387,529	0	387,529	0	387,529	85.00
90.00	Laboratory	8400			177,981	0	177,981	0	177,981	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			129,543	0	129,543	-54,033	75,510	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			6,894,677	491,359	6,403,318	0	6,894,677	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							0	0	140.00
145.00	Other Nonreimbursable***							68,994	68,994	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	168,580	0	168,580	0	168,580	155.00
160.00	Activities	6700	0.000000	0	119,934	0	119,934	0	119,934	160.00
165.00	Administration	6900	0.000000	0	3,755,875	55,287	3,700,588	-452,657	3,303,218	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	10,153	0	10,153	0	10,153	170.00
175.00	Total (See Instructions)			0	17,867,407	578,237	17,289,170	-2,010,835	15,856,572	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	196	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	183	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	0		75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISCELLANEOUS INCOME	5990	10,174	10	85.00
90.00	CARES ACT REVENUE	5990	55,287	165	90.00
95.00	CARES ACT REVENUE	5990	512,397	Various	95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		578,237		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals	65	B	-183	-183	OFFSET MEAL INCOME	15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-15,472	-15,472	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-298,599	-298,599	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	788	788	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-984	-984	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	HOME OFFICE COSTS	165	A	244,554	244,554	ADJ PER HOME OFFICE COST RPT	140.00
141.00	HOME OFFICE POOLED INTEREST	50	A	23	23	ADJ PER HOME OFFICE COST RPT	141.00
142.00	ADMINISTRATION	165	A	1,220	1,220	ADJ LIABILITY INS TO ALLOWABLE	142.00
143.00	ADMINISTRATION	165	A	-214,626	-214,626	REMOVE LEGAL COST	143.00
144.00	ADMINISTRATION	165	A	-263,800	-263,800	REMOVE MARKETING COSTS	144.00
145.00	ADMINISTRATION	165	A	-51,592	-51,592	RECLASS WAGES ADMISS/MKT	145.00
146.00	NON-REIMBURABLE	145	A	51,592	51,592	RECLASS WAGES ADMISSIONS/MRKT	146.00
147.00	ADMINISTRATION	165	A	-17,402	-17,402	RECLASS PROH ADMISSIONS/MRKT	147.00
148.00	NON-REIMBURABLE	145	A	17,402	17,402	RECLASS PROH ADMISSIONS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-2,976	-2,976	REMOVE NON-ALLOW ADVERTISING	149.00
150.00	ADMINISTRATION	165	A	-2,873	-2,873	REMOVE NON-ALLOWABLE DUES	150.00
151.00	ADMINISTRATION	165	A	-21,630	-21,630	REMOVE CUSTOMER REIMBURSEMENT	151.00
152.00	ADMINISTRATION	165	A	-120,195	-120,195	REMOVE PENALTIES	152.00
153.00	OTHER ANCILLARY	100	B	-54,033	-54,033	OFFSET ADULT DAY CARE INCOME	153.00
154.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON ALLOWABLE EXPENSE	154.00
155.00	INTPROPLTEQUIP	50	A	-1,257,924	-1,257,924	REMOVE NON ALLOWABLE EXPENSE	155.00
156.00	OTHER (SPECIFY)			0	0		156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
162.00	OTHER (SPECIFY)			0	0		162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber			0	0		200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,010,835	-2,010,835		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	716,298	716,298	0	0	716,298	30.00
31.00	HEARTLAND EMPLOYMENT SCVS, LLC	0	PERSONNEL	Yes	0	165	7,549,787	7,549,787	0	0	7,549,787	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-8,888,395	-8,888,395	0	0	-8,888,395	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						-622,310	-622,310	0	0	-622,310	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MICHELLE SAVELKOUL	139,000	37,820	26,072		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	107,876	33,201	0	439,898	580,975	5.00
10.00	Housekeeping	6300	227,985	79,111	0	24,672	331,768	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				317,662	317,662	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				135,246	135,246	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				48,610	48,610	35.00
40.00	Property Taxes	7300				163,009	163,009	40.00
45.00	Property Insurance	7400				6,123	6,123	45.00
50.00	Interest - Property, Plant & Equip.	7500				23	23	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	67,692	23,447	0	21,083	112,222	60.00
65.00	Dietary	6500	483,430	166,927	1,075	358,356	1,009,788	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	619,233	211,455	0	21,635	852,323	80.00
81.00	Respiratory Therapy	8220	0	0	0	20,537	20,537	81.00
82.00	Occupational Therapy	8250	553,959	188,858	0	1,657	744,474	82.00
83.00	Speech Therapy	8280	241,778	84,869	0	589	327,236	83.00
85.00	Pharmacy	8300	0	0	0	387,529	387,529	85.00
90.00	Laboratory	8400	0	0	0	177,981	177,981	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	6,248	2,249	0	67,013	75,510	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	3,747,011	1,300,740	1,149,157	697,769	6,894,677	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	0	0	0	140.00
145.00	Other Nonreimbursable		51,592	17,402	0	0	68,994	145.00
155.00	Social Services	6600	125,422	42,301	0	857	168,580	155.00
160.00	Activities	6700	87,058	30,492	0	2,384	119,934	160.00
165.00	Administration	6900	1,167,477	309,750	74,513	700,670	2,252,410	165.00
166.00	Medical Records - Salaries and Wages ***	6900	55,576	19,664	0	-203	75,037	166.00
167.00	DPH Licensing Fees ***	6900				150,926	150,926	167.00
168.00	Liability Insurance ***	6900				318,334	318,334	168.00
169.00	Quality Assurance Fees ***	6900				506,511	506,511	169.00
170.00	Inservice Education - Nursing	6800	7,450	2,703	0	0	10,153	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		7,549,787	2,513,169	1,224,745	4,568,871	15,856,572	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	178	2.00
10.00	Total Licensed Beds End of Period:		178	
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0	

CAPITAL THRESHOLD 89,000
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project
Completed During the Report Period

Project 1	Project 2	Project 3
1.00	2.00	3.00
25.00 Number of New Licensed Beds	0	0
30.00 Date Placed into Service		
35.00 Total Costs	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00	Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00	HVAC SYSTEM INSTALLATION					
55.00	Date Placed in Service (e.g., when was project completed and available for resident use?):		08/01/2020					
	Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00	HEATING VENTILATION AIR CONDIT		NO	07/31/2020	120	241,710	0	0
57.00					0	0	0	0
58.00					0	0	0	0
59.00					0	0	0	0
60.00					0	0	0	0
61.00					0	0	0	0
62.00					0	0	0	0
63.00					0	0	0	0
64.00					0	0	0	0
65.00					0	0	0	0
66.00					0	0	0	0
67.00					0	0	0	0
68.00					0	0	0	0
69.00					0	0	0	0
70.00					0	0	0	0
71.00					0	0	0	0
72.00					0	0	0	0
73.00					0	0	0	0
74.00					0	0	0	0
75.00					0	0	0	0
76.00	Total Project 1 Costs					241,710		

90.00	Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00						
95.00	Date Placed in Service (e.g., when was project completed and available for resident use?):							
	Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00					0	0	0	0
97.00					0	0	0	0
98.00					0	0	0	0
99.00					0	0	0	0
100.00					0	0	0	0
101.00					0	0	0	0
102.00					0	0	0	0
103.00					0	0	0	0
104.00					0	0	0	0
105.00					0	0	0	0

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	1,220	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	176	176	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,727	1,727	1,727	0	0	0	0	0	0	0	60.00
65.00	Dietary	7,253	7,253	7,253	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	425	425	425	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,028	1,028	1,028	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	30,594	30,594	30,594	423,115	97,608	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	190	190	190	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	776	776	776	0	0	0	0	0	0	0	160.00
165.00	Administration	3,587	3,587	3,587	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	46,976	45,756	45,580	423,115	97,608	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Expenses from Page 10.1, Column 14	Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
			BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	6,307,311		1,583,416		112,222		1,009,788	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	425	20,875	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	852,323	1,028	50,493	0	0			15.00
16.00	Respiratory Therapy	20,537	0	0	0	0			16.00
17.00	Occupational Therapy	744,474	0	0	0	0			17.00
18.00	Speech Therapy	327,236	0	0	0	0			18.00
20.00	Pharmacy	387,529	0	0	0	0			20.00
25.00	Laboratory	177,981	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	75,510	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	6,894,677	30,594	1,502,716	423,115	112,222	97,608	1,009,788	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	0	190	9,332	0	0	0	0	75.00
80.00	Other Nonreimbursable	68,994	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		32,237		423,115		97,608		85.00
90.00	UNIT COST MULTIPLIER**		49.117970		0.265228		10.345341		90.00
95.00	TOTAL COSTS (See instructions)	9,549,261		1,583,416		112,222		1,009,788	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		298,667		3,303,218		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			20,875	5,493	26,368	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			902,816	237,562	1,140,378	15.00
16.00	Respiratory Therapy			20,537	5,404	25,941	16.00
17.00	Occupational Therapy			744,474	195,896	940,370	17.00
18.00	Speech Therapy			327,236	86,107	413,343	18.00
20.00	Pharmacy			387,529	101,972	489,501	20.00
25.00	Laboratory			177,981	46,833	224,814	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			75,510	19,869	95,379	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	6,894,677	298,667	9,818,070	2,583,471	12,401,541	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00

NONREIMBURSABLE COSTS

75.00	Beauty and Barber			9,332	2,456	11,788		75.00
80.00	Other Nonreimbursable			68,994	18,155	87,149		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	6,894,677		12,553,354				85.00
90.00	UNIT COST MULTIPLIER**	0.043318		0.263134				90.00
95.00	TOTAL COSTS (See instructions)		298,667		3,303,218	15,856,572		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	12,401,541	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	32,835	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	377.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	3,747	212,035	56.59	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	4,888	294,160	60.18	25.00
30.00	Licensed Vocational Nurses	40,728	1,392,040	34.18	30.00
35.00	Nurse Assistants (Aides and Orderlies)	85,247	1,670,024	19.59	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	4,465	178,752	40.03	60.00
65.00	Subtotal (Sum of lines 5 through 60)	139,075	3,747,011	26.94	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	28,076	1,414,970	50.40	220.00
225.00	Other Salaries and Wages	87	6,248	71.82	225.00
230.00	Subtotal (Sum of lines 200 through 225)	28,163	1,421,218	50.46	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	3,335	107,876	32.35	250.00
255.00	Housekeeping	13,111	227,985	17.39	255.00
260.00	Laundry and Linen	4,094	67,692	16.53	260.00
265.00	Dietary	23,417	483,430	20.64	265.00
270.00	Social Services	4,416	125,422	28.40	270.00
275.00	Activities	4,470	87,058	19.48	275.00
280.00	Inservice Education - Nursing	144	7,450	51.74	280.00
285.00	Administration	38,459	1,274,645	33.14	285.00
290.00	Subtotal (Sum of lines 250 through 285)	91,446	2,381,558	26.04	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	258,684	7,549,787	29.19	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2


	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,801	48,228	26.78	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	249	190	89
610.00	Number of employees at end of period	238	186	88
615.00	Average number of employees (See instructions)	244	192	93
620.00	Total number of people employed during the period **	396	313	156
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	62.30	63.02	67.74
630.00	Number of employees with continuous service for entire reporting period	150	113	50

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.
Do not include supervisors who provide no direct nursing care.
Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).
This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.
Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (PALM DESERT)	Report Period End: 05/31/2022	Run Date Time: 11/2/2022 4:26 pm MCRIF32: LTCIR Version: 45.7.175.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF PALM DESERT CA. LLC		2. State License Number: 250000317		3. Medi-Cal Provider Number: LTC55339F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (PALM DESERT)				5. Facility Business Phone: (760)341-0261	
6. Facility Street Address: 74-350 COUNTRY CLUB DR.		7. City: PALM DESERT		8. Zip Code: 922600000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MICHELLE SAVELKOUL					
13. Report Contact Person: HOLLY BENNETT				14. Phone Number: (419)254-5388	
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2021		26. Reporting Period End: 05/31/2022			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES (PALM DESERT)
 (Name of Individual) Name of Facility (D.B.A.)
 and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HCAI's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES (PALM DESERT)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 74-350 COUNTRY CLUB DR.

PALM DESERT 922600000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Department of Health Care Access and Information
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	02/09/1989	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF	10/01/1990	X	2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00

26.00

27.00

28.00

29.00

30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	4	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	4	16.00
17.00	PSYCHIATRIC CARE	4	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)Report Period
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)**B. Is this facility a**10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)**C. Name and address of parent organization**

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	42.00
43.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	43.00
44.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	VP BUSINESS OFFICE SUPPORT	130.00
131.00	KATHRYN HOOPS	LITIGATION SUPPORT SPECIALIST	131.00
132.00	TIMOTHY ROBERTS	VP, TREASURY	132.00
133.00	DAMIAN RODGERS	ASST GENERAL COUNSEL	133.00
134.00	ANDREA SYPE	AVP, TAX	134.00
135.00	LUKE PILE	SR VP & COO	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(If "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A

366.00 Address: 1

367.00 City: A

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	34,814	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	298,250	371.00
372.00 Interest Added / Earned	12	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	298,262	373.00
374.00 Total Trust Account Expenditures	310,487	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	22,589	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	1,882	20,711	425	9,397	2,476	34,891	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		1,882	20,711	425	9,397	2,476	34,891	70.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	1,056,969		7,589,246		162,190		5,318,458			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		1,056,969		7,589,246		162,190		5,318,458			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	4,620	0	139,720	0	0	0	56,000	0		110.00
115.00	Physical Therapy	4200	410,250	0	2,750	0	1,025	0	1,733,233	0		115.00
120.00	Respiratory Therapy	4220	38,956	0	503,841	0	4,541	0	190,745	0		120.00
125.00	Occupational Therapy	4250	382,800	0	2,900	0	825	0	1,561,580	0		125.00
130.00	Speech Therapy	4280	63,975	0	0	0	0	0	284,837	0		130.00
135.00	Pharmacy	4300	110,454	0	44,875	0	0	0	735,035	0		135.00
140.00	Laboratory	4400	11,219	0	9,951	0	3	0	79,939	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	9,518	0	5,191	0	0	0	83,539	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,031,792	0	709,228	0	6,394	0	4,724,908	0		170.00
175.00	Total (Lines 70 and 170)		2,088,761	0	8,298,474	0	168,584	0	10,043,366	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	924,281		15,051,144								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	924,281		15,051,144								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	17,500	0	217,840	0							110.00
115.00	Physical Therapy	4,425	0	2,151,683	0							115.00
120.00	Respiratory Therapy	52,344	0	790,427	0							120.00
125.00	Occupational Therapy	900	0	1,949,005	0							125.00
130.00	Speech Therapy	250	0	349,062	0							130.00
135.00	Pharmacy	0	0	890,364	0							135.00
140.00	Laboratory	411	0	101,523	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	851	0	99,099	0							155.00
170.00	Subtotal (Lines 105 through 155)	76,681	0	6,549,003	0							170.00
175.00	Total (Lines 70 and 170)	1,000,962	0	21,600,147	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	4,551									
210.00	Administrative Adjustments	5200	36									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	790,120		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	2,096,236		220.00
222.00	Contractual Adjustments - Managed Care	5330	5,558,305		222.00
225.00	Contractual Adjustments - Other	5340	251,995		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		8,701,243		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	178	5.00
10.00	Average (Monthly average)	178	10.00
Available Beds:			
20.00	End of Period	178	20.00
25.00	Average (Monthly average)	178	25.00
40.00	Admissions (Excluding transfers)	661	40.00
45.00	Discharges (Excluding transfers)	657	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	53.70	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	400	400	0	400	400	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	1,893,750	1,981,639	0	1,893,750	1,981,639	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-352,223	-409,837	0	-352,223	-409,837	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	0	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	7,882	133,822	0	7,882	133,822	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,549,809	1,706,024	0	1,549,809	1,706,024	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	0	0	0	0	0	95.00
100.00	Land improvements	1210	505,495	505,495	0	505,495	505,495	100.00
105.00	Buildings and improvements	1220	8,546,313	8,503,530	0	8,546,313	8,503,530	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-7,950,479	-7,665,851	0	-7,950,479	-7,665,851	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,887,717	3,869,774	0	3,887,717	3,869,774	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,696,204	-3,589,212	0	-3,696,204	-3,589,212	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		1,292,842	1,623,736	0	1,292,842	1,623,736	135.00
140.00	Construction-in-progress	1250	283,047	269,226	0	283,047	269,226	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	42,000	0	0	42,000	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	42,000	0	0	42,000	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		3,125,698	3,640,986	0	3,125,698	3,640,986	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1	220,706				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	104,106	800,015	0	104,106	800,015	10.00
15.00	Accrued compensation and related liabilities	2020	970,214	858,315	0	970,214	858,315	15.00
20.00	Other accrued liabilities	2030	889,185	622,611	0	889,185	622,611	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,963,505	2,280,941	0	1,963,505	2,280,941	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	15,716,699	8,888,395	0	15,716,699	8,888,395	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		15,716,699	8,888,395	0	15,716,699	8,888,395	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		15,716,699	8,888,395	0	15,716,699	8,888,395	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		17,680,204	11,169,336	0	17,680,204	11,169,336	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	753,668	753,668	0	753,668	753,668	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-15,308,174	-8,282,018	0	-15,308,174	-8,282,018	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-14,554,506	-7,528,350	0	-14,554,506	-7,528,350	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		3,125,698	3,640,986	0	3,125,698	3,640,986	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	15,716,699	2022	0.00	15,716,699	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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BALANCE SHEET - RESTRICTED FUNDS

6

	ASSETS	Account Number	Current Period	Prior Period	
			1.00	2.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Cash (Including CD's)	1710	0	0	5.00
10.00	Investments, at cost: Marketable securities (\$)*	1720	0	0	10.00
15.00	Investments, at cost: Other (\$)*	1720	0	0	15.00
20.00	Pledges and receivables	1730	0	0	20.00
25.00	Due from other funds	1740	0	0	25.00
30.00	Other assets	1750	0	0	30.00
50.00	TOTAL ASSETS (Sum of lines 5 through 30)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Cash (Including CD's)	1810	0	0	105.00
110.00	Marketable securities at cost (\$)*	1820	0	0	110.00
115.00	PLEDGES AND RECEIVABLES	1830	0	0	115.00
120.00	Due from other funds	1840	0	0	120.00
125.00	Other assets	1850	0	0	125.00
150.00	TOTAL ASSETS (Sum of lines 105 through 125)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Cash (Including CD's)	1910	0	0	205.00
210.00	Investments, at cost: Marketable securities (\$)*	1920	0	0	210.00
215.00	Investments, at cost: Other (\$)*	1920	0	0	215.00
220.00	Pledges and receivables	1930	0	0	220.00
225.00	Due from other funds	1940	0	0	225.00
230.00	Other assets	1950	0	0	230.00
250.00	TOTAL ASSETS (Sum of lines 205 through 230)		0	0	250.00
* Include Market Value at Current Year Balance Sheet Date in Parentheses.					

	LIABILITIES AND FUND BALANCES	Account Number	Current Period	Prior Period	
			3.00	4.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Due to other funds	2710-2730	0	0	5.00
45.00	Fund balance (Column 3 must agree with Page 7, column 2, line 32)	2770	0	0	45.00
50.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 5 and 45)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Due to other funds	2810-2830	0	0	105.00
145.00	Fund balance (Column 3 must agree with Page 7, column 3, line 32)	2870	0	0	145.00
150.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 105 and 145)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Mortgages	2910	0	0	205.00
210.00	OTHER LIABILITIES (SPECIFY)	2920	0	0	210.00
215.00	Due to other funds	2930-2950	0	0	215.00
245.00	Fund Balance (Column 3 must agree with Page 7, column 4, line 32)	2970	0	0	245.00
250.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 205 through 245)		0	0	250.00

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-7,528,350	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-7,528,350	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-7,267,064					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L INPACT AND ROUN	240,908	0	0	0	0	21.00
22.00	OTHER (DESCRIBE)	0	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-7,026,156	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-14,554,506	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

Report Period
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	15,051,144	12,424,123	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	6,549,003	7,193,916	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	8,701,243	6,376,602	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	12,898,904	13,241,437	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	754	578,237	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	12,899,658	13,819,674	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	9,344,663	6,894,677	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	9,344,663	6,894,677	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	884,394	852,323	75.00
76.00	Respiratory Therapy	8220	18,475	20,537	76.00
77.00	Occupational Therapy	8250	745,189	744,474	77.00
78.00	Speech Therapy	8280	259,949	327,236	78.00
80.00	Pharmacy	8300	447,782	387,529	80.00
85.00	Laboratory	8400	77,156	177,981	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	149,434	129,543	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,582,379	2,639,623	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	701,610	597,431	105.00
110.00	Housekeeping	6300	298,542	331,768	110.00
115.00	Laundry and Linen	6400	112,047	112,222	115.00
120.00	Dietary	6500	994,256	1,009,971	120.00
125.00	Social Services	6600	159,028	168,580	125.00
130.00	Activities	6700	141,525	119,934	130.00
135.00	Inservice Education - Nursing	6800	84,167	10,153	135.00
140.00	Administration	6900	3,784,542	3,755,875	140.00
145.00	Total Support Services	Lines 105 through 140	6,275,717	6,105,934	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	381,648	452,908	155.00
160.00	Leases and Rentals	7200	72,587	48,610	160.00
165.00	Property Taxes	7300	165,141	163,009	165.00
170.00	Property Insurance	7400	6,590	6,123	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,312,391	1,257,924	175.00
180.00	Total Property Expenses	Lines 155 through 175	1,938,357	1,928,574	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	91,076	298,599	190.00
195.00	Total Other Expenses	Lines 185 + 190	91,076	298,599	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	20,232,192	17,867,407	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-7,332,534	-4,047,733	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	65,470	54,033	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-7,267,064	-3,993,700	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-7,267,064	-3,993,700	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-7,267,064	-3,993,700	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-7,267,064	-3,993,700	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	381,648	452,908	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	30,275	229,179	20.00
25.00	Change in receivables from third-party payors	0	182,559	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	125,940	-10,347	40.00
45.00	Change in accounts payable	-695,909	86,429	45.00
50.00	Change in accrued compensation and related liabilities	111,899	-178,812	50.00
55.00	Change in other accrued liabilities	266,574	263,052	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	CHANGE IN DEPOSITS AND OTHER ASSETS	51,973	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	272,400	1,024,968	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-6,994,664	-2,968,732	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-74,547	-321,613	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	0	-9	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-74,547	-321,622	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	6,828,304	3,581,658	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS, PTAX CASE BASIS AJE 1&2	-62	-74,083	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	410,642	237,544	180.00
185.00	OFFSET CARES ACT REVENUE	0	-577,858	185.00
190.00	WC & GROUP INS AJE 6	-169,673	121,293	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	7,069,211	3,288,554	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	0	-1,800	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	400	2,200	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	400	400	215.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

Report Period
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	112,605	34,045	554,960	701,610	0	0	0	5.00
10.00	Housekeeping	6300	210,254	63,566	24,722	298,542	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			274,656	274,656	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			106,992	106,992	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			72,587	72,587	0	0	0	35.00
40.00	Property Taxes	7300			165,141	165,141	0	0	0	40.00
45.00	Property Insurance	7400			6,590	6,590	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,312,391	1,312,391	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	65,584	19,867	26,596	112,047	0	0	0	60.00
65.00	Dietary	6500	460,534	136,945	396,777	994,256	0	0	0	65.00
70.00	Provision for Bad Debts	7700			91,076	91,076	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	665,441	199,114	19,839	884,394		884,394		80.00
81.00	Respiratory Therapy	8220	0	0	18,475	18,475		18,475		81.00
82.00	Occupational Therapy	8250	573,818	171,223	148	745,189		745,189		82.00
83.00	Speech Therapy	8280	199,781	59,719	449	259,949		259,949		83.00
85.00	Pharmacy	8300	0	0	447,782	447,782		447,782		85.00
90.00	Laboratory	8400	0	0	77,156	77,156		77,156		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	0	0	149,434	149,434		149,434		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	2,975,329	895,846	5,473,488	9,344,663		9,344,663		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					16,062,930	0			150.00
155.00	Social Services	6600	122,936	36,092	0	159,028	0	0	0	155.00
160.00	Activities	6700	108,309	32,544	672	141,525	0	0	0	160.00
165.00	Administration	6900	826,229	247,571	2,710,742	3,784,542	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	57,665	17,302	9,200	84,167	0	0	0	170.00
175.00	Total (See Instructions)		6,378,485	1,913,834	11,939,873	20,232,192	0	11,927,042	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				299,468					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			120,819	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			49,654	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	701,610	532	701,078	-18,402	683,208	5.00
10.00	Housekeeping	6300	0.000000	0	298,542	0	298,542	0	298,542	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	274,656	0	274,656	0	274,656	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	106,992	0	106,992	0	106,992	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	72,587	0	72,587	0	72,587	35.00
40.00	Property Taxes	7300	0.000000	0	165,141	0	165,141	0	165,141	40.00
45.00	Property Insurance	7400	0.000000	0	6,590	0	6,590	0	6,590	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,312,391	0	1,312,391	-1,312,391	0	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	112,047	0	112,047	0	112,047	60.00
65.00	Dietary	6500	0.000000	0	994,256	222	994,034	-222	994,034	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	91,076	0	91,076	-91,076	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			884,394	0	884,394	0	884,394	80.00
81.00	Respiratory Therapy	8220			18,475	0	18,475	0	18,475	81.00
82.00	Occupational Therapy	8250			745,189	0	745,189	0	745,189	82.00
83.00	Speech Therapy	8280			259,949	0	259,949	0	259,949	83.00
85.00	Pharmacy	8300			447,782	0	447,782	0	447,782	85.00
90.00	Laboratory	8400			77,156	0	77,156	0	77,156	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			149,434	0	149,434	0	149,434	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			9,344,663	0	9,344,663	0	9,344,663	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							0	0	140.00
145.00	Other Nonreimbursable***							66,087	66,087	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	159,028	0	159,028	0	159,028	155.00
160.00	Activities	6700	0.000000	0	141,525	0	141,525	0	141,525	160.00
165.00	Administration	6900	0.000000	0	3,784,542	0	3,784,542	-236,329	3,548,213	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	84,167	0	84,167	0	84,167	170.00
175.00	Total (See Instructions)			0	20,232,192	754	20,231,438	-1,592,333	18,639,859	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	532	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	222	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	0		75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISCELLANEOUS INCOME	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		754		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals	65	B	-222	-222	OFFSET MEAL INCOME	15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-17,870	-17,870	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-91,076	-91,076	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	0	0	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-532	-532	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	HOME OFFICE COSTS	165	A	230,833	230,833	ADJ PER HOME OFFICE COST RPT	140.00
141.00	HOME OFFICE POOLED INTEREST	50	A	0	0	ADJ PER HOME OFFICE COST RPT	141.00
142.00	ADMINISTRATION	165	A	94,940	94,940	ADJ LIABILITY INS TO ALLOWABLE	142.00
143.00	ADMINISTRATION	165	A	-322,334	-322,334	REMOVE LEGAL COST	143.00
144.00	ADMINISTRATION	165	A	-163,998	-163,998	REMOVE MARKETING COSTS	144.00
145.00	ADMINISTRATION	165	A	-50,984	-50,984	RECLASS WAGES ADMISS/MKT	145.00
146.00	NON-REIMBURABLE	145	A	50,984	50,984	RECLASS WAGES ADMISSIONS/MRKT	146.00
147.00	ADMINISTRATION	165	A	-15,103	-15,103	RECLASS PROH ADMISSIONS/MRKT	147.00
148.00	NON-REIMBURABLE	145	A	15,103	15,103	RECLASS PROH ADMISSIONS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-1,690	-1,690	REMOVE NON-ALLOW ADVERTISING	149.00
150.00	ADMINISTRATION	165	A	-2,540	-2,540	REMOVE NON-ALLOWABLE DUES	150.00
151.00	ADMINISTRATION	165	A	-2,944	-2,944	REMOVE CUSTOMER REIMBURESMENT	151.00
152.00	ADMINISTRATION	165	A	-2,509	-2,509	REMOVE PENALTIES	152.00
153.00	OTHER ANCILLARY	100	B	0	0	OFFSET ADULT DAY CARE INCOME	153.00
154.00	ADMINISTRATION	165	A	0	0	REMOVE NON ALLOWABLE EXPENSE	154.00
155.00	INTPROPLTEQUIP	50	A	-1,312,391	-1,312,391	REMOVE NON ALLOWABLE EXPENSE	155.00
156.00	OTHER (SPECIFY)			0	0		156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

Report Period
End: 05/31/2022

Run Date Time: 11/2/2022 4:26 pm
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
162.00	OTHER (SPECIFY)			0	0		162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber			0	0		200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-1,592,333	-1,592,333		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

RELATED PARTY INFORMATION

10.4(1)

	If the facility had transactions with related parties during the report period, complete the following information:					
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code	
	1.00	2.00	3.00	4.00	5.00	
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00

* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	684,618	684,618	0	0	684,618	30.00
31.00	HEARTLAND EMPLOYMENT SCVS, LLC	0	PERSONNEL	Yes	0	165	6,378,485	6,378,485	0	0	6,378,485	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-15,716,699	-15,716,699	0	0	-15,716,699	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						-8,653,596	-8,653,596	0	0	-8,653,596	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

Facility D.B.A. Name:
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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MICHELLE SAVELKOUL	160,877	54,276	19,691		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of C.s. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	112,605	34,045	0	536,465	683,115	5.00
10.00	Housekeeping	6300	210,254	63,566	0	24,722	298,542	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				274,656	274,656	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				106,992	106,992	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				72,587	72,587	35.00
40.00	Property Taxes	7300				165,141	165,141	40.00
45.00	Property Insurance	7400				6,590	6,590	45.00
50.00	Interest - Property, Plant & Equip.	7500				0	0	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	65,584	19,867	0	26,596	112,047	60.00
65.00	Dietary	6500	460,534	136,945	2,936	393,619	994,034	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	665,441	199,114	0	19,839	884,394	80.00
81.00	Respiratory Therapy	8220	0	0	0	18,475	18,475	81.00
82.00	Occupational Therapy	8250	573,818	171,223	0	148	745,189	82.00
83.00	Speech Therapy	8280	199,781	59,719	0	449	259,949	83.00
85.00	Pharmacy	8300	0	0	0	447,782	447,782	85.00
90.00	Laboratory	8400	0	0	0	77,156	77,156	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	0	0	0	149,434	149,434	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	2,975,329	895,846	4,959,107	514,381	9,344,663	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	0	0	0	140.00
145.00	Other Nonreimbursable		50,984	15,103	0	0	66,087	145.00
155.00	Social Services	6600	122,936	36,092	0	0	159,028	155.00
160.00	Activities	6700	108,309	32,544	100	572	141,525	160.00
165.00	Administration	6900	681,930	204,568	34,474	1,305,985	2,226,957	165.00
166.00	Medical Records - Salaries and Wages ***	6900	93,315	27,900	0	-301	120,914	166.00
167.00	DPH Licensing Fees ***	6900				164,229	164,229	167.00
168.00	Liability Insurance ***	6900				510,389	510,389	168.00
169.00	Quality Assurance Fees ***	6900				525,817	525,817	169.00
170.00	Inservice Education - Nursing	6800	57,665	17,302	0	9,200	84,167	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		6,378,485	1,913,834	4,996,617	5,350,923	18,639,859	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	178	2.00	
10.00	Total Licensed Beds End of Period:		178		
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0		

CAPITAL THRESHOLD 89,000
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project
Completed During the Report Period

	Project 1 1.00	Project 2 2.00	Project 3 3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00				0	0	0	0
57.00				0	0	0	0
58.00				0	0	0	0
59.00				0	0	0	0
60.00				0	0	0	0
61.00				0	0	0	0
62.00				0	0	0	0
63.00				0	0	0	0
64.00				0	0	0	0
65.00				0	0	0	0
66.00				0	0	0	0
67.00				0	0	0	0
68.00				0	0	0	0
69.00				0	0	0	0
70.00				0	0	0	0
71.00				0	0	0	0
72.00				0	0	0	0
73.00				0	0	0	0
74.00				0	0	0	0
75.00				0	0	0	0
76.00 Total Project 1 Costs					0		

90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00				0	0	0	0
97.00				0	0	0	0
98.00				0	0	0	0
99.00				0	0	0	0
100.00				0	0	0	0
101.00				0	0	0	0
102.00				0	0	0	0
103.00				0	0	0	0
104.00				0	0	0	0
105.00				0	0	0	0

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

Report Period
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

Facility D.B.A. Name:
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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	1,220	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	176	176	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,727	1,727	1,727	0	0	0	0	0	0	0	60.00
65.00	Dietary	7,253	7,253	7,253	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	425	425	425	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,028	1,028	1,028	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	30,594	30,594	30,594	320,280	104,007	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	190	190	190	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	776	776	776	0	0	0	0	0	0	0	160.00
165.00	Administration	3,587	3,587	3,587	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	46,976	45,756	45,580	320,280	104,007	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	6,646,730		1,607,716		112,047		994,034	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	425	21,195	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	884,394	1,028	51,268	0	0			15.00
16.00	Respiratory Therapy	18,475	0	0	0	0			16.00
17.00	Occupational Therapy	745,189	0	0	0	0			17.00
18.00	Speech Therapy	259,949	0	0	0	0			18.00
20.00	Pharmacy	447,782	0	0	0	0			20.00
25.00	Laboratory	77,156	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	149,434	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	9,344,663	30,594	1,525,777	320,280	112,047	104,007	994,034	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	0	190	9,476	0	0	0	0	75.00
80.00	Other Nonreimbursable	66,087	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		32,237		320,280		104,007		85.00
90.00	UNIT COST MULTIPLIER**		49.871762		0.349841		9.557376		90.00
95.00	TOTAL COSTS (See instructions)	11,993,129		1,607,716		112,047		994,034	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		384,720		3,548,213		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			21,195	4,983	26,178	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			935,662	219,984	1,155,646	15.00
16.00	Respiratory Therapy			18,475	4,344	22,819	16.00
17.00	Occupational Therapy			745,189	175,202	920,391	17.00
18.00	Speech Therapy			259,949	61,117	321,066	18.00
20.00	Pharmacy			447,782	105,278	553,060	20.00
25.00	Laboratory			77,156	18,140	95,296	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			149,434	35,134	184,568	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	9,344,663	384,720	12,361,241	2,906,265	15,267,506	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			9,476	2,228	11,704		75.00
80.00	Other Nonreimbursable			66,087	15,538	81,625		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	9,344,663		15,091,646				85.00
90.00	UNIT COST MULTIPLIER**	0.041170		0.235111				90.00
95.00	TOTAL COSTS (See instructions)		384,720		3,548,213	18,639,859		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	15,267,506	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	34,891	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	437.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

Facility D.B.A. Name:
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	3,726	186,244	49.98	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	4,776	283,295	59.32	25.00
30.00	Licensed Vocational Nurses	26,978	1,116,983	41.40	30.00
35.00	Nurse Assistants (Aides and Orderlies)	62,717	1,280,075	20.41	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	2,877	108,732	37.79	60.00
65.00	Subtotal (Sum of lines 5 through 60)	101,074	2,975,329	29.44	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	28,342	1,439,040	50.77	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	28,342	1,439,040	50.77	230.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

Report Period
End: 05/31/2022

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	3,488	112,605	32.28	250.00
255.00	Housekeeping	11,809	210,254	17.80	255.00
260.00	Laundry and Linen	4,099	65,584	16.00	260.00
265.00	Dietary	20,973	460,534	21.96	265.00
270.00	Social Services	4,439	122,936	27.69	270.00
275.00	Activities	5,370	108,309	20.17	275.00
280.00	Inservice Education - Nursing	1,350	57,665	42.71	280.00
285.00	Administration	26,506	826,229	31.17	285.00
290.00	Subtotal (Sum of lines 250 through 285)	78,034	1,964,116	25.17	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	207,450	6,378,485	30.75	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.

Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (PALM DESERT)

Report Period
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LABOR REPORT

12.2

SUPPLEMENTAL LABOR INFORMATION		Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,888	52,814	27.97	315.00
TEMPORARY STAFFING AGENCY SERVICES		Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING		Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	160	118	59
610.00	Number of employees at end of period	138	95	46
615.00	Average number of employees (See instructions)	146	104	53
620.00	Total number of people employed during the period **	250	182	103
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	71.23	75.00	94.34
630.00	Number of employees with continuous service for entire reporting period	88	62	26

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.


Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Exhibit 7 to Section 999.5(d)(5)(C)

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 3:10 pm MCRIF32: LTCIR Version: 44.5.169.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF WALNUT CREEK CA, LLC		2. State License Number: 140000368		3. Medi-Cal Provider Number: LTC55446F	
4. D.B.A. (Doing Business As): MANOR CARE HEALTH SERVICES (WALNUT CREEK)				5. Facility Business Phone: (925)975-5000	
6. Facility Street Address: 1226 ROSSMOOR PKWY		7. City: WALNUT CREEK		8. Zip Code: 945950000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MELISSA KATZ					
13. Report Contact Person: KIMBERLY COUSINO				14. Phone Number: (419)252-5796 Ext:	
15. Mailing Address - Street or P.O. Box: P.O. BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2019		26. Reporting Period End: 05/31/2020			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANOR CARE HEALTH SERVICES (WALNUT CREEK)
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANOR CARE HEALTH SERVICES (WALNUT CREEK)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 1226 ROSSMOOR PKWY

WALNUT CREEK, CA 945750000


NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 3:10 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	12/19/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	5	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 3:10 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR MA

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	42.00
43.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DR	PALM DESERT	CA	92260	100	43.00
44.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN D. ALLEN	DIRECTOR	130.00
131.00	KATHRYN S. HOOPS	VICE PRESIDENT	131.00
132.00	ELIZABETH M. KACZOR	VICE PRESIDENT	132.00
133.00	RAMI UBAYDI	PRESIDENT	133.00
134.00	THOMAS R. KILE	TREASURER	134.00
135.00	PATRICIA A. MCCORMICK	SECRETARY	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____


210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 3:10 pm MCRIF32: LTCIR Version: 44.5.169.0	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A
366.00 Address: 1
367.00 City: A 368. State: OH 369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	3,576	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	67,688	371.00
372.00	Interest Added / Earned	3	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	67,691	373.00
374.00	Total Trust Account Expenditures	63,590	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	7,677	375.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
End: 05/31/2020

Run Date Time: 12/29/2020 3:10 pm
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	10,171	21,058	6,528	6,411	3,374	47,542	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		10,171	21,058	6,528	6,411	3,374	47,542	70.00

Facility D.B.A. Name:
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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	5,765,936		8,404,619		2,584,532		4,052,558			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		5,765,936		8,404,619		2,584,532		4,052,558			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	1,529,765	0	38,250	0	22,815	0	919,134	0		115.00
120.00	Respiratory Therapy	4220	11,611	0	14,700	0	71	0	3,012	0		120.00
125.00	Occupational Therapy	4250	1,245,650	0	19,700	0	11,300	0	781,623	0		125.00
130.00	Speech Therapy	4280	64,850	0	100	0	250	0	44,926	0		130.00
135.00	Pharmacy	4300	857,327	0	24,979	0	1,787	0	621,397	0		135.00
140.00	Laboratory	4400	85,011	0	580	0	172	0	42,287	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	59,397	0	453	0	22,001	0	24,197	0		155.00
170.00	Subtotal (Lines 105 through 155)		3,853,611	0	98,762	0	58,396	0	2,436,576	0		170.00
175.00	Total (Lines 70 and 170)		9,619,547	0	8,503,381	0	2,642,928	0	6,489,134	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,389,869		22,197,514								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,389,869		22,197,514								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	200	0	2,510,164	0							115.00
120.00	Respiratory Therapy	702	0	30,096	0							120.00
125.00	Occupational Therapy	350	0	2,058,623	0							125.00
130.00	Speech Therapy	50	0	110,176	0							130.00
135.00	Pharmacy	560	0	1,506,050	0							135.00
140.00	Laboratory	50	0	128,100	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	1,045,730	0	1,151,778	0							155.00
170.00	Subtotal (Lines 105 through 155)	1,047,642	0	7,494,987	0							170.00
175.00	Total (Lines 70 and 170)	2,437,511	0	29,692,501	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	0									
210.00	Administrative Adjustments	5200	975									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	917,129		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	1,925,612		220.00
222.00	Contractual Adjustments - Managed Care	5330	2,532,932		222.00
225.00	Contractual Adjustments - Other	5340	317,464		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		5,694,112		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	155	5.00
10.00	Average (Monthly average)	155	10.00
Available Beds:			
20.00	End of Period	155	20.00
25.00	Average (Monthly average)	155	25.00
40.00	Admissions (Excluding transfers)	1,039	40.00
45.00	Discharges (Excluding transfers)	1,074	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	83.80	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-25,101	34,679	0	-25,101	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,339,894	3,149,047	0	2,339,894	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-432,698	-649,045	0	-432,698	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	174,676	21,274	0	174,676	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	118,031	100,058	0	118,031	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,174,802	2,656,013	0	2,174,802	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,375,400	1,375,400	0	1,375,400	0	95.00
100.00	Land improvements	1210	625,270	625,270	0	625,270	0	100.00
105.00	Buildings and improvements	1220	16,720,918	16,650,393	0	16,720,918	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-14,832,488	-14,199,447	0	-14,832,488	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	4,536,076	4,362,269	0	4,536,076	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-4,103,016	-3,937,922	0	-4,103,016	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		4,322,160	4,875,963	0	4,322,160	0	135.00
140.00	Construction-in-progress	1250	440,922	5,388	0	440,922	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	113,455	0	0	113,455	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		113,455	0	0	113,455	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		7,051,339	7,537,364	0	7,051,339	0	200.00
* From Page 5.4 ** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1,012,561	481,243				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	2,366,795	251,395	0	2,366,795	0	10.00
15.00	Accrued compensation and related liabilities	2020	1,141,843	1,132,736	0	1,141,843	0	15.00
20.00	Other accrued liabilities	2030	80,172	258,340	0	80,172	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		3,588,810	1,642,471	0	3,588,810	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	0	4,058,234	0	0	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		0	4,058,234	0	0	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		0	4,058,234	0	0	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		3,588,810	5,700,705	0	3,588,810	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,180,278	1,180,278	0	1,180,278	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	2,282,251	656,381	0	2,282,251	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		3,462,529	1,836,659	0	3,462,529	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		7,051,339	7,537,364	0	7,051,339	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00			0		0.00	0	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY


7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	1,836,659	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	1,836,659	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	1,360,647					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT	265,234	0	0	0		21.00
22.00	ROUNDING	-11	0	0	0		22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	1,625,870	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	3,462,529	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 3:10 pm MCRIF32: LTCIR Version: 44.5.169.0	
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	22,197,514	23,451,049	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	7,494,987	7,671,095	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	5,694,112	7,170,393	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	23,998,389	23,951,751	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	7,977	2,618	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	24,006,366	23,954,369	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	8,746,300	9,025,999	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	8,746,300	9,025,999	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	1,325	72.00
75.00	Physical Therapy	8200	977,760	1,105,054	75.00
76.00	Respiratory Therapy	8220	19,843	27,054	76.00
77.00	Occupational Therapy	8250	877,128	962,169	77.00
78.00	Speech Therapy	8280	200,471	253,333	78.00
80.00	Pharmacy	8300	662,915	891,816	80.00
85.00	Laboratory	8400	99,974	99,623	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	307,257	247,905	95.00
100.00	Total Ancillary Services	Lines 70 through 95	3,145,348	3,588,279	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	668,564	627,204	105.00
110.00	Housekeeping	6300	377,449	395,844	110.00
115.00	Laundry and Linen	6400	134,021	146,330	115.00
120.00	Dietary	6500	1,183,326	1,288,560	120.00
125.00	Social Services	6600	215,881	297,964	125.00
130.00	Activities	6700	165,485	180,848	130.00
135.00	Inservice Education - Nursing	6800	190,339	130,336	135.00
140.00	Administration	6900	3,908,337	3,498,360	140.00
145.00	Total Support Services	Lines 105 through 140	6,843,402	6,565,446	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	798,135	819,362	155.00
160.00	Leases and Rentals	7200	36,523	33,888	160.00
165.00	Property Taxes	7300	252,763	215,725	165.00
170.00	Property Insurance	7400	7,734	7,457	170.00
175.00	Interest - Property, Plant and Equipment	7500	3,000,155	2,544,828	175.00
180.00	Total Property Expenses	Lines 155 through 175	4,095,310	3,621,260	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	162,624	442,059	190.00
195.00	Total Other Expenses	Lines 185 + 190	162,624	442,059	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	22,992,984	23,243,043	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	1,013,382	711,326	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	347,265	21,140	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	1,360,647	732,466	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	1,360,647	732,466	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	1,360,647	732,466	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses.

☒ X

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	1,360,647	732,466	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	798,135	819,362	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	592,806	-36,964	20.00
25.00	Change in receivables from third-party payors	-153,402	-16,684	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-17,973	-13,225	40.00
45.00	Change in accounts payable	2,115,400	-70,077	45.00
50.00	Change in accrued compensation and related liabilities	9,107	79,649	50.00
55.00	Change in other accrued liabilities	-178,168	-43,031	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	3,165,905	719,030	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	4,526,552	1,451,496	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-679,866	-298,562	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	OTHER (DESCRIBE)	0	0	130.00
135.00	ROUNDING	-11	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-679,877	-298,562	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	-4,171,689	-886,058	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	PROPERTY TAX	-71,813	-4,003	175.00
180.00	BONUS	-254	593,286	180.00
185.00	DEPR	601,071	-802,868	185.00
190.00	WORKER COMP AND GROUP INSURANCE	-263,770	128	190.00
195.00	PRIOR YEAR AUDIT OF REPORT	0	-35,580	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	-3,906,455	-1,135,095	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-59,780	17,839	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	34,679	16,840	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-25,101	34,679	215.00

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	120,799	31,352	516,413	668,564	0	0	0	5.00
10.00	Housekeeping	6300	269,571	73,045	34,833	377,449	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			633,041	633,041	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			165,094	165,094	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			36,523	36,523	0	0	0	35.00
40.00	Property Taxes	7300			252,763	252,763	0	0	0	40.00
45.00	Property Insurance	7400			7,734	7,734	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			3,000,155	3,000,155	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	85,128	23,067	25,826	134,021	0	0	0	60.00
65.00	Dietary	6500	571,827	156,211	455,288	1,183,326	0	0	0	65.00
70.00	Provision for Bad Debts	7700			162,624	162,624	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	758,559	203,821	15,380	977,760		0		80.00
81.00	Respiratory Therapy	8220	0	0	19,843	19,843		0		81.00
82.00	Occupational Therapy	8250	671,104	179,279	26,745	877,128		0		82.00
83.00	Speech Therapy	8280	152,145	47,486	840	200,471		0		83.00
85.00	Pharmacy	8300	0	0	662,915	662,915		0		85.00
90.00	Laboratory	8400	0	0	99,974	99,974		0		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	17,996	5,478	283,783	307,257		0		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	6,564,640	1,772,129	409,531	8,746,300		0		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					18,512,942	0			150.00
155.00	Social Services	6600	169,699	46,182	0	215,881	0	0	0	155.00
160.00	Activities	6700	111,168	30,579	23,738	165,485	0	0	0	160.00
165.00	Administration	6900	1,049,233	192,734	2,666,370	3,908,337	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	148,812	41,527	0	190,339	0	0	0	170.00
175.00	Total (See Instructions)		10,690,681	2,802,890	9,499,413	22,992,984	0	0	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				385,878					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			50,702	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			21,827	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	668,564	229	668,335	-353,916	314,648	5.00
10.00	Housekeeping	6300	0.000000	0	377,449	0	377,449	737	378,186	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	633,041	0	633,041	0	633,041	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	165,094	0	165,094	0	165,094	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	36,523	0	36,523	0	36,523	35.00
40.00	Property Taxes	7300	0.000000	0	252,763	0	252,763	0	252,763	40.00
45.00	Property Insurance	7400	0.000000	0	7,734	0	7,734	0	7,734	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	3,000,155	0	3,000,155	-3,000,129	26	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	134,021	515	133,506	-493	133,528	60.00
65.00	Dietary	6500	0.000000	0	1,183,326	582	1,182,744	-335	1,182,991	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	162,624	0	162,624	-162,624	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			977,760	0	977,760	558	978,318	80.00
81.00	Respiratory Therapy	8220			19,843	0	19,843	0	19,843	81.00
82.00	Occupational Therapy	8250			877,128	0	877,128	461	877,589	82.00
83.00	Speech Therapy	8280			200,471	0	200,471	128	200,599	83.00
85.00	Pharmacy	8300			662,915	0	662,915	0	662,915	85.00
90.00	Laboratory	8400			99,974	0	99,974	0	99,974	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			307,257	0	307,257	-26,499	280,758	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			8,746,300	0	8,746,300	16,442	8,762,742	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							3,905	3,905	140.00
145.00	Other Nonreimbursable***							25,550	25,550	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	215,881	0	215,881	115	215,996	155.00
160.00	Activities	6700	0.000000	0	165,485	0	165,485	0	165,485	160.00
165.00	Administration	6900	0.000000	0	3,908,337	6,651	3,901,686	-717,990	3,190,347	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	190,339	0	190,339	0	190,339	170.00
175.00	Total (See Instructions)			0	22,992,984	7,977	22,985,007	-4,214,090	18,778,894	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	229	5	5.00
10.00	Laundry and Linen Revenue	5720	515	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	582	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	651	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISC INCOME	5990	6,000	165	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		7,977		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals	65	B	-582	-582	OFFSET MEAL INCOME	15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)	60	B	-515	-515	OFFSET LAUNDRY INCOME	40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-14,479	-14,479	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-162,624	-162,624	REMOVE BAD DEBT	75.00
80.00	Rental of Space	5	B	-339,300	-339,300	OFFSET RENTAL INCOME	80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-651	-651	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-229	-229	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	HOME OFFICE COSTS	165	A	-151,316	-151,316	ADJ PER HOME OFFICE COST REPOR	140.00
141.00	HOME OFFICE POOLED INTEREST	50	A	26	26	ADJ PER HOME OFFICE COST REPOR	141.00
142.00	OTHER ANCILLARY	100	A	-3,905	-3,905	RECLASS BEAUTY & BARBER	142.00
143.00	BEAUTY AND BARBER	140	A	3,905	3,905	RECLASS BEAUTY & BARBER	143.00
144.00	ADMINISTRATION	165	A	-230,076	-230,076	ADJ LIABILITY INS TO ALLOWABLE	144.00
145.00	ADMINISTRATION	165	A	-41,568	-41,568	REMOVE LEGAL COST	145.00
146.00	ADMINISTRATION	165	A	-211,749	-211,749	REMOVE MARKETING COSTS	146.00
147.00	ADMINISTRATION	165	A	-20,137	-20,137	RECLASS WAGES ADMISSIONS/MRKT	147.00
148.00	NON-REIMBURABLE	145	A	20,137	20,137	RECLASS WAGES ADMISSIONS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-5,413	-5,413	RECLASS PROH ADMISSIONS/MRKT	149.00
150.00	NON-REIMBURABLE	145	A	5,413	5,413	RECLASS PROH ADMISSIONS/MRKT	150.00
151.00	ADMINISTRATION	165	A	-35,418	-35,418	REMOVE NON-ALLOW ADVERTISING	151.00
152.00	ADMINISTRATION	165	A	-2,735	-2,735	REMOVE NON-ALLOWABLE DUES	152.00
153.00	ADMINISTRATION	165	A	-2,911	-2,911	REMOVE CUSTOMER REIMBUREMENT	153.00
154.00	ADMINISTRATION	165	A	-118	-118	REMOVE PENALTIES	154.00
155.00	ADMINISTRATION	165	B	-4,830	-4,830	OFFSET TRANSPORTATION INCOME	155.00
156.00	OTHER ANCILLARY	100	B	-7,965	-7,965	OFFSET ADULT DAY CARE INCOME	156.00
157.00	ADMINISTRATION	165	A	-1,125	-1,125	REMOVE NON ALLOW ADVERTISING	157.00
158.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON-ALLOW EXPENSE	158.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
159.00	INTPROPPLTEQUIP	50	A	-3,000,155	-3,000,155	REMOVE NON-ALLOW EXPENSE	159.00
160.00	SKILLED NURSING	105	A	16,442	16,442	ADD PPE EXPENSE DISTRIBUTED T	160.00
161.00	PLT OP AND MAINT	5	A	92	92	ADD PPE EXPENSE DISTRIBUTED T	161.00
162.00	HOUSEKEEPING	10	A	737	737	ADD PPE EXPENSE DISTRIBUTED T	162.00
163.00	LAUNDRY AND LINEN	60	A	22	22	ADD PPE EXPENSE DISTRIBUTED T	163.00
164.00	DIETARY	65	A	247	247	ADD PPE EXPENSE DISTRIBUTED T	164.00
165.00	SOCIAL SERVICES	155	A	115	115	ADD PPE EXPENSE DISTRIBUTED T	165.00
166.00	ADMINISTRATION	165	A	182	182	ADD PPE EXPENSE DISTRIBUTED T	166.00
167.00	PHYSICAL THERAPY	80	A	558	558	ADD PPE EXPENSE DISTRIBUTED T	167.00
168.00	RESPIRATORY THERAPY	81	A	0	0	ADD PPE EXPENSE DISTRIBUTED T	168.00
169.00	OCCUPATIONAL THERAPY	82	A	461	461	ADD PPE EXPENSE DISTRIBUTED T	169.00
170.00	SPEECH THERAPY	83	A	128	128	ADD PPE EXPENSE DISTRIBUTED T	170.00
171.00	OTHER MISC INCOME	165	B	-6,000	-6,000	OFFSET MISC INCOME	171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-14,629	-14,629	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-4,214,090	-4,214,090		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	2	0	165	694,734	694,734	0	0	694,734	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	2	0	165	10,690,681	10,690,681	0	0	10,690,681	31.00
32.00		0			0		0	0	0	0	0	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00
81.00		0			0		0	0	0	0	0	81.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						11,385,415	11,385,415	0	0	11,385,415	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 3:10 pm MCRIF32: LTCIR Version: 44.5.169.0	
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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MELISSA KATZ	152,055	27,931	34,299		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	PAUL PRICE	35,918	6,598	2,088		40	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	120,799	31,352	0	162,497	314,648	5.00
10.00	Housekeeping	6300	269,571	73,045	0	35,570	378,186	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				633,041	633,041	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				165,094	165,094	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				36,523	36,523	35.00
40.00	Property Taxes	7300				252,763	252,763	40.00
45.00	Property Insurance	7400				7,734	7,734	45.00
50.00	Interest - Property, Plant & Equip.	7500				26	26	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	85,128	23,067	0	25,333	133,528	60.00
65.00	Dietary	6500	571,827	156,211	9,689	445,264	1,182,991	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	758,559	203,821	-8,644	24,582	978,318	80.00
81.00	Respiratory Therapy	8220	0	0	800	19,043	19,843	81.00
82.00	Occupational Therapy	8250	671,104	179,279	25,372	1,834	877,589	82.00
83.00	Speech Therapy	8280	152,145	47,486	0	968	200,599	83.00
85.00	Pharmacy	8300	0	0	0	662,915	662,915	85.00
90.00	Laboratory	8400	0	0	0	99,974	99,974	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	17,996	5,478	0	257,284	280,758	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	6,564,640	1,772,129	0	425,973	8,762,742	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	3,905	0	3,905	140.00
145.00	Other Nonreimbursable		20,137	5,413	0	0	25,550	145.00
155.00	Social Services	6600	169,699	46,182	0	115	215,996	155.00
160.00	Activities	6700	111,168	30,579	9,409	14,329	165,485	160.00
165.00	Administration	6900	965,616	169,835	79,282	757,148	1,971,881	165.00
166.00	Medical Records - Salaries and Wages ***	6900	63,480	17,486	0	272	81,238	166.00
167.00	DPH Licensing Fees ***	6900				120,723	120,723	167.00
168.00	Liability Insurance ***	6900				279,945	279,945	168.00
169.00	Quality Assurance Fees ***	6900				736,560	736,560	169.00
170.00	Inservice Education - Nursing	6800	148,812	41,527	0	0	190,339	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		10,690,681	2,802,890	119,813	5,165,510	18,778,894	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

	1.00	2.00
5.00 Total Licensed Beds Prior to Modification(s):	155	
10.00 Total Licensed Beds End of Period:	155	
15.00 Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD 77,500
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project Completed During the Report Period			
	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

1.00								
50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):								
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)								
Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
56.00				0	0	0	0	0
57.00				0	0	0	0	0
58.00				0	0	0	0	0
59.00				0	0	0	0	0
60.00				0	0	0	0	0
61.00				0	0	0	0	0
62.00				0	0	0	0	0
63.00				0	0	0	0	0
64.00				0	0	0	0	0
65.00				0	0	0	0	0
66.00				0	0	0	0	0
67.00				0	0	0	0	0
68.00				0	0	0	0	0
69.00				0	0	0	0	0
70.00				0	0	0	0	0
71.00				0	0	0	0	0
72.00				0	0	0	0	0
73.00				0	0	0	0	0
74.00				0	0	0	0	0
75.00				0	0	0	0	0
76.00 Total Project 1 Costs					0			

1.00								
90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):								
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)								
Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
96.00				0	0	0	0	0
97.00				0	0	0	0	0
98.00				0	0	0	0	0
99.00				0	0	0	0	0
100.00				0	0	0	0	0
101.00				0	0	0	0	0
102.00				0	0	0	0	0
103.00				0	0	0	0	0
104.00				0	0	0	0	0
105.00				0	0	0	0	0

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)


Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 3:10 pm MCRIF32: LTCIR Version: 44.5.169.0	
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	1,703	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	600	600	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,508	1,508	1,508	0	0	0	0	0	0	0	60.00
65.00	Dietary	6,614	6,614	6,614	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,105	1,105	1,105	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,052	1,052	1,052	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	29,756	29,756	29,756	500,900	140,829	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	179	179	179	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	221	221	221	0	0	0	0	0	0	0	155.00
160.00	Activities	878	878	878	0	0	0	0	0	0	0	160.00
165.00	Administration	1,821	1,821	1,821	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	45,437	43,734	43,134	500,900	140,829	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	6,866,701		1,788,015		133,528		1,182,991	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	1,105	61,565	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	978,318	1,052	58,612	0	0			15.00
16.00	Respiratory Therapy	19,843	0	0	0	0			16.00
17.00	Occupational Therapy	877,589	0	0	0	0			17.00
18.00	Speech Therapy	200,599	0	0	0	0			18.00
20.00	Pharmacy	662,915	0	0	0	0			20.00
25.00	Laboratory	99,974	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	280,758	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	8,762,742	29,756	1,657,865	500,900	133,528	140,829	1,182,991	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	3,905	179	9,973	0	0	0	0	75.00
80.00	Other Nonreimbursable	25,550	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		32,092		500,900		140,829		85.00
90.00	UNIT COST MULTIPLIER**		55.715287		0.266576		8.400195		90.00
95.00	TOTAL COSTS (See instructions)	11,912,193		1,788,015		133,528		1,182,991	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		571,820		3,190,347		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			61,565	12,600	74,165	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			1,036,930	212,218	1,249,148	15.00
16.00	Respiratory Therapy			19,843	4,061	23,904	16.00
17.00	Occupational Therapy			877,589	179,607	1,057,196	17.00
18.00	Speech Therapy			200,599	41,055	241,654	18.00
20.00	Pharmacy			662,915	135,672	798,587	20.00
25.00	Laboratory			99,974	20,461	120,435	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			280,758	57,460	338,218	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	8,762,742	571,820	12,308,946	2,519,144	14,828,090	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			13,878	2,840	16,718		75.00
80.00	Other Nonreimbursable			25,550	5,229	30,779		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	8,762,742		15,588,547				85.00
90.00	UNIT COST MULTIPLIER**	0.065256		0.204660				90.00
95.00	TOTAL COSTS (See instructions)		571,820		3,190,347	18,778,894		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	14,828,090	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	47,542	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	311.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

Facility D.B.A. Name:
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	7,665	395,669	51.62	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	37,551	1,914,375	50.98	25.00
30.00	Licensed Vocational Nurses	39,183	1,563,916	39.91	30.00
35.00	Nurse Assistants (Aides and Orderlies)	111,412	2,346,495	21.06	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	7,256	344,185	47.43	60.00
65.00	Subtotal (Sum of lines 5 through 60)	203,067	6,564,640	32.33	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	31,961	1,581,808	49.49	220.00
225.00	Other Salaries and Wages	257	17,996	70.02	225.00
230.00	Subtotal (Sum of lines 200 through 225)	32,218	1,599,804	49.66	230.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
End: 05/31/2020

Run Date Time: 12/29/2020 3:10 pm
MCRIF32: **LTCIR**
Version: 44.5.169.0



LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	4,008	120,799	30.14	250.00
255.00	Housekeeping	16,062	269,571	16.78	255.00
260.00	Laundry and Linen	5,491	85,128	15.50	260.00
265.00	Dietary	25,367	571,827	22.54	265.00
270.00	Social Services	6,108	169,699	27.78	270.00
275.00	Activities	5,150	111,168	21.59	275.00
280.00	Inservice Education - Nursing	3,089	148,812	48.17	280.00
285.00	Administration	29,450	1,049,233	35.63	285.00
290.00	Subtotal (Sum of lines 250 through 285)	94,725	2,526,237	26.67	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	330,010	10,690,681	32.40	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
End: 05/31/2020

Run Date Time: 12/29/2020 3:10 pm
MCRIF32: **LTCIR**
Version: 44.5.169.0



LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,764	43,091	24.43	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	248	192	91 605.00
610.00	Number of employees at end of period	235	179	83 610.00
615.00	Average number of employees (See instructions)	236	182	85 615.00
620.00	Total number of people employed during the period **	313	237	109 620.00
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	32.63	30.22	28.24 625.00
630.00	Number of employees with continuous service for entire reporting period	186	145	69 630.00

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 11:59 am MCRIF32: LTCIR Version: 45.2.172.2	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF WALNUT CREEK CA, LLC		2. State License Number: 140000368		3. Medi-Cal Provider Number: LTC55446F	
4. D.B.A. (Doing Business As): MANOR CARE HEALTH SERVICES (WALNUT CREEK)				5. Facility Business Phone: (925)975-5000	
6. Facility Street Address: 1226 ROSSMOOR PKWY		7. City: WALNUT CREEK		8. Zip Code: 945950000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MELISSA KATZ					
13. Report Contact Person: KIMBERLY COUSINO			14. Phone Number: (419)252-5796		
15. Mailing Address - Street or P.O. Box: P.O. BOX 10086			16. City: TOLEDO		17. State: OH
18. Zip Code: 436990086					19. Previous Name of Facility if Changed Since Previous Report:
20. Date of Change:					
21. Previous State License Number:		22. Date of Change:		23. Previous Medi-Cal Provider No.:	
24. Date of Change:					
25. Reporting Period Begin: 06/01/2020		26. Reporting Period End: 05/31/2021			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANOR CARE HEALTH SERVICES (WALNUT CREEK)
 (Name of Individual) Name of Facility (D.B.A.)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

 MANOR CARE HEALTH SERVICES (WALNUT CREEK)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: _____
 DIRECTOR

Address: _____
 1226 ROSSMOOR PKWY

 WALNUT CREEK 945750000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	12/19/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					
Describe any items which management believes may have a significant effect on the data in this report:						
25.00						
26.00						
27.00						
28.00						
29.00						
30.00						

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
End: 05/31/2021

Run Date Time: 11/17/2021 11:59 am
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Version: 45.2.172.2



SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	5	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR MA

20.00 Address: PO BOX 10086


25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	44.00
45.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 11:59 am MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
End: 05/31/2021

Run Date Time: 11/17/2021 11:59 am
MCRIF32: **LTCIR**
Version: 45.2.172.2



FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	DIRECTOR	130.00
131.00	KATHRYN HOOPS	VICE PRESIDENT	131.00
132.00	THOMAS R. KILE	TREASURER	132.00
133.00	DAMIAN RODGERS	SECRETARY	133.00
134.00	ANDREA SYPE	VICE PRESIDENT	134.00
135.00	RAMI UBAYDI	PRESIDENT	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company:


210.00 Address:

215.00 City: 220. State: 225. Zip:

230.00 Phone No.:

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 11:59 am MCRIF32: LTCIR Version: 45.2.172.2	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

		Account Description	Account Number	Amount	Explanation of Allocations	
		1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:						
340.00				0		340.00
341.00				0		341.00
342.00				0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)			0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:						
344.00				0		344.00
345.00				0		345.00
346.00				0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)			0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)			0		348.00
HOME OFFICE EQUITY ALLOCATIONS:						
ASSET						
349.00				0		349.00
350.00				0		350.00
LIABILITY						
351.00				0		351.00
352.00				0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)			0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A

366.00 Address: 1

367.00 City: A

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	7,677	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	28,814	371.00
372.00	Interest Added / Earned	1	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	28,815	373.00
374.00	Total Trust Account Expenditures	34,016	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	2,476	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	6,549	19,316	3,889	5,284	3,018	38,056	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		6,549	19,316	3,889	5,284	3,018	38,056	70.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	3,645,078		7,956,508		1,460,198		2,999,302			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		3,645,078		7,956,508		1,460,198		2,999,302			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	924,250	0	25,000	0	37,725	0	651,872	0		115.00
120.00	Respiratory Therapy	4220	4,701	0	11,850	0	243	0	2,850	0		120.00
125.00	Occupational Therapy	4250	704,950	0	5,175	0	20,000	0	484,191	0		125.00
130.00	Speech Therapy	4280	56,950	0	1,750	0	0	0	45,580	0		130.00
135.00	Pharmacy	4300	505,657	0	21,951	0	2,203	0	483,982	0		135.00
140.00	Laboratory	4400	53,678	0	2,679	0	455	0	43,957	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	36,169	0	953	0	4,831	0	29,222	0		155.00
170.00	Subtotal (Lines 105 through 155)		2,286,355	0	69,358	0	65,457	0	1,741,654	0		170.00
175.00	Total (Lines 70 and 170)		5,931,433	0	8,025,866	0	1,525,655	0	4,740,956	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,234,590		17,295,676								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,234,590		17,295,676								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0	0						105.00
110.00	Specialized Support Surf	0	0	0	0	0						110.00
115.00	Physical Therapy	650	0	1,639,497	0							115.00
120.00	Respiratory Therapy	730	0	20,374	0							120.00
125.00	Occupational Therapy	500	0	1,214,816	0							125.00
130.00	Speech Therapy	100	0	104,380	0							130.00
135.00	Pharmacy	105	0	1,013,898	0							135.00
140.00	Laboratory	0	0	100,769	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	333,529	0	404,704	0							155.00
170.00	Subtotal (Lines 105 through 155)	335,614	0	4,498,438	0							170.00
175.00	Total (Lines 70 and 170)	1,570,204	0	21,794,114	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	3,328									
210.00	Administrative Adjustments	5200	21									

Facility D.B.A. Name:
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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-321,597		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	895,069		220.00
222.00	Contractual Adjustments - Managed Care	5330	1,325,587		222.00
225.00	Contractual Adjustments - Other	5340	58,013		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		1,960,421		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION			Number	
			1.00	
Licensed Beds:				
5.00	End of Period		155	5.00
10.00	Average (Monthly average)		155	10.00
Available Beds:				
20.00	End of Period		155	20.00
25.00	Average (Monthly average)		155	25.00
40.00	Admissions (Excluding transfers)		665	40.00
45.00	Discharges (Excluding transfers)		655	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)		67.27	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS				
			Total 1.00	Medi-Cal 2.00
100.00	Sub-Acute Care (Ventilator-Dependent)		0	0 100.00
115.00	Other Sub-Acute Care		0	0 115.00
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)		0	0 120.00
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)		0	0 130.00
145.00	Other Sub-Acute Care - Pediatric		0	0 145.00
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)		0	0 150.00
165.00	Transitional Inpatient Care - Medical		0	0 165.00
170.00	Transitional Inpatient Care - Rehabilitation		0	0 170.00
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)		0	0 175.00
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY			Amount	
			1.00	
FOR MEDI-CAL PROVIDERS, ONLY				
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)		0	200.00
205.00	Less: Patient Liability		0	205.00
210.00	Less: Third Party and Other Liability		0	210.00
215.00	Less: Noncovered Charges		0	215.00
240.00	Less: Other		0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)		0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	300	-25,101	0	300	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,816,511	2,339,894	0	2,816,511	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-285,401	-432,698	0	-285,401	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	174,676	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	138,039	118,031	0	138,039	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,669,449	2,174,802	0	2,669,449	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,375,400	1,375,400	0	1,375,400	0	95.00
100.00	Land improvements	1210	625,270	625,270	0	625,270	0	100.00
105.00	Buildings and improvements	1220	16,784,925	16,720,918	0	16,784,925	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-15,365,671	-14,832,488	0	-15,365,671	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	4,584,036	4,536,076	0	4,584,036	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-4,246,392	-4,103,016	0	-4,246,392	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		3,757,568	4,322,160	0	3,757,568	0	135.00
140.00	Construction-in-progress	1250	1,067,406	440,922	0	1,067,406	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	113,455	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	113,455	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		7,494,423	7,051,339	0	7,494,423	0	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		422,766	1,012,561				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	2,123,184	2,366,795	0	2,123,184	0	10.00
15.00	Accrued compensation and related liabilities	2020	1,191,079	1,141,843	0	1,191,079	0	15.00
20.00	Other accrued liabilities	2030	267,487	80,172	0	267,487	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		3,581,750	3,588,810	0	3,581,750	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	1,381,216	0	0	1,381,216	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		1,381,216	0	0	1,381,216	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		1,381,216	0	0	1,381,216	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		4,962,966	3,588,810	0	4,962,966	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,180,278	1,180,278	0	1,180,278	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	1,351,179	2,282,251	0	1,351,179	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		2,531,457	3,462,529	0	2,531,457	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		7,494,423	7,051,339	0	7,494,423	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	1,381,216	2021	0.00	1,381,216	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

Facility D.B.A. Name:
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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	3,462,529	0	0	0	1.00	
2.00	Prior period audit adjustments	0	0	0	0	2.00	
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	3.00	
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	4.00	
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	5.00	
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	6.00	
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	3,462,529	0	0	0	7.00	
Additions (deductions):							
8.00	Net income (loss)	-1,052,970				8.00	
9.00	Capital contributions	0				9.00	
10.00	Proceeds from sale of stock	0				10.00	
11.00	Owners' draw	0				11.00	
12.00	Restricted contributions and grants		0	0	0	12.00	
13.00	Restricted investment income		0	0	0	13.00	
14.00	Expenditures for specific purposes		0	0	0	14.00	
15.00	Dividends declared	0				15.00	
16.00	Donated property, plant, and equipment	0	0	0		16.00	
17.00	Acquisitions of pooled companies	0				17.00	
18.00	Stock options exercised	0				18.00	
19.00	Related party transfers	0				19.00	
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0	20.00	
21.00	COST REPORT AJES P&L IMPACT AND ROUD	866,889	0	0	0	21.00	
22.00	OFFSET CARES ACT REVENUE	-744,991	0	0	0	22.00	
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-931,072	0	0	0	23.00	
Transfers:							
25.00	Property and equipment additions	0	0	0	0	25.00	
26.00	Principal payments on long-term debt	0	0	0	0	26.00	
27.00	OTHER (DESCRIBE)	0	0	0	0	27.00	
28.00	OTHER (DESCRIBE)	0	0	0	0	28.00	
29.00	OTHER (DESCRIBE)	0	0	0	0	29.00	
30.00	OTHER (DESCRIBE)	0	0	0	0	30.00	
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	31.00	
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	2,531,457	0	0	0	32.00	

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	17,295,676	22,197,514	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	4,498,438	7,494,987	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	1,960,421	5,694,112	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	19,833,693	23,998,389	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	745,519	7,977	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	20,579,212	24,006,366	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	8,619,892	8,746,300	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	8,619,892	8,746,300	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	765,805	977,760	75.00
76.00	Respiratory Therapy	8220	24,144	19,843	76.00
77.00	Occupational Therapy	8250	577,885	877,128	77.00
78.00	Speech Therapy	8280	178,826	200,471	78.00
80.00	Pharmacy	8300	498,457	662,915	80.00
85.00	Laboratory	8400	75,127	99,974	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	200,773	307,257	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,321,017	3,145,348	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	702,768	668,564	105.00
110.00	Housekeeping	6300	412,584	377,449	110.00
115.00	Laundry and Linen	6400	140,603	134,021	115.00
120.00	Dietary	6500	1,164,337	1,183,326	120.00
125.00	Social Services	6600	177,489	215,881	125.00
130.00	Activities	6700	90,402	165,485	130.00
135.00	Inservice Education - Nursing	6800	12,418	190,339	135.00
140.00	Administration	6900	3,895,401	3,908,337	140.00
145.00	Total Support Services	Lines 105 through 140	6,596,002	6,843,402	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	676,559	798,135	155.00
160.00	Leases and Rentals	7200	42,855	36,523	160.00
165.00	Property Taxes	7300	252,261	252,763	165.00
170.00	Property Insurance	7400	9,302	7,734	170.00
175.00	Interest - Property, Plant and Equipment	7500	2,985,579	3,000,155	175.00
180.00	Total Property Expenses	Lines 155 through 175	3,966,556	4,095,310	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	184,515	162,624	190.00
195.00	Total Other Expenses	Lines 185 + 190	184,515	162,624	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	21,687,982	22,992,984	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-1,108,770	1,013,382	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	55,800	347,265	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-1,052,970	1,360,647	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-1,052,970	1,360,647	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-1,052,970	1,360,647	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

Facility D.B.A. Name:
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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-1,052,970	1,360,647	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	676,559	798,135	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-623,914	592,806	20.00
25.00	Change in receivables from third-party payors	174,676	-153,402	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-20,008	-17,973	40.00
45.00	Change in accounts payable	-243,611	2,115,400	45.00
50.00	Change in accrued compensation and related liabilities	49,236	9,107	50.00
55.00	Change in other accrued liabilities	187,315	-178,168	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	200,253	3,165,905	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-852,717	4,526,552	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-738,451	-679,866	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	OTHER (DESCRIBE)	0	0	130.00
135.00	ROUNDING	4	-11	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-738,447	-679,877	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	1,494,671	-4,171,689	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS, PTAX CASH BASIS AJE 1&2	6,216	-71,813	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	461,292	-254	180.00
185.00	OFFSET CARES ACT REVENUE	-744,991	601,071	185.00
190.00	WC & GROUP INS AJE 6	399,377	-263,770	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	1,616,565	-3,906,455	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	25,401	-59,780	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	-25,101	34,679	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	300	-25,101	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	127,591	43,290	531,887	702,768	0	0	0	5.00
10.00	Housekeeping	6300	279,370	101,943	31,271	412,584	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			533,183	533,183	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			143,376	143,376	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			42,855	42,855	0	0	0	35.00
40.00	Property Taxes	7300			252,261	252,261	0	0	0	40.00
45.00	Property Insurance	7400			9,302	9,302	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			2,985,579	2,985,579	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	82,784	30,533	27,286	140,603	0	0	0	60.00
65.00	Dietary	6500	565,571	207,088	391,678	1,164,337	0	0	0	65.00
70.00	Provision for Bad Debts	7700			184,515	184,515	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	545,142	198,906	21,757	765,805		765,805		80.00
81.00	Respiratory Therapy	8220	0	0	24,144	24,144		24,144		81.00
82.00	Occupational Therapy	8250	424,607	152,064	1,214	577,885		577,885		82.00
83.00	Speech Therapy	8280	132,195	46,240	391	178,826		178,826		83.00
85.00	Pharmacy	8300	0	0	498,457	498,457		498,457		85.00
90.00	Laboratory	8400	0	0	75,127	75,127		75,127		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	5,728	2,169	192,876	200,773		200,773		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	5,699,923	2,093,415	826,554	8,619,892		8,619,892		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					17,512,272	0			150.00
155.00	Social Services	6600	129,661	47,679	149	177,489	0	0	0	155.00
160.00	Activities	6700	58,328	21,681	10,393	90,402	0	0	0	160.00
165.00	Administration	6900	1,208,730	332,495	2,354,176	3,895,401	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	8,972	3,446	0	12,418	0	0	0	170.00
175.00	Total (See Instructions)		9,268,602	3,280,949	9,138,431	21,687,982	0	10,940,909	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				338,751					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			395,599	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			49,974	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	702,768	410	702,358	-70,918	631,850	5.00
10.00	Housekeeping	6300	0.000000	0	412,584	22,693	389,891	0	412,584	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	533,183	0	533,183	0	533,183	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	143,376	0	143,376	0	143,376	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	42,855	0	42,855	0	42,855	35.00
40.00	Property Taxes	7300	0.000000	0	252,261	0	252,261	0	252,261	40.00
45.00	Property Insurance	7400	0.000000	0	9,302	0	9,302	0	9,302	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	2,985,579	0	2,985,579	-2,981,834	3,745	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	140,603	0	140,603	0	140,603	60.00
65.00	Dietary	6500	0.000000	0	1,164,337	26,251	1,138,086	0	1,164,337	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	184,515	0	184,515	-184,515	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			765,805	19,546	746,259	0	765,805	80.00
81.00	Respiratory Therapy	8220			24,144	0	24,144	0	24,144	81.00
82.00	Occupational Therapy	8250			577,885	7,669	570,216	0	577,885	82.00
83.00	Speech Therapy	8280			178,826	0	178,826	0	178,826	83.00
85.00	Pharmacy	8300			498,457	0	498,457	0	498,457	85.00
90.00	Laboratory	8400			75,127	4,475	70,652	0	75,127	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			200,773	6,148	194,625	-2,118	198,655	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			8,619,892	600,835	8,019,057	0	8,619,892	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							632	632	140.00
145.00	Other Nonreimbursable***							6,490	6,490	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	177,489	3,030	174,459	0	177,489	155.00
160.00	Activities	6700	0.000000	0	90,402	0	90,402	0	90,402	160.00
165.00	Administration	6900	0.000000	0	3,895,401	54,462	3,840,939	-169,536	3,725,865	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	12,418	0	12,418	0	12,418	170.00
175.00	Total (See Instructions)			0	21,687,982	745,519	20,942,463	-3,401,799	18,286,183	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	125	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	403	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	OTHER MISCELLANEOUS INCOME	5990	285	5	85.00
90.00	CARES ACT REVENUE	5990	7,669	82	90.00
95.00	CARES ACT REVENUE	5990	737,037	Various	95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		745,519		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-14,993	-14,993	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-184,515	-184,515	REMOVE BAD DEBT	75.00
80.00	Rental of Space	5	B	-55,800	-55,800	OFFSET RENTAL INCOME	80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-403	-403	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-125	-125	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	HOME OFFICE COSTS	165	A	37,112	37,112	ADJ PER HOME OFFICE COST REPOR	140.00
141.00	HOME OFFICE POOLED INTEREST	50	A	3,745	3,745	ADJ PER HOME OFFICE COST REPOR	141.00
142.00	OTHER ANCILLARY	100	A	-632	-632	RECLASS BEAUTY & BARBER	142.00
143.00	BEAUTY AND BARBER	140	A	632	632	RECLASS BEAUTY & BARBER	143.00
144.00	ADMINISTRATION	165	A	107,925	107,925	ADJ LIABILITY INS TO ALLOWABLE	144.00
145.00	ADMINISTRATION	165	A	-7,430	-7,430	REMOVE LEGAL COST	145.00
146.00	ADMINISTRATION	165	A	-266,666	-266,666	REMOVE MARKETING COSTS	146.00
147.00	ADMINISTRATION	165	A	-4,733	-4,733	RECLASS WAGES ADMISSIONS/MRKT	147.00
148.00	NON-REIMBURABLE	145	A	4,733	4,733	RECLASS WAGES ADMISSIONS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-1,757	-1,757	RECLASS PROH ADMISSIONS/MRKT	149.00
150.00	NON-REIMBURABLE	145	A	1,757	1,757	RECLASS PROH ADMISSIONS/MRKT	150.00
151.00	ADMINISTRATION	165	A	-7,868	-7,868	REMOVE NON-ALLOW ADVERTISING	151.00
152.00	ADMINISTRATION	165	A	-2,516	-2,516	REMOVE NON-ALLOWABLE DUES	152.00
153.00	ADMINISTRATION	165	A	-11,851	-11,851	REMOVE CUSTOMER REIMBUREMENT	153.00
154.00	ADMINISTRATION	165	A	-4,822	-4,822	REMOVE PENALTIES	154.00
155.00	ADMINISTRATION	165	B	-1,767	-1,767	OFFSET TRANSPORTATION INCOME	155.00
156.00	ADMINISTRATION	165	A	-635	-635	REMOVE NON ALLOWABLE ADVERTISI	156.00
157.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON ALLOW EXPENSE	157.00
158.00	INT'ROPPLTEQUIP	50	A	-2,985,579	-2,985,579	REMOVE NON ALLOW EXPENSE	158.00
159.00	OTHER (SPECIFY)			0	0		159.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-1,486	-1,486	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-3,401,799	-3,401,799		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	739,379	739,379	0	0	739,379	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	Yes	0	165	9,268,602	9,268,602	0	0	9,268,602	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-1,381,216	-1,381,216	0	0	-1,381,216	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						8,626,765	8,626,765	0	0	8,626,765	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

Facility D.B.A. Name:
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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MELISSA KATZ	160,498	44,149	31,530		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	PAUL BRANDON PRICE	10,277	2,827	0		40	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 11:59 am MCRIF32: Version: 45.2.172.2	
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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages 1.00	Employee Benefits 2.00	Staffing Agency Cost 3.00	Other Non-Labor Expenses 4.00	Total Expenses (Sum of Cs. 1-4) 5.00	
5.00	Plant Operations and Maintenance	6200	127,591	43,290	0	460,969	631,850	5.00
10.00	Housekeeping	6300	279,370	101,943	0	31,271	412,584	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				533,183	533,183	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				143,376	143,376	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				42,855	42,855	35.00
40.00	Property Taxes	7300				252,261	252,261	40.00
45.00	Property Insurance	7400				9,302	9,302	45.00
50.00	Interest - Property, Plant & Equip.	7500				3,745	3,745	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	82,784	30,533	0	27,286	140,603	60.00
65.00	Dietary	6500	565,571	207,088	1,923	389,755	1,164,337	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	545,142	198,906	0	21,757	765,805	80.00
81.00	Respiratory Therapy	8220	0	0	600	23,544	24,144	81.00
82.00	Occupational Therapy	8250	424,607	152,064	0	1,214	577,885	82.00
83.00	Speech Therapy	8280	132,195	46,240	0	391	178,826	83.00
85.00	Pharmacy	8300	0	0	0	498,457	498,457	85.00
90.00	Laboratory	8400	0	0	0	75,127	75,127	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	5,728	2,169	0	190,758	198,655	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	5,699,923	2,093,415	129,853	696,701	8,619,892	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	632	0	632	140.00
145.00	Other Nonreimbursable		4,733	1,757	0	0	6,490	145.00
155.00	Social Services	6600	129,661	47,679	0	149	177,489	155.00
160.00	Activities	6700	58,328	21,681	423	9,970	90,402	160.00
165.00	Administration	6900	1,142,653	308,271	69,285	725,165	2,245,374	165.00
166.00	Medical Records - Salaries and Wages ***	6900	61,344	22,467	0	-54	83,757	166.00
167.00	DPH Licensing Fees ***	6900				131,468	131,468	167.00
168.00	Liability Insurance ***	6900				680,760	680,760	168.00
169.00	Quality Assurance Fees ***	6900				584,506	584,506	169.00
170.00	Inservice Education - Nursing	6800	8,972	3,446	0	0	12,418	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		9,268,602	3,280,949	202,716	5,533,916	18,286,183	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
End: 05/31/2021

Run Date Time: 11/17/2021 11:59 am
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	2.00
10.00	Total Licensed Beds End of Period:	155	
15.00	Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD 77,500
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)


Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project Completed During the Report Period			
	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00	Number of New Licensed Beds	0	0
30.00	Date Placed into Service		
35.00	Total Costs	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

1.00								
50.00	Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):							
55.00	Date Placed in Service (e.g., when was project completed and available for resident use?):							
Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
56.00				0	0	0	0	0
57.00				0	0	0	0	0
58.00				0	0	0	0	0
59.00				0	0	0	0	0
60.00				0	0	0	0	0
61.00				0	0	0	0	0
62.00				0	0	0	0	0
63.00				0	0	0	0	0
64.00				0	0	0	0	0
65.00				0	0	0	0	0
66.00				0	0	0	0	0
67.00				0	0	0	0	0
68.00				0	0	0	0	0
69.00				0	0	0	0	0
70.00				0	0	0	0	0
71.00				0	0	0	0	0
72.00				0	0	0	0	0
73.00				0	0	0	0	0
74.00				0	0	0	0	0
75.00				0	0	0	0	0
76.00	Total Project 1 Costs					0		

1.00								
90.00	Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):							
95.00	Date Placed in Service (e.g., when was project completed and available for resident use?):							
Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
96.00				0	0	0	0	0
97.00				0	0	0	0	0
98.00				0	0	0	0	0
99.00				0	0	0	0	0
100.00				0	0	0	0	0
101.00				0	0	0	0	0
102.00				0	0	0	0	0
103.00				0	0	0	0	0
104.00				0	0	0	0	0
105.00				0	0	0	0	0

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 11:59 am MCRIF32: Version: 45.2.172.2	
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)


Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 11:59 am MCRIF32: LTCIR Version: 45.2.172.2	
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:


(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 11:59 am MCRIF32: Version: 45.2.172.2	
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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	1,703	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	600	600	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,508	1,508	1,508	0	0	0	0	0	0	0	60.00
65.00	Dietary	6,614	6,614	6,614	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,105	1,105	1,105	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,052	1,052	1,052	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	29,756	29,756	29,756	500,900	112,944	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	179	179	179	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	221	221	221	0	0	0	0	0	0	0	155.00
160.00	Activities	878	878	878	0	0	0	0	0	0	0	160.00
165.00	Administration	1,821	1,821	1,821	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	45,437	43,734	43,134	500,900	112,944	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Expenses from Page 10.1, Column 14	Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
			BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	7,340,270		2,029,156		140,603		1,164,337	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	1,105	69,868	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	765,805	1,052	66,517	0	0			15.00
16.00	Respiratory Therapy	24,144	0	0	0	0			16.00
17.00	Occupational Therapy	577,885	0	0	0	0			17.00
18.00	Speech Therapy	178,826	0	0	0	0			18.00
20.00	Pharmacy	498,457	0	0	0	0			20.00
25.00	Laboratory	75,127	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	198,655	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	8,619,892	29,756	1,881,453	500,900	140,603	112,944	1,164,337	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	632	179	11,318	0	0	0	0	75.00
80.00	Other Nonreimbursable	6,490	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		32,092		500,900		112,944		85.00
90.00	UNIT COST MULTIPLIER**		63.229341		0.280701		10.308976		90.00
95.00	TOTAL COSTS (See instructions)	10,945,913		2,029,156		140,603		1,164,337	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		280,309		3,725,865		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			69,868	17,879	87,747	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			832,322	212,985	1,045,307	15.00
16.00	Respiratory Therapy			24,144	6,178	30,322	16.00
17.00	Occupational Therapy			577,885	147,876	725,761	17.00
18.00	Speech Therapy			178,826	45,760	224,586	18.00
20.00	Pharmacy			498,457	127,551	626,008	20.00
25.00	Laboratory			75,127	19,224	94,351	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			198,655	50,834	249,489	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	8,619,892	280,309	12,086,594	3,092,859	15,179,453	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpat Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00

NONREIMBURSABLE COSTS

75.00	Beauty and Barber			11,950	3,058	15,008		75.00
80.00	Other Nonreimbursable			6,490	1,661	8,151		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	8,619,892		14,560,318				85.00
90.00	UNIT COST MULTIPLIER**	0.032519		0.255892				90.00
95.00	TOTAL COSTS (See instructions)		280,309		3,725,865	18,286,183		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	15,179,453	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	38,056	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	398.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
End: 05/31/2021


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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	7,179	384,933	53.62	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	32,064	1,684,516	52.54	25.00
30.00	Licensed Vocational Nurses	36,072	1,412,151	39.15	30.00
35.00	Nurse Assistants (Aides and Orderlies)	88,322	1,960,140	22.19	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	5,810	258,183	44.44	60.00
65.00	Subtotal (Sum of lines 5 through 60)	169,447	5,699,923	33.64	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	21,531	1,101,944	51.18	220.00
225.00	Other Salaries and Wages	80	5,728	71.60	225.00
230.00	Subtotal (Sum of lines 200 through 225)	21,611	1,107,672	51.26	230.00

Facility D.B.A. Name: MANOR CARE HEALTH SERVICES (WALNUT CREEK)	Report Period End: 05/31/2021	Run Date Time: 11/17/2021 11:59 am MCRIF32: LTCIR Version: 45.2.172.2	
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	3,997	127,591	31.92	250.00
255.00	Housekeeping	16,734	279,370	16.69	255.00
260.00	Laundry and Linen	5,304	82,784	15.61	260.00
265.00	Dietary	25,451	565,571	22.22	265.00
270.00	Social Services	4,098	129,661	31.64	270.00
275.00	Activities	2,558	58,328	22.80	275.00
280.00	Inservice Education - Nursing	219	8,972	40.97	280.00
285.00	Administration	30,732	1,208,730	39.33	285.00
290.00	Subtotal (Sum of lines 250 through 285)	89,093	2,461,007	27.62	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	280,151	9,268,602	33.08	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
MANOR CARE HEALTH SERVICES (WALNUT CREEK)

Report Period
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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,843	43,940	23.84	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	248	192	91
610.00	Number of employees at end of period	235	179	83
615.00	Average number of employees (See instructions)	236	182	85
620.00	Total number of people employed during the period **	313	237	109
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	32.63	30.22	28.24
630.00	Number of employees with continuous service for entire reporting period	186	145	69

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.
Do not include supervisors who provide no direct nursing care.
Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).
This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.
Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
 (ROSSMOOR)**

Report Period
 End: 05/31/2022

Run Date Time: 11/15/2022 9:39 am
 MCRIF32: **LTCIR**
 Version: 45.7.175.0



INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF WALNUT CREEK CA, LLC		2. State License Number: 140000368		3. Medi-Cal Provider Number: LTC55446F	
4. D.B.A. (Doing Business As): PROMEDICA SKILLED NURSING AND REHABILITATION (ROSSMOOR)				5. Facility Business Phone: (925)975-5000	
6. Facility Street Address: 1226 ROSSMOOR PKWY		7. City: WALNUT CREEK		8. Zip Code: 945950000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MELISSA KATZ					
13. Report Contact Person: HOLLY BENNETT				14. Phone Number: (419)254-5388	
15. Mailing Address - Street or P.O. Box: P.O. BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2021		26. Reporting Period End: 05/31/2022			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANOR CARE HEALTH SERVICES (WALNUT CREEK)
 (Name of Individual) Name of Facility (D.B.A.)
 and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HCAI's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

PROMEDICA SKILLED NURSING AND REHABILITATION
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 1226 ROSSMOOR PKWY

WALNUT CREEK 945750000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Department of Health Care Access and Information
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
 (ROSSMOOR)**

Report Period
 End: 05/31/2022

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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	12/19/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
 (ROSSMOOR)**

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	5	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION
(ROSSMOOR)

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR MA

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	40.00
41.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	41.00
42.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	42.00
43.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	43.00
44.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	44.00
45.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
 PROMEDICA SKILLED NURSING AND REHABILITATION
 (ROSSMOOR)

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	VP BUSINESS OFFICE SUPPORT	130.00
131.00	KATHRYN HOOPS	LITIGATION SUPPORT SPECIALIST	131.00
132.00	TIMOTHY ROBERTS	VP TREASURY	132.00
133.00	DAMIAN RODGERS	ASST GENERAL COUNSEL	133.00
134.00	ANDREA SYPE	AVP TAX	134.00
135.00	LUKE PILE	SR VP & COO	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION
(ROSSMOOR)

Report Period
 End: 05/31/2022

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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDICAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(If "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A

366.00 Address: 1

367.00 City: A

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	2,476	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	67,010	371.00
372.00 Interest Added / Earned	1	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	67,011	373.00
374.00 Total Trust Account Expenditures	62,005	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	7,482	375.00

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	7,105	23,743	3,909	8,913	3,675	47,345	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		7,105	23,743	3,909	8,913	3,675	47,345	70.00

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care				
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41			
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
ROUTINE SERVICES													
5.00	Skilled Nursing Care	3100	4,424,410		10,755,307		1,513,634		5,684,559			5.00	
10.00	Intermediate Care	3200	0		0		0		0			10.00	
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00	
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00	
25.00	Sub-Acute Care	3500	0		0		0		0			25.00	
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00	
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00	
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00	
45.00	Other Routine Services	3900	0		0		0		0			45.00	
70.00	Subtotal (Lines 5 through 45)		4,424,410		10,755,307		1,513,634		5,684,559			70.00	
ANCILLARY SERVICES													
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00	
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00	
115.00	Physical Therapy	4200	880,800	0	20,425	0	85,650	0	1,076,115	0		115.00	
120.00	Respiratory Therapy	4220	81,649	0	172,407	0	17,037	0	82,989	0		120.00	
125.00	Occupational Therapy	4250	659,300	0	800	0	7,700	0	872,324	0		125.00	
130.00	Speech Therapy	4280	93,575	0	1,125	0	125	0	89,582	0		130.00	
135.00	Pharmacy	4300	581,377	0	44,356	0	0	0	690,551	0		135.00	
140.00	Laboratory	4400	51,623	0	2,977	0	353	0	72,749	0		140.00	
145.00	Home Health Services	4800		0		0		0		0		145.00	
155.00	Other Ancillary Services	4900	30,978	0	13	0	10,882	0	41,839	0		155.00	
170.00	Subtotal (Lines 105 through 155)		2,379,302	0	242,103	0	121,747	0	2,926,149	0		170.00	
175.00	Total (Lines 70 and 170)		6,803,712	0	10,997,410	0	1,635,381	0	8,610,708	0		175.00	
		Other Payers		Total									
	GROSS REVENUE	Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)								
		9.00	10.00	11.00	12.00								
ROUTINE SERVICES													
5.00	Skilled Nursing Care	1,603,800		23,981,710									5.00
10.00	Intermediate Care	0		0									10.00
15.00	Mentally Disordered Care	0		0									15.00
20.00	Developmentally Disabled Care	0		0									20.00
25.00	Sub-Acute Care	0		0									25.00
30.00	Sub-Acute Care-Pediatric	0		0									30.00
35.00	Transitional Inpat Care	0		0									35.00
40.00	Hospice Inpatient Care	0		0									40.00
45.00	Other Routine Services	0		0									45.00
70.00	Subtotal (Lines 5 through 45)	1,603,800		23,981,710									70.00
ANCILLARY SERVICES													
105.00	Patient Supplies	0	0	0	0								105.00
110.00	Specialized Support Surf	0	0	0	0								110.00
115.00	Physical Therapy	275	0	2,063,265	0								115.00
120.00	Respiratory Therapy	53,754	0	407,836	0								120.00
125.00	Occupational Therapy	450	0	1,540,574	0								125.00
130.00	Speech Therapy	0	0	184,407	0								130.00
135.00	Pharmacy	2,729	0	1,319,013	0								135.00
140.00	Laboratory	52	0	127,754	0								140.00
145.00	Home Health Services		0		0								145.00
155.00	Other Ancillary Services	0	0	83,712	0								155.00
170.00	Subtotal (Lines 105 through 155)	57,260	0	5,726,561	0								170.00
175.00	Total (Lines 70 and 170)	1,661,060	0	29,708,271	0								175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount										
			1.00										
205.00	Charity Adjustments	5100	-3,013										205.00
210.00	Administrative Adjustments	5200	165										210.00

Facility D.B.A. Name:
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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-53,182		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	2,110,184		220.00
222.00	Contractual Adjustments - Managed Care	5330	2,821,679		222.00
225.00	Contractual Adjustments - Other	5340	257,609		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		5,133,442		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	155	5.00
10.00	Average (Monthly average)	155	10.00
Available Beds:			
20.00	End of Period	155	20.00
25.00	Average (Monthly average)	155	25.00
40.00	Admissions (Excluding transfers)	939	40.00
45.00	Discharges (Excluding transfers)	912	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	83.69	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-9,911	300	0	-9,911	300	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,904,120	2,816,511	0	2,904,120	2,816,511	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-406,711	-285,401	0	-406,711	-285,401	25.00
30.00	Receivables from third party payors for contract settlement	1050	6,167	0	0	6,167	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	158,906	138,039	0	158,906	138,039	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,652,571	2,669,449	0	2,652,571	2,669,449	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,375,400	1,375,400	0	1,375,400	1,375,400	95.00
100.00	Land improvements	1210	625,270	625,270	0	625,270	625,270	100.00
105.00	Buildings and improvements	1220	16,857,841	16,784,925	0	16,857,841	16,784,925	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-15,860,983	-15,365,671	0	-15,860,983	-15,365,671	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	4,612,336	4,584,036	0	4,612,336	4,584,036	125.00
130.00	Less accumulated depreciation - equipment	1290	-4,364,582	-4,246,392	0	-4,364,582	-4,246,392	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		3,245,282	3,757,568	0	3,245,282	3,757,568	135.00
140.00	Construction-in-progress	1250	2,023,812	1,067,406	0	2,023,812	1,067,406	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		7,921,665	7,494,423	0	7,921,665	7,494,423	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1	422,766				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	0	2,123,184	0	0	2,123,184	10.00
15.00	Accrued compensation and related liabilities	2020	1,538,638	1,191,079	0	1,538,638	1,191,079	15.00
20.00	Other accrued liabilities	2030	487,686	267,487	0	487,686	267,487	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,026,324	3,581,750	0	2,026,324	3,581,750	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	4,643,133	1,381,216	0	4,643,133	1,381,216	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		4,643,133	1,381,216	0	4,643,133	1,381,216	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		4,643,133	1,381,216	0	4,643,133	1,381,216	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		6,669,457	4,962,966	0	6,669,457	4,962,966	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,180,278	1,180,278	0	1,180,278	1,180,278	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	71,930	1,351,179	0	71,930	1,351,179	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		1,252,208	2,531,457	0	1,252,208	2,531,457	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		7,921,665	7,494,423	0	7,921,665	7,494,423	185.00

* From Page 5.4

** Combine Columns 1 and 3

Facility D.B.A. Name:
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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	4,643,133	2022	0.00	4,643,133	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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**ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
 CAPITAL**

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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BALANCE SHEET - RESTRICTED FUNDS

6

	ASSETS	Account Number	Current Period	Prior Period	
			1.00	2.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Cash (Including CD's)	1710	0	0	5.00
10.00	Investments, at cost: Marketable securities (\$)*	1720	0	0	10.00
15.00	Investments, at cost: Other (\$)*	1720	0	0	15.00
20.00	Pledges and receivables	1730	0	0	20.00
25.00	Due from other funds	1740	0	0	25.00
30.00	Other assets	1750	0	0	30.00
50.00	TOTAL ASSETS (Sum of lines 5 through 30)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Cash (Including CD's)	1810	0	0	105.00
110.00	Marketable securities at cost (\$)*	1820	0	0	110.00
115.00	PLEDGES AND RECEIVABLES	1830	0	0	115.00
120.00	Due from other funds	1840	0	0	120.00
125.00	Other assets	1850	0	0	125.00
150.00	TOTAL ASSETS (Sum of lines 105 through 125)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Cash (Including CD's)	1910	0	0	205.00
210.00	Investments, at cost: Marketable securities (\$)*	1920	0	0	210.00
215.00	Investments, at cost: Other (\$)*	1920	0	0	215.00
220.00	Pledges and receivables	1930	0	0	220.00
225.00	Due from other funds	1940	0	0	225.00
230.00	Other assets	1950	0	0	230.00
250.00	TOTAL ASSETS (Sum of lines 205 through 230)		0	0	250.00
* Include Market Value at Current Year Balance Sheet Date in Parentheses.					

	LIABILITIES AND FUND BALANCES	Account Number	Current Period	Prior Period	
			3.00	4.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Due to other funds	2710-2730	0	0	5.00
45.00	Fund balance (Column 3 must agree with Page 7, column 2, line 32)	2770	0	0	45.00
50.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 5 and 45)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Due to other funds	2810-2830	0	0	105.00
145.00	Fund balance (Column 3 must agree with Page 7, column 3, line 32)	2870	0	0	145.00
150.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 105 and 145)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Mortgages	2910	0	0	205.00
210.00	OTHER LIABILITIES (SPECIFY)	2920	0	0	210.00
215.00	Due to other funds	2930-2950	0	0	215.00
245.00	Fund Balance (Column 3 must agree with Page 7, column 4, line 32)	2970	0	0	245.00
250.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 205 through 245)		0	0	250.00

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	2,531,457	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	2,531,457	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-1,632,649					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L INPACT AND ROUD	353,400	0	0	0	0	21.00
22.00	OTHER (DESCRIBE)	0	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-1,279,249	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0	0	25.00
26.00	Principal payments on long-term debt	0	0	0	0	0	26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	1,252,208	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
 Column 2, line 7 must be equal to Page 6, column 4, line 45.
 Column 3, line 7 must agree with Page 6, column 4, line 145.
 Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
 Column 2, line 32 must agree with Page 6, column 3, line 45.
 Column 3, line 32 must agree with Page 6, column 3, line 145.
 Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	23,981,710	17,295,676	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	5,726,561	4,498,438	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	5,133,442	1,960,421	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	24,574,829	19,833,693	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	372	745,519	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	24,575,201	20,579,212	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	11,424,383	8,619,892	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	11,424,383	8,619,892	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	925,294	765,805	75.00
76.00	Respiratory Therapy	8220	28,237	24,144	76.00
77.00	Occupational Therapy	8250	653,270	577,885	77.00
78.00	Speech Therapy	8280	180,862	178,826	78.00
80.00	Pharmacy	8300	662,341	498,457	80.00
85.00	Laboratory	8400	89,314	75,127	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	380,256	200,773	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,919,574	2,321,017	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	751,887	702,768	105.00
110.00	Housekeeping	6300	493,014	412,584	110.00
115.00	Laundry and Linen	6400	178,084	140,603	115.00
120.00	Dietary	6500	1,386,368	1,164,337	120.00
125.00	Social Services	6600	216,738	177,489	125.00
130.00	Activities	6700	132,095	90,402	130.00
135.00	Inservice Education - Nursing	6800	34,284	12,418	135.00
140.00	Administration	6900	4,341,521	3,895,401	140.00
145.00	Total Support Services	Lines 105 through 140	7,533,991	6,596,002	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	613,502	676,559	155.00
160.00	Leases and Rentals	7200	62,646	42,855	160.00
165.00	Property Taxes	7300	256,837	252,261	165.00
170.00	Property Insurance	7400	10,302	9,302	170.00
175.00	Interest - Property, Plant and Equipment	7500	3,114,852	2,985,579	175.00
180.00	Total Property Expenses	Lines 155 through 175	4,058,139	3,966,556	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	271,763	184,515	190.00
195.00	Total Other Expenses	Lines 185 + 190	271,763	184,515	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	26,207,850	21,687,982	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-1,632,649	-1,108,770	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	55,800	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-1,632,649	-1,052,970	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-1,632,649	-1,052,970	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-1,632,649	-1,052,970	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-1,632,649	-1,052,970	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	613,502	676,559	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	33,701	-623,914	20.00
25.00	Change in receivables from third-party payors	-6,167	174,676	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-20,867	-20,008	40.00
45.00	Change in accounts payable	-2,123,184	-243,611	45.00
50.00	Change in accrued compensation and related liabilities	347,559	49,236	50.00
55.00	Change in other accrued liabilities	220,199	187,315	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	-935,257	200,253	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-2,567,906	-852,717	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-1,057,622	-738,451	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	OTHER (DESCRIBE)	0	0	130.00
135.00	ROUNDING	-5	4	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-1,057,627	-738,447	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	3,261,917	1,494,671	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS, PTAX CASH BASIS AJE 1&2	-9,618	6,216	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	411,415	461,292	180.00
185.00	OFFSET CARES ACT REVENUE	0	-744,991	185.00
190.00	WC & GROUP INS AJE 6	-48,392	399,377	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	3,615,322	1,616,565	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-10,211	25,401	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	300	-25,101	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-9,911	300	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	117,279	38,778	595,830	751,887	0	0	0	5.00
10.00	Housekeeping	6300	334,495	109,706	48,813	493,014	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			495,312	495,312	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			118,190	118,190	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			62,646	62,646	0	0	0	35.00
40.00	Property Taxes	7300			256,837	256,837	0	0	0	40.00
45.00	Property Insurance	7400			10,302	10,302	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			3,114,852	3,114,852	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	104,067	34,239	39,778	178,084	0	0	0	60.00
65.00	Dietary	6500	643,623	212,359	530,386	1,386,368	0	0	0	65.00
70.00	Provision for Bad Debts	7700			271,763	271,763	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	675,708	224,221	25,365	925,294		925,294		80.00
81.00	Respiratory Therapy	8220	0	0	28,237	28,237		28,237		81.00
82.00	Occupational Therapy	8250	408,684	135,345	109,241	653,270		653,270		82.00
83.00	Speech Therapy	8280	135,055	44,367	1,440	180,862		180,862		83.00
85.00	Pharmacy	8300	0	0	662,341	662,341		662,341		85.00
90.00	Laboratory	8400	0	0	89,314	89,314		89,314		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	0	0	380,256	380,256		380,256		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	6,260,131	2,075,804	3,088,448	11,424,383		11,424,383		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					21,483,212	0			150.00
155.00	Social Services	6600	163,894	52,844	0	216,738	0	0	0	155.00
160.00	Activities	6700	91,825	30,999	9,271	132,095	0	0	0	160.00
165.00	Administration	6900	886,921	294,051	3,160,549	4,341,521	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	25,276	9,008	0	34,284	0	0	0	170.00
175.00	Total (See Instructions)		9,846,958	3,261,721	13,099,171	26,207,850	0	14,343,957	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				426,833					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			349,154	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			44,022	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
 (ROSSMOOR)**

Report Period
 End: 05/31/2022

Run Date Time: 11/15/2022 9:39 am
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 Version: 45.7.175.0



EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	751,887	314	751,573	-16,767	735,120	5.00
10.00	Housekeeping	6300	0.000000	0	493,014	0	493,014	0	493,014	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	495,312	0	495,312	0	495,312	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	118,190	0	118,190	0	118,190	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	62,646	0	62,646	0	62,646	35.00
40.00	Property Taxes	7300	0.000000	0	256,837	0	256,837	0	256,837	40.00
45.00	Property Insurance	7400	0.000000	0	10,302	0	10,302	0	10,302	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	3,114,852	0	3,114,852	-3,103,247	11,605	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	178,084	0	178,084	0	178,084	60.00
65.00	Dietary	6500	0.000000	0	1,386,368	0	1,386,368	0	1,386,368	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	271,763	0	271,763	-271,763	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			925,294	0	925,294	0	925,294	80.00
81.00	Respiratory Therapy	8220			28,237	0	28,237	0	28,237	81.00
82.00	Occupational Therapy	8250			653,270	0	653,270	0	653,270	82.00
83.00	Speech Therapy	8280			180,862	0	180,862	0	180,862	83.00
85.00	Pharmacy	8300			662,341	0	662,341	0	662,341	85.00
90.00	Laboratory	8400			89,314	0	89,314	0	89,314	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			380,256	0	380,256	-6,549	373,707	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			11,424,383	0	11,424,383	0	11,424,383	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							939	939	140.00
145.00	Other Nonreimbursable***							0	0	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	216,738	0	216,738	0	216,738	155.00
160.00	Activities	6700	0.000000	0	132,095	0	132,095	0	132,095	160.00
165.00	Administration	6900	0.000000	0	4,341,521	58	4,341,463	-338,564	4,002,957	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	34,284	0	34,284	0	34,284	170.00
175.00	Total (See Instructions)			0	26,207,850	372	26,207,478	-3,735,951	22,471,899	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION
(ROSSMOOR)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	314	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	58	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	OTHER	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		372		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-16,453	-16,453	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-271,763	-271,763	REMOVE BAD DEBT	75.00
80.00	Rental of Space	5	B	0	0	OFFSET RENTAL INCOME	80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-58	-58	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-314	-314	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	HOME OFFICE COSTS	165	A	-99,697	-99,697	ADJ PER HOME OFFICE COST REPOR	140.00
141.00	HOME OFFICE POOLED INTEREST	50	A	11,605	11,605	ADJ PER HOME OFFICE COST REPOR	141.00
142.00	OTHER ANCILLARY	100	A	-939	-939	RECLASS BEAUTY & BARBER	142.00
143.00	BEAUTY AND BARBER	140	A	939	939	RECLASS BEAUTY & BARBER	143.00
144.00	ADMINISTRATION	165	A	30,607	30,607	ADJ LIABILITY INS TO ALLOWABLE	144.00
145.00	ADMINISTRATION	165	A	-2,226	-2,226	REMOVE LEGAL COST	145.00
146.00	ADMINISTRATION	165	A	-236,617	-236,617	REMOVE MARKETING COSTS	146.00
147.00	ADMINISTRATION	165	A	0	0	RECLASS WAGES ADMISSIONS/MRKT	147.00
148.00	NON-REIMBURABLE	145	A	0	0	RECLASS WAGES ADMISSIONS/MRKT	148.00
149.00	ADMINISTRATION	165	A	0	0	RECLASS PROH ADMISSIONS/MRKT	149.00
150.00	NON-REIMBURABLE	145	A	0	0	RECLASS PROH ADMISSIONS/MRKT	150.00
151.00	ADMINISTRATION	165	A	-3,653	-3,653	REMOVE NON-ALLOW ADVERTISING	151.00
152.00	ADMINISTRATION	165	A	-3,774	-3,774	REMOVE NON-ALLOWABLE DUES	152.00
153.00	ADMINISTRATION	165	A	-19,848	-19,848	REMOVE CUSTOMER REIMBURSEMENT	153.00
154.00	ADMINISTRATION	165	A	-658	-658	REMOVE PENALTIES	154.00
155.00	ADMINISTRATION	165	B	-2,640	-2,640	OFFSET TRANSPORTATION INCOME	155.00
156.00	ADMINISTRATION	165	A	0	0	REMOVE NON ALLOWABLE ADVERTISI	156.00
157.00	ADMINISTRATION	165	A	0	0	REMOVE NON ALLOW EXPENSE	157.00
158.00	INTPROPLTEQUIP	50	A	-3,114,852	-3,114,852	REMOVE NON ALLOW EXPENSE	158.00
159.00	OTHER (SPECIFY)			0	0		159.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-5,610	-5,610	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-3,735,951	-3,735,951		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

RELATED PARTY INFORMATION

10.4(1)

	If the facility had transactions with related parties during the report period, complete the following information:					
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code	
	1.00	2.00	3.00	4.00	5.00	
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00

* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received			Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	760,430	760,430	0	0	760,430	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	Yes	0	165	9,846,958	9,846,958	0	0	9,846,958	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-4,643,133	-4,643,133	0	0	-4,643,133	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received			Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction				
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						5,964,255	5,964,255	0	0	5,964,255	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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**SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
 ADMINISTRATORS AND BOARD MEMBERS**

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MELISSA KATZ	179,053	60,318	39,556		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	LENNY DUMO	53,821	18,130	0		40	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of C's. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	117,279	38,778	0	579,063	735,120	5.00
10.00	Housekeeping	6300	334,495	109,706	19,860	28,953	493,014	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				495,312	495,312	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				118,190	118,190	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				62,646	62,646	35.00
40.00	Property Taxes	7300				256,837	256,837	40.00
45.00	Property Insurance	7400				10,302	10,302	45.00
50.00	Interest - Property, Plant & Equip.	7500				11,605	11,605	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	104,067	34,239	0	39,778	178,084	60.00
65.00	Dietary	6500	643,623	212,359	28,652	501,734	1,386,368	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	675,708	224,221	0	25,365	925,294	80.00
81.00	Respiratory Therapy	8220	0	0	1,820	26,417	28,237	81.00
82.00	Occupational Therapy	8250	408,684	135,345	108,407	834	653,270	82.00
83.00	Speech Therapy	8280	135,055	44,367	0	1,440	180,862	83.00
85.00	Pharmacy	8300	0	0	0	662,341	662,341	85.00
90.00	Laboratory	8400	0	0	0	89,314	89,314	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	0	0	0	373,707	373,707	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	6,260,131	2,075,804	454,023	2,634,425	11,424,383	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	939	0	939	140.00
145.00	Other Nonreimbursable		0	0	0	0	0	145.00
155.00	Social Services	6600	163,894	52,844	0	0	216,738	155.00
160.00	Activities	6700	91,825	30,999	0	9,271	132,095	160.00
165.00	Administration	6900	824,374	273,140	50,449	1,381,236	2,529,199	165.00
166.00	Medical Records - Salaries and Wages ***	6900	62,547	20,911	0	96	83,554	166.00
167.00	DPH Licensing Fees ***	6900				142,910	142,910	167.00
168.00	Liability Insurance ***	6900				530,736	530,736	168.00
169.00	Quality Assurance Fees ***	6900				716,558	716,558	169.00
170.00	Inservice Education - Nursing	6800	25,276	9,008	0	0	34,284	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		9,846,958	3,261,721	664,150	8,699,070	22,471,899	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	155	2.00
10.00	Total Licensed Beds End of Period:		155	
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0	

CAPITAL THRESHOLD **77,500**
 (licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project
 Completed During the Report Period

	Project 1 1.00	Project 2 2.00	Project 3 3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00				0	0	0	0
57.00				0	0	0	0
58.00				0	0	0	0
59.00				0	0	0	0
60.00				0	0	0	0
61.00				0	0	0	0
62.00				0	0	0	0
63.00				0	0	0	0
64.00				0	0	0	0
65.00				0	0	0	0
66.00				0	0	0	0
67.00				0	0	0	0
68.00				0	0	0	0
69.00				0	0	0	0
70.00				0	0	0	0
71.00				0	0	0	0
72.00				0	0	0	0
73.00				0	0	0	0
74.00				0	0	0	0
75.00				0	0	0	0
76.00 Total Project 1 Costs					0		

90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00				0	0	0	0
97.00				0	0	0	0
98.00				0	0	0	0
99.00				0	0	0	0
100.00				0	0	0	0
101.00				0	0	0	0
102.00				0	0	0	0
103.00				0	0	0	0
104.00				0	0	0	0
105.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	1,703	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	600	600	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,508	1,508	1,508	0	0	0	0	0	0	0	60.00
65.00	Dietary	6,614	6,614	6,614	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,105	1,105	1,105	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,052	1,052	1,052	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	29,756	29,756	29,756	399,605	140,622	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	179	179	179	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	221	221	221	0	0	0	0	0	0	0	155.00
160.00	Activities	878	878	878	0	0	0	0	0	0	0	160.00
165.00	Administration	1,821	1,821	1,821	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	45,437	43,734	43,134	399,605	140,622	0	0	0	0	0	175.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	8,133,552		2,183,026		178,084		1,386,368	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	1,105	75,167	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	925,294	1,052	71,561	0	0			15.00
16.00	Respiratory Therapy	28,237	0	0	0	0			16.00
17.00	Occupational Therapy	653,270	0	0	0	0			17.00
18.00	Speech Therapy	180,862	0	0	0	0			18.00
20.00	Pharmacy	662,341	0	0	0	0			20.00
25.00	Laboratory	89,314	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	373,707	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	11,424,383	29,756	2,024,122	399,605	178,084	140,622	1,386,368	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	939	179	12,176	0	0	0	0	75.00
80.00	Other Nonreimbursable	0	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		32,092		399,605		140,622		85.00
90.00	UNIT COST MULTIPLIER**		68.023994		0.445650		9.858827		90.00
95.00	TOTAL COSTS (See instructions)	14,338,347		2,183,026		178,084		1,386,368	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		383,117		4,002,957		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			75,167	16,292	91,459	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			996,855	216,058	1,212,913	15.00
16.00	Respiratory Therapy			28,237	6,120	34,357	16.00
17.00	Occupational Therapy			653,270	141,590	794,860	17.00
18.00	Speech Therapy			180,862	39,200	220,062	18.00
20.00	Pharmacy			662,341	143,556	805,897	20.00
25.00	Laboratory			89,314	19,358	108,672	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			373,707	80,997	454,704	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	11,424,383	383,117	15,396,074	3,336,943	18,733,017	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
 (ROSSMOOR)**

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			13,115	2,843	15,958		75.00
80.00	Other Nonreimbursable			0	0	0		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	11,424,383		18,468,942				85.00
90.00	UNIT COST MULTIPLIER**	0.033535		0.216740				90.00
95.00	TOTAL COSTS (See instructions)		383,117		4,002,957	22,471,899		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	18,733,017	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	47,345	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	395.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
 (ROSSMOOR)**

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	7,487	425,529	56.84	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	34,521	2,172,837	62.94	25.00
30.00	Licensed Vocational Nurses	23,170	1,205,981	52.05	30.00
35.00	Nurse Assistants (Aides and Orderlies)	92,322	2,126,998	23.04	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	6,694	328,786	49.12	60.00
65.00	Subtotal (Sum of lines 5 through 60)	164,194	6,260,131	38.13	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	23,356	1,219,447	52.21	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	23,356	1,219,447	52.21	230.00

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
 (ROSSMOOR)**

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	3,719	117,279	31.54	250.00
255.00	Housekeeping	18,049	334,495	18.53	255.00
260.00	Laundry and Linen	6,175	104,067	16.85	260.00
265.00	Dietary	26,639	643,623	24.16	265.00
270.00	Social Services	4,908	163,894	33.39	270.00
275.00	Activities	3,994	91,825	22.99	275.00
280.00	Inservice Education - Nursing	807	25,276	31.32	280.00
285.00	Administration	23,952	886,921	37.03	285.00
290.00	Subtotal (Sum of lines 250 through 285)	88,243	2,367,380	26.83	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	275,793	9,846,958	35.70	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.

Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
**PROMEDICA SKILLED NURSING AND REHABILITATION
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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	2,097	57,419	27.38	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

		All Employees	Direct Nursing Employees*	Nurse Assistants	
		1.00	2.00	3.00	
605.00	Number of employees at beginning of period	168	128	55	605.00
610.00	Number of employees at end of period	159	116	53	610.00
615.00	Average number of employees (See instructions)	165	122	54	615.00
620.00	Total number of people employed during the period **	225	168	66	620.00
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	36.36	37.70	22.22	625.00
630.00	Number of employees with continuous service for entire reporting period	119	88	44	630.00

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.


Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Exhibit 8 to Section 999.5(d)(5)(C)

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2020	Run Date Time: 12/28/2020 3:16 pm MCRIF32: LTCIR Version: 44.5.169.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF SUNNYVLE CA, LLC		2. State License Number: 220000442		3. Medi-Cal Provider Number: LTC55444F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (SUNNYVALE)				5. Facility Business Phone: (408)735-7200	
6. Facility Street Address: 1150 TILTON DRIVE		7. City: SUNNYVALE		8. Zip Code: 940870000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MEHRAD MOSHIRI					
13. Report Contact Person: KIMBERLY COUSINO			14. Phone Number: (419)252-5796		
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2019		26. Reporting Period End: 05/31/2020			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES (SUNNYVALE)
 (Name of Individual) Name of Facility (D.B.A.)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES (SUNNYVALE)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 1150 TILTON DRIVE

SUNNYVALE, CA 940870000


NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2020	Run Date Time: 12/28/2020 3:16 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	12/17/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
End: 05/31/2020

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	4	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.

2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)Report Period
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)**B. Is this facility a**10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)**C. Name and address of parent organization**

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVENUE	HEMET	CA	92545	100	42.00
43.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	43.00
44.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST


90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2020	Run Date Time: 12/28/2020 3:16 pm MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN D. ALLEN	DIRECTOR	130.00
131.00	KATHRYN S. HOOPS	VICE PRESIDENT	131.00
132.00	ELIZABETH M. KACZOR	VICE PRESIDENT	132.00
133.00	RAMI UBAYDI	PRESIDENT	133.00
134.00	THOMAS R. KILE	TREASURER	134.00
135.00	PATRICIA A. MCCORMICK	SECRETARY	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A

366.00 Address: 1

367.00 City: A

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	550	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	61,041	371.00
372.00	Interest Added / Earned	2	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	61,043	373.00
374.00	Total Trust Account Expenditures	55,214	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	6,379	375.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	5,991	22,645	6,224	4,924	1,717	41,501	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		5,991	22,645	6,224	4,924	1,717	41,501	70.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
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FACILITY REVENUE INFORMATION

4.2

	GROSS REVENUE	Account Number	Medicare		Medi-Cal		Self-Pay		Managed Care			
			Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	2,416,060		7,575,635		2,371,905		1,936,305			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		2,416,060		7,575,635		2,371,905		1,936,305			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	949,800	4,200	9,500	0	11,650	0	575,929	0		115.00
120.00	Respiratory Therapy	4220	8,191	0	17,954	0	5,727	0	2,401	0		120.00
125.00	Occupational Therapy	4250	824,300	800	10,200	0	6,500	0	477,929	0		125.00
130.00	Speech Therapy	4280	28,600	0	1,000	0	200	0	18,500	0		130.00
135.00	Pharmacy	4300	840,053	0	39,144	0	791	0	536,414	0		135.00
140.00	Laboratory	4400	74,482	0	16,468	0	0	0	34,793	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	49,185	0	398	0	989	0	2,370	0		155.00
170.00	Subtotal (Lines 105 through 155)		2,774,611	5,000	94,664	0	25,857	0	1,648,336	0		170.00
175.00	Total (Lines 70 and 170)		5,190,671	5,000	7,670,299	0	2,397,762	0	3,584,641	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	670,579		14,970,484								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	670,579		14,970,484								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	200	0	1,547,079	4,200							115.00
120.00	Respiratory Therapy	1,116	0	35,389	0							120.00
125.00	Occupational Therapy	550	0	1,319,479	800							125.00
130.00	Speech Therapy	0	0	48,300	0							130.00
135.00	Pharmacy	3,346	0	1,419,748	0							135.00
140.00	Laboratory	0	0	125,743	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	878,679	0	931,621	0							155.00
170.00	Subtotal (Lines 105 through 155)	883,891	0	5,427,359	5,000							170.00
175.00	Total (Lines 70 and 170)	1,554,470	0	20,397,843	5,000							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	34									
210.00	Administrative Adjustments	5200	0									

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-721,795		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	755,179		220.00
222.00	Contractual Adjustments - Managed Care	5330	806,115		222.00
225.00	Contractual Adjustments - Other	5340	148,391		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		987,924		240.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	140	5.00
10.00	Average (Monthly average)	140	10.00
Available Beds:			
20.00	End of Period	140	20.00
25.00	Average (Monthly average)	140	25.00
40.00	Admissions (Excluding transfers)	630	40.00
45.00	Discharges (Excluding transfers)	643	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	80.99	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
End: 05/31/2020

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	-51,648	0	0	-51,648	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,392,448	2,472,583	0	2,392,448	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-574,033	-596,607	0	-574,033	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	199,086	14,411	0	199,086	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	106,325	90,347	0	106,325	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,072,178	1,980,734	0	2,072,178	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	2,099,804	2,099,804	0	2,099,804	0	95.00
100.00	Land improvements	1210	428,634	428,634	0	428,634	0	100.00
105.00	Buildings and improvements	1220	13,119,220	12,954,766	0	13,119,220	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-12,314,668	-11,899,144	0	-12,314,668	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,774,321	3,674,165	0	3,774,321	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,509,275	-3,382,032	0	-3,509,275	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		3,598,036	3,876,193	0	3,598,036	0	135.00
140.00	Construction-in-progress	1250	252,784	96,030	0	252,784	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		5,922,998	5,952,957	0	5,922,998	0	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1,438,499	1,464,576				215.00

Facility D.B.A. Name:
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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	3,135	0	0	0	5.00
10.00	Accounts payable	2010	141,769	220,211	0	141,769	0	10.00
15.00	Accrued compensation and related liabilities	2020	951,624	902,047	0	951,624	0	15.00
20.00	Other accrued liabilities	2030	236,197	335,506	0	236,197	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,329,590	1,460,899	0	1,329,590	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	2,235,637	3,266,136	0	2,235,637	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		2,235,637	3,266,136	0	2,235,637	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		2,235,637	3,266,136	0	2,235,637	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		3,565,227	4,727,035	0	3,565,227	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	722,310	722,310	0	722,310	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	1,635,461	503,612	0	1,635,461	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		2,357,771	1,225,922	0	2,357,771	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		5,922,998	5,952,957	0	5,922,998	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2,019	2,235,637	2,020	0.00	2,235,637	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	1,225,922	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	1,225,922	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	857,861					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT ADJS P&L IMPACT	273,992	0	0	0		21.00
22.00	ROUNDING	-4	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	1,131,849	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	2,357,771	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	14,970,484	15,087,298	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	5,432,359	5,449,090	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	987,924	1,125,685	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	19,414,919	19,410,703	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	1,596	2,621	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	19,416,515	19,413,324	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	7,041,842	6,846,069	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	7,041,842	6,846,069	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	601,359	735,933	75.00
76.00	Respiratory Therapy	8220	15,428	12,571	76.00
77.00	Occupational Therapy	8250	479,175	718,352	77.00
78.00	Speech Therapy	8280	53,194	84,947	78.00
80.00	Pharmacy	8300	582,873	697,384	80.00
85.00	Laboratory	8400	68,567	78,815	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	212,991	215,996	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,013,587	2,543,998	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	771,396	744,059	105.00
110.00	Housekeeping	6300	333,156	368,241	110.00
115.00	Laundry and Linen	6400	147,398	160,153	115.00
120.00	Dietary	6500	1,082,130	1,041,225	120.00
125.00	Social Services	6600	219,696	264,509	125.00
130.00	Activities	6700	127,484	151,364	130.00
135.00	Inservice Education - Nursing	6800	0	66,434	135.00
140.00	Administration	6900	3,371,581	3,574,564	140.00
145.00	Total Support Services	Lines 105 through 140	6,052,841	6,370,549	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	542,767	534,671	155.00
160.00	Leases and Rentals	7200	43,330	34,053	160.00
165.00	Property Taxes	7300	207,814	231,084	165.00
170.00	Property Insurance	7400	6,414	6,096	170.00
175.00	Interest - Property, Plant and Equipment	7500	2,264,117	1,920,898	175.00
180.00	Total Property Expenses	Lines 155 through 175	3,064,442	2,726,802	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	385,942	234,467	190.00
195.00	Total Other Expenses	Lines 185 + 190	385,942	234,467	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	18,558,654	18,721,885	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	857,861	691,439	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	857,861	691,439	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	857,861	691,439	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	857,861	691,439	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses.

☒ X

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	857,861	691,439	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	542,767	534,671	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	57,561	108,145	20.00
25.00	Change in receivables from third-party payors	-184,675	-13,590	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-15,978	-11,949	40.00
45.00	Change in accounts payable	-78,442	26,602	45.00
50.00	Change in accrued compensation and related liabilities	49,577	11,920	50.00
55.00	Change in other accrued liabilities	-99,309	88,827	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	271,501	744,626	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	1,129,362	1,436,065	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-421,364	-352,855	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	PRIOR PERIOD AUDIT	0	12,405,675	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	-4	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-421,368	12,052,820	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	-1,030,499	1,653,018	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	-244	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	PROPERTY TAX AJE	22,081	0	175.00
180.00	BONUS AJE	-5,892	0	180.00
185.00	DEPR ADJ	379,696	0	185.00
190.00	WC AND GROUP INSURANCE ADJ	-121,893	0	190.00
195.00	PRIOR PERIOD LINE 215 BEFORE AUDIT	-3,135	-15,141,659	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	-759,642	-13,488,885	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-51,648	0	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	0	0	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	-51,648	0	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	100,762	23,389	647,245	771,396	0	0	0	5.00
10.00	Housekeeping	6300	239,902	61,944	31,310	333,156	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			415,524	415,524	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			127,243	127,243	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			43,330	43,330	0	0	0	35.00
40.00	Property Taxes	7300			207,814	207,814	0	0	0	40.00
45.00	Property Insurance	7400			6,414	6,414	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			2,264,117	2,264,117	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	100,231	26,173	20,994	147,398	0	0	0	60.00
65.00	Dietary	6500	580,095	148,963	353,072	1,082,130	0	0	0	65.00
70.00	Provision for Bad Debts	7700			385,942	385,942	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	464,057	119,152	18,150	601,359		0		80.00
81.00	Respiratory Therapy	8220	0	0	15,428	15,428		0		81.00
82.00	Occupational Therapy	8250	355,334	83,751	40,090	479,175		0		82.00
83.00	Speech Therapy	8280	42,001	10,330	863	53,194		0		83.00
85.00	Pharmacy	8300	0	0	582,873	582,873		0		85.00
90.00	Laboratory	8400	0	0	68,567	68,567		0		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	18,002	5,380	189,609	212,991		0		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	5,332,457	1,363,783	345,602	7,041,842		0		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					14,839,893	0			150.00
155.00	Social Services	6600	173,280	45,906	510	219,696	0	0	0	155.00
160.00	Activities	6700	91,860	23,367	12,257	127,484	0	0	0	160.00
165.00	Administration	6900	1,204,866	237,697	1,929,018	3,371,581	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	0	0	0	0	0	0	0	170.00
175.00	Total (See Instructions)		8,702,847	2,149,835	7,705,972	18,558,654	0	0	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				274,262					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			135,833	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			1,915	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
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Version: 44.5.169.0



EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	771,396	0	771,396	-29,015	742,381	5.00
10.00	Housekeeping	6300	0.000000	0	333,156	0	333,156	1,221	334,377	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	415,524	0	415,524	0	415,524	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	127,243	0	127,243	0	127,243	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	43,330	0	43,330	0	43,330	35.00
40.00	Property Taxes	7300	0.000000	0	207,814	0	207,814	0	207,814	40.00
45.00	Property Insurance	7400	0.000000	0	6,414	0	6,414	0	6,414	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	2,264,117	0	2,264,117	-2,259,497	4,620	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	147,398	366	147,032	-128	147,270	60.00
65.00	Dietary	6500	0.000000	0	1,082,130	700	1,081,430	-50	1,082,080	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	385,942	0	385,942	-385,942	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			601,359	0	601,359	875	602,234	80.00
81.00	Respiratory Therapy	8220			15,428	0	15,428	0	15,428	81.00
82.00	Occupational Therapy	8250			479,175	0	479,175	514	479,689	82.00
83.00	Speech Therapy	8280			53,194	0	53,194	26	53,220	83.00
85.00	Pharmacy	8300			582,873	0	582,873	0	582,873	85.00
90.00	Laboratory	8400			68,567	0	68,567	0	68,567	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			212,991	0	212,991	-1,359	211,632	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			7,041,842	0	7,041,842	25,513	7,067,355	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							370	370	140.00
145.00	Other Nonreimbursable***							59,622	59,622	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	219,696	0	219,696	275	219,971	155.00
160.00	Activities	6700	0.000000	0	127,484	0	127,484	0	127,484	160.00
165.00	Administration	6900	0.000000	0	3,371,581	530	3,371,051	-409,673	2,961,908	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	0	0	0	0	0	170.00
175.00	Total (See Instructions)			0	18,558,654	1,596	18,557,058	-2,997,248	15,561,406	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	0	5	5.00
10.00	Laundry and Linen Revenue	5720	366	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	700	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	530	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	REVENUE	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		1,596		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals	65	B	-700	-700	OFFSET MEAL INCOME	15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)	60	B	-366	-366	OFFSET LAUNDRY INCOME	40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-29,295	-29,295	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-385,942	-385,942	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-530	-530	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions			0	0		120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	HOME OFFICE COSTS	165	A	-108,299	-108,299	ADJ PER HOME OFFICE COST REPOR	140.00
141.00	HOME OFFICE POOLED INTEREST	50	A	4,620	4,620	ADJ PER HOME OFFICE COST REPOR	141.00
142.00	BARBER AND BEAUTY	100	B	-989	-989	OFFSET B AND B INCOME	142.00
143.00	OTHER ANCILLARY	100	A	-370	-370	RECLASS B AND B	143.00
144.00	BEAUTY AND BARBER	140	A	370	370	RECLASS B AND B	144.00
145.00	ADMINISTRATION	165	A	-21,541	-21,541	ADJ LIABILITY INS TO ALLOWABLE	145.00
146.00	ADMINISTRATION	165	A	-5,818	-5,818	REMOVE LEGAL COST	146.00
147.00	ADMINISTRATION	165	A	-191,257	-191,257	REMOVE MARKETING COSTS	147.00
148.00	ADMINISTRATION	165	A	-44,954	-44,954	RECLASS WAGES ADMISSIONS/MRKT	148.00
149.00	NON-REIMBURABLE	145	A	44,954	44,954	RECLASS WAGES ADMISSIONS/MRKT	149.00
150.00	ADMINISTRATION	165	A	-11,909	-11,909	RECLASS PROH ADMISSIONS/MRKT	150.00
151.00	NON-REIMBURABLE	145	A	11,909	11,909	RECLASS PROH ADMISSIONS/MRKT	151.00
152.00	ADMINISTRATION	165	A	-12,279	-12,279	REMOVE NON-ALLOW ADVERTISING	152.00
153.00	ADMINISTRATION	165	A	-2,491	-2,491	REMOVE NON-ALLOWABLE DUES	153.00
154.00	ADMINISTRATION	165	A	-2,500	-2,500	REMOVE CUSTOMER REIMBUREMENT	154.00
155.00	ADMINISTRATION	165	A	-1,127	-1,127	REMOVE PENALTIES	155.00
156.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON-ALLOW ADVERTISING	156.00
157.00	ADMINISTRATION	165	A	-375	-375	REMOVE NON-ALLOW EXPENSE	157.00
158.00	ADMINISTRATION	165	A	-2,759	-2,759	RECLASS FLOWERS	158.00
159.00	NON-REIMBURABLE	145	A	2,759	2,759	RECLASS FLOWERS	159.00
160.00	INTPROPLTEQUIP	50	A	-2,264,117	-2,264,117	REMOVE NON-ALLOW EXPENSE	160.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
161.00	SKILLED NURSING	105	A	25,513	25,513	ADD PPE EXPENSE DISTRIBUTED T	161.00
162.00	PLT'OP AND MAINT	5	A	280	280	ADD PPE EXPENSE DISTRIBUTED T	162.00
163.00	HOUSEKEEPING	10	A	1,221	1,221	ADD PPE EXPENSE DISTRIBUTED T	163.00
164.00	LAUNDRY AND LINEN	60	A	238	238	ADD PPE EXPENSE DISTRIBUTED T	164.00
165.00	DIETARY	65	A	650	650	ADD PPE EXPENSE DISTRIBUTED T	165.00
166.00	SOCIAL SERVICES	155	A	275	275	ADD PPE EXPENSE DISTRIBUTED T	166.00
167.00	ADMINISTRATION	165	A	291	291	ADD PPE EXPENSE DISTRIBUTED T	167.00
168.00	PHYSICAL THERAPY	80	A	875	875	ADD PPE EXPENSE DISTRIBUTED T	168.00
169.00	OCCUPATIONAL THERAPY	82	A	514	514	ADD PPE EXPENSE DISTRIBUTED T	169.00
170.00	SPEECH THERAPY	83	A	26	26	ADD PPE EXPENSE DISTRIBUTED T	170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber			0	0		200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,997,248	-2,997,248		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	2	0	165	564,917	564,917	0	0	564,917	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	2	0	165	8,702,847	8,702,847	0	0	8,702,847	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	2	0	165	-2,235,637	-2,235,637	0	0	-2,235,637	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						7,032,127	7,032,127	0	0	7,032,127	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	GRACE SPENCER (6/1/19-12/4/19)	74,839	14,764	4,369		40	165		140.00
141.00	WALTER LONG (12/5/19-3/4/20)	20,655	4,075	0		40	165		141.00
142.00	MEHRAD MOSHIRI(3/5/20-5/31/20)	38,969	7,688	1,249		40	165		142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	WALTER LONG	560	110	0		8	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	100,762	23,389	0	618,230	742,381	5.00
10.00	Housekeeping	6300	239,902	61,944	0	32,531	334,377	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				415,524	415,524	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				127,243	127,243	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				43,330	43,330	35.00
40.00	Property Taxes	7300				207,814	207,814	40.00
45.00	Property Insurance	7400				6,414	6,414	45.00
50.00	Interest - Property, Plant & Equip.	7500				4,620	4,620	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	100,231	26,173	0	20,866	147,270	60.00
65.00	Dietary	6500	580,095	148,963	6,480	346,542	1,082,080	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	464,057	119,152	-204	19,229	602,234	80.00
81.00	Respiratory Therapy	8220	0	0	0	15,428	15,428	81.00
82.00	Occupational Therapy	8250	355,334	83,751	39,631	973	479,689	82.00
83.00	Speech Therapy	8280	42,001	10,330	863	26	53,220	83.00
85.00	Pharmacy	8300	0	0	0	582,873	582,873	85.00
90.00	Laboratory	8400	0	0	0	68,567	68,567	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	18,002	5,380	0	188,250	211,632	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	5,332,457	1,363,783	81,714	289,401	7,067,355	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	370	0	370	140.00
145.00	Other Nonreimbursable		44,954	11,909	0	2,759	59,622	145.00
155.00	Social Services	6600	173,280	45,906	0	785	219,971	155.00
160.00	Activities	6700	91,860	23,367	8,995	3,262	127,484	160.00
165.00	Administration	6900	1,083,771	205,769	113,139	625,867	2,028,546	165.00
166.00	Medical Records - Salaries and Wages ***	6900	76,141	20,019	0	-50	96,110	166.00
167.00	DPH Licensing Fees ***	6900				109,068	109,068	167.00
168.00	Liability Insurance ***	6900				87,800	87,800	168.00
169.00	Quality Assurance Fees ***	6900				640,384	640,384	169.00
170.00	Inservice Education - Nursing	6800	0	0	0	0	0	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		8,702,847	2,149,835	250,988	4,457,736	15,561,406	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	140	2.00	
10.00	Total Licensed Beds End of Period:		140		
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0		

CAPITAL THRESHOLD **70,000**
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

		Enter Data for each Bed Addition Project Completed During the Report Period		
		Project 1	Project 2	Project 3
		1.00	2.00	3.00
25.00	Number of New Licensed Beds	0	0	0
30.00	Date Placed into Service			
35.00	Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00	Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	PROJECT 471_25-18WB						
55.00	Date Placed in Service (e.g., when was project completed and available for resident use?)	09/01/2019						
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00	DESIGN ROOF TON UNIT		NO	07/01/2019	120	7,426	619	0
57.00	DESIGN ROOF TON UNIT		NO	07/31/2019	120	71,419	11,713	0
58.00					0	0	0	0
59.00					0	0	0	0
60.00					0	0	0	0
61.00					0	0	0	0
62.00					0	0	0	0
63.00					0	0	0	0
64.00					0	0	0	0
65.00					0	0	0	0
66.00					0	0	0	0
67.00					0	0	0	0
68.00					0	0	0	0
69.00					0	0	0	0
70.00					0	0	0	0
71.00					0	0	0	0
72.00					0	0	0	0
73.00					0	0	0	0
74.00					0	0	0	0
75.00					0	0	0	0
76.00	Total Project 1 Costs					78,845		

90.00	Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):							
95.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00					0	0	0	0
97.00					0	0	0	0
98.00					0	0	0	0
99.00					0	0	0	0
100.00					0	0	0	0
101.00					0	0	0	0
102.00					0	0	0	0
103.00					0	0	0	0
104.00					0	0	0	0
105.00					0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	2,053	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	291	291	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	805	805	805	0	0	0	0	0	0	0	60.00
65.00	Dietary	5,098	5,098	5,098	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	511	511	511	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,038	1,038	1,038	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	319	319	319	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	86	86	86	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	23,278	23,278	23,278	459,000	123,207	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	189	189	189	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	90	90	90	0	0	0	0	0	0	0	155.00
160.00	Activities	934	934	934	0	0	0	0	0	0	0	160.00
165.00	Administration	1,305	1,305	1,305	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	35,997	33,944	33,653	459,000	123,207	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	6,420,416		1,881,703		147,270		1,082,080	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	192	14,319	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	602,234	1,038	77,410	0	0			15.00
16.00	Respiratory Therapy	15,428	0	0	0	0			16.00
17.00	Occupational Therapy	479,689	319	23,790	0	0			17.00
18.00	Speech Therapy	53,220	86	6,414	0	0			18.00
20.00	Pharmacy	582,873	0	0	0	0			20.00
25.00	Laboratory	68,567	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	211,632	319	23,790	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	7,067,355	23,089	1,721,885	459,000	147,270	123,207	1,082,080	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	370	189	14,095	0	0	0	0	75.00
80.00	Other Nonreimbursable	59,622	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		25,232		459,000		123,207		85.00
90.00	UNIT COST MULTIPLIER**		74.576054		0.320850		8.782618		90.00
95.00	TOTAL COSTS (See instructions)	9,140,990		1,881,703		147,270		1,082,080	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		347,455		2,961,908		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			14,319	3,366	17,685	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			679,644	159,771	839,415	15.00
16.00	Respiratory Therapy			15,428	3,627	19,055	16.00
17.00	Occupational Therapy			503,479	118,358	621,837	17.00
18.00	Speech Therapy			59,634	14,019	73,653	18.00
20.00	Pharmacy			582,873	137,022	719,895	20.00
25.00	Laboratory			68,567	16,119	84,686	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			235,422	55,343	290,765	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	7,067,355	347,455	10,366,045	2,436,867	12,802,912	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			14,465	3,400	17,865		75.00
80.00	Other Nonreimbursable			59,622	14,016	73,638		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	7,067,355		12,599,498				85.00
90.00	UNIT COST MULTIPLIER**	0.049163		0.235081				90.00
95.00	TOTAL COSTS (See instructions)		347,455		2,961,908	15,561,406		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	12,802,912	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	41,501	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	308.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	9,001	478,108	53.12	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	29,976	1,590,528	53.06	25.00
30.00	Licensed Vocational Nurses	21,284	954,429	44.84	30.00
35.00	Nurse Assistants (Aides and Orderlies)	86,092	2,074,696	24.10	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	5,371	234,696	43.70	60.00
65.00	Subtotal (Sum of lines 5 through 60)	151,724	5,332,457	35.15	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	17,711	861,392	48.64	220.00
225.00	Other Salaries and Wages	257	18,002	70.05	225.00
230.00	Subtotal (Sum of lines 200 through 225)	17,968	879,394	48.94	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	4,032	100,762	24.99	250.00
255.00	Housekeeping	12,747	239,902	18.82	255.00
260.00	Laundry and Linen	5,727	100,231	17.50	260.00
265.00	Dietary	24,458	580,095	23.72	265.00
270.00	Social Services	6,072	173,280	28.54	270.00
275.00	Activities	4,458	91,860	20.61	275.00
280.00	Inservice Education - Nursing	0	0	0.00	280.00
285.00	Administration	39,913	1,204,866	30.19	285.00
290.00	Subtotal (Sum of lines 250 through 285)	97,407	2,490,996	25.57	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	267,099	8,702,847	32.58	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,971	51,301	26.03	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	189	137	70
610.00	Number of employees at end of period	167	123	61
615.00	Average number of employees (See instructions)	182	135	69
620.00	Total number of people employed during the period **	226	167	80
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	24.18	23.70	15.94
630.00	Number of employees with continuous service for entire reporting period	140	101	53

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2021	Run Date Time: 11/16/2021 11:41 am MCRIF32: LTCIR Version: 45.2.172.2	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF SUNNYVLE CA, LLC		2. State License Number: 220000442		3. Medi-Cal Provider Number: LTC55444F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (SUNNYVALE)				5. Facility Business Phone: (408)735-7200	
6. Facility Street Address: 1150 TILTON DRIVE		7. City: SUNNYVALE		8. Zip Code: 940870000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MEHRAD MOSHIRI					
13. Report Contact Person: KIMBERLY COUSINO			14. Phone Number: (419)252-5796		
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2020		26. Reporting Period End: 05/31/2021			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES (SUNNYVALE)
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES (SUNNYVALE)
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 1150 TILTON DRIVE

SUNNYVALE 940870000


NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2021	Run Date Time: 11/16/2021 11:41 am MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	12/17/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
End: 05/31/2021

Run Date Time: 11/16/2021 11:41 am
MCRIF32: **LTCIR**
Version: 45.2.172.2



SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	4	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVENUE	HEMET	CA	92545	100	42.00
43.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	43.00
44.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST


90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2021	Run Date Time: 11/16/2021 11:41 am MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	DIRECTOR	130.00
131.00	KATHRYN HOOPS	VICE PRESIDENT	131.00
132.00	THOMAS R. KILE	TREASURER	132.00
133.00	DAMIAN RODGERS	SECRETARY	133.00
134.00	ANDREA SYPE	VICE PRESIDENT	134.00
135.00	RAMI UBAYDI	PRESIDENT	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____


210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2021	Run Date Time: 11/16/2021 11:41 am MCRIF32: LTCIR Version: 45.2.172.2	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A

366.00 Address: 1

367.00 City: A 368. State: OH 369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	6,379	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	73,003	371.00
372.00	Interest Added / Earned	3	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	73,006	373.00
374.00	Total Trust Account Expenditures	73,672	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	5,713	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	3,196	22,390	4,867	2,540	1,364	34,357	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		3,196	22,390	4,867	2,540	1,364	34,357	70.00

Facility D.B.A. Name:
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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	1,364,522		7,654,833		1,496,949		1,079,322			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		1,364,522		7,654,833		1,496,949		1,079,322			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	549,500	0	27,925	0	63,700	0	353,369	0		115.00
120.00	Respiratory Therapy	4220	1,337	0	14,406	0	108	0	605	0		120.00
125.00	Occupational Therapy	4250	496,475	0	32,450	0	20,200	0	328,477	0		125.00
130.00	Speech Therapy	4280	45,325	0	5,850	0	9,175	0	28,585	0		130.00
135.00	Pharmacy	4300	325,007	0	37,692	0	0	0	255,427	0		135.00
140.00	Laboratory	4400	28,086	0	11,442	0	547	0	20,879	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	14,738	0	0	0	120	0	0	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,460,468	0	129,765	0	93,850	0	987,342	0		170.00
175.00	Total (Lines 70 and 170)		2,824,990	0	7,784,598	0	1,590,799	0	2,066,664	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	549,673		12,145,299								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	549,673		12,145,299								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	5,450	0	999,944	0							115.00
120.00	Respiratory Therapy	1,447	0	17,903	0							120.00
125.00	Occupational Therapy	3,225	0	880,827	0							125.00
130.00	Speech Therapy	125	0	89,060	0							130.00
135.00	Pharmacy	0	0	618,126	0							135.00
140.00	Laboratory	56	0	61,010	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	417,478	0	432,336	0							155.00
170.00	Subtotal (Lines 105 through 155)	427,781	0	3,099,206	0							170.00
175.00	Total (Lines 70 and 170)	977,454	0	15,244,505	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	10,021									
210.00	Administrative Adjustments	5200	0									

Facility D.B.A. Name:
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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-397,256		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	70,511		220.00
222.00	Contractual Adjustments - Managed Care	5330	617,973		222.00
225.00	Contractual Adjustments - Other	5340	50,332		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		351,581		240.00

Facility D.B.A. Name:
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	140	5.00
10.00	Average (Monthly average)	140	10.00
Available Beds:			
20.00	End of Period	140	20.00
25.00	Average (Monthly average)	140	25.00
40.00	Admissions (Excluding transfers)	288	40.00
45.00	Discharges (Excluding transfers)	291	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	67.23	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	132,179	-51,648	0	132,179	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	1,913,592	2,392,448	0	1,913,592	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-506,430	-574,033	0	-506,430	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	1,487	199,086	0	1,487	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	115,257	106,325	0	115,257	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,656,085	2,072,178	0	1,656,085	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	2,099,804	2,099,804	0	2,099,804	0	95.00
100.00	Land improvements	1210	428,634	428,634	0	428,634	0	100.00
105.00	Buildings and improvements	1220	13,188,040	13,119,220	0	13,188,040	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-12,713,023	-12,314,668	0	-12,713,023	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,817,981	3,774,321	0	3,817,981	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,616,376	-3,509,275	0	-3,616,376	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		3,205,060	3,598,036	0	3,205,060	0	135.00
140.00	Construction-in-progress	1250	520,839	252,784	0	520,839	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		5,381,984	5,922,998	0	5,381,984	0	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1,164,095	1,438,499				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	133,992	141,769	0	133,992	0	10.00
15.00	Accrued compensation and related liabilities	2020	1,028,325	951,624	0	1,028,325	0	15.00
20.00	Other accrued liabilities	2030	101,259	236,197	0	101,259	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,263,576	1,329,590	0	1,263,576	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	3,546,361	2,235,637	0	3,546,361	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		3,546,361	2,235,637	0	3,546,361	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		3,546,361	2,235,637	0	3,546,361	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		4,809,937	3,565,227	0	4,809,937	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	722,310	722,310	0	722,310	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-150,263	1,635,461	0	-150,263	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		572,047	2,357,771	0	572,047	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		5,381,984	5,922,998	0	5,381,984	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	3,546,361	2021	0.00	3,546,361	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	2,357,771	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	2,357,771	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-1,791,228					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT AND ROUN	375,479	0	0	0	0	21.00
22.00	OFFSET CARES ACT REVENUE	-369,975	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-1,785,724	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	572,047	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	12,145,299	14,970,484	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	3,099,206	5,432,359	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	351,581	987,924	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	14,892,924	19,414,919	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	368,689	1,596	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	15,261,613	19,416,515	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	6,675,028	7,041,842	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	6,675,028	7,041,842	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	434,031	601,359	75.00
76.00	Respiratory Therapy	8220	25,024	15,428	76.00
77.00	Occupational Therapy	8250	355,940	479,175	77.00
78.00	Speech Therapy	8280	71,460	53,194	78.00
80.00	Pharmacy	8300	290,636	582,873	80.00
85.00	Laboratory	8400	82,550	68,567	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	111,830	212,991	95.00
100.00	Total Ancillary Services	Lines 70 through 95	1,371,471	2,013,587	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	727,696	771,396	105.00
110.00	Housekeeping	6300	350,699	333,156	110.00
115.00	Laundry and Linen	6400	153,844	147,398	115.00
120.00	Dietary	6500	1,034,911	1,082,130	120.00
125.00	Social Services	6600	165,545	219,696	125.00
130.00	Activities	6700	146,417	127,484	130.00
135.00	Inservice Education - Nursing	6800	32	0	135.00
140.00	Administration	6900	3,030,080	3,371,581	140.00
145.00	Total Support Services	Lines 105 through 140	5,609,224	6,052,841	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	505,456	542,767	155.00
160.00	Leases and Rentals	7200	33,067	43,330	160.00
165.00	Property Taxes	7300	229,142	207,814	165.00
170.00	Property Insurance	7400	7,314	6,414	170.00
175.00	Interest - Property, Plant and Equipment	7500	2,253,117	2,264,117	175.00
180.00	Total Property Expenses	Lines 155 through 175	3,028,096	3,064,442	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	369,022	385,942	190.00
195.00	Total Other Expenses	Lines 185 + 190	369,022	385,942	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	17,052,841	18,558,654	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-1,791,228	857,861	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-1,791,228	857,861	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-1,791,228	857,861	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-1,791,228	857,861	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-1,791,228	857,861	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	505,456	542,767	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	411,253	57,561	20.00
25.00	Change in receivables from third-party payors	197,599	-184,675	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-8,932	-15,978	40.00
45.00	Change in accounts payable	-7,777	-78,442	45.00
50.00	Change in accrued compensation and related liabilities	76,701	49,577	50.00
55.00	Change in other accrued liabilities	-134,938	-99,309	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	ASSETS	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	1,039,362	271,501	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-751,866	1,129,362	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-380,535	-421,364	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	-6	-4	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-380,541	-421,368	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	1,310,724	-1,030,499	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS,PTAB CASH BASE AJE 1&2	-11,192	22,081	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	329,270	-5,892	180.00
185.00	OFFSET CARES ACT REVENUE	-369,975	379,696	185.00
190.00	WC & GROUP INS AEJ 6	57,407	-121,893	190.00
195.00	ASSETS	0	-3,135	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	1,316,234	-759,642	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	183,827	-51,648	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	-51,648	0	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	132,179	-51,648	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	76,846	19,326	631,524	727,696	0	0	0	5.00
10.00	Housekeeping	6300	247,769	70,278	32,652	350,699	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			398,355	398,355	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			107,101	107,101	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			33,067	33,067	0	0	0	35.00
40.00	Property Taxes	7300			229,142	229,142	0	0	0	40.00
45.00	Property Insurance	7400			7,314	7,314	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			2,253,117	2,253,117	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	105,068	30,091	18,685	153,844	0	0	0	60.00
65.00	Dietary	6500	555,650	158,160	321,101	1,034,911	0	0	0	65.00
70.00	Provision for Bad Debts	7700			369,022	369,022	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	325,652	90,808	17,571	434,031		434,031		80.00
81.00	Respiratory Therapy	8220	0	0	25,024	25,024		25,024		81.00
82.00	Occupational Therapy	8250	276,706	77,590	1,644	355,940		355,940		82.00
83.00	Speech Therapy	8280	54,425	16,600	435	71,460		71,460		83.00
85.00	Pharmacy	8300	0	0	290,636	290,636		290,636		85.00
90.00	Laboratory	8400	0	0	82,550	82,550		82,550		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	5,728	1,624	104,478	111,830		111,830		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,943,494	1,398,085	333,449	6,675,028		6,675,028		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					13,710,767	0			150.00
155.00	Social Services	6600	128,115	35,613	1,817	165,545	0	0	0	155.00
160.00	Activities	6700	108,190	31,234	6,993	146,417	0	0	0	160.00
165.00	Administration	6900	1,085,106	268,796	1,676,178	3,030,080	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	25	7	0	32	0	0	0	170.00
175.00	Total (See Instructions)		7,912,774	2,198,212	6,941,855	17,052,841	0	8,046,499	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				258,756					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			171,792	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			29,832	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
End: 05/31/2021

Run Date Time: 11/16/2021 11:41 am
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Version: 45.2.172.2



EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	727,696	0	727,696	-16,276	711,420	5.00
10.00	Housekeeping	6300	0.000000	0	350,699	18,410	332,289	0	350,699	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	398,355	0	398,355	0	398,355	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	107,101	0	107,101	0	107,101	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	33,067	0	33,067	0	33,067	35.00
40.00	Property Taxes	7300	0.000000	0	229,142	0	229,142	0	229,142	40.00
45.00	Property Insurance	7400	0.000000	0	7,314	0	7,314	0	7,314	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	2,253,117	0	2,253,117	-2,253,045	72	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	153,844	30	153,814	-30	153,814	60.00
65.00	Dietary	6500	0.000000	0	1,034,911	26,295	1,008,616	0	1,034,911	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	369,022	0	369,022	-369,022	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			434,031	10,689	423,342	0	434,031	80.00
81.00	Respiratory Therapy	8220			25,024	0	25,024	0	25,024	81.00
82.00	Occupational Therapy	8250			355,940	9,293	346,647	0	355,940	82.00
83.00	Speech Therapy	8280			71,460	5,599	65,861	0	71,460	83.00
85.00	Pharmacy	8300			290,636	0	290,636	0	290,636	85.00
90.00	Laboratory	8400			82,550	16,088	66,462	0	82,550	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			111,830	0	111,830	-600	111,230	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			6,675,028	232,926	6,442,102	0	6,675,028	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							480	480	140.00
145.00	Other Nonreimbursable***							18,595	18,595	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	165,545	6,346	159,199	0	165,545	155.00
160.00	Activities	6700	0.000000	0	146,417	3,463	142,954	0	146,417	160.00
165.00	Administration	6900	0.000000	0	3,030,080	39,550	2,990,530	-196,143	2,833,937	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	32	0	32	0	32	170.00
175.00	Total (See Instructions)			0	17,052,841	368,689	16,684,152	-2,816,041	14,236,800	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	0	5	5.00
10.00	Laundry and Linen Revenue	5720	30	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	0	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISCELLANEOUS INCOME	5990	18,410	10	85.00
90.00	CARES ACT REVENUE	5990	5,599	83	90.00
95.00	CARES ACT REVENUE	5990	344,650	Various	95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		368,689		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)	60	B	-30	-30	OFFSET LAUNDRY INCOME	40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-16,276	-16,276	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-369,022	-369,022	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	1,316	1,316	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions			0	0		120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	HOME OFFICE COSTS	165	A	82,012	82,012	ADJ PER HOME OFFICE COST REPOR	140.00
141.00	HOME OFFICE POOLED INTEREST	50	A	72	72	ADJ PER HOME OFFICE COST REPOR	141.00
142.00	OTHER ANCILLARY	100	A	-480	-480	RECLASS B&B	142.00
143.00	BARB AND BEAUTY	140	A	480	480	RECLASS B&B	143.00
144.00	ADMINISTRATION	165	A	-91,529	-91,529	ADJ LIABILITY INS TO ALLOWABLE	144.00
145.00	ADMINISTRATION	165	A	-10,154	-10,154	REMOVE LEGAL COST	145.00
146.00	ADMINISTRATION	165	A	-147,272	-147,272	REMOVE MARKETING COSTS	146.00
147.00	ADMINISTRATION	165	A	-14,499	-14,499	RECLASS WAGES ADMISS/MRKT	147.00
148.00	NON REIMBURSEABLE	145	A	14,499	14,499	RECLASS WAGES ADMISS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-4,096	-4,096	RECLASS PROH ADMISS/MRKT	149.00
150.00	NON REIMBURSABLE	145	A	4,096	4,096	RECLASS PROH ADMISS/MRKT	150.00
151.00	ADMINISTRATION	165	A	-3,776	-3,776	REMOVE NON ALLOW ADVERT	151.00
152.00	ADMINISTRATION	165	A	-2,291	-2,291	REMOVE NON ALLOWABLE DUES	152.00
153.00	ADMINISTRATION	165	A	-1,079	-1,079	REMOVE CUST REIMB	153.00
154.00	ADMINISTRATION	165	A	-650	-650	REMOVE PENALTIES	154.00
155.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON ALLOW EXPENSE	155.00
156.00	INTPROPLTEQUIP	50	A	-2,253,117	-2,253,117	REMOVE NON ALLOW EXPENSE	156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-120	-120	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,816,041	-2,816,041		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	609,581	609,581	0	0	609,581	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	Yes	0	165	7,912,774	7,912,774	0	0	7,912,774	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-3,546,361	-3,546,361	0	0	-3,546,361	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						4,975,994	4,975,994	0	0	4,975,994	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MEHRAD MOSHIRI	175,414	43,453	41,350		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	76,846	19,326	0	615,248	711,420	5.00
10.00	Housekeeping	6300	247,769	70,278	0	32,652	350,699	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				398,355	398,355	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				107,101	107,101	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				33,067	33,067	35.00
40.00	Property Taxes	7300				229,142	229,142	40.00
45.00	Property Insurance	7400				7,314	7,314	45.00
50.00	Interest - Property, Plant & Equip.	7500				72	72	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	105,068	30,091	0	18,655	153,814	60.00
65.00	Dietary	6500	555,650	158,160	894	320,207	1,034,911	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	325,652	90,808	0	17,571	434,031	80.00
81.00	Respiratory Therapy	8220	0	0	0	25,024	25,024	81.00
82.00	Occupational Therapy	8250	276,706	77,590	-235	1,879	355,940	82.00
83.00	Speech Therapy	8280	54,425	16,600	359	76	71,460	83.00
85.00	Pharmacy	8300	0	0	0	290,636	290,636	85.00
90.00	Laboratory	8400	0	0	0	82,550	82,550	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	5,728	1,624	0	103,878	111,230	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,943,494	1,398,085	2,008	331,441	6,675,028	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	480	0	480	140.00
145.00	Other Nonreimbursable		14,499	4,096	0	0	18,595	145.00
155.00	Social Services	6600	128,115	35,613	0	1,817	165,545	155.00
160.00	Activities	6700	108,190	31,234	5,470	1,523	146,417	160.00
165.00	Administration	6900	998,387	243,852	70,522	755,882	2,068,643	165.00
166.00	Medical Records - Salaries and Wages ***	6900	72,220	20,848	0	391	93,459	166.00
167.00	DPH Licensing Fees ***	6900				118,665	118,665	167.00
168.00	Liability Insurance ***	6900				29,625	29,625	168.00
169.00	Quality Assurance Fees ***	6900				523,545	523,545	169.00
170.00	Inservice Education - Nursing	6800	25	7	0	0	32	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		7,912,774	2,198,212	79,498	4,046,316	14,236,800	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

	1.00	2.00
5.00 Total Licensed Beds Prior to Modification(s):	140	
10.00 Total Licensed Beds End of Period:	140	
15.00 Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project Completed During the Report Period			
	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

		1.00						
50.00	Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):							
55.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00					0	0	0	0
57.00					0	0	0	0
58.00					0	0	0	0
59.00					0	0	0	0
60.00					0	0	0	0
61.00					0	0	0	0
62.00					0	0	0	0
63.00					0	0	0	0
64.00					0	0	0	0
65.00					0	0	0	0
66.00					0	0	0	0
67.00					0	0	0	0
68.00					0	0	0	0
69.00					0	0	0	0
70.00					0	0	0	0
71.00					0	0	0	0
72.00					0	0	0	0
73.00					0	0	0	0
74.00					0	0	0	0
75.00					0	0	0	0
76.00	Total Project 1 Costs					0		

		1.00						
90.00	Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):							
95.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00					0	0	0	0
97.00					0	0	0	0
98.00					0	0	0	0
99.00					0	0	0	0
100.00					0	0	0	0
101.00					0	0	0	0
102.00					0	0	0	0
103.00					0	0	0	0
104.00					0	0	0	0
105.00					0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)


Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	2,053	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	291	291	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	805	805	805	0	0	0	0	0	0	0	60.00
65.00	Dietary	5,098	5,098	5,098	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	511	511	511	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,038	1,038	1,038	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	319	319	319	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	86	86	86	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	23,278	23,278	23,278	459,000	102,135	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	189	189	189	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	90	90	90	0	0	0	0	0	0	0	155.00
160.00	Activities	934	934	934	0	0	0	0	0	0	0	160.00
165.00	Administration	1,305	1,305	1,305	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	35,997	33,944	33,653	459,000	102,135	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	6,171,826		1,837,170		153,814		1,034,911	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	192	13,980	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	434,031	1,038	75,578	0	0			15.00
16.00	Respiratory Therapy	25,024	0	0	0	0			16.00
17.00	Occupational Therapy	355,940	319	23,227	0	0			17.00
18.00	Speech Therapy	71,460	86	6,262	0	0			18.00
20.00	Pharmacy	290,636	0	0	0	0			20.00
25.00	Laboratory	82,550	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	111,230	319	23,227	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	6,675,028	23,089	1,681,135	459,000	153,814	102,135	1,034,911	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	480	189	13,761	0	0	0	0	75.00
80.00	Other Nonreimbursable	18,595	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		25,232		459,000		102,135		85.00
90.00	UNIT COST MULTIPLIER**		72.811113		0.335107		10.132775		90.00
95.00	TOTAL COSTS (See instructions)	8,064,974		1,837,170		153,814		1,034,911	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		311,994		2,833,937		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			13,980	3,474	17,454	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			509,609	126,653	636,262	15.00
16.00	Respiratory Therapy			25,024	6,219	31,243	16.00
17.00	Occupational Therapy			379,167	94,234	473,401	17.00
18.00	Speech Therapy			77,722	19,316	97,038	18.00
20.00	Pharmacy			290,636	72,231	362,867	20.00
25.00	Laboratory			82,550	20,516	103,066	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			134,457	33,416	167,873	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	6,675,028	311,994	9,856,882	2,449,718	12,306,600	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			14,241	3,539	17,780		75.00
80.00	Other Nonreimbursable			18,595	4,621	23,216		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	6,675,028		11,402,863				85.00
90.00	UNIT COST MULTIPLIER**	0.046740		0.248529				90.00
95.00	TOTAL COSTS (See instructions)		311,994		2,833,937	14,236,800		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	12,306,600	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	34,357	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	358.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

Facility D.B.A. Name:
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	9,112	500,444	54.92	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	28,190	1,480,837	52.53	25.00
30.00	Licensed Vocational Nurses	15,296	692,280	45.26	30.00
35.00	Nurse Assistants (Aides and Orderlies)	79,168	2,058,542	26.00	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	4,928	211,391	42.90	60.00
65.00	Subtotal (Sum of lines 5 through 60)	136,694	4,943,494	36.16	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	13,434	656,783	48.89	220.00
225.00	Other Salaries and Wages	80	5,728	71.60	225.00
230.00	Subtotal (Sum of lines 200 through 225)	13,514	662,511	49.02	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,405	76,846	31.95	250.00
255.00	Housekeeping	13,250	247,769	18.70	255.00
260.00	Laundry and Linen	5,609	105,068	18.73	260.00
265.00	Dietary	23,826	555,650	23.32	265.00
270.00	Social Services	4,599	128,115	27.86	270.00
275.00	Activities	5,186	108,190	20.86	275.00
280.00	Inservice Education - Nursing	1	25	25.00	280.00
285.00	Administration	31,532	1,085,106	34.41	285.00
290.00	Subtotal (Sum of lines 250 through 285)	86,408	2,306,769	26.70	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	236,616	7,912,774	33.44	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.
Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.
Line 230 must agree with Page 10.1, column 1, lines 75 through 100.
Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,899	49,409	26.02	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	189	137	70
610.00	Number of employees at end of period	167	123	61
615.00	Average number of employees (See instructions)	182	135	69
620.00	Total number of people employed during the period **	226	167	80
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	24.18	23.70	15.94
630.00	Number of employees with continuous service for entire reporting period	140	101	53

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 10:48 am MCRIF32: LTCIR Version: 45.7.175.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE OF SUNNYVLE CA, LLC		2. State License Number: 220000442		3. Medi-Cal Provider Number: LTC55444F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES (SUNNYVALE)				5. Facility Business Phone: (408)735-7200	
6. Facility Street Address: 1150 TILTON DRIVE		7. City: SUNNYVALE		8. Zip Code: 940870000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MEHRAD MOSHIRI					
13. Report Contact Person: HOLLY BENNETT				14. Phone Number: (419)254-5388	
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2021		26. Reporting Period End: 05/31/2022			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES (SUNNYVALE)
(Name of Individual) Name of Facility (D.B.A.)
and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HCAI's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES (SUNNYVALE)
Name of Facility (D.B.A.)

By: _____
(Signature)

Title: DIRECTOR

Address: 1150 TILTON DRIVE

SUNNYVALE 940870000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Department of Health Care Access and Information
Accounting and Reporting Systems Section
2020 West El Camino Avenue, Suite 1100
Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT
TO DEPARTMENT OF HEALTH SERVICES

Facility D.B.A. Name:
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	12/17/1990	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00	
26.00	
27.00	
28.00	
29.00	
30.00	

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
End: 05/31/2022

Run Date Time: 11/15/2022 10:48 am
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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	2	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	4	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	4	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 10:48 am MCRIF32: LTCIR Version: 45.7.175.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name 1.00	Street Name & Number 2.00	City 3.00	State 4.00	Zip-Code 5.00	% of Ownership 6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVENUE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVENUE	HEMET	CA	92545	100	42.00
43.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	43.00
44.00	MCHS (TICE VALLEY)	1975 TICE VALLEY BLVD	WALNUT CREEK	CA	94595	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST


90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 10:48 am MCRIF32: LTCIR Version: 45.7.175.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	VP BUSINESS OFFICE SUPPORT	130.00
131.00	KATHRYN HOOPS	LITIGATION SUPPORT SPECIALIST	131.00
132.00	TIMOTHY ROBERTS	VP, TREASURY	132.00
133.00	DAMIAN RODGERS	ASST GENERAL COUNSEL	133.00
134.00	ANDREA SYPE	AVP, TAX	134.00
135.00	LUKE PILE	SR VP & COO	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____


210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 10:48 am MCRIF32: LTCIR Version: 45.7.175.0	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(If "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: A
366.00 Address: 1
367.00 City: A 368. State: OH 369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	5,713	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	114,071	371.00
372.00 Interest Added / Earned	2	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	114,073	373.00
374.00 Total Trust Account Expenditures	107,820	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	11,966	375.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	3,016	19,283	4,640	2,936	3,273	33,148	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		3,016	19,283	4,640	2,936	3,273	33,148	70.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

Report Period
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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	1,325,315		7,158,485		1,537,729		1,370,328			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		1,325,315		7,158,485		1,537,729		1,370,328			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	371,275	0	16,025	0	23,875	0	394,038	0		115.00
120.00	Respiratory Therapy	4220	47,499	0	127,185	0	20,968	0	31,696	0		120.00
125.00	Occupational Therapy	4250	399,075	0	12,025	0	19,875	0	395,296	0		125.00
130.00	Speech Therapy	4280	79,375	0	375	0	3,000	0	65,227	0		130.00
135.00	Pharmacy	4300	281,197	0	78,972	0	65	0	195,598	0		135.00
140.00	Laboratory	4400	21,278	0	246	0	0	0	15,932	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	20,150	0	580	0	225	0	1,230	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,219,849	0	235,408	0	68,008	0	1,099,017	0		170.00
175.00	Total (Lines 70 and 170)		2,545,164	0	7,393,893	0	1,605,737	0	2,469,345	0		175.00
		Other Payers		Total								
	GROSS REVENUE	Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)							
		9.00	10.00	11.00	12.00							
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,544,655		12,936,512								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,544,655		12,936,512								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	2,275	0	807,488	0							115.00
120.00	Respiratory Therapy	17,804	0	245,152	0							120.00
125.00	Occupational Therapy	150	0	826,421	0							125.00
130.00	Speech Therapy	675	0	148,652	0							130.00
135.00	Pharmacy	7,470	0	563,302	0							135.00
140.00	Laboratory	0	0	37,456	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	580	0	22,765	0							155.00
170.00	Subtotal (Lines 105 through 155)	28,954	0	2,651,236	0							170.00
175.00	Total (Lines 70 and 170)	1,573,609	0	15,587,748	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	8,319									
210.00	Administrative Adjustments	5200	0									

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-569,771		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	693,778		220.00
222.00	Contractual Adjustments - Managed Care	5330	669,168		222.00
225.00	Contractual Adjustments - Other	5340	381,265		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		1,182,759		240.00

Facility D.B.A. Name:
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	140	5.00
10.00	Average (Monthly average)	140	10.00
Available Beds:			
20.00	End of Period	140	20.00
25.00	Average (Monthly average)	140	25.00
40.00	Admissions (Excluding transfers)	385	40.00
45.00	Discharges (Excluding transfers)	370	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	64.87	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	21,900	132,179	0	21,900	132,179	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,109,642	1,913,592	0	2,109,642	1,913,592	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-251,570	-506,430	0	-251,570	-506,430	25.00
30.00	Receivables from third party payors for contract settlement	1050	1,437	1,487	0	1,437	1,487	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	123,734	115,257	0	123,734	115,257	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,005,143	1,656,085	0	2,005,143	1,656,085	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	2,099,804	2,099,804	0	2,099,804	2,099,804	95.00
100.00	Land improvements	1210	428,634	428,634	0	428,634	428,634	100.00
105.00	Buildings and improvements	1220	13,200,854	13,188,040	0	13,200,854	13,188,040	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-13,105,643	-12,713,023	0	-13,105,643	-12,713,023	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,852,879	3,817,981	0	3,852,879	3,817,981	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,703,799	-3,616,376	0	-3,703,799	-3,616,376	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		2,772,729	3,205,060	0	2,772,729	3,205,060	135.00
140.00	Construction-in-progress	1250	1,245,089	520,839	0	1,245,089	520,839	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		6,022,961	5,381,984	0	6,022,961	5,381,984	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1	1,164,095				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	13,022	133,992	0	13,022	133,992	10.00
15.00	Accrued compensation and related liabilities	2020	1,193,079	1,028,325	0	1,193,079	1,028,325	15.00
20.00	Other accrued liabilities	2030	369,483	101,259	0	369,483	101,259	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		1,575,584	1,263,576	0	1,575,584	1,263,576	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	6,167,686	3,546,361	0	6,167,686	3,546,361	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		6,167,686	3,546,361	0	6,167,686	3,546,361	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		6,167,686	3,546,361	0	6,167,686	3,546,361	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		7,743,270	4,809,937	0	7,743,270	4,809,937	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	722,310	722,310	0	722,310	722,310	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-2,442,619	-150,263	0	-2,442,619	-150,263	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-1,720,309	572,047	0	-1,720,309	572,047	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		6,022,961	5,381,984	0	6,022,961	5,381,984	185.00

* From Page 5.4

** Combine Columns 1 and 3

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	6,167,686	2022	0.00	6,167,686	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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BALANCE SHEET - RESTRICTED FUNDS

6

	ASSETS	Account Number	Current Period	Prior Period	
			1.00	2.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Cash (Including CD's)	1710	0	0	5.00
10.00	Investments, at cost: Marketable securities (\$)*	1720	0	0	10.00
15.00	Investments, at cost: Other (\$)*	1720	0	0	15.00
20.00	Pledges and receivables	1730	0	0	20.00
25.00	Due from other funds	1740	0	0	25.00
30.00	Other assets	1750	0	0	30.00
50.00	TOTAL ASSETS (Sum of lines 5 through 30)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Cash (Including CD's)	1810	0	0	105.00
110.00	Marketable securities at cost (\$)*	1820	0	0	110.00
115.00	PLEDGES AND RECEIVABLES	1830	0	0	115.00
120.00	Due from other funds	1840	0	0	120.00
125.00	Other assets	1850	0	0	125.00
150.00	TOTAL ASSETS (Sum of lines 105 through 125)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Cash (Including CD's)	1910	0	0	205.00
210.00	Investments, at cost: Marketable securities (\$)*	1920	0	0	210.00
215.00	Investments, at cost: Other (\$)*	1920	0	0	215.00
220.00	Pledges and receivables	1930	0	0	220.00
225.00	Due from other funds	1940	0	0	225.00
230.00	Other assets	1950	0	0	230.00
250.00	TOTAL ASSETS (Sum of lines 205 through 230)		0	0	250.00
* Include Market Value at Current Year Balance Sheet Date in Parentheses.					

	LIABILITIES AND FUND BALANCES	Account Number	Current Period	Prior Period	
			3.00	4.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Due to other funds	2710-2730	0	0	5.00
45.00	Fund balance (Column 3 must agree with Page 7, column 2, line 32)	2770	0	0	45.00
50.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 5 and 45)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Due to other funds	2810-2830	0	0	105.00
145.00	Fund balance (Column 3 must agree with Page 7, column 3, line 32)	2870	0	0	145.00
150.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 105 and 145)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Mortgages	2910	0	0	205.00
210.00	OTHER LIABILITIES (SPECIFY)	2920	0	0	210.00
215.00	Due to other funds	2930-2950	0	0	215.00
245.00	Fund Balance (Column 3 must agree with Page 7, column 4, line 32)	2970	0	0	245.00
250.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 205 through 245)		0	0	250.00

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND		Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		Total Equity					
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	572,047	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	572,047	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-2,546,212					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT AND ROUN	253,856	0	0	0		21.00
22.00	OTHER (DESCRIBE)	0	0	0	0		22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-2,292,356	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-1,720,309	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	12,936,512	12,145,299	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	2,651,236	3,099,206	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	1,182,759	351,581	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	14,404,989	14,892,924	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	148	368,689	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	14,405,137	15,261,613	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	6,843,464	6,675,028	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	6,843,464	6,675,028	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	0	72.00
75.00	Physical Therapy	8200	370,992	434,031	75.00
76.00	Respiratory Therapy	8220	24,758	25,024	76.00
77.00	Occupational Therapy	8250	325,896	355,940	77.00
78.00	Speech Therapy	8280	72,879	71,460	78.00
80.00	Pharmacy	8300	291,305	290,636	80.00
85.00	Laboratory	8400	45,008	82,550	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	100,849	111,830	95.00
100.00	Total Ancillary Services	Lines 70 through 95	1,231,687	1,371,471	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	870,725	727,696	105.00
110.00	Housekeeping	6300	355,433	350,699	110.00
115.00	Laundry and Linen	6400	148,053	153,844	115.00
120.00	Dietary	6500	1,086,289	1,034,911	120.00
125.00	Social Services	6600	241,354	165,545	125.00
130.00	Activities	6700	133,921	146,417	130.00
135.00	Inservice Education - Nursing	6800	88,382	32	135.00
140.00	Administration	6900	2,922,717	3,030,080	140.00
145.00	Total Support Services	Lines 105 through 140	5,846,874	5,609,224	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	479,343	505,456	155.00
160.00	Leases and Rentals	7200	42,895	33,067	160.00
165.00	Property Taxes	7300	232,150	229,142	165.00
170.00	Property Insurance	7400	7,723	7,314	170.00
175.00	Interest - Property, Plant and Equipment	7500	2,350,675	2,253,117	175.00
180.00	Total Property Expenses	Lines 155 through 175	3,112,786	3,028,096	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	-83,462	369,022	190.00
195.00	Total Other Expenses	Lines 185 + 190	-83,462	369,022	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	16,951,349	17,052,841	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-2,546,212	-1,791,228	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-2,546,212	-1,791,228	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-2,546,212	-1,791,228	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-2,546,212	-1,791,228	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-2,546,212	-1,791,228	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	479,344	505,456	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-450,910	411,253	20.00
25.00	Change in receivables from third-party payors	50	197,599	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-8,477	-8,932	40.00
45.00	Change in accounts payable	-120,970	-7,777	45.00
50.00	Change in accrued compensation and related liabilities	164,754	76,701	50.00
55.00	Change in other accrued liabilities	268,224	-134,938	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	ASSETS	179	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	332,194	1,039,362	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-2,214,018	-751,866	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-771,442	-380,535	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	0	-6	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-771,442	-380,541	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	2,621,325	1,310,724	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUS,PTAB CASH BASE AJE 1&2	3,524	-11,192	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	327,633	-40,705	180.00
185.00	OTHER (DESCRIBE)	0	0	185.00
190.00	WC & GROUP INS AEJ 6	-77,301	57,407	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	2,875,181	1,316,234	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-110,279	183,827	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	132,179	-51,648	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	21,900	132,179	215.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	72,691	19,788	778,246	870,725	0	0	0	5.00
10.00	Housekeeping	6300	261,162	72,027	22,244	355,433	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			392,620	392,620	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			86,723	86,723	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			42,895	42,895	0	0	0	35.00
40.00	Property Taxes	7300			232,150	232,150	0	0	0	40.00
45.00	Property Insurance	7400			7,723	7,723	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			2,350,675	2,350,675	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	98,773	26,984	22,296	148,053	0	0	0	60.00
65.00	Dietary	6500	577,382	158,791	350,116	1,086,289	0	0	0	65.00
70.00	Provision for Bad Debts	7700			-83,462	-83,462	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	274,359	76,174	20,459	370,992		370,992		80.00
81.00	Respiratory Therapy	8220	0	0	24,758	24,758		24,758		81.00
82.00	Occupational Therapy	8250	254,654	70,835	407	325,896		325,896		82.00
83.00	Speech Therapy	8280	57,541	15,338	0	72,879		72,879		83.00
85.00	Pharmacy	8300	0	0	291,305	291,305		291,305		85.00
90.00	Laboratory	8400	0	0	45,008	45,008		45,008		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	0	0	100,849	100,849		100,849		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,839,455	1,331,374	672,635	6,843,464		6,843,464		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					13,564,975	0			150.00
155.00	Social Services	6600	185,998	50,642	4,714	241,354	0	0	0	155.00
160.00	Activities	6700	101,840	28,139	3,942	133,921	0	0	0	160.00
165.00	Administration	6900	812,269	227,578	1,882,870	2,922,717	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	67,722	20,660	0	88,382	0	0	0	170.00
175.00	Total (See Instructions)		7,603,846	2,098,330	7,249,173	16,951,349	0	8,075,151	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				261,491					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			103,541	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			19,132	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	870,725	0	870,725	-17,590	853,135	5.00
10.00	Housekeeping	6300	0.000000	0	355,433	0	355,433	0	355,433	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	392,620	0	392,620	0	392,620	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	86,723	0	86,723	0	86,723	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	42,895	0	42,895	0	42,895	35.00
40.00	Property Taxes	7300	0.000000	0	232,150	0	232,150	0	232,150	40.00
45.00	Property Insurance	7400	0.000000	0	7,723	0	7,723	0	7,723	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	2,350,675	0	2,350,675	-2,342,438	8,237	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	148,053	0	148,053	0	148,053	60.00
65.00	Dietary	6500	0.000000	0	1,086,289	0	1,086,289	0	1,086,289	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	-83,462	0	-83,462	83,462	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			370,992	0	370,992	0	370,992	80.00
81.00	Respiratory Therapy	8220			24,758	0	24,758	0	24,758	81.00
82.00	Occupational Therapy	8250			325,896	0	325,896	0	325,896	82.00
83.00	Speech Therapy	8280			72,879	0	72,879	0	72,879	83.00
85.00	Pharmacy	8300			291,305	0	291,305	0	291,305	85.00
90.00	Laboratory	8400			45,008	0	45,008	0	45,008	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			100,849	0	100,849	-2,654	98,195	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			6,843,464	0	6,843,464	0	6,843,464	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							2,429	2,429	140.00
145.00	Other Nonreimbursable***							20,282	20,282	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	241,354	0	241,354	0	241,354	155.00
160.00	Activities	6700	0.000000	0	133,921	0	133,921	0	133,921	160.00
165.00	Administration	6900	0.000000	0	2,922,717	148	2,922,569	-132,455	2,790,262	165.00
170.00	Inservise Education - Nursing	6800	0.000000	0	88,382	0	88,382	0	88,382	170.00
175.00	Total (See Instructions)			0	16,951,349	148	16,951,201	-2,388,964	14,562,385	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	0	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	148	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISCELLANEOUS INCOME	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		148		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)	60	B	0	0	OFFSET LAUNDRY INCOME	40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-17,590	-17,590	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	83,462	83,462	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-148	-148	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions			0	0		120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	HOME OFFICE COSTS	165	A	35,583	35,583	ADJ PER HOME OFFICE COST REPOR	140.00
141.00	HOME OFFICE POOLED INTEREST	50	A	8,237	8,237	ADJ PER HOME OFFICE COST REPOR	141.00
142.00	OTHER ANCILLARY	100	A	-2,429	-2,429	RECLASS B&B	142.00
143.00	BARB AND BEAUTY	140	A	2,429	2,429	RECLASS B&B	143.00
144.00	ADMINISTRATION	165	A	-31,148	-31,148	ADJ LIABILITY INS TO ALLOWABLE	144.00
145.00	ADMINISTRATION	165	A	-19,864	-19,864	REMOVE LEGAL COST	145.00
146.00	ADMINISTRATION	165	A	-92,370	-92,370	REMOVE MARKETING COSTS	146.00
147.00	ADMINISTRATION	165	A	-15,937	-15,937	RECLASS WAGES ADMISS/MRKT	147.00
148.00	NON REIMBURSEABLE	145	A	15,937	15,937	RECLASS WAGES ADMISS/MRKT	148.00
149.00	ADMINISTRATION	165	A	-4,345	-4,345	RECLASS PROH ADMISS/MRKT	149.00
150.00	NON REIMBURSABLE	145	A	4,345	4,345	RECLASS PROH ADMISS/MRKT	150.00
151.00	ADMINISTRATION	165	A	-1,953	-1,953	REMOVE NON ALLOW ADVERT	151.00
152.00	ADMINISTRATION	165	A	-2,023	-2,023	REMOVE NON ALLOWABLE DUES	152.00
153.00	ADMINISTRATION	165	A	-250	-250	REMOVE CUST REIMB	153.00
154.00	ADMINISTRATION	165	A	0	0	REMOVE PENALTIES	154.00
155.00	ADMINISTRATION	165	A	0	0	REMOVE NON ALLOW EXPENSE	155.00
156.00	INTPROPLTEQUIP	50	A	-2,350,675	-2,350,675	REMOVE NON ALLOW EXPENSE	156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	OTHER (SPECIFY)			0	0		175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	OTHER (SPECIFY)			0	0		180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-225	-225	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,388,964	-2,388,964		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

RELATED PARTY INFORMATION

10.4(1)

	If the facility had transactions with related parties during the report period, complete the following information:					
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code	
	1.00	2.00	3.00	4.00	5.00	
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00

* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	539,741	539,741	0	0	539,741	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	Yes	0	165	7,603,846	7,603,846	0	0	7,603,846	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-6,167,686	-6,167,686	0	0	-6,167,686	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						1,975,901	1,975,901	0	0	1,975,901	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MEHRAD MOSHIRI	164,085	47,920	22,499		40	165		140.00
141.00	WALTER LONG	17,521	5,117	0		40	165		141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	LENNY DUMO	2,446	714	0		40	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of C's. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	72,691	19,788	0	760,656	853,135	5.00
10.00	Housekeeping	6300	261,162	72,027	0	22,244	355,433	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				392,620	392,620	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				86,723	86,723	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				42,895	42,895	35.00
40.00	Property Taxes	7300				232,150	232,150	40.00
45.00	Property Insurance	7400				7,723	7,723	45.00
50.00	Interest - Property, Plant & Equip.	7500				8,237	8,237	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	98,773	26,984	0	22,296	148,053	60.00
65.00	Dietary	6500	577,382	158,791	12,447	337,669	1,086,289	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	274,359	76,174	0	20,459	370,992	80.00
81.00	Respiratory Therapy	8220	0	0	0	24,758	24,758	81.00
82.00	Occupational Therapy	8250	254,654	70,835	0	407	325,896	82.00
83.00	Speech Therapy	8280	57,541	15,338	0	0	72,879	83.00
85.00	Pharmacy	8300	0	0	0	291,305	291,305	85.00
90.00	Laboratory	8400	0	0	0	45,008	45,008	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	0	0	0	98,195	98,195	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,839,455	1,331,374	334,436	338,199	6,843,464	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	2,429	0	2,429	140.00
145.00	Other Nonreimbursable		15,937	4,345	0	0	20,282	145.00
155.00	Social Services	6600	185,998	50,642	0	4,714	241,354	155.00
160.00	Activities	6700	101,840	28,139	0	3,942	133,921	160.00
165.00	Administration	6900	720,237	202,398	36,843	1,009,443	1,968,921	165.00
166.00	Medical Records - Salaries and Wages ***	6900	76,095	20,835	0	-453	96,477	166.00
167.00	DPH Licensing Fees ***	6900				129,080	129,080	167.00
168.00	Liability Insurance ***	6900				96,519	96,519	168.00
169.00	Quality Assurance Fees ***	6900				499,265	499,265	169.00
170.00	Inservice Education - Nursing	6800	67,722	20,660	0	0	88,382	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		7,603,846	2,098,330	386,155	4,474,054	14,562,385	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	140	2.00
10.00	Total Licensed Beds End of Period:		140	
15.00	Total Unlicensed Beds End of Period (e.g., residential care):		0	

CAPITAL THRESHOLD
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

Enter Data for each Bed Addition Project
Completed During the Report Period

	Project 1 1.00	Project 2 2.00	Project 3 3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00				0	0	0	0
57.00				0	0	0	0
58.00				0	0	0	0
59.00				0	0	0	0
60.00				0	0	0	0
61.00				0	0	0	0
62.00				0	0	0	0
63.00				0	0	0	0
64.00				0	0	0	0
65.00				0	0	0	0
66.00				0	0	0	0
67.00				0	0	0	0
68.00				0	0	0	0
69.00				0	0	0	0
70.00				0	0	0	0
71.00				0	0	0	0
72.00				0	0	0	0
73.00				0	0	0	0
74.00				0	0	0	0
75.00				0	0	0	0
76.00 Total Project 1 Costs					0		

90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00				0	0	0	0
97.00				0	0	0	0
98.00				0	0	0	0
99.00				0	0	0	0
100.00				0	0	0	0
101.00				0	0	0	0
102.00				0	0	0	0
103.00				0	0	0	0
104.00				0	0	0	0
105.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	2,053	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	291	291	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	805	805	805	0	0	0	0	0	0	0	60.00
65.00	Dietary	5,098	5,098	5,098	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	511	511	511	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	1,038	1,038	1,038	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	319	319	319	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	86	86	86	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	23,278	23,278	23,278	267,709	98,331	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	189	189	189	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	90	90	90	0	0	0	0	0	0	0	155.00
160.00	Activities	934	934	934	0	0	0	0	0	0	0	160.00
165.00	Administration	1,305	1,305	1,305	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	35,997	33,944	33,653	267,709	98,331	0	0	0	0	0	175.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	6,467,177		1,978,916		148,053		1,086,289	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	192	15,058	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	370,992	1,038	81,409	0	0			15.00
16.00	Respiratory Therapy	24,758	0	0	0	0			16.00
17.00	Occupational Therapy	325,896	319	25,019	0	0			17.00
18.00	Speech Therapy	72,879	86	6,745	0	0			18.00
20.00	Pharmacy	291,305	0	0	0	0			20.00
25.00	Laboratory	45,008	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	98,195	319	25,019	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	6,843,464	23,089	1,810,843	267,709	148,053	98,331	1,086,289	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpat Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	2,429	189	14,823	0	0	0	0	75.00
80.00	Other Nonreimbursable	20,282	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		25,232		267,709		98,331		85.00
90.00	UNIT COST MULTIPLIER**		78.428821		0.553037		11.047269		90.00
95.00	TOTAL COSTS (See instructions)	8,095,208		1,978,916		148,053		1,086,289	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		463,657		2,790,262		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			15,058	3,569	18,627	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			452,401	107,229	559,630	15.00
16.00	Respiratory Therapy			24,758	5,868	30,626	16.00
17.00	Occupational Therapy			350,915	83,175	434,090	17.00
18.00	Speech Therapy			79,624	18,873	98,497	18.00
20.00	Pharmacy			291,305	69,046	360,351	20.00
25.00	Laboratory			45,008	10,668	55,676	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			123,214	29,205	152,419	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	6,843,464	463,657	10,352,306	2,453,733	12,806,039	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES (SUNNYVALE)

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			17,252	4,089	21,341		75.00
80.00	Other Nonreimbursable			20,282	4,807	25,089		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	6,843,464		11,772,123				85.00
90.00	UNIT COST MULTIPLIER**	0.067752		0.237023				90.00
95.00	TOTAL COSTS (See instructions)		463,657		2,790,262	14,562,385		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	12,806,039	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	33,148	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	386.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	7,975	459,180	57.58	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	20,669	1,228,182	59.42	25.00
30.00	Licensed Vocational Nurses	20,096	1,012,622	50.39	30.00
35.00	Nurse Assistants (Aides and Orderlies)	68,577	1,912,370	27.89	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	5,091	227,101	44.61	60.00
65.00	Subtotal (Sum of lines 5 through 60)	122,408	4,839,455	39.54	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	11,407	586,554	51.42	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	11,407	586,554	51.42	230.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES (SUNNYVALE)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 10:48 am MCRIF32: LTCIR Version: 45.7.175.0	
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,006	72,691	36.24	250.00
255.00	Housekeeping	13,528	261,162	19.31	255.00
260.00	Laundry and Linen	5,309	98,773	18.60	260.00
265.00	Dietary	23,668	577,382	24.40	265.00
270.00	Social Services	5,774	185,998	32.21	270.00
275.00	Activities	4,358	101,840	23.37	275.00
280.00	Inservice Education - Nursing	1,239	67,722	54.66	280.00
285.00	Administration	21,292	812,269	38.15	285.00
290.00	Subtotal (Sum of lines 250 through 285)	77,174	2,177,837	28.22	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	210,989	7,603,846	36.04	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.

Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,889	57,455	30.42	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

		All Employees	Direct Nursing Employees*	Nurse Assistants	
		1.00	2.00	3.00	
605.00	Number of employees at beginning of period	161	119	64	605.00
610.00	Number of employees at end of period	134	90	47	610.00
615.00	Average number of employees (See instructions)	142	99	52	615.00
620.00	Total number of people employed during the period **	238	182	113	620.00
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	67.61	83.84	117.31	625.00
630.00	Number of employees with continuous service for entire reporting period	91	59	27	630.00

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.

Do not include supervisors who provide no direct nursing care.


Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Exhibit 9 to Section 999.5(d)(5)(C)

Facility D.B.A. Name: MANORCARE HEALTH SERVICES-TICE VALLEY	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 10:43 am MCRIF32: LTCIR Version: 44.5.169.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE-TICE VALLEY CA, LLC		2. State License Number: 206074076		3. Medi-Cal Provider Number: LTC55710F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES-TICE VALLEY				5. Facility Business Phone: (925)906-0200	
6. Facility Street Address: 1975 TICE VALLEY BLVD		7. City: WALNUT CREEK		8. Zip Code: 945950000	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: TERRI BALLESTEROS					
13. Report Contact Person: KIMBERLY COUSINO				14. Phone Number: (419)252-5796 Ext: 0	
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	
19. Previous Name of Facility if Changed Since Previous Report:				18. Zip Code: 436990086	
21. Previous State License Number:		22. Date of Change:		20. Date of Change:	
23. Previous Medi-Cal Provider No.:		24. Date of Change:			
25. Reporting Period Begin: 06/01/2019		26. Reporting Period End: 05/31/2020			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES-TICE VALLEY
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES-TICE VALLEY
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 1975 TICE VALLEY BLVD

WALNUT CREEK, CA 945950000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES-TICE VALLEY

Report Period
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	08/07/1997	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES-TICE VALLEY

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	4	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	5	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES-TICE VALLEY	Report Period End: 05/31/2020	Run Date Time: 12/29/2020 10:43 am MCRIF32: LTCIR Version: 44.5.169.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR MA

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS) SNF	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	42.00
43.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	43.00
44.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PKWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN D. ALLEN	DIRECTOR	130.00
131.00	KATHRYN S. HOOPS	VICE PRESIDENT	131.00
132.00	ELIZABETH M. KACZOR	VICE PRESIDENT	132.00
133.00	RAMI UBAYDI	PRESIDENT	133.00
134.00	THOMAS R. KILE	TREASURER	134.00
135.00	PATRICIA A. MCCORMICK	SECRETARY	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: X

366.00 Address: 1

367.00 City: X

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	1,144	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	75,270	371.00
372.00 Interest Added / Earned	2	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	75,272	373.00
374.00 Total Trust Account Expenditures	72,274	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	4,142	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	4,080	20,624	2,149	11,429	1,351	39,633	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		4,080	20,624	2,149	11,429	1,351	39,633	70.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES-TICE VALLEY

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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	1,942,826		8,926,493		808,791		5,055,769			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		1,942,826		8,926,493		808,791		5,055,769			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	569,450	0	7,850	0	3,450	0	1,423,043	0		115.00
120.00	Respiratory Therapy	4220	1,749	0	22,813	0	341	0	3,672	0		120.00
125.00	Occupational Therapy	4250	427,350	0	4,600	0	0	0	1,113,422	4,500		125.00
130.00	Speech Therapy	4280	46,750	0	550	0	0	0	94,945	0		130.00
135.00	Pharmacy	4300	362,466	0	36,271	0	0	0	1,189,276	0		135.00
140.00	Laboratory	4400	31,983	0	1,571	0	0	0	118,087	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	15,938	0	1,374	0	25,741	0	50,195	0		155.00
170.00	Subtotal (Lines 105 through 155)		1,455,686	0	75,029	0	29,532	0	3,992,640	4,500		170.00
175.00	Total (Lines 70 and 170)		3,398,512	0	9,001,522	0	838,323	0	9,048,409	4,500		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	654,988		17,388,867								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	654,988		17,388,867								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	500	0	2,004,293	0							115.00
120.00	Respiratory Therapy	3,256	0	31,831	0							120.00
125.00	Occupational Therapy	500	0	1,545,872	4,500							125.00
130.00	Speech Therapy	50	0	142,295	0							130.00
135.00	Pharmacy	52	0	1,588,065	0							135.00
140.00	Laboratory	0	0	151,641	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	736,294	0	829,542	0							155.00
170.00	Subtotal (Lines 105 through 155)	740,652	0	6,293,539	4,500							170.00
175.00	Total (Lines 70 and 170)	1,395,640	0	23,682,406	4,500							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	1,220									
210.00	Administrative Adjustments	5200	0									

FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-29,023		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	2,692,178		220.00
222.00	Contractual Adjustments - Managed Care	5330	2,091,051		222.00
225.00	Contractual Adjustments - Other	5340	255,748		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		5,011,174		240.00

Facility D.B.A. Name:
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	120	5.00
10.00	Average (Monthly average)	120	10.00
Available Beds:			
20.00	End of Period	120	20.00
25.00	Average (Monthly average)	120	25.00
40.00	Admissions (Excluding transfers)	1,002	40.00
45.00	Discharges (Excluding transfers)	1,022	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	90.24	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	20,633	5,297	0	20,633	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	1,943,264	2,549,027	0	1,943,264	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-331,669	-520,393	0	-331,669	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	164,284	8,293	0	164,284	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	83,373	70,494	0	83,373	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,879,885	2,112,718	0	1,879,885	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,798,040	1,798,040	0	1,798,040	0	95.00
100.00	Land improvements	1210	974,611	974,611	0	974,611	0	100.00
105.00	Buildings and improvements	1220	11,576,608	11,532,633	0	11,576,608	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-9,561,801	-9,139,247	0	-9,561,801	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,731,238	3,548,640	0	3,731,238	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,383,853	-3,175,023	0	-3,383,853	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		5,134,843	5,539,654	0	5,134,843	0	135.00
140.00	Construction-in-progress	1250	59,802	42,956	0	59,802	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		7,074,530	7,695,328	0	7,074,530	0	200.00
* From Page 5.4 ** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		950,613	32,944				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	1,025,467	320,075	0	1,025,467	0	10.00
15.00	Accrued compensation and related liabilities	2020	801,485	713,311	0	801,485	0	15.00
20.00	Other accrued liabilities	2030	213,546	251,110	0	213,546	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,040,498	1,284,496	0	2,040,498	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	3,958,318	5,310,650	0	3,958,318	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		3,958,318	5,310,650	0	3,958,318	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		3,958,318	5,310,650	0	3,958,318	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		5,998,816	6,595,146	0	5,998,816	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,354,603	1,354,603	0	1,354,603	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-278,889	-254,421	0	-278,889	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		1,075,714	1,100,182	0	1,075,714	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		7,074,530	7,695,328	0	7,074,530	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2,019	3,958,318	2,020	0.00	3,958,318	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	1,100,182	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	1,100,182	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-723,532					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT	699,060	0	0	0		21.00
22.00	ROUNDING	4	0	0	0		22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-24,468	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0		25.00
26.00	Principal payments on long-term debt	0	0	0	0		26.00
27.00	OTHER (DESCRIBE)	0	0	0	0		27.00
28.00	OTHER (DESCRIBE)	0	0	0	0		28.00
29.00	OTHER (DESCRIBE)	0	0	0	0		29.00
30.00	OTHER (DESCRIBE)	0	0	0	0		30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	1,075,714	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	17,388,867	17,527,368	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	6,298,039	7,010,789	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	5,011,174	5,200,190	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	18,675,732	19,337,967	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	1,260	2,040	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	18,676,992	19,340,007	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	7,659,962	7,941,085	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	7,659,962	7,941,085	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	10,878	0	72.00
75.00	Physical Therapy	8200	863,272	1,019,876	75.00
76.00	Respiratory Therapy	8220	45,393	33,240	76.00
77.00	Occupational Therapy	8250	712,553	929,864	77.00
78.00	Speech Therapy	8280	118,103	136,657	78.00
80.00	Pharmacy	8300	745,928	899,318	80.00
85.00	Laboratory	8400	120,959	134,024	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	181,856	221,126	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,798,942	3,374,105	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	569,625	561,652	105.00
110.00	Housekeeping	6300	342,584	287,716	110.00
115.00	Laundry and Linen	6400	127,439	113,023	115.00
120.00	Dietary	6500	1,136,722	1,142,211	120.00
125.00	Social Services	6600	228,799	217,414	125.00
130.00	Activities	6700	158,075	132,014	130.00
135.00	Inservice Education - Nursing	6800	118,261	40,406	135.00
140.00	Administration	6900	3,246,618	3,238,995	140.00
145.00	Total Support Services	Lines 105 through 140	5,928,123	5,733,431	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	631,384	659,194	155.00
160.00	Leases and Rentals	7200	81,610	19,175	160.00
165.00	Property Taxes	7300	255,571	221,468	165.00
170.00	Property Insurance	7400	5,886	5,554	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,904,099	1,615,105	175.00
180.00	Total Property Expenses	Lines 155 through 175	2,878,550	2,520,496	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	134,947	317,388	190.00
195.00	Total Other Expenses	Lines 185 + 190	134,947	317,388	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	19,400,524	19,886,505	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-723,532	-546,498	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-723,532	-546,498	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-723,532	-546,498	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-723,532	-546,498	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses.

X

Facility D.B.A. Name:
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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-723,532	-546,498	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	631,384	659,194	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	417,039	252,510	20.00
25.00	Change in receivables from third-party payors	-155,991	-6,422	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-12,879	-4,193	40.00
45.00	Change in accounts payable	705,392	40,279	45.00
50.00	Change in accrued compensation and related liabilities	88,174	-50,890	50.00
55.00	Change in other accrued liabilities	-37,564	10,735	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	1,635,555	901,213	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	912,023	354,715	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-243,419	-197,478	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	4	0	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-243,415	-197,478	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	-1,352,332	3,658,004	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	-4,524	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	PROPERTY TAX	-60,363	0	175.00
180.00	BONUS	-3,575	0	180.00
185.00	DEPR ADJ TO HISTORICAL	457,819	0	185.00
190.00	WC AND GROUP INSURANCE	305,179	0	190.00
195.00	PER AUDIT OF 2019	0	-3,805,420	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	-653,272	-151,940	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	15,336	5,297	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	5,297	0	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	20,633	5,297	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	55,160	13,987	500,478	569,625	0	0	0	5.00
10.00	Housekeeping	6300	239,865	70,911	31,808	342,584	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			422,554	422,554	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			208,830	208,830	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			81,610	81,610	0	0	0	35.00
40.00	Property Taxes	7300			255,571	255,571	0	0	0	40.00
45.00	Property Insurance	7400			5,886	5,886	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,904,099	1,904,099	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	75,747	22,393	29,299	127,439	0	0	0	60.00
65.00	Dietary	6500	507,761	148,708	480,253	1,136,722	0	0	0	65.00
70.00	Provision for Bad Debts	7700			134,947	134,947	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	10,878	10,878		0		77.00
80.00	Physical Therapy	8200	649,809	187,252	26,211	863,272		0		80.00
81.00	Respiratory Therapy	8220	0	0	45,393	45,393		0		81.00
82.00	Occupational Therapy	8250	536,277	156,630	19,646	712,553		0		82.00
83.00	Speech Therapy	8280	75,092	24,337	18,674	118,103		0		83.00
85.00	Pharmacy	8300	0	0	745,928	745,928		0		85.00
90.00	Laboratory	8400	0	0	120,959	120,959		0		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	17,996	6,175	157,685	181,856		0		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	5,397,367	1,569,886	692,709	7,659,962		0		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					15,648,771	0			150.00
155.00	Social Services	6600	175,921	52,878	0	228,799	0	0	0	155.00
160.00	Activities	6700	99,392	29,194	29,489	158,075	0	0	0	160.00
165.00	Administration	6900	870,413	155,063	2,221,142	3,246,618	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	86,862	31,399	0	118,261	0	0	0	170.00
175.00	Total (See Instructions)		8,787,662	2,468,813	8,144,049	19,400,524	0	0	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				375,959					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			26,375	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			5,744	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	569,625	773	568,852	-20,213	549,412	5.00
10.00	Housekeeping	6300	0.000000	0	342,584	0	342,584	869	343,453	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	422,554	0	422,554	0	422,554	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	208,830	0	208,830	0	208,830	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	81,610	0	81,610	0	81,610	35.00
40.00	Property Taxes	7300	0.000000	0	255,571	0	255,571	0	255,571	40.00
45.00	Property Insurance	7400	0.000000	0	5,886	0	5,886	0	5,886	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,904,099	0	1,904,099	-1,899,181	4,918	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	127,439	0	127,439	111	127,550	60.00
65.00	Dietary	6500	0.000000	0	1,136,722	0	1,136,722	548	1,137,270	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	134,947	0	134,947	-134,947	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			10,878	0	10,878	0	10,878	77.00
80.00	Physical Therapy	8200			863,272	0	863,272	649	863,921	80.00
81.00	Respiratory Therapy	8220			45,393	0	45,393	0	45,393	81.00
82.00	Occupational Therapy	8250			712,553	0	712,553	613	713,166	82.00
83.00	Speech Therapy	8280			118,103	0	118,103	44	118,147	83.00
85.00	Pharmacy	8300			745,928	0	745,928	0	745,928	85.00
90.00	Laboratory	8400			120,959	0	120,959	0	120,959	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			181,856	0	181,856	-19,885	161,971	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			7,659,962	0	7,659,962	13,979	7,673,941	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							2,867	2,867	140.00
145.00	Other Nonreimbursable***							27,841	27,841	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	228,799	0	228,799	274	229,073	155.00
160.00	Activities	6700	0.000000	0	158,075	0	158,075	0	158,075	160.00
165.00	Administration	6900	0.000000	0	3,246,618	487	3,246,131	-430,107	2,816,511	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	118,261	0	118,261	0	118,261	170.00
175.00	Total (See Instructions)			0	19,400,524	1,260	19,399,264	-2,456,538	16,943,986	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	773	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	487	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	REVENUE	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		1,260		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-19,536	-19,536	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-134,947	-134,947	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-487	-487	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-773	-773	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	OTHER ANCILLARY	100	A	-2,867	-2,867	RECLASS BEAUTY & BARBER	140.00
141.00	BEAUTY AND BARBER	140	A	2,867	2,867	RECLASS BEAUTY & BARBER	141.00
142.00	ADMINISTRATION	165	A	-158,444	-158,444	ADJ LIABILITY INS TO ALLOWABLE	142.00
143.00	ADMINISTRATION	165	A	-5,818	-5,818	REMOVE LEGAL COST	143.00
144.00	ADMINISTRATION	165	A	-163,935	-163,935	REMOVE MARKETING COSTS	144.00
145.00	ADMINISTRATION	165	A	-21,406	-21,406	RECLASS WAGES ADMISSIONS/MKRT	145.00
146.00	NON-REIMBURSABLE	145	A	21,406	21,406	RECLASS WAGES ADMISSIONS/MKRT	146.00
147.00	ADMINISTRATION	165	A	-6,435	-6,435	RECLASS PROH ADMISSIONS/MKRT	147.00
148.00	NON-REIMBURSABLE	145	A	6,435	6,435	RECLASS PROH ADMISSIONS/MKRT	148.00
149.00	ADMINISTRATION	165	A	-7,444	-7,444	REMOVE NON-ALLOW ADVERTISING	149.00
150.00	ADMINISTRATION	165	A	-2,118	-2,118	REMOVE NON-ALLOWABLE DUES	150.00
151.00	ADMINISTRATION	165	A	-13,023	-13,023	REMOVE CUSTOMER REIMBURSEMENT	151.00
152.00	OTHER (SPECIFY)			0	0		152.00
153.00	OTHER (SPECIFY)			0	0		153.00
154.00	OTHER (SPECIFY)			0	0		154.00
155.00	OTHER (SPECIFY)			0	0		155.00
156.00	ADMINISTRATION	165	A	-775	-775	REMOVE NON-ALLOW ADVERTISING	156.00
157.00	OTHER (SPECIFY)			0	0		157.00
158.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON-ALLOW EXPENSE	158.00
159.00	INTPROPLTEQUIP	50	A	-1,904,099	-1,904,099	REMOVE NON-ALLOW EXPENSE	159.00
160.00	SKILLED NURSING	105	A	13,979	13,979	ADD PPE EXPENSE DISTRIBUTED T	160.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

161.00	PLT OP AND MAINT	5	A	96	96	ADD PPE EXPENSE DISTRIBUTED T	161.00
162.00	HOUSEKEEPING	10	A	869	869	ADD PPE EXPENSE DISTRIBUTED T	162.00
163.00	LAUNDRY AND LINEN	60	A	111	111	ADD PPE EXPENSE DISTRIBUTED T	163.00
164.00	DIETARY	65	A	548	548	ADD PPE EXPENSE DISTRIBUTED T	164.00
165.00	SOCIAL SERVICES	155	A	274	274	ADD PPE EXPENSE DISTRIBUTED T	165.00
166.00	ADMINISTRATION	165	A	356	356	ADD PPE EXPENSE DISTRIBUTED T	166.00
167.00	PHYSICAL THERAPY	80	A	649	649	ADD PPE EXPENSE DISTRIBUTED T	167.00
168.00	OCCUPATIONAL THERAPY	82	A	613	613	ADD PPE EXPENSE DISTRIBUTED T	168.00
169.00	SPEECH THERAPY	83	A	44	44	ADD PPE EXPENSE DISTRIBUTED T	169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	-46,453	-46,453	ADJ PER HOME OFFICE COST REPOR	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE INTEREST	50	A	4,918	4,918	ADJ PER HOME OFFICE COST REPOR	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-17,018	-17,018	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-2,456,538	-2,456,538		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	2	0	165	601,491	601,491	0	0	601,491	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	2	0	165	8,787,662	8,787,662	0	0	8,787,662	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	2	0	165	-3,958,318	-3,958,318	0	0	-3,958,318	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						5,430,835	5,430,835	0	0	5,430,835	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	BENJAMIN LAUB(6/1/19-2/2/20)	68,291	12,399	0		40	165		140.00
141.00	MAGGIE YOUSSEF(2/3/20-5/31/20)	42,026	7,630	3,198		40	165		141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00	PAUL PRICE	70,841	12,862	0		40	165		145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	55,160	13,987	0	480,265	549,412	5.00
10.00	Housekeeping	6300	239,865	70,911	0	32,677	343,453	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				422,554	422,554	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				208,830	208,830	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				81,610	81,610	35.00
40.00	Property Taxes	7300				255,571	255,571	40.00
45.00	Property Insurance	7400				5,886	5,886	45.00
50.00	Interest - Property, Plant & Equip.	7500				4,918	4,918	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	75,747	22,393	7,544	21,866	127,550	60.00
65.00	Dietary	6500	507,761	148,708	20,176	460,625	1,137,270	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	10,878	10,878	77.00
80.00	Physical Therapy	8200	649,809	187,252	-991	27,851	863,921	80.00
81.00	Respiratory Therapy	8220	0	0	1,550	43,843	45,393	81.00
82.00	Occupational Therapy	8250	536,277	156,630	19,459	800	713,166	82.00
83.00	Speech Therapy	8280	75,092	24,337	18,024	694	118,147	83.00
85.00	Pharmacy	8300	0	0	0	745,928	745,928	85.00
90.00	Laboratory	8400	0	0	0	120,959	120,959	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	17,996	6,175	0	137,800	161,971	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	5,397,367	1,569,886	262,850	443,838	7,673,941	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	2,867	0	2,867	140.00
145.00	Other Nonreimbursable		21,406	6,435	0	0	27,841	145.00
155.00	Social Services	6600	175,921	52,878	0	274	229,073	155.00
160.00	Activities	6700	99,392	29,194	10,219	19,270	158,075	160.00
165.00	Administration	6900	809,825	136,392	72,394	695,113	1,713,724	165.00
166.00	Medical Records - Salaries and Wages ***	6900	39,182	12,236	0	22	51,440	166.00
167.00	DPH Licensing Fees ***	6900				93,528	93,528	167.00
168.00	Liability Insurance ***	6900				340,938	340,938	168.00
169.00	Quality Assurance Fees ***	6900				616,881	616,881	169.00
170.00	Inservice Education - Nursing	6800	86,862	31,399	0	0	118,261	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		8,787,662	2,468,813	414,092	5,273,419	16,943,986	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

	1.00	2.00
5.00 Total Licensed Beds Prior to Modification(s):	120	
10.00 Total Licensed Beds End of Period:	120	
15.00 Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD 60,000
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

Enter Data for each Bed Addition Project Completed During the Report Period			
	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

	1.00							
50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):								
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)								
Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
56.00				0	0	0	0	0
57.00				0	0	0	0	0
58.00				0	0	0	0	0
59.00				0	0	0	0	0
60.00				0	0	0	0	0
61.00				0	0	0	0	0
62.00				0	0	0	0	0
63.00				0	0	0	0	0
64.00				0	0	0	0	0
65.00				0	0	0	0	0
66.00				0	0	0	0	0
67.00				0	0	0	0	0
68.00				0	0	0	0	0
69.00				0	0	0	0	0
70.00				0	0	0	0	0
71.00				0	0	0	0	0
72.00				0	0	0	0	0
73.00				0	0	0	0	0
74.00				0	0	0	0	0
75.00				0	0	0	0	0
76.00 Total Project 1 Costs					0			

	1.00							
90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):								
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)								
Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
96.00				0	0	0	0	0
97.00				0	0	0	0	0
98.00				0	0	0	0	0
99.00				0	0	0	0	0
100.00				0	0	0	0	0
101.00				0	0	0	0	0
102.00				0	0	0	0	0
103.00				0	0	0	0	0
104.00				0	0	0	0	0
105.00				0	0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	930	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	67	67	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,053	1,053	1,053	0	0	0	0	0	0	0	60.00
65.00	Dietary	4,532	4,532	4,532	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,202	1,202	1,202	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	934	934	934	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	425	425	425	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	23,190	23,190	23,190	424,500	117,750	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	228	228	228	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	464	464	464	0	0	0	0	0	0	0	160.00
165.00	Administration	2,975	2,975	2,975	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	36,000	35,070	35,003	424,500	117,750	0	0	0	0	0	175.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	6,458,974		1,872,234		127,550		1,137,270	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	1,202	86,625	0	0			10.00
12.00	Specialized Support Surf	10,878	0	0	0	0			12.00
15.00	Physical Therapy	863,921	934	67,311	0	0			15.00
16.00	Respiratory Therapy	45,393	0	0	0	0			16.00
17.00	Occupational Therapy	713,166	425	30,629	0	0			17.00
18.00	Speech Therapy	118,147	0	0	0	0			18.00
20.00	Pharmacy	745,928	0	0	0	0			20.00
25.00	Laboratory	120,959	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	161,971	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	7,673,941	23,190	1,671,238	424,500	127,550	117,750	1,137,270	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	2,867	228	16,431	0	0	0	0	75.00
80.00	Other Nonreimbursable	27,841	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		25,979		424,500		117,750		85.00
90.00	UNIT COST MULTIPLIER**		72.067208		0.300471		9.658344		90.00
95.00	TOTAL COSTS (See instructions)	10,485,012		1,872,234		127,550		1,137,270	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		505,409		2,816,511		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			86,625	17,270	103,895	10.00
12.00	Specialized Support Surf			10,878	2,169	13,047	12.00
15.00	Physical Therapy			931,232	185,654	1,116,886	15.00
16.00	Respiratory Therapy			45,393	9,050	54,443	16.00
17.00	Occupational Therapy			743,795	148,286	892,081	17.00
18.00	Speech Therapy			118,147	23,554	141,701	18.00
20.00	Pharmacy			745,928	148,711	894,639	20.00
25.00	Laboratory			120,959	24,115	145,074	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			161,971	32,291	194,262	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	7,673,941	505,409	11,115,408	2,216,014	13,331,422	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			19,298	3,847	23,145		75.00
80.00	Other Nonreimbursable			27,841	5,550	33,391		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	7,673,941		14,127,475				85.00
90.00	UNIT COST MULTIPLIER**	0.065860		0.199364				90.00
95.00	TOTAL COSTS (See instructions)		505,409		2,816,511	16,943,986		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	13,331,422	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	39,633	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	336.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	4,741	257,415	54.30	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	32,608	1,742,721	53.44	25.00
30.00	Licensed Vocational Nurses	32,625	1,174,187	35.99	30.00
35.00	Nurse Assistants (Aides and Orderlies)	88,448	1,941,650	21.95	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	6,736	281,394	41.77	60.00
65.00	Subtotal (Sum of lines 5 through 60)	165,158	5,397,367	32.68	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	26,467	1,261,178	47.65	220.00
225.00	Other Salaries and Wages	257	17,996	70.02	225.00
230.00	Subtotal (Sum of lines 200 through 225)	26,724	1,279,174	47.87	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,252	55,160	24.49	250.00
255.00	Housekeeping	15,246	239,865	15.73	255.00
260.00	Laundry and Linen	4,082	75,747	18.56	260.00
265.00	Dietary	23,994	507,761	21.16	265.00
270.00	Social Services	6,195	175,921	28.40	270.00
275.00	Activities	5,041	99,392	19.72	275.00
280.00	Inservice Education - Nursing	1,752	86,862	49.58	280.00
285.00	Administration	28,223	870,413	30.84	285.00
290.00	Subtotal (Sum of lines 250 through 285)	86,785	2,111,121	24.33	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	278,667	8,787,662	31.53	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,752	40,837	23.31	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	235	190	80
610.00	Number of employees at end of period	206	156	70
615.00	Average number of employees (See instructions)	221	172	77
620.00	Total number of people employed during the period **	333	287	118
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	50.68	66.86	53.25
630.00	Number of employees with continuous service for entire reporting period	145	103	47

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES-TICE VALLEY	Report Period End: 05/31/2021	Run Date Time: 11/11/2021 12:09 pm MCRIF32: LTCIR Version: 45.2.172.2	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE-TICE VALLEY CA, LLC		2. State License Number: 206074076		3. Medi-Cal Provider Number: LTC55710F	
4. D.B.A. (Doing Business As): MANORCARE HEALTH SERVICES-TICE VALLEY				5. Facility Business Phone: (925)906-0200	
6. Facility Street Address: 1975 TICE VALLEY BLVD		7. City: WALNUT CREEK		8. Zip Code: 94595	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MAGGIE YOUSSEF					
13. Report Contact Person: KIMBERLY COUSINO				14. Phone Number: (419)252-5796 Ext:	
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	18. Zip Code: 436990086
19. Previous Name of Facility if Changed Since Previous Report:					20. Date of Change:
21. Previous State License Number:		22. Date of Change:	23. Previous Medi-Cal Provider No.:		24. Date of Change:
25. Reporting Period Begin: 06/01/2020		26. Reporting Period End: 05/31/2021			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES-TICE VALLEY
 (Name of Individual) Name of Facility (D.B.A)
 and am duly authorized to sign this certification; that the Office of Statewide Health Planning and Development's accounting and reporting system as set forth in the Office's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

MANORCARE HEALTH SERVICES-TICE VALLEY
 Name of Facility (D.B.A.)

By: _____
 (Signature)

Title: DIRECTOR

Address: 1975 TICE VALLEY BLVD

WALNUT CREEK, CA 945950000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:
 Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 2020 West El Camino Avenue, Suite 1100
 Sacramento, CA 95833

DO NOT MAIL ANY REPORT
 TO DEPARTMENT OF HEALTH SERVICES

Telephone: (916) 326-3854

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES-TICE VALLEY

Report Period
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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	08/07/1997	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00
26.00
27.00
28.00
29.00
30.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES-TICE VALLEY

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	4	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	5	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: MANORCARE HEALTH SERVICES-TICE VALLEY	Report Period End: 05/31/2021	Run Date Time: 11/11/2021 12:09 pm MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR M

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name	Street Name & Number	City	State	Zip-Code	% of Ownership	
	1.00	2.00	3.00	4.00	5.00	6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	42.00
43.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	43.00
44.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PLWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST


90.00	PROMEDICA HEALTH SYSTEM, INC.	90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES-TICE VALLEY	Report Period End: 05/31/2021	Run Date Time: 11/11/2021 12:09 pm MCRIF32: LTCIR Version: 45.2.172.2	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name 1.00	Occupation 2.00	
130.00	MARTIN ALLEN	DIRECTOR	130.00
131.00	KATHRYN HOOPS	VICE PRESIDENT	131.00
132.00	THOMAS R KILE	TREASURER	132.00
133.00	DAMIAN RODGERS	SECRETARY	133.00
134.00	ANDREA SYPE	VICE PRESIDENT	134.00
135.00	RAMI UBAYDI	PRESIDENT	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____

210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES-TICE VALLEY

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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDI-CAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(IF "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: X

366.00 Address: 1

367.00 City: X

368. State: OH

369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

		1.00	
370.00	Balance of Trust Account at beginning of the reporting period	4,142	370.00
371.00	Total Deposits to the Trust Account during the reporting period, not including interest	54,940	371.00
372.00	Interest Added / Earned	2	372.00
373.00	Total Deposits and Interest (Sum of lines 371 and 372)	54,942	373.00
374.00	Total Trust Account Expenditures	56,890	374.00
375.00	Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	2,194	375.00

Facility D.B.A. Name:
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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	2,513	18,721	1,345	7,654	1,441	31,674	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		2,513	18,721	1,345	7,654	1,441	31,674	70.00

Facility D.B.A. Name:
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FACILITY REVENUE INFORMATION

4.2

			Medicare		Medi-Cal		Self-Pay		Managed Care			
	GROSS REVENUE	Account Number	Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	1,342,607		8,316,103		480,477		4,082,258			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		1,342,607		8,316,103		480,477		4,082,258			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	267,975	0	2,550	0	0	0	864,468	0		115.00
120.00	Respiratory Therapy	4220	3,678	0	56,081	0	286	0	4,502	0		120.00
125.00	Occupational Therapy	4250	205,425	0	1,525	0	0	0	624,608	0		125.00
130.00	Speech Therapy	4280	28,075	0	950	0	0	0	68,383	0		130.00
135.00	Pharmacy	4300	195,226	0	22,955	0	0	0	683,416	0		135.00
140.00	Laboratory	4400	21,041	0	800	0	0	0	83,945	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	10,975	0	70	0	6,631	0	45,224	0		155.00
170.00	Subtotal (Lines 105 through 155)		732,395	0	84,931	0	6,917	0	2,374,546	0		170.00
175.00	Total (Lines 70 and 170)		2,075,002	0	8,401,034	0	487,394	0	6,456,804	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	746,477		14,967,922								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	746,477		14,967,922								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0							105.00
110.00	Specialized Support Surf	0	0	0	0							110.00
115.00	Physical Therapy	850	0	1,135,843	0							115.00
120.00	Respiratory Therapy	5,276	0	69,823	0							120.00
125.00	Occupational Therapy	0	0	831,558	0							125.00
130.00	Speech Therapy	50	0	97,458	0							130.00
135.00	Pharmacy	39	0	901,636	0							135.00
140.00	Laboratory	0	0	105,786	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	295,358	0	358,258	0							155.00
170.00	Subtotal (Lines 105 through 155)	301,573	0	3,500,362	0							170.00
175.00	Total (Lines 70 and 170)	1,048,050	0	18,468,284	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	1,171									
210.00	Administrative Adjustments	5200	0									

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES-TICE VALLEY

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	-493,359		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	1,791,982		220.00
222.00	Contractual Adjustments - Managed Care	5330	1,901,117		222.00
225.00	Contractual Adjustments - Other	5340	220,753		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		3,421,664		240.00

Facility D.B.A. Name: MANORCARE HEALTH SERVICES-TICE VALLEY	Report Period End: 05/31/2021	Run Date Time: 11/11/2021 12:09 pm MCRIF32: LTCIR Version: 45.2.172.2	
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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	120	5.00
10.00	Average (Monthly average)	120	10.00
Available Beds:			
20.00	End of Period	120	20.00
25.00	Average (Monthly average)	120	25.00
40.00	Admissions (Excluding transfers)	600	40.00
45.00	Discharges (Excluding transfers)	580	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	72.32	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0
115.00	Other Sub-Acute Care	0	0
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0
145.00	Other Sub-Acute Care - Pediatric	0	0
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0
165.00	Transitional Inpatient Care - Medical	0	0
170.00	Transitional Inpatient Care - Rehabilitation	0	0
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

Facility D.B.A. Name:
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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	250	20,633	0	250	0	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,137,421	1,943,264	0	2,137,421	0	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-254,096	-331,669	0	-254,096	0	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	164,284	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	89,949	83,373	0	89,949	0	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		1,973,524	1,879,885	0	1,973,524	0	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,798,040	1,798,040	0	1,798,040	0	95.00
100.00	Land improvements	1210	974,611	974,611	0	974,611	0	100.00
105.00	Buildings and improvements	1220	11,602,096	11,576,608	0	11,602,096	0	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-9,972,763	-9,561,801	0	-9,972,763	0	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,757,198	3,731,238	0	3,757,198	0	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,499,052	-3,383,853	0	-3,499,052	0	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		4,660,130	5,134,843	0	4,660,130	0	135.00
140.00	Construction-in-progress	1250	60,972	59,802	0	60,972	0	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		6,694,626	7,074,530	0	6,694,626	0	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1,056,325	950,613				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	964,075	1,025,467	0	964,075	0	10.00
15.00	Accrued compensation and related liabilities	2020	754,528	801,485	0	754,528	0	15.00
20.00	Other accrued liabilities	2030	523,827	213,546	0	523,827	0	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,242,430	2,040,498	0	2,242,430	0	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	7,185,334	3,958,318	0	7,185,334	0	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		7,185,334	3,958,318	0	7,185,334	0	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		7,185,334	3,958,318	0	7,185,334	0	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		9,427,764	5,998,816	0	9,427,764	0	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,354,603	1,354,603	0	1,354,603	0	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-4,087,741	-278,889	0	-4,087,741	0	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-2,733,138	1,075,714	0	-2,733,138	0	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		6,694,626	7,074,530	0	6,694,626	0	185.00
* From Page 5.4								
** Combine Columns 1 and 3								

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	7,185,334	2021	0.00	7,185,334	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY
CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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STATEMENT OF CHANGES IN EQUITY

7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	1,075,714	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	1,075,714	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-4,475,017					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT & ROUNDI	1,339,793	0	0	0	0	21.00
22.00	OFFSET CARES ACT REVENUE	-673,628	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-3,808,852	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0	0	25.00
26.00	Principal payments on long-term debt	0	0	0	0	0	26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-2,733,138	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
Column 2, line 7 must be equal to Page 6, column 4, line 45.
Column 3, line 7 must agree with Page 6, column 4, line 145.
Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
Column 2, line 32 must agree with Page 6, column 3, line 45.
Column 3, line 32 must agree with Page 6, column 3, line 145.
Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	14,967,922	17,388,867	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	3,500,362	6,298,039	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	3,421,664	5,011,174	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	15,046,620	18,675,732	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	674,910	1,260	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	15,721,530	18,676,992	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	8,392,876	7,659,962	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	8,392,876	7,659,962	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	0	10,878	72.00
75.00	Physical Therapy	8200	554,384	863,272	75.00
76.00	Respiratory Therapy	8220	39,113	45,393	76.00
77.00	Occupational Therapy	8250	486,836	712,553	77.00
78.00	Speech Therapy	8280	60,702	118,103	78.00
80.00	Pharmacy	8300	441,240	745,928	80.00
85.00	Laboratory	8400	97,773	120,959	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	172,354	181,856	95.00
100.00	Total Ancillary Services	Lines 70 through 95	1,852,402	2,798,942	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	591,706	569,625	105.00
110.00	Housekeeping	6300	384,115	342,584	110.00
115.00	Laundry and Linen	6400	168,693	127,439	115.00
120.00	Dietary	6500	1,068,829	1,136,722	120.00
125.00	Social Services	6600	231,733	228,799	125.00
130.00	Activities	6700	171,530	158,075	130.00
135.00	Inservice Education - Nursing	6800	120,360	118,261	135.00
140.00	Administration	6900	4,187,346	3,246,618	140.00
145.00	Total Support Services	Lines 105 through 140	6,924,312	5,928,123	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	526,161	631,384	155.00
160.00	Leases and Rentals	7200	25,661	81,610	160.00
165.00	Property Taxes	7300	269,764	255,571	165.00
170.00	Property Insurance	7400	6,565	5,886	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,894,848	1,904,099	175.00
180.00	Total Property Expenses	Lines 155 through 175	2,722,999	2,878,550	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	303,958	134,947	190.00
195.00	Total Other Expenses	Lines 185 + 190	303,958	134,947	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	20,196,547	19,400,524	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-4,475,017	-723,532	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-4,475,017	-723,532	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-4,475,017	-723,532	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-4,475,017	-723,532	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-4,475,017	-723,532	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	526,161	631,384	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-271,730	417,039	20.00
25.00	Change in receivables from third-party payors	164,284	-155,991	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-6,576	-12,879	40.00
45.00	Change in accounts payable	-61,392	705,392	45.00
50.00	Change in accrued compensation and related liabilities	-46,957	88,174	50.00
55.00	Change in other accrued liabilities	310,281	-37,564	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	614,071	1,635,555	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-3,860,946	912,023	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-52,618	-243,419	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	-1	4	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-52,619	-243,415	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	3,227,016	-1,352,332	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUE, PTAX CASH BASE AJE 1&2	-879	-60,363	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	328,797	-3,575	180.00
185.00	OFFSET CARES ACT REVENUE	-673,628	457,819	185.00
190.00	WC & GROUP INSURANCE AJE 6	1,011,876	305,179	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	3,893,182	-653,272	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	-20,383	15,336	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	20,633	5,297	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	250	20,633	215.00

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	61,797	22,399	507,510	591,706	0	0	0	5.00
10.00	Housekeeping	6300	252,249	103,439	28,427	384,115	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			410,962	410,962	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			115,199	115,199	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			25,661	25,661	0	0	0	35.00
40.00	Property Taxes	7300			269,764	269,764	0	0	0	40.00
45.00	Property Insurance	7400			6,565	6,565	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,894,848	1,894,848	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	95,939	40,733	32,021	168,693	0	0	0	60.00
65.00	Dietary	6500	504,729	208,375	355,725	1,068,829	0	0	0	65.00
70.00	Provision for Bad Debts	7700			303,958	303,958	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	0	0		0		77.00
80.00	Physical Therapy	8200	375,498	153,621	25,265	554,384		554,384		80.00
81.00	Respiratory Therapy	8220	0	0	39,113	39,113		39,113		81.00
82.00	Occupational Therapy	8250	344,538	140,660	1,638	486,836		486,836		82.00
83.00	Speech Therapy	8280	31,717	13,158	15,827	60,702		60,702		83.00
85.00	Pharmacy	8300	0	0	441,240	441,240		441,240		85.00
90.00	Laboratory	8400	0	0	97,773	97,773		97,773		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	5,728	2,445	164,181	172,354		172,354		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,566,335	1,876,427	1,950,114	8,392,876		8,392,876		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					15,485,578	0			150.00
155.00	Social Services	6600	163,943	66,786	1,004	231,733	0	0	0	155.00
160.00	Activities	6700	112,371	45,894	13,265	171,530	0	0	0	160.00
165.00	Administration	6900	1,103,901	416,150	2,667,295	4,187,346	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	83,240	37,120	0	120,360	0	0	0	170.00
175.00	Total (See Instructions)		7,701,985	3,127,207	9,367,355	20,196,547	0	10,245,278	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				273,559					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			117,015	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			15,045	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
			Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	591,706	3,794	587,912	-10,114	581,592	5.00
10.00	Housekeeping	6300	0.000000	0	384,115	10,504	373,611	0	384,115	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	410,962	0	410,962	0	410,962	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	115,199	0	115,199	0	115,199	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	25,661	0	25,661	0	25,661	35.00
40.00	Property Taxes	7300	0.000000	0	269,764	0	269,764	0	269,764	40.00
45.00	Property Insurance	7400	0.000000	0	6,565	0	6,565	0	6,565	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,894,848	0	1,894,848	-1,891,467	3,381	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	168,693	3,766	164,927	0	168,693	60.00
65.00	Dietary	6500	0.000000	0	1,068,829	3,113	1,065,716	0	1,068,829	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	303,958	0	303,958	-303,958	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			0	0	0	0	0	77.00
80.00	Physical Therapy	8200			554,384	21,437	532,947	0	554,384	80.00
81.00	Respiratory Therapy	8220			39,113	0	39,113	0	39,113	81.00
82.00	Occupational Therapy	8250			486,836	7,377	479,459	0	486,836	82.00
83.00	Speech Therapy	8280			60,702	703	59,999	0	60,702	83.00
85.00	Pharmacy	8300			441,240	0	441,240	0	441,240	85.00
90.00	Laboratory	8400			97,773	0	97,773	0	97,773	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			172,354	0	172,354	-3,315	169,039	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			8,392,876	525,399	7,867,477	0	8,392,876	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							0	0	140.00
145.00	Other Nonreimbursable***							26,367	26,367	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	231,733	3,708	228,025	0	231,733	155.00
160.00	Activities	6700	0.000000	0	171,530	1,372	170,158	0	171,530	160.00
165.00	Administration	6900	0.000000	0	4,187,346	93,737	4,093,609	1,423,710	5,611,056	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	120,360	0	120,360	0	120,360	170.00
175.00	Total (See Instructions)			0	20,196,547	674,910	19,521,637	-758,777	19,437,770	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	788	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	93,243	165	70.00
75.00	Cash Discounts on Purchases	5850	494	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISCELLANEOUS INCOME	5990	3,006	5	85.00
90.00	CARES ACT REVENUE	5990	21,437	80	90.00
95.00	CARES ACT REVENUE	5990	555,942	Various	95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		674,910		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-9,326	-9,326	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-303,958	-303,958	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-494	-494	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-788	-788	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	ADMINISTRATION	165	A	1,583,323	1,583,323	ADJ LIABILITY INS TO ALLOWABLE	140.00
141.00	ADMINISTRATION	165	A	-19,674	-19,674	REMOVE LEGAL COST	141.00
142.00	ADMINISTRATION	165	A	-222,204	-222,204	REMOVE MARKETING COSTS	142.00
143.00	ADMINISTRATION	165	A	-18,627	-18,627	RECLASS WAGES ADMISSIONS/MRKT	143.00
144.00	NON-REIMBURABLE	145	A	18,627	18,627	RECLASS WAGES ADMISSIONS/MRKT	144.00
145.00	ADMINISTRATION	165	A	-7,740	-7,740	RECLASS PROH ADMISSIONS/MRKT	145.00
146.00	NON-REIMBURABLE	145	A	7,740	7,740	RECLASS PROH ADMISSIONS/MRKT	146.00
147.00	ADMINISTRATION	165	A	-7,284	-7,284	REMOVE NON-ALLOW ADVERTISING	147.00
148.00	ADMINISTRATION	165	A	-1,948	-1,948	REMOVE NON-ALLOWABLE DUES	148.00
149.00	ADMINISTRATION	165	A	-12,635	-12,635	REMOVE CUSTOMER REIMBURSEMENT	149.00
150.00	ADMINISTRATION	165	A	0	0	REMOVE PENALTIES	150.00
151.00	ACTIVITIES	160	B	0	0	OFFSET ACTIVITIES INCOME	151.00
152.00	ADMINISTRATION	165	B	0	0	OFFSET TRANSPORTATION INCOME	152.00
153.00	OTHER ANCILLARY	100	B	0	0	OFFSET ADULT DAY CARE INCOME	153.00
154.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW ADVERTISING	154.00
155.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW EXPENSE	155.00
156.00	ADMINISTRATION	165	A	-4,125	-4,125	REMOVE NON-ALLOW EXPENSE	156.00
157.00	INTROPPLTEQUIP	50	A	-1,894,848	-1,894,848	REMOVE NON-ALLOW EXPENSE	157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	135,118	135,118	ADJ PER HOME OFFICE COST REPOR	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE INTEREST	50	A	3,381	3,381	ADJ PER HOME OFFICE COST REPOR	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-3,315	-3,315	OFFSET B&B INCOME	200.00
205.00	OTHER (SPECIFY)			0	0		205.00
206.00	OTHER (SPECIFY)			0	0		206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-758,777	-758,777		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	667,545	667,545	0	0	667,545	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	Yes	0	165	7,701,985	7,701,985	0	0	7,701,985	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-7,185,334	-7,185,334	0	0	-7,185,334	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						1,184,196	1,184,196	0	0	1,184,196	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT
ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MAGGIE YOUSSEF	161,783	60,989	25,898		40	165		140.00
141.00	MALISSA KATZ	1,355	511	0		40	165		141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of Cs. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	61,797	22,399	0	497,396	581,592	5.00
10.00	Housekeeping	6300	252,249	103,439	0	28,427	384,115	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				410,962	410,962	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				115,199	115,199	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				25,661	25,661	35.00
40.00	Property Taxes	7300				269,764	269,764	40.00
45.00	Property Insurance	7400				6,565	6,565	45.00
50.00	Interest - Property, Plant & Equip.	7500				3,381	3,381	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	95,939	40,733	0	32,021	168,693	60.00
65.00	Dietary	6500	504,729	208,375	6,523	349,202	1,068,829	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	0	0	77.00
80.00	Physical Therapy	8200	375,498	153,621	0	25,265	554,384	80.00
81.00	Respiratory Therapy	8220	0	0	620	38,493	39,113	81.00
82.00	Occupational Therapy	8250	344,538	140,660	0	1,638	486,836	82.00
83.00	Speech Therapy	8280	31,717	13,158	15,713	114	60,702	83.00
85.00	Pharmacy	8300	0	0	0	441,240	441,240	85.00
90.00	Laboratory	8400	0	0	0	97,773	97,773	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	5,728	2,445	0	160,866	169,039	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,566,335	1,876,427	938,307	1,011,807	8,392,876	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	0	0	0	140.00
145.00	Other Nonreimbursable		18,627	7,740	0	0	26,367	145.00
155.00	Social Services	6600	163,943	66,786	0	1,004	231,733	155.00
160.00	Activities	6700	112,371	45,894	0	13,265	171,530	160.00
165.00	Administration	6900	1,037,919	388,883	40,583	767,683	2,235,068	165.00
166.00	Medical Records - Salaries and Wages ***	6900	47,355	19,527	0	14	66,896	166.00
167.00	DPH Licensing Fees ***	6900				101,745	101,745	167.00
168.00	Liability Insurance ***	6900				2,720,813	2,720,813	168.00
169.00	Quality Assurance Fees ***	6900				486,534	486,534	169.00
170.00	Inservice Education - Nursing	6800	83,240	37,120	0	0	120,360	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		7,701,985	3,127,207	1,001,746	7,606,832	19,437,770	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	2.00
10.00	Total Licensed Beds End of Period:	120	
15.00	Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD 60,000
(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)**Part A. SNF Bed Additions During the Report Period**

Enter Data for each Bed Addition Project Completed During the Report Period			
	Project 1	Project 2	Project 3
	1.00	2.00	3.00
25.00	Number of New Licensed Beds	0	0
30.00	Date Placed into Service		
35.00	Total Costs	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

		1.00						
50.00	Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):							
55.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00					0	0	0	0
57.00					0	0	0	0
58.00					0	0	0	0
59.00					0	0	0	0
60.00					0	0	0	0
61.00					0	0	0	0
62.00					0	0	0	0
63.00					0	0	0	0
64.00					0	0	0	0
65.00					0	0	0	0
66.00					0	0	0	0
67.00					0	0	0	0
68.00					0	0	0	0
69.00					0	0	0	0
70.00					0	0	0	0
71.00					0	0	0	0
72.00					0	0	0	0
73.00					0	0	0	0
74.00					0	0	0	0
75.00					0	0	0	0
76.00	Total Project 1 Costs					0		

		1.00						
90.00	Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):							
95.00	Date Placed in Service (e.g., when was project completed and available for resident use?)							
Detailed Description		Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00					0	0	0	0
97.00					0	0	0	0
98.00					0	0	0	0
99.00					0	0	0	0
100.00					0	0	0	0
101.00					0	0	0	0
102.00					0	0	0	0
103.00					0	0	0	0
104.00					0	0	0	0
105.00					0	0	0	0

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

1.00

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):

125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

1.00

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):

155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

1.00

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):

185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

Facility D.B.A. Name:
MANORCARE HEALTH SERVICES-TICE VALLEY

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital	Plant Operations	Housekeeping	Laundry & Linen	Dietary	Social Services	Activities	Inservice Education	Administration	Medical Records	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
5.00	Plant Operations and Maintenance	930	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	67	67	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,053	1,053	1,053	0	0	0	0	0	0	0	60.00
65.00	Dietary	4,532	4,532	4,532	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,202	1,202	1,202	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	934	934	934	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	425	425	425	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	23,190	23,190	23,190	424,500	93,918	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	228	228	228	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	464	464	464	0	0	0	0	0	0	0	160.00
165.00	Administration	2,975	2,975	2,975	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	36,000	35,070	35,003	424,500	93,918	0	0	0	0	0	175.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	9,169,440		1,797,239		168,693		1,068,829	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	1,202	83,155	0	0			10.00
12.00	Specialized Support Surf	0	0	0	0	0			12.00
15.00	Physical Therapy	554,384	934	64,615	0	0			15.00
16.00	Respiratory Therapy	39,113	0	0	0	0			16.00
17.00	Occupational Therapy	486,836	425	29,402	0	0			17.00
18.00	Speech Therapy	60,702	0	0	0	0			18.00
20.00	Pharmacy	441,240	0	0	0	0			20.00
25.00	Laboratory	97,773	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	169,039	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	8,392,876	23,190	1,604,294	424,500	168,693	93,918	1,068,829	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpatient Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	0	228	15,773	0	0	0	0	75.00
80.00	Other Nonreimbursable	26,367	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		25,979		424,500		93,918		85.00
90.00	UNIT COST MULTIPLIER**		69.180453		0.397392		11.380449		90.00
95.00	TOTAL COSTS (See instructions)	10,268,330		1,797,239		168,693		1,068,829	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		523,623		5,611,056		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			83,155	33,745	116,900	10.00
12.00	Specialized Support Surf			0	0	0	12.00
15.00	Physical Therapy			618,999	251,198	870,197	15.00
16.00	Respiratory Therapy			39,113	15,873	54,986	16.00
17.00	Occupational Therapy			516,238	209,496	725,734	17.00
18.00	Speech Therapy			60,702	24,634	85,336	18.00
20.00	Pharmacy			441,240	179,061	620,301	20.00
25.00	Laboratory			97,773	39,678	137,451	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			169,039	68,598	237,637	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	8,392,876	523,623	11,758,315	4,771,672	16,529,987	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			15,773	6,401	22,174		75.00
80.00	Other Nonreimbursable			26,367	10,700	37,067		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	8,392,876		13,826,714				85.00
90.00	UNIT COST MULTIPLIER**	0.062389		0.405813				90.00
95.00	TOTAL COSTS (See instructions)		523,623		5,611,056	19,437,770		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	16,529,987	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	31,674	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	521.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	4,625	275,539	59.58	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	27,770	1,597,947	57.54	25.00
30.00	Licensed Vocational Nurses	24,876	899,263	36.15	30.00
35.00	Nurse Assistants (Aides and Orderlies)	67,044	1,566,863	23.37	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	5,505	226,723	41.18	60.00
65.00	Subtotal (Sum of lines 5 through 60)	129,820	4,566,335	35.17	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	15,409	751,753	48.79	220.00
225.00	Other Salaries and Wages	80	5,728	71.60	225.00
230.00	Subtotal (Sum of lines 200 through 225)	15,489	757,481	48.90	230.00

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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,505	61,797	24.67	250.00
255.00	Housekeeping	13,985	252,249	18.04	255.00
260.00	Laundry and Linen	3,717	95,939	25.81	260.00
265.00	Dietary	21,248	504,729	23.75	265.00
270.00	Social Services	5,988	163,943	27.38	270.00
275.00	Activities	5,374	112,371	20.91	275.00
280.00	Inservice Education - Nursing	2,028	83,240	41.05	280.00
285.00	Administration	29,141	1,103,901	37.88	285.00
290.00	Subtotal (Sum of lines 250 through 285)	83,986	2,378,169	28.32	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	229,295	7,701,985	33.59	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.
Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

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LABOR REPORT

12.2

	SUPPLEMENTAL LABOR INFORMATION	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,850	48,357	26.14	315.00
	TEMPORARY STAFFING AGENCY SERVICES	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
	SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING	Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	235	190	80
610.00	Number of employees at end of period	206	156	70
615.00	Average number of employees (See instructions)	221	172	77
620.00	Total number of people employed during the period **	333	287	118
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	50.68	66.86	53.25
630.00	Number of employees with continuous service for entire reporting period	145	103	47

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.


Do not include supervisors who provide no direct nursing care.

Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).

This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.

Therefore, in most cases, line 620 should be greater than this calculation.

Facility D.B.A. Name: PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 1:21 pm MCRIF32: LTCIR Version: 45.7.175.0	
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INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1

1. Legal Name of Facility: MANOR CARE-TICE VALLEY CA, LLC		2. State License Number: 206074076		3. Medi-Cal Provider Number: LTC55710F	
4. D.B.A. (Doing Business As): PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)				5. Facility Business Phone: (925)906-0200	
6. Facility Street Address: 1975 TICE VALLEY BLVD		7. City: WALNUT CREEK		8. Zip Code: 94595	
9. Mailing Address - Street or P.O. Box (if different):		10. City:		11. Zip Code:	
12. Administrator: MAGGIE YOUSSEF					
13. Report Contact Person: KIMBERLY COUSINO				14. Phone Number: (419)252-5796 Ext: 0000	
15. Mailing Address - Street or P.O. Box: PO BOX 10086		16. City: TOLEDO		17. State: OH	
19. Previous Name of Facility if Changed Since Previous Report:				18. Zip Code: 436990086	
21. Previous State License Number:		22. Date of Change:		20. Date of Change:	
23. Previous Medi-Cal Provider No.:		24. Date of Change:			
25. Reporting Period Begin: 06/01/2021		26. Reporting Period End: 05/31/2022			

CERTIFICATION

I, MARTIN ALLEN, certify under penalty of perjury as follows: That I am an official of MANORCARE HEALTH SERVICES-TICE VALLEY
(Name of Individual) Name of Facility (D.B.A.)
and am duly authorized to sign this certification; that the Department of Health Care Access and Information's accounting and reporting system as set forth in HCAI's "Accounting and Reporting Manual for California Long-Term Care Facilities" has been implemented by this institution; that as applicable, the data in the accompanying reports are based on that system; and that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 51511.2, Title 22, California Code of Regulations.

Dated: _____

PROMEDICA SKILLED NURSING AND REHABILITATION (TICE
Name of Facility (D.B.A.)

By: _____
(Signature)Title: DIRECTORAddress: 1975 TICE VALLEY BLVDWALNUT CREEK, CA 945950000

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program; or are claimed in violation of an agreement with the state, may subject your organization to civil money penalty assessment in accordance with Welfare and Institution Code, Section 14123.2.

All Facilities, mail original and two copies to:

Department of Health Care Access and Information
Accounting and Reporting Systems Section
2020 West El Camino Avenue, Suite 1100
Sacramento, CA 95833

Telephone: (916) 326-3854

DO NOT MAIL ANY REPORT
TO DEPARTMENT OF HEALTH SERVICES

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)

Report Period
 End: 05/31/2022

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FACILITY DESCRIPTION AND OTHER GENERAL INFORMATION

2.1

	License Category (Check Only One)	(X)	Third Party Payor Programs (Complete all that apply)	Date Certified	(X)	
		1.00	1.01	2.00	3.00	
1.00	SKILLED NURSING FACILITY	X	MEDICARE	08/07/1997	X	1.00
2.00	INTERMEDIATE CARE FACILITY		MEDI-CAL/SNF			2.00
3.00	SNF/RESIDENTIAL		MEDI-CAL/ICF			3.00
4.00	ICF/RESIDENTIAL		MEDI-CAL/MD			4.00
5.00	CONGREGATE LIVING HEALTH FACILITY		MEDI-CAL/DD			5.00
6.00			SHORT-DOYLE			6.00
7.00			VA			7.00
8.00			CHAMPUS			8.00
9.00			OTHER (DESCRIBE)			9.00
	Type of Control (Check Only One)	(X)	Legal Organization (Check Only One)		(X)	
		1.00	1.01		3.00	
10.00	CHURCH RELATED		CORPORATION			10.00
11.00	NOT-FOR-PROFIT	X	DIVISION OF A CORPORATION			11.00
12.00	INVESTOR OWNED		PARTNERSHIP			12.00
13.00	GOVERNMENT:		PROPRIETORSHIP			13.00
14.00	-- STATE		LLC		X	14.00
15.00	-- COUNTY					
16.00	-- CITY/COUNTY					
17.00	-- CITY					
18.00	-- DISTRICT					

Describe any items which management believes may have a significant effect on the data in this report:

25.00

26.00

27.00

28.00

29.00

30.00

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)

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SERVICES INVENTORY

2.2

	Health Services	Code*	
		1.00	
1.00	Pharmacy	3	1.00
2.00	Patient Supplies	1	2.00
3.00	Laboratory	3	3.00
4.00	RADIOLOGY	3	4.00
5.00	Physical Therapy	1	5.00
6.00	INHALATION THERAPY	4	6.00
7.00	Speech Therapy	1	7.00
8.00	Occupational Therapy	1	8.00
9.00	AUDIOLOGY	5	9.00
10.00	PROSTHETIC DEVICES	5	10.00
11.00	SOCIAL SERVICES	1	11.00
12.00	PHYSICIAN CARE	5	12.00
13.00	DENTAL CARE	4	13.00
14.00	PODIATRIC CARE	5	14.00
15.00	CHIROPRACTIC CARE	5	15.00
16.00	OPTOMETRIC CARE	5	16.00
17.00	PSYCHIATRIC CARE	5	17.00
18.00	RECREATION/ACTIVITY	1	18.00
19.00	ALCOHOLISM/SUBSTANCE ABUSE TREATMENT AND RECOVERY	5	19.00
20.00	HOME HEALTH	5	20.00
21.00	HOSPICE	5	21.00
22.00	LONG-TERM REHABILITATION	5	22.00
23.00	PATIENT EDUCATION	5	23.00
24.00	ADULT DAY HEALTH CARE	5	24.00
25.00	OTHER (DESCRIBE)		25.00
26.00	OTHER (DESCRIBE)		26.00
27.00	OTHER (DESCRIBE)		27.00

* CODE EXPLANATION: Enter appropriate code in column 1 for every item.

1 - Service MAINTAINED in facility and staffed by facility personnel. Related expenses reported on Page 10.1, columns 1, 2, and 3.


2 - Service MAINTAINED in facility and purchased by the facility under contract arrangement with an outside provider. Related expenses reported on Page 10.1, column 3.

3 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby facility is billed directly by the provider. Related expenses reported on Page 10.1, column 3.

4 - Service NOT MAINTAINED in facility but available from an outside provider under contract arrangement whereby patients or third party payors are billed directly by the outside provider.

5 - Service NOT MAINTAINED in facility and no formal referral agreement exists with an outside provider. Patients or responsible third party payors who independently purchase services are billed directly by the provider.

6 - Service MAINTAINED, but not used during reporting cycle.

Facility D.B.A. Name: PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 1:21 pm MCRIF32: LTCIR Version: 45.7.175.0	
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

The purpose of this schedule is to identify the facility's relationships with various control and/or management organizations.

A. Is this facility part of an organization with two or more health facilities under common ownership or control as defined in the instructions for this form?

5.00 ☒ Yes ☐ No (If "Yes", complete items B and D. If "No", proceed to item E)

B. Is this facility a

10.00 ☐ Parent ☐ Subsidiary ☐ Division ☒ Other (If Subsidiary or Division, complete item C)

C. Name and address of parent organization

15.00 Name: PROMEDICA HEALTH SYSTEM, INC. C/O HCR M

20.00 Address: PO BOX 10086

25.00 City: TOLEDO 30. State: OH 35. ZIP: 436990086

D. NAME, ADDRESS AND PERCENT OF OWNERSHIP OF HEALTH FACILITIES UNDER COMMON OWNERSHIP OR CONTROL

	Name 1.00	Street Name & Number 2.00	City 3.00	State 4.00	Zip-Code 5.00	% of Ownership 6.00	
40.00	MCHS (CITRUS HEIGHTS)	7807 UPLANDS WAY	CITRUS HEIGHTS	CA	95610	100	40.00
41.00	MCHS (FOUNTAIN VALLEY)	11680 WARNER AVE	FOUNTAIN VALLEY	CA	92708	100	41.00
42.00	MCHS (HEMET)	1717 W STETSON AVE	HEMET	CA	92545	100	42.00
43.00	MCHS (PALM DESERT)	74-350 COUNTRY CLUB DRIVE	PALM DESERT	CA	92260	100	43.00
44.00	MCHS (SUNNYVALE)	1150 TILTON DR	SUNNYVALE	CA	94087	100	44.00
45.00	MCHS (WALNUT CREEK)	1226 ROSSMOOR PLWY	WALNUT CREEK	CA	94595	100	45.00
46.00						0	46.00
47.00						0	47.00
48.00						0	48.00
49.00						0	49.00
50.00						0	50.00
51.00						0	51.00
52.00						0	52.00
53.00						0	53.00
54.00						0	54.00
55.00						0	55.00
56.00						0	56.00
57.00						0	57.00
58.00						0	58.00
59.00						0	59.00
60.00						0	60.00
61.00						0	61.00
62.00						0	62.00
63.00						0	63.00
64.00						0	64.00
65.00						0	65.00
66.00						0	66.00
67.00						0	67.00
68.00						0	68.00
69.00						0	69.00
70.00						0	70.00

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

90.00		90.00
91.00		91.00
92.00		92.00
93.00		93.00
94.00		94.00
95.00		95.00
96.00		96.00
97.00		97.00
98.00		98.00
99.00		99.00
100.00		100.00
101.00		101.00
102.00		102.00
103.00		103.00
104.00		104.00
105.00		105.00

FACILITY ORGANIZATION AND OTHER INFORMATION

3.1

E. NAMES OF OWNERS HAVING A 5% OR MORE EQUITY INTEREST

106.00		106.00
107.00		107.00
108.00		108.00
109.00		109.00
110.00		110.00
111.00		111.00
112.00		112.00
113.00		113.00
114.00		114.00
115.00		115.00

Facility D.B.A. Name:
 PROMEDICA SKILLED NURSING AND REHABILITATION (TICE
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FACILITY ORGANIZATION AND OTHER INFORMATION

3.2

F. GOVERNING BOARD OFFICERS AND MEMBERS

	Name	Occupation	
	1.00	2.00	
130.00	MARTIN ALLEN	VP BUSINESS OFFICE SUPPORT	130.00
131.00	KATHRYN HOOPS	LITIGATION SUPPORT SPECIALIST	131.00
132.00	THOMAS R KILE	VP, TREASURY	132.00
133.00	DAMIAN RODGERS	ASST GENERAL COUNSEL	133.00
134.00	ANDREA SYPE	AVP, TAX	134.00
135.00	LUKE PILE	SR VP & COO	135.00
136.00			136.00
137.00			137.00
138.00			138.00
139.00			139.00
140.00			140.00
141.00			141.00
142.00			142.00
143.00			143.00
144.00			144.00
145.00			145.00

G. Does the facility use a management company?

200.00 ☐ Yes ☒ No (If "Yes", provide the following information. If "No", proceed to item "M").

205.00 Name of Management Company: _____


210.00 Address: _____

215.00 City: _____ 220. State: _____ 225. Zip: _____

230.00 Phone No.: _____

NAMES OF MANAGEMENT COMPANY OWNERS HAVING A 5% OR MORE EQUITY INTEREST

240.00		240.00
245.00		245.00
250.00		250.00
255.00		255.00
260.00		260.00
265.00		265.00
270.00		270.00
275.00		275.00
280.00		280.00

Facility D.B.A. Name: PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 1:21 pm MCRIF32: LTCIR Version: 45.7.175.0	
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RELATED PERSONS AND ORGANIZATIONS AND OTHER INFORMATION

3.3

FOR MEDICAL PROVIDERS, ONLY

M. Are Financial Statements available for the reporting period?

325.00 ☐ Yes (If "YES", please enclose a copy) ☒ No (If "No", enclose a copy of your working trial balance)

N. Is this report being filed as a result of a change in ownership?

335.00 ☐ Yes ☒ No

(If "YES" ATTACH A COPY OF THE SALES AGREEMENT SHOWING THE ALLOCATION OF THE SALES PRICE TO THE ASSETS)

O. STATEMENT OF HOME OFFICE (PARENT) COSTS

	Account Description	Account Number	Amount	Explanation of Allocations	
	1.00	2.00	3.00	4.00	
INTERIM PERIOD HOME OFFICE COST ALLOCATIONS:					
340.00			0		340.00
341.00			0		341.00
342.00			0		342.00
343.00	Subtotal Interim Period (Sum of lines 340 through 342)		0		343.00
YEAR END HOME OFFICE COST ALLOCATIONS:					
344.00			0		344.00
345.00			0		345.00
346.00			0		346.00
347.00	Subtotal Year End (Sum of lines 344 through 346)		0		347.00
348.00	TOTAL HOME OFFICE COST ALLOCATIONS (Sum of lines 343 and 347)		0		348.00
HOME OFFICE EQUITY ALLOCATIONS:					
ASSET					
349.00			0		349.00
350.00			0		350.00
LIABILITY					
351.00			0		351.00
352.00			0		352.00
353.00	TOTAL EQUITY ALLOCATIONS (Sum lines 349 through 352)		0		353.00

P. Were any assets disposed of during the reporting period?

355.00 ☐ Yes ☒ No

If "Yes" attach a schedule showing: (a) description of asset, (b) date of sale, (c) date asset(s) acquired, (d) proceeds of disposition, (e) method of depreciation, (f) how gain or loss was computed, (g) where gain or loss is reflected in the report, (h) if asset(s) was transferred to a related party, give book value of asset(s) on transfer date and party to whom asset(s) was transferred.

Q. Does your facility handle patient monies either through a patient trust fund or a savings and loan association or other financial institution?

360.00 ☒ Yes ☐ No

(If "Yes" and through a savings and loan, include the name and address on lines 365 through 369 below.)

(If "Yes" and through a standard trust system, complete lines 370 through 375)

365.00 Name: X
366.00 Address: 1
367.00 City: X 368. State: OH 369. Zip: 43604

PATIENT TRUST ACTIVITY ACCOUNT

	1.00	
370.00 Balance of Trust Account at beginning of the reporting period	2,194	370.00
371.00 Total Deposits to the Trust Account during the reporting period, not including interest	47,697	371.00
372.00 Interest Added / Earned	1	372.00
373.00 Total Deposits and Interest (Sum of lines 371 and 372)	47,698	373.00
374.00 Total Trust Account Expenditures	48,695	374.00
375.00 Balance of Trust Account at the end of the reporting period (Lines (370+373) - 374)	1,197	375.00

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FACILITY PATIENT DAYS BY PAYER

4.1

	PATIENT (Census) DAYS	Account Number	Medicare	Medi-Cal	Self-Pay	Managed Care	Other Payers	Total (Cols. 1-5)	
			1.00	2.00	3.00	4.00	5.00	6.00	
ROUTINE SERVICES									
5.00	Skilled Nursing Care	3100	2,329	22,609	2,046	9,386	1,869	38,239	5.00
10.00	Intermediate Care	3200	0	0	0	0	0	0	10.00
15.00	Mentally Disordered Care	3300	0	0	0	0	0	0	15.00
20.00	Developmentally Disabled Care	3400	0	0	0	0	0	0	20.00
25.00	Sub-Acute Care	3500	0	0	0	0	0	0	25.00
30.00	Sub-Acute Care-Pediatric	3600	0	0	0	0	0	0	30.00
35.00	Transitional Inpat Care	3700	0	0	0	0	0	0	35.00
40.00	Hospice Inpatient Care	3800	0	0	0	0	0	0	40.00
45.00	Other Routine Services	3900	0	0	0	0	0	0	45.00
70.00	Subtotal (Lines 5 through 45)		2,329	22,609	2,046	9,386	1,869	38,239	70.00

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)

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FACILITY REVENUE INFORMATION

4.2


	GROSS REVENUE	Account Number	Medicare		Medi-Cal		Self-Pay		Managed Care			
			Inpatient .04	Outpatient .44	Inpatient .05	Outpatient .45	Inpatient .00	Outpatient .40	Inpatient .01	Outpatient .41		
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
ROUTINE SERVICES												
5.00	Skilled Nursing Care	3100	1,681,073		11,495,001		725,063		6,854,777			5.00
10.00	Intermediate Care	3200	0		0		0		0			10.00
15.00	Mentally Disordered Care	3300	0		0		0		0			15.00
20.00	Developmentally Disabled Care	3400	0		0		0		0			20.00
25.00	Sub-Acute Care	3500	0		0		0		0			25.00
30.00	Sub-Acute Care-Pediatric	3600	0		0		0		0			30.00
35.00	Transitional Inpat Care	3700	0		0		0		0			35.00
40.00	Hospice Inpatient Care	3800	0		0		0		0			40.00
45.00	Other Routine Services	3900	0		0		0		0			45.00
70.00	Subtotal (Lines 5 through 45)		1,681,073		11,495,001		725,063		6,854,777			70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	4100	0	0	0	0	0	0	0	0		105.00
110.00	Specialized Support Surf	4150	0	0	0	0	0	0	0	0		110.00
115.00	Physical Therapy	4200	290,275	0	575	0	450	0	1,132,005	0		115.00
120.00	Respiratory Therapy	4220	12,061	0	143,760	0	7,645	0	56,860	0		120.00
125.00	Occupational Therapy	4250	217,025	0	725	0	0	0	847,249	0		125.00
130.00	Speech Therapy	4280	50,750	0	2,300	0	0	0	218,155	0		130.00
135.00	Pharmacy	4300	133,117	0	45,925	0	0	0	813,086	0		135.00
140.00	Laboratory	4400	19,957	0	1,650	0	0	0	93,744	0		140.00
145.00	Home Health Services	4800		0		0		0		0		145.00
155.00	Other Ancillary Services	4900	13,969	0	1,175	0	16,782	0	69,467	0		155.00
170.00	Subtotal (Lines 105 through 155)		737,154	0	196,110	0	24,877	0	3,230,566	0		170.00
175.00	Total (Lines 70 and 170)		2,418,227	0	11,691,111	0	749,940	0	10,085,343	0		175.00
			Other Payers		Total							
	GROSS REVENUE		Inpatient .09	Outpatient .49	Inpatient (cs. 1,3,5,7,9)	Outpatient (cs. 2,4,6,8,10)						
			9.00	10.00	11.00	12.00						
ROUTINE SERVICES												
5.00	Skilled Nursing Care	1,066,141		21,822,055								5.00
10.00	Intermediate Care	0		0								10.00
15.00	Mentally Disordered Care	0		0								15.00
20.00	Developmentally Disabled Care	0		0								20.00
25.00	Sub-Acute Care	0		0								25.00
30.00	Sub-Acute Care-Pediatric	0		0								30.00
35.00	Transitional Inpat Care	0		0								35.00
40.00	Hospice Inpatient Care	0		0								40.00
45.00	Other Routine Services	0		0								45.00
70.00	Subtotal (Lines 5 through 45)	1,066,141		21,822,055								70.00
ANCILLARY SERVICES												
105.00	Patient Supplies	0	0	0	0	0						105.00
110.00	Specialized Support Surf	0	0	0	0	0						110.00
115.00	Physical Therapy	0	0	1,423,305	0							115.00
120.00	Respiratory Therapy	13,204	0	233,530	0							120.00
125.00	Occupational Therapy	0	0	1,064,999	0							125.00
130.00	Speech Therapy	125	0	271,330	0							130.00
135.00	Pharmacy	779	0	992,907	0							135.00
140.00	Laboratory	0	0	115,351	0							140.00
145.00	Home Health Services		0		0							145.00
155.00	Other Ancillary Services	0	0	101,393	0							155.00
170.00	Subtotal (Lines 105 through 155)	14,108	0	4,202,815	0							170.00
175.00	Total (Lines 70 and 170)	1,080,249	0	26,024,870	0							175.00
	DEDUCTIONS FROM REVENUE	Account Number	Amount									
			1.00									
205.00	Charity Adjustments	5100	0									
210.00	Administrative Adjustments	5200	925									

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FACILITY REVENUE INFORMATION

4.2

	DEDUCTIONS FROM REVENUE	Account Number	Amount		
			1.00		
215.00	Contractual Adjustments - Medicare	5310	105,352		215.00
220.00	Contractual Adjustments - Medi-Cal	5320	3,165,488		220.00
222.00	Contractual Adjustments - Managed Care	5330	4,027,902		222.00
225.00	Contractual Adjustments - Other	5340	383,390		225.00
230.00	Other Deductions from Revenue	5400	0		230.00
240.00	Total (Lines 205 through 230)		7,683,057		240.00

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OTHER CENSUS AND REVENUE INFORMATION

4.3

OTHER CENSUS INFORMATION		Number	
		1.00	
Licensed Beds:			
5.00	End of Period	120	5.00
10.00	Average (Monthly average)	120	10.00
Available Beds:			
20.00	End of Period	120	20.00
25.00	Average (Monthly average)	120	25.00
40.00	Admissions (Excluding transfers)	657	40.00
45.00	Discharges (Excluding transfers)	678	45.00
60.00	Occupancy Rate (Page 4.1, line 70, column 6 / (Line 10 X days in reporting period) X 100)	87.30	60.00
PATIENT (CENSUS) DAYS DETAIL FOR SPECIAL CARE PROGRAMS		Total	Medi-Cal
		1.00	2.00
100.00	Sub-Acute Care (Ventilator-Dependent)	0	0 100.00
115.00	Other Sub-Acute Care	0	0 115.00
120.00	Total Sub-Acute Care Patient Days (Sum of lines 100 and 115)	0	0 120.00
130.00	Sub-Acute Care - Pediatric (Ventilator-Dependent)	0	0 130.00
145.00	Other Sub-Acute Care - Pediatric	0	0 145.00
150.00	Total Sub-Acute Care - Pediatric Patient (Census) Days (Sum of lines 130 and 145)	0	0 150.00
165.00	Transitional Inpatient Care - Medical	0	0 165.00
170.00	Transitional Inpatient Care - Rehabilitation	0	0 170.00
175.00	Total Transitional Inpatient Care Patient (Census) Days (Sum of lines 160 and 165)	0	0 175.00
RECAP OF MEDI-CAL BENEFITS RECEIVED FROM FISCAL INTERMEDIARY		Amount	
		1.00	
FOR MEDI-CAL PROVIDERS, ONLY			
200.00	Total Billed Charges - Medi-Cal (Net of Contractual Adjustments)	0	200.00
205.00	Less: Patient Liability	0	205.00
210.00	Less: Third Party and Other Liability	0	210.00
215.00	Less: Noncovered Charges	0	215.00
240.00	Less: Other	0	240.00
250.00	Net Medi-Cal Received/Receivable from Fiscal Intermediary (Combine lines 200 through 240)	0	250.00

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BALANCE SHEET - GENERAL FUND Medi-Cal Adjustments and Reclassifications Worksheet (Medi-Cal Proprietary Facilities, Only)

5.1

	ASSETS	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT ASSETS								
5.00	Cash	1000	10,076	250	0	10,076	250	5.00
10.00	Marketable securities - at cost	1010	0	0	0	0	0	10.00
15.00	Assets whose use is limited - required for current liabilities (must agree with line 85)		0	0	0	0	0	15.00
20.00	Accounts and notes receivable	1020	2,644,884	2,137,421	0	2,644,884	2,137,421	20.00
25.00	Less estimated allowances for uncollectibles and contractual adjustments	1040	-454,032	-254,096	0	-454,032	-254,096	25.00
30.00	Receivables from third party payors for contract settlement	1050	0	0	0	0	0	30.00
35.00	Pledges and other receivables	1060	0	0	0	0	0	35.00
40.00	Due from restricted funds	1070	0	0	0	0	0	40.00
45.00	Inventories - at lower of cost or market	1080	0	0	0	0	0	45.00
50.00	Receivables from related parties, current	1090	0	0	0	0	0	50.00
55.00	Prepaid expenses and other current assets	1100	97,549	89,949	0	97,549	89,949	55.00
60.00	TOTAL CURRENT ASSETS (Sum of lines 5 through 55)		2,298,477	1,973,524	0	2,298,477	1,973,524	60.00
ASSETS WHOSE USE IS LIMITED								
65.00	Cash	1160	0	0	0	0	0	65.00
70.00	Marketable securities	1170	0	0	0	0	0	70.00
75.00	Other assets	1180	0	0	0	0	0	75.00
80.00	TOTAL ASSETS WHOSE USE IS LIMITED (Sum of lines 65 through 75)		0	0	0	0	0	80.00
85.00	Less assets whose use is limited and that are required for current liabilities		0	0	0	0	0	85.00
90.00	TOTAL NONCURRENT ASSETS WHOSE USE IS LIMITED (Line 80 less line 85)		0	0	0	0	0	90.00
PROPERTY, PLANT, AND EQUIPMENT								
95.00	Land	1200	1,798,040	1,798,040	0	1,798,040	1,798,040	95.00
100.00	Land improvements	1210	974,611	974,611	0	974,611	974,611	100.00
105.00	Buildings and improvements	1220	11,672,666	11,602,096	0	11,672,666	11,602,096	105.00
110.00	Less accumulated depreciation - buildings and improvements, land improvements	1270	-10,373,102	-9,972,763	0	-10,373,102	-9,972,763	110.00
115.00	Leasehold improvements	1230	0	0	0	0	0	115.00
120.00	Less accumulated depreciation - leasehold improvements	1280	0	0	0	0	0	120.00
125.00	Equipment	1240	3,778,793	3,757,198	0	3,778,793	3,757,198	125.00
130.00	Less accumulated depreciation - equipment	1290	-3,597,007	-3,499,052	0	-3,597,007	-3,499,052	130.00
135.00	NET PROPERTY, PLANT, AND EQUIPMENT (Sum of lines 95 through 130)		4,254,001	4,660,130	0	4,254,001	4,660,130	135.00
140.00	Construction-in-progress	1250	528,421	60,972	0	528,421	60,972	140.00
INVESTMENTS AND OTHER ASSETS								
145.00	Investments in property, plant, and equipment	1310	0	0	0	0	0	145.00
150.00	Less accumulated depreciation - investments in property, plant, and equipment	1320	0	0	0	0	0	150.00
155.00	Other investments - at cost	1330	0	0	0	0	0	155.00
160.00	Receivables from related parties, noncurrent	1340	0	0	0	0	0	160.00
165.00	Deposits and other assets	1350	0	0	0	0	0	165.00
170.00	TOTAL INVESTMENTS AND OTHER ASSETS (Sum of lines 145 through 165)		0	0	0	0	0	170.00
INTANGIBLE ASSETS								
175.00	Goodwill	1360	0	0	0	0	0	175.00
180.00	Unamortized loan costs	1370	0	0	0	0	0	180.00
185.00	Organizational costs	1380	0	0	0	0	0	185.00
190.00	Other intangible assets	1390	0	0	0	0	0	190.00
195.00	TOTAL INTANGIBLE ASSETS (Sum of lines 175 through 190)		0	0	0	0	0	195.00
200.00	TOTAL ASSETS (Sum of lines 60, 90, 135, 140, 170, and 195) (must agree with Page 5.2, line 185)		7,080,899	6,694,626	0	7,080,899	6,694,626	200.00
* From Page 5.4								
** Combine Columns 1 and 3								
OTHER INFORMATION								
205.00	Current market value - current asset marketable securities (Line 10)		0	0				205.00
210.00	Current market value - other investments (Line 155)		0	0				210.00
215.00	Cost to complete construction in progress (Line 140)		1	1,056,325				215.00

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BALANCE SHEET - GENERAL FUND

5.2

	LIABILITIES AND EQUITY	Account Numbers	Current Reporting Period	Prior Reporting Period	Adjustments and Reclassifications *	Adjusted Balance Current Period **	Adjusted Balance Prior Period	
			1.00	2.00	3.00	4.00	5.00	
CURRENT LIABILITIES								
5.00	Notes and loans payable	2000	0	0	0	0	0	5.00
10.00	Accounts payable	2010	145,352	964,075	0	145,352	964,075	10.00
15.00	Accrued compensation and related liabilities	2020	980,369	754,528	0	980,369	754,528	15.00
20.00	Other accrued liabilities	2030	1,026,258	523,827	0	1,026,258	523,827	20.00
25.00	Advances from third party payors	2040	0	0	0	0	0	25.00
30.00	Payable to third party payors for contract settlement	2050	0	0	0	0	0	30.00
35.00	Due to restricted funds	2060	0	0	0	0	0	35.00
40.00	Income taxes payable	2070	0	0	0	0	0	40.00
45.00	Payables to related parties, current	2080	0	0	0	0	0	45.00
50.00	Current maturities of long term debt (Must agree with line 125)		0	0	0	0	0	50.00
55.00	Other current liabilities	2090	0	0	0	0	0	55.00
60.00	TOTAL CURRENT LIABILITIES (Sum of lines 5 through 55)		2,151,979	2,242,430	0	2,151,979	2,242,430	60.00
DEFERRED CREDITS								
65.00	Deferred income taxes	2110	0	0	0	0	0	65.00
70.00	Deferred third-party income	2120	0	0	0	0	0	70.00
75.00	Other deferred credits	2130	0	0	0	0	0	75.00
80.00	TOTAL DEFERRED CREDITS (Sum of lines 65 through 75)		0	0	0	0	0	80.00
LONG-TERM DEBT								
85.00	Mortgages payable	2210	0	0	0	0	0	85.00
90.00	Construction loans	2220	0	0	0	0	0	90.00
95.00	Notes under revolving credit	2230	0	0	0	0	0	95.00
100.00	Capitalized lease obligations	2240	0	0	0	0	0	100.00
105.00	Bonds payable	2250	0	0	0	0	0	105.00
110.00	Payable to related parties, noncurrent	2260	12,649,265	7,185,334	0	12,649,265	7,185,334	110.00
115.00	Other noncurrent liabilities	2270	0	0	0	0	0	115.00
120.00	(Sum of ls. 85 thru 115)(Must include current maturities)		12,649,265	7,185,334	0	12,649,265	7,185,334	120.00
125.00	Less amount shown as current maturities (Must agree with line 50)		0	0	0	0	0	125.00
130.00	NET LONG-TERM DEBT (Line 120 minus 125)		12,649,265	7,185,334	0	12,649,265	7,185,334	130.00
135.00	TOTAL LIABILITIES (Sum of lines 60, 80, and 130)		14,801,244	9,427,764	0	14,801,244	9,427,764	135.00
FUND EQUITY (not-for-profit)								
140.00	General fund balance	2410 & 2430	0	0	0	0	0	140.00
145.00	Divisional fund balance	2460	0	0	0	0	0	145.00
EQUITY (investor-owned)								
150.00	Preferred stock	2410	0	0	0	0	0	150.00
155.00	Common stock	2420	0	0	0	0	0	155.00
160.00	Additional paid-in capital	2430	1,354,603	1,354,603	0	1,354,603	1,354,603	160.00
165.00	Retained earnings / Capital account for partnership or sole proprietorship	2440 / 2410	-9,074,948	-4,087,741	0	-9,074,948	-4,087,741	165.00
170.00	Less treasury stock	2450	0	0	0	0	0	170.00
175.00	Divisional equity	2460	0	0	0	0	0	175.00
180.00	TOTAL EQUITY (Sum of lines 140 through 175) (Column 1 must agree with Page 7, col. 1, line 32)		-7,720,345	-2,733,138	0	-7,720,345	-2,733,138	180.00
185.00	TOTAL LIABILITIES AND EQUITY (Sum of lines 135 and 180) (Must agree with Page 5.1, line 200)		7,080,899	6,694,626	0	7,080,899	6,694,626	185.00

* From Page 5.4

** Combine Columns 1 and 3

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SUPPLEMENTAL LONG-TERM DEBT INFORMATION

5.3

	Detail for Page 5.2 Column 1, Line No.	Date Obligation Incurred (Year Only)	Principal Amount at Date of Obligation	Due Date (*) (Year Only)	Interest Rate (*)	Unpaid Principal (**)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	110	2019	12,649,265	2022	0.00	12,649,265	1.00
2.00			0		0.00	0	2.00
3.00			0		0.00	0	3.00
4.00			0		0.00	0	4.00
5.00			0		0.00	0	5.00
6.00			0		0.00	0	6.00
7.00			0		0.00	0	7.00
8.00			0		0.00	0	8.00
9.00			0		0.00	0	9.00
10.00			0		0.00	0	10.00
11.00			0		0.00	0	11.00
12.00			0		0.00	0	12.00
13.00			0		0.00	0	13.00
14.00			0		0.00	0	14.00
15.00			0		0.00	0	15.00
16.00			0		0.00	0	16.00
17.00			0		0.00	0	17.00
18.00			0		0.00	0	18.00
19.00			0		0.00	0	19.00
20.00			0		0.00	0	20.00

(*) If more than one due date or interest rate, list each with unpaid amount. Report interest rates to two decimal places.

(**) Sum of all lines must agree with Page 5.2, column 1, line 120.

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ADJUSTMENTS & RECLASSIFICATIONS TO BALANCE SHEET FOR COMPUTATION OF RETURN ON EQUITY CAPITAL

5.4

	DESCRIPTION	Page 5.1 = A Page 5.2 = L	PAGE 5.1/5.2 LINE NO.	AMOUNT INCREASE (DECREASE)	EXPLANATION OF ADJUSTMENT	NAME OF RELATED PARTY, if applicable (*)	
	1.00	1.01	2.00	3.00	4.00	5.00	
1.00				0			1.00
2.00				0			2.00
3.00				0			3.00
4.00				0			4.00
5.00				0			5.00
6.00				0			6.00
7.00				0			7.00
8.00				0			8.00
9.00				0			9.00
10.00				0			10.00
11.00				0			11.00
12.00				0			12.00
13.00				0			13.00
14.00				0			14.00
15.00				0			15.00
16.00				0			16.00
17.00				0			17.00
18.00				0			18.00
19.00				0			19.00
20.00				0			20.00
21.00				0			21.00
22.00				0			22.00
23.00				0			23.00
24.00				0			24.00
25.00				0			25.00
26.00				0			26.00
27.00				0			27.00
28.00				0			28.00
29.00				0			29.00
30.00				0			30.00
50.00	Total (Combine Lines 1 through 30)			0			50.00

(*) Disclosure must also be complete on Page 10.4, as applicable.

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BALANCE SHEET - RESTRICTED FUNDS

6

	ASSETS	Account Number	Current Period	Prior Period	
			1.00	2.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Cash (Including CD's)	1710	0	0	5.00
10.00	Investments, at cost: Marketable securities (\$)*	1720	0	0	10.00
15.00	Investments, at cost: Other (\$)*	1720	0	0	15.00
20.00	Pledges and receivables	1730	0	0	20.00
25.00	Due from other funds	1740	0	0	25.00
30.00	Other assets	1750	0	0	30.00
50.00	TOTAL ASSETS (Sum of lines 5 through 30)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Cash (Including CD's)	1810	0	0	105.00
110.00	Marketable securities at cost (\$)*	1820	0	0	110.00
115.00	PLEDGES AND RECEIVABLES	1830	0	0	115.00
120.00	Due from other funds	1840	0	0	120.00
125.00	Other assets	1850	0	0	125.00
150.00	TOTAL ASSETS (Sum of lines 105 through 125)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Cash (Including CD's)	1910	0	0	205.00
210.00	Investments, at cost: Marketable securities (\$)*	1920	0	0	210.00
215.00	Investments, at cost: Other (\$)*	1920	0	0	215.00
220.00	Pledges and receivables	1930	0	0	220.00
225.00	Due from other funds	1940	0	0	225.00
230.00	Other assets	1950	0	0	230.00
250.00	TOTAL ASSETS (Sum of lines 205 through 230)		0	0	250.00
* Include Market Value at Current Year Balance Sheet Date in Parentheses.					

	LIABILITIES AND FUND BALANCES	Account Number	Current Period	Prior Period	
			3.00	4.00	
PLANT REPLACEMENT AND EXPANSION FUNDS					
5.00	Due to other funds	2710-2730	0	0	5.00
45.00	Fund balance (Column 3 must agree with Page 7, column 2, line 32)	2770	0	0	45.00
50.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 5 and 45)		0	0	50.00
SPECIFIC PURPOSE FUNDS					
105.00	Due to other funds	2810-2830	0	0	105.00
145.00	Fund balance (Column 3 must agree with Page 7, column 3, line 32)	2870	0	0	145.00
150.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 105 and 145)		0	0	150.00
ENDOWMENT FUNDS					
205.00	Mortgages	2910	0	0	205.00
210.00	OTHER LIABILITIES (SPECIFY)	2920	0	0	210.00
215.00	Due to other funds	2930-2950	0	0	215.00
245.00	Fund Balance (Column 3 must agree with Page 7, column 4, line 32)	2970	0	0	245.00
250.00	TOTAL LIABILITIES AND FUND BALANCE (Sum of lines 205 through 245)		0	0	250.00

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STATEMENT OF CHANGES IN EQUITY


7

		GENERAL FUND	EXTERNALLY RESTRICTED FUNDS				
	GENERAL FUND	Total Equity	Plant Replacement and Expansion	Specific Purpose (A)	Endowment		
		1.00	2.00	3.00	4.00		
1.00	BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	-2,733,138	0	0	0	0	1.00
2.00	Prior period audit adjustments	0	0	0	0	0	2.00
3.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	3.00
4.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	4.00
5.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	5.00
6.00	RESTATEMENTS (DESCRIBE)	0	0	0	0	0	6.00
7.00	RESTATED BEGINNING BALANCE* (Combine lines 1 through 6)	-2,733,138	0	0	0	0	7.00
Additions (deductions):							
8.00	Net income (loss)	-5,328,824					8.00
9.00	Capital contributions	0					9.00
10.00	Proceeds from sale of stock	0					10.00
11.00	Owners' draw	0					11.00
12.00	Restricted contributions and grants		0	0	0		12.00
13.00	Restricted investment income		0	0	0		13.00
14.00	Expenditures for specific purposes		0	0	0		14.00
15.00	Dividends declared	0					15.00
16.00	Donated property, plant, and equipment	0	0	0			16.00
17.00	Acquisitions of pooled companies	0					17.00
18.00	Stock options exercised	0					18.00
19.00	Related party transfers	0					19.00
20.00	Unrealized losses on Marketable Equity Securities	0	0	0	0		20.00
21.00	COST REPORT AJES P&L IMPACT & ROUNDI	341,617	0	0	0	0	21.00
22.00	OTHER (DESCRIBE)	0	0	0	0	0	22.00
23.00	TOTAL ADDITIONS (DEDUCTIONS) (Combine lines 8 through 22)	-4,987,207	0	0	0	0	23.00
Transfers:							
25.00	Property and equipment additions	0	0	0	0	0	25.00
26.00	Principal payments on long-term debt	0	0	0	0	0	26.00
27.00	OTHER (DESCRIBE)	0	0	0	0	0	27.00
28.00	OTHER (DESCRIBE)	0	0	0	0	0	28.00
29.00	OTHER (DESCRIBE)	0	0	0	0	0	29.00
30.00	OTHER (DESCRIBE)	0	0	0	0	0	30.00
31.00	TOTAL TRANSFERS (Combine lines 25 through 30)	0	0	0	0	0	31.00
32.00	BALANCE AT END OF YEAR** (Combine lines 7, 23, and 31)	-7,720,345	0	0	0	0	32.00

* Column 1, line 7 must agree with Page 5.2, column 2, line 180.
 Column 2, line 7 must be equal to Page 6, column 4, line 45.
 Column 3, line 7 must agree with Page 6, column 4, line 145.
 Column 4, line 7 must agree with Page 6, column 4, line 245.

** Column 1, line 32 must agree with Page 5.2, column 1, line 180.
 Column 2, line 32 must agree with Page 6, column 3, line 45.
 Column 3, line 32 must agree with Page 6, column 3, line 145.
 Column 4, line 32 must agree with Page 6, column 3, line 245.

(A) District Facilities - Include Bond Interest and Redemption

Facility D.B.A. Name: PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 1:21 pm MCRIF32: LTCIR Version: 45.7.175.0	
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
HEALTH CARE REVENUES					
5.00	Gross Routine Services Net Revenue	P.4.2 Col.11 Ln.70	21,822,055	14,967,922	5.00
7.00	Gross Ancillary Services Net Revenue	P.4.2 C.11 + C.12 Ln.170	4,202,815	3,500,362	7.00
10.00	Less: Deductions from Revenue	P.4.2 Col.1 Ln.240	7,683,057	3,421,664	10.00
15.00	NET PATIENT SERVICE REVENUE	Line 5 + Line 7 - Line 10	18,341,813	15,046,620	15.00
20.00	Other Operating Rev from Health Care Operations	From P.10.2, Line 100	552	674,910	20.00
25.00	NET OPERATING REVENUE FROM HLTH CARE OPERATIONS	Lines 15 + 20	18,342,365	15,721,530	25.00
HEALTH CARE EXPENSES - ROUTINE SERVICES					
30.00	Skilled Nursing Care	6110	10,609,652	8,392,876	30.00
35.00	Intermediate Care	6120	0	0	35.00
40.00	Mentally Disordered Care	6130	0	0	40.00
45.00	Developmentally Disabled Care	6140	0	0	45.00
50.00	Sub-Acute Care	6150	0	0	50.00
51.00	Sub-Acute Care-Pediatric	6160	0	0	51.00
53.00	Transitional Inpat Care	6170	0	0	53.00
55.00	Hospice Inpatient Care	6180	0	0	55.00
60.00	Other Routine Services	6190	0	0	60.00
65.00	Total Routine Services	Lines 30 through 60	10,609,652	8,392,876	65.00
HEALTH CARE EXPENSES - ANCILLARY SERVICES					
70.00	Patient Supplies	8100	0	0	70.00
72.00	Specialized Support Surf	8150	5,825	0	72.00
75.00	Physical Therapy	8200	617,121	554,384	75.00
76.00	Respiratory Therapy	8220	22,730	39,113	76.00
77.00	Occupational Therapy	8250	517,650	486,836	77.00
78.00	Speech Therapy	8280	118,858	60,702	78.00
80.00	Pharmacy	8300	504,009	441,240	80.00
85.00	Laboratory	8400	76,730	97,773	85.00
90.00	Home Health Services	8800	0	0	90.00
95.00	Other Ancillary Services	8900	284,141	172,354	95.00
100.00	Total Ancillary Services	Lines 70 through 95	2,147,064	1,852,402	100.00
HEALTH CARE EXPENSES - SUPPORT SERVICES					
105.00	Plant Operations and Maintenance	6200	711,044	591,706	105.00
110.00	Housekeeping	6300	415,737	384,115	110.00
115.00	Laundry and Linen	6400	147,879	168,693	115.00
120.00	Dietary	6500	1,191,430	1,068,829	120.00
125.00	Social Services	6600	228,878	231,733	125.00
130.00	Activities	6700	167,335	171,530	130.00
135.00	Inservice Education - Nursing	6800	112,671	120,360	135.00
140.00	Administration	6900	4,770,704	4,187,346	140.00
145.00	Total Support Services	Lines 105 through 140	7,745,678	6,924,312	145.00
HEALTH CARE EXPENSES - PROPERTY EXPENSES					
155.00	Depreciation and Amortization	7110 through 7160	498,294	526,161	155.00
160.00	Leases and Rentals	7200	45,911	25,661	160.00
165.00	Property Taxes	7300	280,757	269,764	165.00
170.00	Property Insurance	7400	6,568	6,565	170.00
175.00	Interest - Property, Plant and Equipment	7500	1,976,893	1,894,848	175.00
180.00	Total Property Expenses	Lines 155 through 175	2,808,423	2,722,999	180.00
HEALTH CARE EXPENSES - OTHER EXPENSES					
185.00	Interest - Other	7600	0	0	185.00
190.00	Provision for Bad Debts	7700	360,372	303,958	190.00
195.00	Total Other Expenses	Lines 185 + 190	360,372	303,958	195.00
200.00	TOTAL HEALTH CARE EXPENSES	Sum of lines 65, 100, 145, 180, & 195	23,671,189	20,196,547	200.00
205.00	INCOME (LOSS) FROM HEALTH CARE OPERATIONS	Line 25 less line 200	-5,328,824	-4,475,017	205.00
210.00	NONHEALTH CARE REVENUE AND EXPENSE, NET *	9100	0	0	210.00
215.00	INCOME (LOSS) BEFORE INCOME TAXES AND EXTRAORDINARY	Lines 205 + 210	-5,328,824	-4,475,017	215.00
PROVISION FOR INCOME TAXES					
220.00	Current	9200	0	0	220.00
225.00	Deferred	9200	0	0	225.00
230.00	Total Income Taxes	Lines 220 + 225	0	0	230.00

Facility D.B.A. Name:
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STATEMENT OF INCOME - GENERAL FUND

8

	DESCRIPTION	Account No.	Current Period	Prior Period	
			1.00	2.00	
235.00	INCOME (LOSS) BEFORE EXTRAORDINARY ITEMS	Lines 215 - 230	-5,328,824	-4,475,017	235.00
EXTRAORDINARY ITEMS					
240.00	(DESCRIBE)	9300	0	0	240.00
245.00	(DESCRIBE)	9300	0	0	245.00
250.00	Total Extraordinary Items	Lines 240 + 245	0	0	250.00
255.00	NET INCOME (LOSS)	Lines 235 - 250	-5,328,824	-4,475,017	255.00
CHARITY CARE FOOTNOTE					
260.00	Forgone Charges at Established Rates		0	0	260.00
265.00	Total Number of Charity Days		0	0	265.00

* Check this box if line 210 contains Residential Revenues and Expenses. ☐

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)

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STATEMENT OF CASH FLOWS - GENERAL FUND

9

		Current Period	Prior Period	
		1.00	2.00	
Cash Flows from Operating Activities and Nonoperating Revenue :				
5.00	Net Income (Loss) (Must agree with Page 8, line 255)	-5,328,824	-4,475,017	5.00
Adjustments to reconcile net income to net cash provided by (used for) operating activities and nonoperating revenue :				
10.00	Depreciation and amortization	498,294	526,161	10.00
15.00	Change in marketable securities	0	0	15.00
20.00	Change in accounts and notes receivable, net of allowances for doubtful accounts and contractual adjustments	-307,527	-271,730	20.00
25.00	Change in receivables from third-party payors	0	164,284	25.00
30.00	Change in other receivables	0	0	30.00
35.00	Change in due from restricted funds	0	0	35.00
40.00	Change in inventory, prepaid expenses and other current assets	-7,600	-6,576	40.00
45.00	Change in accounts payable	-818,723	-61,392	45.00
50.00	Change in accrued compensation and related liabilities	225,841	-46,957	50.00
55.00	Change in other accrued liabilities	502,431	310,281	55.00
60.00	Change in advances from third-party payors	0	0	60.00
65.00	Change in payables to third-party payors	0	0	65.00
70.00	Change in due to restricted funds	0	0	70.00
75.00	Change in income taxes payable and other current liabilities	0	0	75.00
80.00	Change in deferred credits	0	0	80.00
85.00	Change in related party receivables/payables (related to operating activities)	0	0	85.00
90.00	OTHER (DESCRIBE)	0	0	90.00
95.00	Total adjustments (Sum of lines 10 through 90)	92,716	614,071	95.00
100.00	Net cash provided by (used for) operating activities (Sum of lines 5 and 95)	-5,236,108	-3,860,946	100.00
Cash Flows from Investing Activities :				
105.00	Change in assets whose use is limited	0	0	105.00
110.00	Purchase of property, plant, and equipment and increase in construction in progress	-559,614	-52,618	110.00
115.00	OTHER (DESCRIBE)	0	0	115.00
120.00	OTHER (DESCRIBE)	0	0	120.00
125.00	OTHER (DESCRIBE)	0	0	125.00
130.00	ROUNDING	6	-1	130.00
135.00	OTHER (DESCRIBE)	0	0	135.00
140.00	Net cash provided by (used for) investing activities (Sum of lines 105 through 135)	-559,608	-52,619	140.00
Cash Flows from Financing Activities :				
145.00	Proceeds from issuance of long-term debt	5,463,931	3,227,016	145.00
150.00	Principal payments on long-term debt	0	0	150.00
155.00	Proceeds from issuance of notes and loans	0	0	155.00
160.00	Principal payments on notes and loans	0	0	160.00
165.00	Dividends paid	0	0	165.00
170.00	Proceeds from issuance of common stock	0	0	170.00
175.00	BONUE, PTAX CASH BASE AJE 1&2	-25,569	-879	175.00
180.00	DEPR ADJ TO HISTORICAL AJE 3	316,057	328,797	180.00
185.00	OFFSET CARES ACT REVENUE	0	-673,628	185.00
190.00	WC & GROUP INSURANCE AJE 6	51,123	1,011,876	190.00
195.00	OTHER (DESCRIBE)	0	0	195.00
200.00	Net cash provided by (used for) financing activities (Sum of lines 145 through 195)	5,805,542	3,893,182	200.00
205.00	Net increase (decrease) in cash (Lines 100 + 140 + 200)	9,826	-20,383	205.00
210.00	Cash at beginning of period (Column 1 must agree with column 2, line 215 and Page 5.1, column 2, line 5)	250	20,633	210.00
215.00	Cash at end of period (Lines 205 + 210) (Column 1 must agree with Page 5.1, column 1, line 5)	10,076	250	215.00

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

	ACCOUNT TITLE	Account No.	ALL FACILITIES				RESIDENTIAL CARE FACILITIES, ONLY			
			Salaries and Wages (1)	Employee Benefits	Other Expenses	Total Expenses (Sum of Cs. 1, 2, 3)	Amounts Directly Assignable: Residential Care	Amounts Directly Assignable: Health Care	Balanced To Be Apportioned [C4 - (C5 + C6)]	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	Plant Operations and Maintenance	6200	50,211	15,525	645,308	711,044	0	0	0	5.00
10.00	Housekeeping	6300	285,080	88,503	42,154	415,737	0	0	0	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120			400,339	400,339	0	0	0	15.00
20.00	Depreciation - Leasehold Improvs.	7130			0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140			97,955	97,955	0	0	0	25.00
30.00	Depreciation & Amortization - Other	7150-7160			0	0	0	0	0	30.00
35.00	Leases and Rentals	7200			45,911	45,911	0	0	0	35.00
40.00	Property Taxes	7300			280,757	280,757	0	0	0	40.00
45.00	Property Insurance	7400			6,568	6,568	0	0	0	45.00
50.00	Interest - Property, Plant & Equip.	7500			1,976,893	1,976,893	0	0	0	50.00
55.00	Interest - Other	7600			0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	87,643	27,142	33,094	147,879	0	0	0	60.00
65.00	Dietary	6500	541,039	167,979	482,412	1,191,430	0	0	0	65.00
70.00	Provision for Bad Debts	7700			360,372	360,372	0	0	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100	0	0	0	0		0		75.00
77.00	Specialized Support Surf	8150	0	0	5,825	5,825		5,825		77.00
80.00	Physical Therapy	8200	459,956	139,505	17,660	617,121		617,121		80.00
81.00	Respiratory Therapy	8220	0	0	22,730	22,730		22,730		81.00
82.00	Occupational Therapy	8250	365,374	113,273	39,003	517,650		517,650		82.00
83.00	Speech Therapy	8280	90,423	27,705	730	118,858		118,858		83.00
85.00	Pharmacy	8300	0	0	504,009	504,009		504,009		85.00
90.00	Laboratory	8400	0	0	76,730	76,730		76,730		90.00
95.00	Home Health Services	8800	0	0	0	0		0		95.00
100.00	Other Ancillary Services	8900	0	0	284,141	284,141		284,141		100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110	4,540,981	1,418,538	4,650,133	10,609,652		10,609,652		105.00
110.00	Intermediate Care	6120	0	0	0	0		0		110.00
115.00	Mentally Disordered Care	6130	0	0	0	0		0		115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0		0		120.00
125.00	Sub-Acute Care	6150	0	0	0	0		0		125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0		0		126.00
128.00	Transitional Inpat Care	6170	0	0	0	0		0		128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0		0		130.00
135.00	Other Routine Services	6190	0	0	0	0		0		135.00
140.00	Beauty and Barber **									140.00
145.00	Other Nonreimbursable***									145.00
150.00	Subtotal (Lines 5 through 145)					18,391,601	0			150.00
155.00	Social Services	6600	175,096	53,782	0	228,878	0	0	0	155.00
160.00	Activities	6700	118,356	36,489	12,490	167,335	0	0	0	160.00
165.00	Administration	6900	907,785	278,637	3,584,282	4,770,704	0	0	0	165.00
170.00	Inservice Education - Nursing	6800	81,285	31,386	0	112,671	0	0	0	170.00
175.00	Total (See Instructions)		7,703,229	2,398,464	13,569,496	23,671,189	0	12,756,716	0	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)				355,602					180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)			125,405	0					185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)			74,078	0					190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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EXPENSE TRIAL BALANCE WORKSHEET

10.1

			RESIDENTIAL CARE FACILITIES, ONLY		ALL FACILITIES			MEDI-CAL PROVIDERS, ONLY		
	ACCOUNT TITLE	Account No.	Apportionment Factor For Residential Care Portion*	Amounts Apportioned To residential Care (C7 X C8)	Total Health Care Portion [C4 - (C5 + C9)]	Adjustments for Other Operating Revenue (From P 10.2)	Adjusted Direct Expenses (C10 - C11)	Adjustments to Expenses for Medi-Cal (From P 10.3)	Adjusted Trial Balance for Medi-Cal (C10 + C13)	
			8.00	9.00	10.00	11.00	12.00	13.00	14.00	
5.00	Plant Operations and Maintenance	6200	0.000000	0	711,044	536	710,508	-2,107	708,937	5.00
10.00	Housekeeping	6300	0.000000	0	415,737	0	415,737	0	415,737	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120	0.000000	0	400,339	0	400,339	0	400,339	15.00
20.00	Depreciation - Leasehold Improvs.	7130	0.000000	0	0	0	0	0	0	20.00
25.00	Depreciation - Equipment	7140	0.000000	0	97,955	0	97,955	0	97,955	25.00
30.00	Depreciation & Amortization - Other	7150-7160	0.000000	0	0	0	0	0	0	30.00
35.00	Leases and Rentals	7200	0.000000	0	45,911	0	45,911	0	45,911	35.00
40.00	Property Taxes	7300	0.000000	0	280,757	0	280,757	0	280,757	40.00
45.00	Property Insurance	7400	0.000000	0	6,568	0	6,568	0	6,568	45.00
50.00	Interest - Property, Plant & Equip.	7500	0.000000	0	1,976,893	0	1,976,893	-1,965,661	11,232	50.00
55.00	Interest - Other	7600	0.000000	0	0	0	0	0	0	55.00
60.00	Laundry and Linen	6400	0.000000	0	147,879	0	147,879	0	147,879	60.00
65.00	Dietary	6500	0.000000	0	1,191,430	0	1,191,430	0	1,191,430	65.00
70.00	Provision for Bad Debts	7700	0.000000	0	360,372	0	360,372	-360,372	0	70.00
ANCILLARY SERVICES										
75.00	Patient Supplies	8100			0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150			5,825	0	5,825	0	5,825	77.00
80.00	Physical Therapy	8200			617,121	0	617,121	0	617,121	80.00
81.00	Respiratory Therapy	8220			22,730	0	22,730	0	22,730	81.00
82.00	Occupational Therapy	8250			517,650	0	517,650	0	517,650	82.00
83.00	Speech Therapy	8280			118,858	0	118,858	0	118,858	83.00
85.00	Pharmacy	8300			504,009	0	504,009	0	504,009	85.00
90.00	Laboratory	8400			76,730	0	76,730	0	76,730	90.00
95.00	Home Health Services	8800			0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900			284,141	0	284,141	-15,978	268,163	100.00
ROUTINE SERVICES										
105.00	Skilled Nursing Care	6110			10,609,652	0	10,609,652	0	10,609,652	105.00
110.00	Intermediate Care	6120			0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130			0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140			0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150			0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160			0	0	0	0	0	126.00
128.00	Transitional Inpatient Care	6170			0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180			0	0	0	0	0	130.00
135.00	Other Routine Services	6190			0	0	0	0	0	135.00
140.00	Beauty and Barber **							5,061	5,061	140.00
145.00	Other Nonreimbursable***							23,617	23,617	145.00
150.00	Subtotal (Lines 5 through 145)			0						150.00
155.00	Social Services	6600	0.000000	0	228,878	0	228,878	0	228,878	155.00
160.00	Activities	6700	0.000000	0	167,335	0	167,335	0	167,335	160.00
165.00	Administration	6900	0.000000	0	4,770,704	16	4,770,688	391,211	5,161,915	165.00
170.00	Inservice Education - Nursing	6800	0.000000	0	112,671	0	112,671	0	112,671	170.00
175.00	Total (See Instructions)			0	23,671,189	552	23,670,637	-1,924,229	21,746,960	175.00
SUPPLEMENTAL EXPENSE INFORMATION										
180.00	Raw Food Costs (Included in column 3, line 65)									180.00
185.00	Worker's Compensation Insurance (Included in column 2, line 175)									185.00
190.00	State Unemployment Insurance (Included in column 2, line 175)									190.00

* Column 1, lines 5 through 175 includes only Productive Salaries and Wages. Compensation for time off must be included in column 2, lines 5 through 175.

** Beauty and Barber must be included in Other Ancillary Services (line 100) through column 10 and then reclassified to line 140 in column 13.

*** All Other non-reimbursable expenses must be included in appropriate cost centers through column 10 and then reclassified to line 145 in column 13.

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES FOR OTHER OPERATING REVENUE OFFSET

10.2

	DESCRIPTION	Account No.	Amount *	Page 10.1 Trial Balance Line No.	
			1.00	2.00	
5.00	Vending Machine Commissions	5710	536	5	5.00
10.00	Laundry and Linen Revenue	5720	0	60	10.00
15.00	Social Services Fees	5730	0	155	15.00
20.00	Donated Supplies	5740	0	165	20.00
25.00	Telephone Revenue	5750	0	165	25.00
30.00	Transfers from Restricted Funds For Operating Expenses	5760	0	165	30.00
35.00	Nonpatient Food Sales	5770	0	65	35.00
40.00	Television / Radio Charges	5780	0	5	40.00
45.00	Parking Revenue	5790	0	5	45.00
50.00	Rebates and Refunds on Expenses	5800	0	65	50.00
55.00	Nonpatient Room Rentals	5810	0		55.00
60.00	Nonpatient Drug Sales	5820	0	85	60.00
65.00	Nonpatient Supplies Sales	5830	0	75	65.00
70.00	Medical Records and Abstract Sales	5840	0	165	70.00
75.00	Cash Discounts on Purchases	5850	16	165	75.00
80.00	Sale of Scrap and Waste	5860	0		80.00
85.00	MISCELLANEOUS INCOME	5990	0	105	85.00
90.00	(DESCRIBE)		0		90.00
95.00	(DESCRIBE)		0		95.00
100.00	Total (Sum lines 5 through 95) (Must agree with Page 8, line 20)		552		100.00

* Transfer amounts in column 1 to Page 10.1(3), column 11, line number indicated in column 2

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)

Report Period
 End: 05/31/2022

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
5.00	Depreciation (excess of Straight Line)			0	0		5.00
10.00	Education (Nursing, etc.)			0	0		10.00
15.00	Employee and Guest Meals			0	0		15.00
20.00	Gift, Flower and Coffee Shops			0	0		20.00
25.00	Grants, Gifts, and Donations			0	0		25.00
30.00	Inpatient Utilization Review			0	0		30.00
35.00	Interest Earned on Unrestricted Funds			0	0		35.00
40.00	Laundry and Linen Service (Non-Patient)			0	0		40.00
45.00	Nonallowable Costs Related to Certain Capital Expenditures			0	0		45.00
50.00	Parking Lot			0	0		50.00
55.00	Payments Received From Specialists			0	0		55.00
60.00	Radio and Television Service	5	A	-1,571	-1,571	REMOVE CABLE IN RES ROOMS	60.00
65.00	Rebates and Refunds of Expenses			0	0		65.00
70.00	Recovery and Insured Loss			0	0		70.00
75.00	Bad Debts	70	A	-360,372	-360,372	REMOVE BAD DEBT	75.00
80.00	Rental of Space			0	0		80.00
85.00	Rental of Quarters to Employees and Others			0	0		85.00
90.00	Sale of Drugs to Other than Patients			0	0		90.00
95.00	Sale of Medical Records and Abstracts			0	0		95.00
100.00	Sale of Medical and Surgical Supplies to Other than Patients			0	0		100.00
105.00	Sale of Scrap, Waste, etc.			0	0		105.00
110.00	Telephone Service			0	0		110.00
115.00	Trade, Quantity, Time and Other Discounts on Purchases	165	B	-16	-16	OFFSET PURCHASE DISCOUNTS	115.00
120.00	Vending Machine Commissions	5	B	-536	-536	OFFSET VENDING INCOME	120.00
125.00	Owner Compensation Adjustment			0	0		125.00
130.00	Travel and Entertainment (Nonallowable)			0	0		130.00
135.00	Revaluation Depreciation and Interest **			0	0		135.00
140.00	ADMINISTRATION	165	A	511,720	511,720	ADJ LIABILITY INS TO ALLOWABLE	140.00
141.00	ADMINISTRATION	165	A	-2,264	-2,264	REMOVE LEGAL COST	141.00
142.00	ADMINISTRATION	165	A	-178,721	-178,721	REMOVE MARKETING COSTS	142.00
143.00	ADMINISTRATION	165	A	-18,034	-18,034	RECLASS WAGES ADMISSIONS/MRKT	143.00
144.00	NON-REIMBURABLE	145	A	18,034	18,034	RECLASS WAGES ADMISSIONS/MRKT	144.00
145.00	ADMINISTRATION	165	A	-5,583	-5,583	RECLASS PROH ADMISSIONS/MRKT	145.00
146.00	NON-REIMBURABLE	145	A	5,583	5,583	RECLASS PROH ADMISSIONS/MRKT	146.00
147.00	ADMINISTRATION	165	A	-1,948	-1,948	REMOVE NON-ALLOW ADVERTISING	147.00
148.00	ADMINISTRATION	165	A	-1,722	-1,722	REMOVE NON-ALLOWABLE DUES	148.00
149.00	ADMINISTRATION	165	A	-5,268	-5,268	REMOVE CUSTOMER REIMBURSEMENT	149.00
150.00	ADMINISTRATION	165	A	-658	-658	REMOVE PENALTIES	150.00
151.00	ACTIVITIES	160	B	0	0	OFFSET ACTIVITIES INCOME	151.00
152.00	ADMINISTRATION	165	B	0	0	OFFSET TRANSPORTATION INCOME	152.00
153.00	OTHER ANCILLARY	100	B	0	0	OFFSET ADULT DAY CARE INCOME	153.00
154.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW ADVERTISING	154.00
155.00	ADMINISTRATION	165	A	0	0	REMOVE NON-ALLOW EXPENSE	155.00
156.00	ADMINISTRATION	165	A	-292	-292	REMOVE NON-ALLOW EXPENSE	156.00
157.00	INTROPPLTEQUIP	50	A	-1,976,893	-1,976,893	REMOVE NON-ALLOW EXPENSE	157.00
158.00	OTHER (SPECIFY)			0	0		158.00
159.00	OTHER (SPECIFY)			0	0		159.00
160.00	OTHER (SPECIFY)			0	0		160.00

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES (Medi-Cal Providers Only)

10.3

	DESCRIPTION	Page 10.1 Line No.	Basis *	Adj Amt Inc/(Dec)	Health Care Portion	Explanation of Adjustment	
	1.00	2.00	3.00	4.00	5.00	6.00	
161.00	OTHER (SPECIFY)			0	0		161.00
162.00	OTHER (SPECIFY)			0	0		162.00
163.00	OTHER (SPECIFY)			0	0		163.00
164.00	OTHER (SPECIFY)			0	0		164.00
165.00	OTHER (SPECIFY)			0	0		165.00
166.00	OTHER (SPECIFY)			0	0		166.00
167.00	OTHER (SPECIFY)			0	0		167.00
168.00	OTHER (SPECIFY)			0	0		168.00
169.00	OTHER (SPECIFY)			0	0		169.00
170.00	OTHER (SPECIFY)			0	0		170.00
171.00	OTHER (SPECIFY)			0	0		171.00
172.00	OTHER (SPECIFY)			0	0		172.00
173.00	OTHER (SPECIFY)			0	0		173.00
174.00	OTHER (SPECIFY)			0	0		174.00
175.00	HOME OFFICE COSTS	165	A	93,997	93,997	ADJ PER HOME OFFICE COST REPOR	175.00
176.00	OTHER (SPECIFY)			0	0		176.00
177.00	OTHER (SPECIFY)			0	0		177.00
178.00	OTHER (SPECIFY)			0	0		178.00
179.00	OTHER (SPECIFY)			0	0		179.00
180.00	HOME OFFICE INTEREST	50	A	11,232	11,232	ADJ PER HOME OFFICE COST REPOR	180.00
181.00	OTHER (SPECIFY)			0	0		181.00
182.00	OTHER (SPECIFY)			0	0		182.00
183.00	OTHER (SPECIFY)			0	0		183.00
184.00	OTHER (SPECIFY)			0	0		184.00
185.00	OTHER (SPECIFY)			0	0		185.00
NON-REIMBURSABLE COST CENTERS:							
190.00	Fund Raising			0	0		190.00
195.00	Research			0	0		195.00
200.00	Beauty and Barber	100	B	-10,917	-10,917	OFFSET B&B INCOME	200.00
205.00	ADMINISTRATION	100	A	-5,061	-5,061	RECLASS B & B	205.00
206.00	NON REIMBURSEABLE	140	A	5,061	5,061	RECLASS B & B	206.00
207.00	OTHER (SPECIFY)			0	0		207.00
208.00	OTHER (SPECIFY)			0	0		208.00
209.00	OTHER (SPECIFY)			0	0		209.00
210.00	OTHER (SPECIFY)			0	0		210.00
211.00	OTHER (SPECIFY)			0	0		211.00
212.00	OTHER (SPECIFY)			0	0		212.00
213.00	OTHER (SPECIFY)			0	0		213.00
220.00	TOTAL (Combines lines 005 through 213)			-1,924,229	-1,924,229		220.00

* Basis: A - Cost

B - Amount Received

** Depreciation and interest expense related to the revaluation of assets due to change in ownership on or after July 18, 1984.

RELATED PARTY INFORMATION

10.4(1)

If the facility had transactions with related parties during the report period, complete the following information:					
	Name of Related Party *	Street (Number and Name)	City	State	Zip Code
	1.00	2.00	3.00	4.00	5.00
1.00					1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00

* If the related party received compensation from the facility, it must be reported on Page 10.4(3).

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)

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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties					Medi-Cal Providers, Only			
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received	Yes/No	%	Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
30.00	HCR MANOR CARE SERVICES, LLC	0	HOME OFFICE COST	Yes	0	165	735,977	735,977	0	0	735,977	30.00
31.00	HEARTLAND EMPLOYMENT SVCS, LLC	0	PERSONNEL	Yes	0	165	7,703,229	7,703,229	0	0	7,703,229	31.00
32.00	HCR MANOR CARE SERVICES, LLC	0	PAYABLE TO RELATED PARTY	Yes	0	165	-12,649,265	-12,649,265	0	0	-12,649,265	32.00
33.00		0			0		0	0	0	0	0	33.00
34.00		0			0		0	0	0	0	0	34.00
35.00		0			0		0	0	0	0	0	35.00
36.00		0			0		0	0	0	0	0	36.00
37.00		0			0		0	0	0	0	0	37.00
38.00		0			0		0	0	0	0	0	38.00
39.00		0			0		0	0	0	0	0	39.00
40.00		0			0		0	0	0	0	0	40.00
41.00		0			0		0	0	0	0	0	41.00
42.00		0			0		0	0	0	0	0	42.00
43.00		0			0		0	0	0	0	0	43.00
44.00		0			0		0	0	0	0	0	44.00
45.00		0			0		0	0	0	0	0	45.00
46.00		0			0		0	0	0	0	0	46.00
47.00		0			0		0	0	0	0	0	47.00
48.00		0			0		0	0	0	0	0	48.00
49.00		0			0		0	0	0	0	0	49.00
50.00		0			0		0	0	0	0	0	50.00
51.00		0			0		0	0	0	0	0	51.00
52.00		0			0		0	0	0	0	0	52.00
53.00		0			0		0	0	0	0	0	53.00
54.00		0			0		0	0	0	0	0	54.00
55.00		0			0		0	0	0	0	0	55.00
56.00		0			0		0	0	0	0	0	56.00
57.00		0			0		0	0	0	0	0	57.00
58.00		0			0		0	0	0	0	0	58.00
59.00		0			0		0	0	0	0	0	59.00
60.00		0			0		0	0	0	0	0	60.00
61.00		0			0		0	0	0	0	0	61.00
62.00		0			0		0	0	0	0	0	62.00
63.00		0			0		0	0	0	0	0	63.00
64.00		0			0		0	0	0	0	0	64.00
65.00		0			0		0	0	0	0	0	65.00
66.00		0			0		0	0	0	0	0	66.00
67.00		0			0		0	0	0	0	0	67.00
68.00		0			0		0	0	0	0	0	68.00
69.00		0			0		0	0	0	0	0	69.00
70.00		0			0		0	0	0	0	0	70.00
71.00		0			0		0	0	0	0	0	71.00
72.00		0			0		0	0	0	0	0	72.00
73.00		0			0		0	0	0	0	0	73.00
74.00		0			0		0	0	0	0	0	74.00
75.00		0			0		0	0	0	0	0	75.00
76.00		0			0		0	0	0	0	0	76.00
77.00		0			0		0	0	0	0	0	77.00
78.00		0			0		0	0	0	0	0	78.00
79.00		0			0		0	0	0	0	0	79.00
80.00		0			0		0	0	0	0	0	80.00

Facility D.B.A. Name:
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ADJUSTMENTS TO TRIAL BALANCE EXPENSES AND RELATED PARTY TRANSACTIONS

10.4(2)

				Also Provides Goods/Services to Non-Related Parties		Page 10.1 Line No.	Transaction Amount	Healthcare Portion of Transaction	Medi-Cal Providers, Only			
				Yes/No	%				Amount of Adjustment	Healthcare Portion of Adjustment	Amount Claimed	
	Name of Related Party (Individual or Entity) (*)	# of Ind. Providing Goods/Svcs	Description of Goods/Services Received									
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
81.00		0			0		0	0	0	0	0	81.00
82.00		0			0		0	0	0	0	0	82.00
83.00		0			0		0	0	0	0	0	83.00
84.00		0			0		0	0	0	0	0	84.00
85.00		0			0		0	0	0	0	0	85.00
86.00		0			0		0	0	0	0	0	86.00
87.00		0			0		0	0	0	0	0	87.00
88.00		0			0		0	0	0	0	0	88.00
89.00		0			0		0	0	0	0	0	89.00
90.00		0			0		0	0	0	0	0	90.00
91.00		0			0		0	0	0	0	0	91.00
92.00		0			0		0	0	0	0	0	92.00
93.00		0			0		0	0	0	0	0	93.00
94.00		0			0		0	0	0	0	0	94.00
95.00		0			0		0	0	0	0	0	95.00
96.00		0			0		0	0	0	0	0	96.00
97.00		0			0		0	0	0	0	0	97.00
98.00		0			0		0	0	0	0	0	98.00
99.00		0			0		0	0	0	0	0	99.00
100.00	TOTAL ADJUSTMENTS						-4,210,059	-4,210,059	0	0	-4,210,059	100.00

* Disclosure must also be complete on Pages 10.4 and 10.4(2), as applicable.

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SALARY INFORMATION FOR OWNERS/OPERATORS, RELATED PARTIES (*) ADMINISTRATORS, ASSISTANT ADMINISTRATORS AND BOARD MEMBERS

10.4(3)

	Name of Individual	Salary Paid (From Page 10.1, Col. 1)	Benefits Paid (From Page 10.1, Col. 2)	Other Payments (From Page 10.1, Col. 3)	Description of Goods/Services Provided	Total Hours Worked (Weekly)	10.1 Line No.		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
SECTION I - OWNERS/OPERATORS/RELATIVES									
110.00		0	0	0		0			110.00
111.00		0	0	0		0			111.00
112.00		0	0	0		0			112.00
113.00		0	0	0		0			113.00
114.00		0	0	0		0			114.00
SECTION II - RELATED PARTY OWNERS/OPERATORS EMPLOYED AT THE FACILITY									
120.00		0	0	0		0			120.00
121.00		0	0	0		0			121.00
122.00		0	0	0		0			122.00
123.00		0	0	0		0			123.00
124.00		0	0	0		0			124.00
125.00		0	0	0		0			125.00
126.00		0	0	0		0			126.00
127.00		0	0	0		0			127.00
128.00		0	0	0		0			128.00
129.00		0	0	0		0			129.00
130.00		0	0	0		0			130.00
131.00		0	0	0		0			131.00
SECTION III - ADMINISTRATORS (**)									
140.00	MAGGIE YOUSSEF	155,567	45,727	25,652		40	165		140.00
141.00		0	0	0		0			141.00
142.00		0	0	0		0			142.00
143.00		0	0	0		0			143.00
SECTION IV - ASSISTANT ADMINISTRATORS (**)									
145.00		0	0	0		0			145.00
146.00		0	0	0		0			146.00
147.00		0	0	0		0			147.00
148.00		0	0	0		0			148.00
SECTION V - BOARD MEMBERS									
150.00		0	0	0					150.00
151.00		0	0	0					151.00
152.00		0	0	0					152.00
153.00		0	0	0					153.00
154.00		0	0	0					154.00

(*) No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

(**) If more than one Administrator is reported, include dates of employment for each.

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EXPENSE TRIAL BALANCE WORKSHEET (Medi-Cal Providers, Only)

10.5

		Based on Adjusted Trial Balance for Medi-Cal (Page 10.1, column 14)						
	ACCOUNT TITLE	Account Number	Salaries and Wages	Employee Benefits	Staffing Agency Cost	Other Non-Labor Expenses	Total Expenses (Sum of C's. 1-4)	
			1.00	2.00	3.00	4.00	5.00	
5.00	Plant Operations and Maintenance	6200	50,211	15,525	0	643,201	708,937	5.00
10.00	Housekeeping	6300	285,080	88,503	19,368	22,786	415,737	10.00
15.00	Depreciation - Bldgs. & Improvs.	7110-7120				400,339	400,339	15.00
20.00	Depreciation - Leasehold Improvs.	7130				0	0	20.00
25.00	Depreciation - Equipment	7140				97,955	97,955	25.00
30.00	Depreciation & Amortization - Other	7150-7160				0	0	30.00
35.00	Leases and Rentals	7200				45,911	45,911	35.00
40.00	Property Taxes	7300				280,757	280,757	40.00
45.00	Property Insurance	7400				6,568	6,568	45.00
50.00	Interest - Property, Plant & Equip.	7500				11,232	11,232	50.00
55.00	Interest - Other	7600				0	0	55.00
60.00	Laundry and Linen	6400	87,643	27,142	0	33,094	147,879	60.00
65.00	Dietary	6500	541,039	167,979	30,100	452,312	1,191,430	65.00
70.00	Provision for Bad Debts	7700				0	0	70.00
ANCILLARY SERVICES								
75.00	Patient Supplies	8100	0	0	0	0	0	75.00
77.00	Specialized Support Surf	8150	0	0	0	5,825	5,825	77.00
80.00	Physical Therapy	8200	459,956	139,505	2,153	15,507	617,121	80.00
81.00	Respiratory Therapy	8220	0	0	200	22,530	22,730	81.00
82.00	Occupational Therapy	8250	365,374	113,273	38,937	66	517,650	82.00
83.00	Speech Therapy	8280	90,423	27,705	0	730	118,858	83.00
85.00	Pharmacy	8300	0	0	0	504,009	504,009	85.00
90.00	Laboratory	8400	0	0	0	76,730	76,730	90.00
95.00	Home Health Services	8800	0	0	0	0	0	95.00
100.00	Other Ancillary Services	8900	0	0	0	268,163	268,163	100.00
101.00	Sub-Acute Ancillary Services *	8100-8900	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services *	8100-8900	0	0	0	0	0	102.00
ROUTINE SERVICES								
105.00	Skilled Nursing Care	6110	4,540,981	1,418,538	3,738,922	911,211	10,609,652	105.00
110.00	Intermediate Care	6120	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	6130	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	6140	0	0	0	0	0	120.00
125.00	Sub-Acute Care	6150	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	6160	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	6170	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	6180	0	0	0	0	0	130.00
135.00	Other Routine Services	6190	0	0	0	0	0	135.00
139.00	Residential Care **	9100	0	0	0	0	0	139.00
140.00	Beauty and Barber		0	0	5,061	0	5,061	140.00
145.00	Other Nonreimbursable		18,034	5,583	0	0	23,617	145.00
155.00	Social Services	6600	175,096	53,782	0	0	228,878	155.00
160.00	Activities	6700	118,356	36,489	265	12,225	167,335	160.00
165.00	Administration	6900	840,087	257,933	37,821	1,231,871	2,367,712	165.00
166.00	Medical Records - Salaries and Wages ***	6900	49,664	15,121	0	107	64,892	166.00
167.00	DPH Licensing Fees ***	6900				110,753	110,753	167.00
168.00	Liability Insurance ***	6900				2,039,318	2,039,318	168.00
169.00	Quality Assurance Fees ***	6900				579,240	579,240	169.00
170.00	Inservice Education - Nursing	6800	81,285	31,386	0	0	112,671	170.00
174.00	Caregiver Training ***	6900	0	0	0	0	0	174.00
175.00	Total ****		7,703,229	2,398,464	3,872,827	7,772,440	21,746,960	175.00

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Facility D.B.A. Name:
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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

(INCOMPLETE, INACCURATE OR ALTERED SCHEDULES WILL NOT BE ACCEPTED FOR RATE-SETTING PURPOSES)

5.00	Total Licensed Beds Prior to Modification(s):	1.00	2.00
10.00	Total Licensed Beds End of Period:	120	
15.00	Total Unlicensed Beds End of Period (e.g., residential care):	0	

CAPITAL THRESHOLD 60,000

(licensed beds end of period * \$500)

Section I. Capital Additions and Improvements (Excluding Replacements)

Part A. SNF Bed Additions During the Report Period

Enter Data for each Bed Addition Project
 Completed During the Report Period

	Project 1 1.00	Project 2 2.00	Project 3 3.00
25.00 Number of New Licensed Beds	0	0	0
30.00 Date Placed into Service			
35.00 Total Costs	0	0	0

Part B. Other Additions or Improvements Completed During the Report Period (note that additions or improvements must be grouped by related project; unrelated line items will be disallowed)

50.00 Project 1 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
55.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
56.00				0	0	0	0
57.00				0	0	0	0
58.00				0	0	0	0
59.00				0	0	0	0
60.00				0	0	0	0
61.00				0	0	0	0
62.00				0	0	0	0
63.00				0	0	0	0
64.00				0	0	0	0
65.00				0	0	0	0
66.00				0	0	0	0
67.00				0	0	0	0
68.00				0	0	0	0
69.00				0	0	0	0
70.00				0	0	0	0
71.00				0	0	0	0
72.00				0	0	0	0
73.00				0	0	0	0
74.00				0	0	0	0
75.00				0	0	0	0
76.00 Total Project 1 Costs					0		

90.00 Project 2 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
95.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
96.00				0	0	0	0
97.00				0	0	0	0
98.00				0	0	0	0
99.00				0	0	0	0
100.00				0	0	0	0
101.00				0	0	0	0
102.00				0	0	0	0
103.00				0	0	0	0
104.00				0	0	0	0
105.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
106.00				0	0	0	0
107.00				0	0	0	0
108.00 Total Project 2 Costs					0		

120.00 Project 3 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
125.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
126.00				0	0	0	0
127.00				0	0	0	0
128.00				0	0	0	0
129.00				0	0	0	0
130.00				0	0	0	0
131.00				0	0	0	0
132.00				0	0	0	0
133.00				0	0	0	0
134.00				0	0	0	0
135.00				0	0	0	0
136.00				0	0	0	0
137.00				0	0	0	0
138.00 Total Project 3 Costs					0		

150.00 Project 4 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
155.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
156.00				0	0	0	0
157.00				0	0	0	0
158.00				0	0	0	0
159.00				0	0	0	0
160.00				0	0	0	0
161.00				0	0	0	0
162.00				0	0	0	0
163.00				0	0	0	0
164.00				0	0	0	0
165.00				0	0	0	0
166.00				0	0	0	0
167.00				0	0	0	0
168.00 Total Project 4 Costs					0		

180.00 Project 5 Description (e.g., "HVAC System Installation", itemizing detail below):	1.00
185.00 Date Placed in Service (e.g., when was project completed and available for resident use?)	

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
186.00				0	0	0	0
187.00				0	0	0	0
188.00				0	0	0	0
189.00				0	0	0	0
190.00				0	0	0	0
191.00				0	0	0	0
192.00				0	0	0	0
193.00				0	0	0	0

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CAPITAL ADDITIONS, IMPROVEMENTS AND REPLACEMENTS (1) (Medi-Cal Providers Only)

10.6

Detailed Description	Leased or Rented	Related Party Transaction (Yes or No)?	Invoice Date	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Amount Financed
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
194.00				0	0	0	0
195.00				0	0	0	0
196.00				0	0	0	0
197.00				0	0	0	0
198.00 Total Project 5 Costs					0		

Section II. Capital Replacements Completed During the Report Period

Part A. Acquisition Costs and Depreciation for Replacement Asset

Replacement Asset								
Detailed Description	Related Party Transaction (Yes or No)?	Date Placed in Service	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Basis	Adjusted Basis (3)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
200.00			0	0	0	0	0	0
201.00			0	0	0	0	0	0
202.00			0	0	0	0	0	0
203.00			0	0	0	0	0	0
204.00			0	0	0	0	0	0
205.00			0	0	0	0	0	0
206.00			0	0	0	0	0	0
207.00			0	0	0	0	0	0
208.00			0	0	0	0	0	0
209.00			0	0	0	0	0	0
210.00 Total - Section II, Part A Only				0	0			

Part B. Acquisition Costs and Depreciation of Retired Asset

Retired Asset										
Detailed Description	Section II, Part A Line No. Reference	Useful Life (in months)(2)	Total Cost	Depreciation Expense	Date Acquired	Date of Disposal	Basis	Adjusted Basis (3)	Manner of Disposition (4)	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
230.00	0	0	0	0			0	0		
231.00	0	0	0	0			0	0		
232.00	0	0	0	0			0	0		
233.00	0	0	0	0			0	0		
234.00	0	0	0	0			0	0		
235.00	0	0	0	0			0	0		
236.00	0	0	0	0			0	0		
237.00	0	0	0	0			0	0		
238.00	0	0	0	0			0	0		
239.00	0	0	0	0			0	0		
240.00 Total - Section II, Part B Only			0	0						

Notes:

(1) For the purposes of this voluntary supplemental schedule, the following definitions apply:

- * Capital Addition - land, buildings, building equipment and major moveable equipment that have an estimated useful life at the time of the acquisition of at least two years, a historical cost of at least \$5,000 per item, and is not considered a replacement of a previously acquired asset.
- * Capital Improvement - betterment of land, buildings, building equipment, major moveable equipment or leasehold property that either extends the useful life of at least two years beyond the original useful life of such asset or significantly increases the productivity of such asset, a cost of at least \$5,000 per item and is not considered a replacement of a previously acquired asset.
- * Capital Replacement - land, buildings, building equipment, major moveable equipment and leasehold improvements that would be classified as a capital addition or improvement under the above definitions, except that such asset is considered a replacement of a previously acquired asset. A replacement is an asset that fills the place, position or purpose once filled by an asset that has been lost, destroyed, discarded or is no longer useable or adequate.

(2) Refer to CMS Publication 15-1, Sections 104-117 for additional information on useful life standards.

(3) Refer to CMS Publication 15-1, Section 132 for additional information.

(4) Refer to CMS Publication 15-1, Section 104 for additional information on the manner of disposition.

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ALTERNATE ALLOCATION STATISTICS - OPTIONAL (Medi-Cal Providers, Only)

10.7

	ACCOUNT TITLE	Capital 1.00	Plant Operations 2.00	Housekeeping 3.00	Laundry & Linen 4.00	Dietary 5.00	Social Services 6.00	Activities 7.00	Inservice Education 8.00	Administratio n 9.00	Medical Records 10.00	
5.00	Plant Operations and Maintenance	930	0	0	0	0	0	0	0	0	0	5.00
10.00	Housekeeping	67	67	0	0	0	0	0	0	0	0	10.00
60.00	Laundry and Linen	1,053	1,053	1,053	0	0	0	0	0	0	0	60.00
65.00	Dietary	4,532	4,532	4,532	0	0	0	0	0	0	0	65.00
ANCILLARY SERVICES												
75.00	Patient Supplies	1,202	1,202	1,202	0	0	0	0	0	0	0	75.00
77.00	Specialized Support Surf	0	0	0	0	0	0	0	0	0	0	77.00
80.00	Physical Therapy	934	934	934	0	0	0	0	0	0	0	80.00
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	81.00
82.00	Occupational Therapy	425	425	425	0	0	0	0	0	0	0	82.00
83.00	Speech Therapy	0	0	0	0	0	0	0	0	0	0	83.00
85.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	85.00
90.00	Laboratory	0	0	0	0	0	0	0	0	0	0	90.00
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	95.00
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	100.00
101.00	Sub-Acute Ancillary Services	0	0	0	0	0	0	0	0	0	0	101.00
102.00	Sub-Acute - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	102.00
ROUTINE SERVICES												
105.00	Skilled Nursing Care	23,190	23,190	23,190	655,193	114,717	0	0	0	0	0	105.00
110.00	Intermediate Care	0	0	0	0	0	0	0	0	0	0	110.00
115.00	Mentally Disordered Care	0	0	0	0	0	0	0	0	0	0	115.00
120.00	Developmentally Disabled Care	0	0	0	0	0	0	0	0	0	0	120.00
125.00	Sub-Acute Care	0	0	0	0	0	0	0	0	0	0	125.00
126.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	0	0	0	126.00
128.00	Transitional Inpat Care	0	0	0	0	0	0	0	0	0	0	128.00
130.00	Hospice Inpatient Care	0	0	0	0	0	0	0	0	0	0	130.00
135.00	Other Routine Services	0	0	0	0	0	0	0	0	0	0	135.00
139.00	Residential Care	0	0	0	0	0	0	0	0	0	0	139.00
140.00	Beauty and Barber	228	228	228	0	0	0	0	0	0	0	140.00
145.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	145.00
155.00	Social Services	0	0	0	0	0	0	0	0	0	0	155.00
160.00	Activities	464	464	464	0	0	0	0	0	0	0	160.00
165.00	Administration	2,975	2,975	2,975	0	0	0	0	0	0	0	165.00
166.00	Medical Records - Salaries and Wages	0	0	0	0	0	0	0	0	0	0	166.00
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	0	0	0	170.00
174.00	Caregiver Training	0	0	0	0	0	0	0	0	0	0	174.00
175.00	Total	36,000	35,070	35,003	655,193	114,717	0	0	0	0	0	175.00

Facility D.B.A. Name:
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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

			Plant Operations and Maintenance through Interest - Other		Laundry and Linen		Dietary		
	Description	Expenses from Page 10.1, Column 14	BASIS* Square Feet	Amount	BASIS* Clean, Dry Pounds	Amount	BASIS* Number of Patient Meals	Amount	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
5.00	General Service Costs	8,977,544		1,967,436		147,879		1,191,430	5.00
ANCILLARY SERVICE COST CENTERS									
10.00	Patient Supplies	0	1,202	91,030	0	0			10.00
12.00	Specialized Support Surf	5,825	0	0	0	0			12.00
15.00	Physical Therapy	617,121	934	70,733	0	0			15.00
16.00	Respiratory Therapy	22,730	0	0	0	0			16.00
17.00	Occupational Therapy	517,650	425	32,186	0	0			17.00
18.00	Speech Therapy	118,858	0	0	0	0			18.00
20.00	Pharmacy	504,009	0	0	0	0			20.00
25.00	Laboratory	76,730	0	0	0	0			25.00
30.00	Home Health Services	0	0	0	0	0	0	0	30.00
35.00	Other Ancillary Services	268,163	0	0	0	0			35.00
ROUTINE SERVICE COST CENTERS									
40.00	Skilled Nursing Care	10,609,652	23,190	1,756,220	655,193	147,879	114,717	1,191,430	40.00
45.00	Intermediate Care	0	0	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	0	0	50.00
55.00	Developmentally Disabled Care	0	0	0	0	0	0	0	55.00
60.00	Sub-Acute Care	0	0	0	0	0	0	0	60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0	0	0	61.00
63.00	Transitional Inpat Care	0	0	0	0	0	0	0	63.00
65.00	Hospice Inpatient Care	0	0	0	0	0	0	0	65.00
70.00	Other Routine Services	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COSTS									
75.00	Beauty and Barber	5,061	228	17,267	0	0	0	0	75.00
80.00	Other Nonreimbursable	23,617	0	0	0	0	0	0	80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)		25,979		655,193		114,717		85.00
90.00	UNIT COST MULTIPLIER**		75.731783		0.225703		10.385819		90.00
95.00	TOTAL COSTS (See instructions)	12,769,416		1,967,436		147,879		1,191,430	95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

		Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services	
	Description	BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11	
		8.00	9.00	10.00	11.00	12.00	
5.00	General Service Costs		508,884		5,161,915		5.00
ANCILLARY SERVICE COST CENTERS							
10.00	Patient Supplies			91,030	28,332	119,362	10.00
12.00	Specialized Support Surf			5,825	1,813	7,638	12.00
15.00	Physical Therapy			687,854	214,087	901,941	15.00
16.00	Respiratory Therapy			22,730	7,074	29,804	16.00
17.00	Occupational Therapy			549,836	171,130	720,966	17.00
18.00	Speech Therapy			118,858	36,993	155,851	18.00
20.00	Pharmacy			504,009	156,867	660,876	20.00
25.00	Laboratory			76,730	23,881	100,611	25.00
30.00	Home Health Services	0	0	0	0	0	30.00
35.00	Other Ancillary Services			268,163	83,463	351,626	35.00
ROUTINE SERVICE COST CENTERS							
40.00	Skilled Nursing Care	10,609,652	508,884	14,214,065	4,423,975	18,638,040	40.00
45.00	Intermediate Care	0	0	0	0	0	45.00
50.00	Mentally Disordered Care	0	0	0	0	0	50.00

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ALLOCATION OF INDIRECT COSTS TO DIRECT COST CENTERS - HEALTH CARE ONLY

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(All facilities must complete columns 2, 4, and 6, lines 10 through 85. Medi-Cal providers must complete the entire page.)

	Description	Social Services, Activities, and Inservice Education - Nursing		Administration		Total Expenses All Patient Services		
		BASIS* Direct Expenses	Amount	BASIS* Accum. Costs (Cs. 1, 3, 5, 7, & 9)	Amount	Sum of Columns 10 and 11		
		8.00	9.00	10.00	11.00	12.00		
55.00	Developmentally Disabled Care	0	0	0	0	0		55.00
60.00	Sub-Acute Care	0	0	0	0	0		60.00
61.00	Sub-Acute Care-Pediatric	0	0	0	0	0		61.00
63.00	Transitional Inpatient Care	0	0	0	0	0		63.00
65.00	Hospice Inpatient Care	0	0	0	0	0		65.00
70.00	Other Routine Services	0	0	0	0	0		70.00
NONREIMBURSABLE COSTS								
75.00	Beauty and Barber			22,328	6,949	29,277		75.00
80.00	Other Nonreimbursable			23,617	7,351	30,968		80.00
85.00	TOTAL UNITS (Sum of lines 10 through 80)	10,609,652		16,585,045				85.00
90.00	UNIT COST MULTIPLIER**	0.047964		0.311239				90.00
95.00	TOTAL COSTS (See instructions)		508,884		5,161,915	21,746,960		95.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

	Computation of Average Cost Per Day	Skilled Nursing	Intermediate Care	Mentally Disordered	Developmentally Disabled	Sub-Acute Care	Sub-Acute Care Pediatric	Transitional Inpatient Care	Hospice Inpatient Care	Other Routine Services	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	Cost of Routine Services (Col. 12 above, Ls. 40 through 70)	18,638,040	0	0	0	0	0	0	0	0	100.00
105.00	Total Patient (Census) Days of Services (P. 4.1, Col 6)	38,239	0	0	0	0	0	0	0	0	105.00
110.00	Average Cost Per Day (line 100 / line 105)	487.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00

* Actual amount or count required, percentages are not acceptable. Allocation statistics must be provided for Ancillary Services Cost Centers in columns 2 and 4.

** Unit Cost Multiplier must be calculated to six decimal places.

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 End: 05/31/2022


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 MCRIF32: **LTCIR**
 Version: 45.7.175.0



LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
5.00	Supervisors and Management	4,018	263,875	65.67	5.00
10.00	Geriatric Nurse Practitioners	0	0	0.00	10.00
25.00	Registered Nurses	20,045	1,445,110	72.09	25.00
30.00	Licensed Vocational Nurses	24,877	1,176,667	47.30	30.00
35.00	Nurse Assistants (Aides and Orderlies)	51,898	1,419,310	27.35	35.00
40.00	Technicians and Specialists	0	0	0.00	40.00
45.00	Psychiatric Technicians	0	0	0.00	45.00
60.00	Other Salaries and Wages	5,239	236,019	45.05	60.00
65.00	Subtotal (Sum of lines 5 through 60)	106,077	4,540,981	42.81	65.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
70.00	Supervisors and Management	0	0	0.00	70.00
75.00	Geriatric Nurse Practitioners	0	0	0.00	75.00
90.00	Registered Nurses	0	0	0.00	90.00
95.00	Licensed Vocational Nurses	0	0	0.00	95.00
100.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	100.00
105.00	Technicians and Specialists	0	0	0.00	105.00
110.00	Psychiatric Technicians	0	0	0.00	110.00
125.00	Other Salaries and Wages	0	0	0.00	125.00
130.00	Subtotal (Sum of lines 70 through 125)	0	0	0.00	130.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
140.00	Supervisors and Management	0	0	0.00	140.00
145.00	Geriatric Nurse Practitioners	0	0	0.00	145.00
150.00	Registered Nurses	0	0	0.00	150.00
155.00	Licensed Vocational Nurses	0	0	0.00	155.00
160.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	160.00
165.00	Technicians and Specialists	0	0	0.00	165.00
170.00	Psychiatric Technicians	0	0	0.00	170.00
175.00	Other Salaries and Wages	0	0	0.00	175.00
180.00	Subtotal (Sum of lines 140 through 175)	0	0	0.00	180.00
TRANSITIONAL INPATIENT CARE - ONLY:					
190.00	Supervisors and Management	0	0	0.00	190.00
191.00	Geriatric Nurse Practitioners	0	0	0.00	191.00
192.00	Registered Nurses	0	0	0.00	192.00
193.00	Licensed Vocational Nurses	0	0	0.00	193.00
194.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	194.00
195.00	Technicians and Specialists	0	0	0.00	195.00
196.00	Psychiatric Technicians	0	0	0.00	196.00
198.00	Other Salaries and Wages	0	0	0.00	198.00
199.00	Subtotal (Sum of lines 190 through 198)	0	0	0.00	199.00
ANCILLARY SERVICES:					
200.00	Supervisors and Management	0	0	0.00	200.00
205.00	Registered Nurses	0	0	0.00	205.00
210.00	Licensed Vocational Nurses	0	0	0.00	210.00
215.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	215.00
220.00	Technicians and Specialists	18,633	915,753	49.15	220.00
225.00	Other Salaries and Wages	0	0	0.00	225.00
230.00	Subtotal (Sum of lines 200 through 225)	18,633	915,753	49.15	230.00

Facility D.B.A. Name: PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)	Report Period End: 05/31/2022	Run Date Time: 11/15/2022 1:21 pm MCRIF32: LTCIR Version: 45.7.175.0	
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LABOR REPORT

12.1

	SALARIES AND WAGES	Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
SUPPORT SERVICES:					
250.00	Plant Operations and Maintenance	2,003	50,211	25.07	250.00
255.00	Housekeeping	14,285	285,080	19.96	255.00
260.00	Laundry and Linen	3,363	87,643	26.06	260.00
265.00	Dietary	21,757	541,039	24.87	265.00
270.00	Social Services	6,060	175,096	28.89	270.00
275.00	Activities	5,417	118,356	21.85	275.00
280.00	Inservice Education - Nursing	3,470	81,285	23.43	280.00
285.00	Administration	24,710	907,785	36.74	285.00
290.00	Subtotal (Sum of lines 250 through 285)	81,065	2,246,495	27.71	290.00
300.00	TOTAL (Sum of lines 65, 130, 180, 199, 230, and 290)	205,775	7,703,229	37.44	300.00

* Productive hours are actual hours worked and exclude 1) vacation, 2) sick leave, 3) on call, 4) holiday, 5) other paid time off.

Report to the nearest whole hour.

**** For all facilities:**

Column 2, line 65 must agree with the sum of Page 10.1, column 1, lines 105, 110, 115, 120, 130 and 135.

Line 130 must agree with Page 10.1, column 1, line 125. Line 180 must agree with Page 10.1, column 1, line 126. Line 199 must agree with Page 10.1, column 1, line 128.

Line 230 must agree with Page 10.1, column 1, lines 75 through 100.

Report to the nearest whole dollar.

For non-residential care facilities:

Lines 250 through 290 must agree with appropriate lines on Page 10.1, column 1.

For residential care facilities:

Report only productive hours, salaries, and wages related to health care on lines 250 through 290 of this page. If Page 10.1, columns 5 through 9 are used to determine expenses related to health care, use the same method to determine productive hours, salaries, and wages related to health care for this page.

Facility D.B.A. Name:
PROMEDICA SKILLED NURSING AND REHABILITATION (TICE VALLEY)

Report Period
 End: 05/31/2022

Run Date Time: 11/15/2022 1:21 pm
 MCRIF32: **LTCIR**
 Version: 45.7.175.0



LABOR REPORT

12.2

SUPPLEMENTAL LABOR INFORMATION		Productive Hours*	Productive** Salaries and Wages	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
310.00	Social Workers (report here and include on line 270)	0	0	0.00	310.00
315.00	Activity Program Leaders (report here and include on line 275)	1,593	43,189	27.11	315.00
TEMPORARY STAFFING AGENCY SERVICES		Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
NURSING SERVICES - EXCLUDE SUB-ACUTE CARE, PEDIATRIC AND TRANSITIONAL INPATIENT CARE:					
405.00	Geriatric Nurse Practitioners	0	0	0.00	405.00
410.00	Registered Nurses	0	0	0.00	410.00
415.00	Licensed Vocational Nurses	0	0	0.00	415.00
420.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	420.00
425.00	Psychiatric Technicians	0	0	0.00	425.00
430.00	Other Salaries and Wages	0	0	0.00	430.00
435.00	Subtotal (Sum of lines 405 through 430)	0	0	0.00	435.00
SUB-ACUTE CARE NURSING SERVICES - ONLY:					
440.00	Geriatric Nurse Practitioners	0	0	0.00	440.00
445.00	Registered Nurses	0	0	0.00	445.00
450.00	Licensed Vocational Nurses	0	0	0.00	450.00
455.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	455.00
460.00	Psychiatric Technicians	0	0	0.00	460.00
465.00	Other Salaries and Wages	0	0	0.00	465.00
470.00	Subtotal (Sum of lines 440 through 465)	0	0	0.00	470.00
SUB-ACUTE CARE - PEDIATRIC NURSING SERVICES - ONLY:					
475.00	Geriatric Nurse Practitioners	0	0	0.00	475.00
480.00	Registered Nurses	0	0	0.00	480.00
485.00	Licensed Vocational Nurses	0	0	0.00	485.00
490.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	490.00
495.00	Psychiatric Technicians	0	0	0.00	495.00
500.00	Other Salaries and Wages	0	0	0.00	500.00
505.00	Subtotal (Sum of lines 475 through 500)	0	0	0.00	505.00
TRANSITIONAL INPATIENT CARE - ONLY:					
510.00	Geriatric Nurse Practitioners	0	0	0.00	510.00
515.00	Registered Nurses	0	0	0.00	515.00
520.00	Licensed Vocational Nurses	0	0	0.00	520.00
525.00	Nurse Assistants (Aides and Orderlies)	0	0	0.00	525.00
530.00	Psychiatric Technicians	0	0	0.00	530.00
535.00	Other Salaries and Wages	0	0	0.00	535.00
540.00	Subtotal (Sum of lines 510 through 535)	0	0	0.00	540.00
SUPPLEMENTAL LABOR INFORMATION - TEMPORARY STAFFING		Hours	Amount Paid	Hourly Average (Col. 2 / Col. 1)	
		1.00	2.00	3.00	
555.00	Social Workers (do not include on lines 430, 465, 500, or 535)	0	0	0.00	555.00
560.00	Activity Program Leaders (do not include in lines 430, 465, 500, or 535)	0	0	0.00	560.00

LABOR TURNOVER

	All Employees	Direct Nursing Employees*	Nurse Assistants	
	1.00	2.00	3.00	
605.00	Number of employees at beginning of period	170	129	59
610.00	Number of employees at end of period	145	103	47
615.00	Average number of employees (See instructions)	156	114	53
620.00	Total number of people employed during the period **	268	208	101
625.00	Turnover percentage [(line 620 / line 615) X 100] - 100	71.79	82.46	90.57
630.00	Number of employees with continuous service for entire reporting period	92	64	27

* Include all employees (RN's, LVN's, Nurse Assistants, technicians, specialists and others) providing direct nursing care.
 Do not include supervisors who provide no direct nursing care.
 Do include supervisors whose duties include some provision of nursing care.

** Total number of people employed can not be less than the number of employees at the beginning of the period, less the number of employees with continuous service for the entire period, plus the number of employees at the end of the period (line 605 - line 630 + line 610).
 This calculation is the MINIMUM possible number of people employed during the period. It does not include employees who were hired after the period began and left or were discharged before the period ended.
 Therefore, in most cases, line 620 should be greater than this calculation.

Exhibit 10 to Section 999.5(d)(5)(C)

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 555337 Period: From 06/01/2019 To 05/31/2020 Worksheet S Parts I, II & III Date/Time Prepared: 10/8/2020 1:42 pm

PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Citrus Heights CA, LLC (555337) for the cost reporting period beginning 06/01/2019 and ending 05/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) MARTIN D. ALLEN
 Chief Financial Officer or Administrator of Provider(s)
 DIRECTOR
 Title
 10/08/2020 01:42:18 PM
 Date

Cost Center Description		Title V		Title XVII		Title XIX	
		1.00	2.00	Part A	Part B	4.00	
PART III - SETTLEMENT SUMMARY							
1.00	SKILLED NURSING FACILITY	0	35,170	0	0	0	1.00
2.00	NURSING FACILITY	0				0	2.00
3.00	ICF/IID					0	3.00
4.00	SNF - BASED HHA I	0	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0	0		5.00
6.00	SNF - BASED FQHC I	0		0	0		6.00
7.00	SNF - BASED CMHC I	0		0	0		7.00
7.10	SNF - BASED CORF I	0		0	0		7.10
100.00	TOTAL	0	35,170	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555337		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/8/2020 1:42 pm	
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 7807 UPLANDS WAY			PO Box:				1.00	
2.00	City: CITRUS HEIGHTS			State: CA		Zip Code: 95610		2.00	
3.00	County: SACRAMENTO			CBSA Code: 40900		Urban/Rural: U		3.00	
3.01				CBSA Code:				3.01	
				Component Name		Provider CCN		Date Certified	
								Payment System (P, 0, or N)	
								V XVIII XIX	
				1.00		2.00		3.00 4.00 5.00 6.00	
SNF and SNF-Based Component Identification:									
4.00	SNF			Manor Care of Citrus Heights CA, LLC		555337		01/01/1989	
5.00	Nursing Facility							P P P	
6.00	ICF/IID								
7.00	SNF-Based HHA								
8.00	SNF-Based RHC								
9.00	SNF-Based FQHC								
10.00	SNF-Based CMHC								
11.00	SNF-Based OLTC								
12.00	SNF-Based HOSPICE								
13.00	SNF-Based CORF								
						From:		To:	
						1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2019		05/31/2020	
15.00	Type of Control (See Instructions)							2501(C)(3)	
								Y/N	
								1.00	
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line							426,890	
21.00	Declining Balance							0	
22.00	Sum of the Year's Digits							0	
23.00	Sum of line 20 through 22							426,890	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	
								Part A Part B Other	
								1.00 2.00 3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility							N N N	
30.00	Nursing Facility								
31.00	ICF/IID							N N	
32.00	SNF-Based HHA							N N	
33.00	SNF-Based RHC							N N	
34.00	SNF-Based FQHC							N N	
35.00	SNF-Based CMHC							N N	
36.00	SNF-Based OLTC								
						Y/N			
						1.00		2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								
				Premiums		Paid Losses		Self Insurance	
				1.00		2.00		3.00	
41.00	List malpractice premiums and paid losses:			14,249		6,465		412,519	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part I Date/Time Prepared: 10/8/2020 1:42 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part II Date/Time Prepared: 10/8/2020 1:42 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Y/N	Date	Y/N	
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y	18.00

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

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
10/8/2020 1:42 pm

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00

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

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/8/2020 1:42 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	162	59,292	0	8,699	27,697	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	162	59,292	0	8,699	27,697	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	12,516	48,912	0	441	236	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	12,516	48,912	0	441	236	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	619	1,296	0.00	19.73	117.36	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC I	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF I	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	619	1,296	0.00	19.73	117.36	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	37.74	0	501	100	603	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF I	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	37.74	0	501	100	603	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	1,204	160.17	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I	0	0.00	0.00			6.00
6.10	SNF-Based CORF I	0	0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	1,204	160.17	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part II
Date/Time Prepared:
10/8/2020 1:42 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	10,420,014	0	10,420,014	334,068.00	31.19
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	10,420,014	0	10,420,014	334,068.00	31.19
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	10,420,014	0	10,420,014	334,068.00	31.19
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	3,264	0	3,264	57.00	57.26
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	470,554	0	470,554	7,262.39	64.79
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,611,008	0	1,611,008		
18.00	Wage-related costs other (See Part IV)	18,075	0	18,075		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,629,083	0	1,629,083		

SNF WAGE INDEX INFORMATION

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part III
Date/Time Prepared:
10/8/2020 1:42 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	1,038,784	0	1,038,784	32,233.00	32.23	1.00
2.00 Administrative & General	538,525	0	538,525	15,394.00	34.98	2.00
3.00 Plant Operation, Maintenance & Repairs	65,571	0	65,571	1,863.00	35.20	3.00
4.00 Laundry & Linen Service	581	0	581	40.00	14.53	4.00
5.00 Housekeeping	325,230	0	325,230	22,400.00	14.52	5.00
6.00 Dietary	525,359	0	525,359	26,131.00	20.10	6.00
7.00 Nursing Administration	720,292	0	720,292	13,249.00	54.37	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	80,348	0	80,348	3,613.00	22.24	10.00
11.00 Social Service	334,312	0	334,312	13,159.00	25.41	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,629,002	0	3,629,002	128,082.00	28.33	14.00

SNF WAGE RELATED COSTS		Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 10/8/2020 1:42 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		91,324	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		668,031	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		45,657	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		4,075	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		43,123	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		602,841	17.00
18.00	Medicare Taxes - Employers Portion Only		151,090	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		4,867	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,611,008	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENFITS		4,861	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		0	25.04
25.05	EMPLOYEE UNIFORMS		12,519	25.05
25.06	EMPLOYEE APPRECIATION		695	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part V
Date/Time Prepared:
10/8/2020 1:42 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	2,550,043	395,380	2,945,423	59,981.00	49.11	1.00
2.00	Licensed Practical Nurses (LPNs)	943,113	146,228	1,089,341	30,357.00	35.88	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,294,063	355,691	2,649,754	128,955.00	20.55	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,787,219	897,299	6,684,518	219,293.00	30.48	4.00
5.00	Physical Therapists	571,309	87,821	659,130	12,614.00	52.25	5.00
6.00	Physical Therapy Assistants	290,989	44,352	335,341	9,021.00	37.17	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	460,750	70,332	531,082	10,754.00	49.38	8.00
9.00	Occupational Therapy Assistants	168,738	25,631	194,369	6,088.00	31.93	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	139,597	21,504	161,101	3,647.00	44.17	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	38,012	5,908	43,920	2,355.00	18.65	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	1,403		1,403	31.00	45.26	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,403		1,403	31.00	45.26	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	1,861		1,861	26.00	71.58	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/8/2020 1:42 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	84	1.00
2.00		RUL	84	2.00
3.00		RVX	74	3.00
4.00		RVL	30	4.00
5.00		RHX	0	5.00
6.00		RHL	6	6.00
7.00		RMX	0	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	566	10.00
11.00		RUB	853	11.00
12.00		RUA	190	12.00
13.00		RVC	383	13.00
14.00		RVB	285	14.00
15.00		RVA	158	15.00
16.00		RHC	59	16.00
17.00		RHB	109	17.00
18.00		RHA	0	18.00
19.00		RMC	19	19.00
20.00		RMB	29	20.00
21.00		RMA	2	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	87	26.00
27.00		HE2	0	27.00
28.00		HE1	23	28.00
29.00		HD2	0	29.00
30.00		HD1	18	30.00
31.00		HC2	0	31.00
32.00		HC1	25	32.00
33.00		HB2	0	33.00
34.00		HB1	22	34.00
35.00		LE2	0	35.00
36.00		LE1	0	36.00
37.00		LD2	0	37.00
38.00		LD1	56	38.00
39.00		LC2	0	39.00
40.00		LC1	156	40.00
41.00		LB2	0	41.00
42.00		LB1	39	42.00
43.00		CE2	0	43.00
44.00		CE1	4	44.00
45.00		CD2	0	45.00
46.00		CD1	21	46.00
47.00		CC2	0	47.00
48.00		CC1	33	48.00
49.00		CB2	0	49.00
50.00		CB1	37	50.00
51.00		CA2	0	51.00
52.00		CA1	61	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	0	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	0	68.00
69.00		PD2	0	69.00
70.00		PD1	0	70.00
71.00		PC2	0	71.00
72.00		PC1	54	72.00
73.00		PB2	0	73.00
74.00		PB1	1	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/8/2020 1:42 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	15	76.00
99.00		AAA	0	99.00
100.00	TOTAL		3,583	100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	5,510,395	26.93	N	101.00
102.00	Recruitment	0	0.00		102.00
103.00	Retention of employees	1,625,661	7.94	Y	103.00
104.00	Training	1,166	0.01	N	104.00
105.00	OTHER (SPECIFY)	0	0.00		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		20,465,036		106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Recl assi fi cati ons Increase/Decre ase (Fr Wkst A-6)	Recl assi fi ed Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		384,291	384,291	33,755	418,046	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		265,542	265,542	0	265,542	2.00
3.00	00300	EMPLOYEE BENEFITS	1,038,784	1,629,083	2,667,867	0	2,667,867	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	538,525	3,310,659	3,849,184	-33,755	3,815,429	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	65,571	420,703	486,274	0	486,274	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	581	18,568	19,149	0	19,149	6.00
7.00	00700	HOUSEKEEPING	325,230	24,702	349,932	0	349,932	7.00
8.00	00800	DIETARY	525,359	462,268	987,627	0	987,627	8.00
9.00	00900	NURSING ADMINISTRATION	720,292	0	720,292	0	720,292	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	80,348	-308	80,040	0	80,040	12.00
13.00	01300	SOCIAL SERVICE	236,432	0	236,432	0	236,432	13.00
13.01	01301	ACTIVITIES	97,880	6,396	104,276	0	104,276	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	5,253,877	305,416	5,559,293	0	5,559,293	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	176,806	176,806	0	176,806	41.00
42.00	04200	INTRAVENOUS THERAPY	0	106,518	106,518	0	106,518	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	83,879	83,879	0	83,879	43.00
44.00	04400	PHYSICAL THERAPY	803,369	35,175	838,544	0	838,544	44.00
45.00	04500	OCCUPATIONAL THERAPY	572,449	1,511	573,960	0	573,960	45.00
46.00	04600	SPEECH PATHOLOGY	126,816	2,883	129,699	0	129,699	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,501	143,742	178,243	0	178,243	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	589,728	589,728	0	589,728	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		2,400,124	2,400,124	0	2,400,124	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,420,014	10,367,686	20,787,700	0	20,787,700	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	3,740	3,740	0	3,740	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	10,420,014	10,371,426	20,791,440	0	20,791,440	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description			Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	237,948	655,994	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	6	265,548	2.00
3.00	00300	EMPLOYEE BENEFITS	-14,664	2,653,203	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-612,801	3,202,628	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	261	486,535	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	3,156	22,305	6.00
7.00	00700	HOUSEKEEPING	11	349,943	7.00
8.00	00800	DIETARY	1,398	989,025	8.00
9.00	00900	NURSING ADMINISTRATION	1,646	721,938	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	80,040	12.00
13.00	01300	SOCIAL SERVICE	785	237,217	13.00
13.01	01301	ACTIVITIES	0	104,276	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	26,728	5,586,021	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	0	40.00
41.00	04100	LABORATORY	0	176,806	41.00
42.00	04200	INTRAVENOUS THERAPY	0	106,518	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	83,879	43.00
44.00	04400	PHYSICAL THERAPY	1,904	840,448	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,416	575,376	45.00
46.00	04600	SPEECH PATHOLOGY	269	129,968	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,243	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	589,728	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF I	0	0	72.00
73.00	07300	CMHC I	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	-2,400,124	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-2,752,061	18,035,639	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	3,740	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00		TOTAL	-2,752,061	18,039,379	100.00

RECLASSIFICATIONS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/8/2020 1:42 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	39,340	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	5,507	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	78	3.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	44,925	100.00

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

RECLASSIFICATIONS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/8/2020 1:42 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	39,340	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	5,507	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	78	3.00
	TOTALS					
100.00				0	44,925	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-7

Date/Time Prepared:
10/8/2020 1:42 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,511,059	0	0	0	0	1.00
2.00	Land Improvements	764,015	0	0	0	0	2.00
3.00	Buildings and Fixtures	7,096,559	0	0	0	0	3.00
4.00	Building Improvements	6,588,883	152,458	0	152,458	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,486,455	233,407	0	233,407	0	6.00
7.00	Subtotal (sum of lines 1-6)	20,446,971	385,865	0	385,865	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	20,446,971	385,865	0	385,865	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	1,511,059	0				1.00
2.00	Land Improvements	764,015	250,697				2.00
3.00	Buildings and Fixtures	7,096,559	3,985,803				3.00
4.00	Building Improvements	6,741,341	2,608,380				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	4,719,862	3,595,711				6.00
7.00	Subtotal (sum of lines 1-6)	20,832,836	10,440,591				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	20,832,836	10,440,591				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/8/2020 1:42 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
	1.00	2.00	3.00	4.00	
1.00 Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-70,484			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests		0		0.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines	B	-1,489	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00 Depreciation--buildings and fixtures	A	237,948	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment	A	6	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00 NON-ALLOWABLE ADVERTISING	A	-233,189	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01 BAD DEBT EXPENSE	A	-276,106	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 MEDICAL TRANSPORTATION	A	-11,920	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,596	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04 WELL TOWER LEASE EXPENSE	A	-2,400,124	INTEREST EXPENSE	81.00	25.04
25.05 WORKERS COMP ADJ FY 2019	A	-14,664	EMPLOYEE BENEFITS	3.00	25.05
25.06 PPE NURSING	A	26,728	SKILLED NURSING FACILITY	30.00	25.06
25.07 PPE NURSING ADMINISTRATION	A	1,646	NURSING ADMINISTRATION	9.00	25.07
25.08 PPE PT	A	1,904	PHYSICAL THERAPY	44.00	25.08
25.09 PPE OT	A	1,416	OCCUPATIONAL THERAPY	45.00	25.09
25.10 PPE ST	A	269	SPEECH PATHOLOGY	46.00	25.10
25.11 PURCH SERV - PSYCH SERVICES	A	-15,321	ADMINISTRATIVE & GENERAL	4.00	25.11
25.12 PPE MAINTENANCE	A	261	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.12
25.13 PPE DIETARY	A	1,398	DIETARY	8.00	25.13
25.14 PPE LAUNDRY	A	3,156	LAUNDRY & LINEN SERVICE	6.00	25.14
25.15 PPE HOUSEKEEPING	A	11	HOUSEKEEPING	7.00	25.15
25.16 PPE SOCIAL SERVICE	A	785	SOCIAL SERVICE	13.00	25.16
25.17 PPE ADMINISTRATION	A	904	ADMINISTRATIVE & GENERAL	4.00	25.17
25.18 PENALTIES - STATE & FED	A	-2,600	ADMINISTRATIVE & GENERAL	4.00	25.18
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,752,061			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/8/2020 1:42 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		678,983	749,467	-70,484	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	678,983	749,467	-70,484	10.00

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

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/8/2020 1:42 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/8/2020 1:42 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	655,994	655,994		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	265,548	265,548		2.00
3.00	00300	EMPLOYEE BENEFITS	2,653,203	12,545	5,078	2,670,826
4.00	00400	ADMINISTRATIVE & GENERAL	3,202,628	27,775	11,244	153,318
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	486,535	17,344	7,021	18,668
6.00	00600	LAUNDRY & LINEN SERVICE	22,305	17,529	7,096	165
7.00	00700	HOUSEKEEPING	349,943	5,447	2,205	92,593
8.00	00800	DIETARY	989,025	80,117	32,431	149,569
9.00	00900	NURSING ADMINISTRATION	721,938	6,388	2,586	205,066
10.00	01000	CENTRAL SERVICES & SUPPLY	0	6,357	2,574	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	80,040	0	0	22,875
13.00	01300	SOCIAL SERVICE	237,217	1,991	806	67,312
13.01	01301	ACTIVITIES	104,276	8,657	3,504	27,866
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	5,586,021	426,554	172,670	1,495,774
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0
41.00	04100	LABORATORY	176,806	0	0	0
42.00	04200	INTRAVENOUS THERAPY	106,518	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	83,879	0	0	0
44.00	04400	PHYSICAL THERAPY	840,448	35,120	14,217	228,718
45.00	04500	OCCUPATIONAL THERAPY	575,376	2,778	1,124	162,976
46.00	04600	SPEECH PATHOLOGY	129,968	1,250	506	36,104
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	178,243	3,781	1,530	9,822
49.00	04900	DRUGS CHARGED TO PATIENTS	589,728	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	18,035,639	653,633	264,592	2,670,826
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	3,740	2,361	956	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	18,039,379	655,994	265,548	2,670,826

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,394,965				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	128,896	658,464			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	11,463	19,291	77,849		6.00
7.00	00700	HOUSEKEEPING	109,575	5,995	0	565,758	7.00
8.00	00800	DIETARY	304,527	88,169	0	78,781	1,722,619
9.00	00900	NURSING ADMINISTRATION	227,816	7,030	0	6,282	0
10.00	01000	CENTRAL SERVICES & SUPPLY	2,174	6,996	0	6,251	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	25,049	0	0	0	0
13.00	01300	SOCIAL SERVICE	74,803	2,191	0	1,957	0
13.01	01301	ACTIVITIES	35,123	9,527	0	8,512	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,869,547	469,423	77,849	419,440	1,722,619
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	43,034	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	20,416	0	0	0	0
44.00	04400	PHYSICAL THERAPY	272,243	38,650	0	34,535	0
45.00	04500	OCCUPATIONAL THERAPY	180,664	3,057	0	2,731	0
46.00	04600	SPEECH PATHOLOGY	40,849	1,376	0	1,229	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,068	4,161	0	3,718	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	3,393,247	655,866	77,849	563,436	1,722,619
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,718	2,598	0	2,322	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	3,394,965	658,464	77,849	565,758	1,722,619

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,177,106					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	24,352				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	127,964		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	386,277	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,177,106	24,352	0	127,964	386,277	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,177,106	24,352	0	127,964	386,277	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,177,106	24,352	0	127,964	386,277	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	197,465					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	197,465	0	0	14,153,061	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	219,840	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	106,518	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	104,295	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,463,931	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	928,706	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	211,282	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	248,323	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	589,728	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	197,465	0	0	18,025,684	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	13,695	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	197,465	0	0	18,039,379	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	14,153,061
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	0
41.00	04100	LABORATORY	219,840
42.00	04200	INTRAVENOUS THERAPY	106,518
43.00	04300	OXYGEN (INHALATION) THERAPY	104,295
44.00	04400	PHYSICAL THERAPY	1,463,931
45.00	04500	OCCUPATIONAL THERAPY	928,706
46.00	04600	SPEECH PATHOLOGY	211,282
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	248,323
49.00	04900	DRUGS CHARGED TO PATIENTS	589,728
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	18,025,684
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	13,695
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	18,039,379

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	12,545	5,078	17,623	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	27,775	11,244	39,019	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	17,344	7,021	24,365	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	17,529	7,096	24,625	6.00
7.00	00700	HOUSEKEEPING	0	5,447	2,205	7,652	7.00
8.00	00800	DIETARY	0	80,117	32,431	112,548	8.00
9.00	00900	NURSING ADMINISTRATION	0	6,388	2,586	8,974	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	6,357	2,574	8,931	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	1,991	806	2,797	13.00
13.01	01301	ACTIVITIES	0	8,657	3,504	12,161	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	426,554	172,670	599,224	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	35,120	14,217	49,337	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	2,778	1,124	3,902	45.00
46.00	04600	SPEECH PATHOLOGY	0	1,250	506	1,756	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,781	1,530	5,311	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	653,633	264,592	918,225	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,361	956	3,317	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	655,994	265,548	921,542	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/8/2020 1:42 pm

	Cost Center Description	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	40,031				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,520	26,008			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	135	762	25,523		6.00	
7.00	00700	HOUSEKEEPING	1,292	237	0	9,792	7.00	
8.00	00800	DIETARY	3,591	3,482	0	1,364	121,972	8.00
9.00	00900	NURSING ADMINISTRATION	2,686	278	0	109	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	26	276	0	108	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	295	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	882	87	0	34	0	13.00
13.01	01301	ACTIVITIES	414	376	0	147	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	22,045	18,541	25,523	7,260	121,972	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	507	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	241	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	3,210	1,527	0	598	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	2,130	121	0	47	0	45.00
46.00	04600	SPEECH PATHOLOGY	482	54	0	21	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	555	164	0	64	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	40,011	25,905	25,523	9,752	121,972	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	20	103	0	40	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments			0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	40,031	26,008	25,523	9,792	121,972	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	13,400					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	9,341				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	446		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	4,244	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	13,400	9,341	0	446	4,244	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	13,400	9,341	0	446	4,244	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	13,400	9,341	0	446	4,244	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	13,282					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	13,282	0	0	845,146	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	507	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	241	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	56,182	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	7,276	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	2,551	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,159	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	13,282	0	0	918,062	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,480	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	13,282	0	0	921,542	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/8/2020 1:42 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	42,512				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		42,512			2.00
3.00	00300	EMPLOYEE BENEFITS	813	813	9,381,230		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,800	1,800	538,525	-3,394,965	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,124	1,124	65,571	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,136	1,136	581	0	6.00
7.00	00700	HOUSEKEEPING	353	353	325,230	0	7.00
8.00	00800	DIETARY	5,192	5,192	525,359	0	8.00
9.00	00900	NURSING ADMINISTRATION	414	414	720,292	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	412	412	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	80,348	0	12.00
13.00	01300	SOCIAL SERVICE	129	129	236,432	0	13.00
13.01	01301	ACTIVITIES	561	561	97,880	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	27,643	27,643	5,253,877	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-106,518	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,276	2,276	803,369	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	180	180	572,449	0	45.00
46.00	04600	SPEECH PATHOLOGY	81	81	126,816	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	245	245	34,501	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-589,728	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	42,359	42,359	9,381,230	-4,091,211	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	153	153	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	655,994	265,548	2,670,826	3,394,965	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	15.430796	6.246425	0.284699	0.243399	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			17,623	40,031	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001879	0.002870	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	38,775					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,136	48,912				6.00
7.00	00700	HOUSEKEEPING	353	0	37,286			7.00
8.00	00800	DIETARY	5,192	0	5,192	146,736		8.00
9.00	00900	NURSING ADMINISTRATION	414	0	414	0	48,912	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	412	0	412	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	129	0	129	0	0	13.00
13.01	01301	ACTIVITIES	561	0	561	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	27,643	48,912	27,643	146,736	48,912	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,276	0	2,276	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	180	0	180	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	81	0	81	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	245	0	245	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	38,622	48,912	37,133	146,736	48,912	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	153	0	153	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	658,464	77,849	565,758	1,722,619	1,177,106	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	16.981663	1.591614	15.173470	11.739580	24.065792	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	26,008	25,523	9,792	121,972	13,400	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.670741	0.521815	0.262619	0.831234	0.273961	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	48,912				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	48,912		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	48,912	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	48,912	0	48,912	48,912	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	48,912	0	48,912	48,912	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	24,352	0	127,964	386,277	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.497874	0.000000	2.616209	7.897387	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	9,341	0	446	4,244	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.190976	0.000000	0.009118	0.086768	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet C

Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	76,777	0.000000	40.00
41.00	04100	LABORATORY	219,840	203,254	1.081602	41.00
42.00	04200	INTRAVENOUS THERAPY	106,518	201,017	0.529895	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	104,295	13,035	8.001151	43.00
44.00	04400	PHYSICAL THERAPY	1,463,931	2,176,853	0.672499	44.00
45.00	04500	OCCUPATIONAL THERAPY	928,706	1,936,375	0.479611	45.00
46.00	04600	SPEECH PATHOLOGY	211,282	178,117	1.186198	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	248,323	190,802	1.301470	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	589,728	1,249,748	0.471878	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,872,623	6,225,978		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet D Part I Date/Time Prepared: 10/8/2020 1:42 pm
				Title XVIII (1)	Skilled Nursing Facility	PPS
Health Care Program Charges				Health Care Program Cost		
Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)
		1.00	2.00	3.00	4.00	5.00
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST						
ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADIOLOGY	0.000000	33,454	0	0	0 40.00
41.00	04100 LABORATORY	1.081602	97,403	0	105,351	0 41.00
42.00	04200 INTRAVENOUS THERAPY	0.529895	104,276	0	55,255	0 42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	8.001151	110	0	880	0 43.00
44.00	04400 PHYSICAL THERAPY	0.672499	1,081,765	0	727,486	0 44.00
45.00	04500 OCCUPATIONAL THERAPY	0.479611	920,850	0	441,650	0 45.00
46.00	04600 SPEECH PATHOLOGY	1.186198	100,900	0	119,687	0 46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.301470	56,925	0	74,086	0 48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.471878	594,880	0	280,711	0 49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0 50.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0 51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLINIC	0.000000	0	0	0	0 60.00
61.00	06100 RURAL HEALTH CLINIC					0 61.00
62.00	06200 FOHC					0 62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0 63.00
71.00	07100 AMBULANCE (2)	0.000000		0		0 71.00
100.00	Total (Sum of lines 40 - 71)		2,990,563	0	1,805,106	0 100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet D Parts II-III Date/Time Prepared: 10/8/2020 1:42 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.471878	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0.000000	0	0 40.00
41.00	04100	LABORATORY	219,840	0	0.000000	105,351	0 41.00
42.00	04200	INTRAVENOUS THERAPY	106,518	0	0.000000	55,255	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	104,295	0	0.000000	880	0 43.00
44.00	04400	PHYSICAL THERAPY	1,463,931	0	0.000000	727,486	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	928,706	0	0.000000	441,650	0 45.00
46.00	04600	SPEECH PATHOLOGY	211,282	0	0.000000	119,687	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	248,323	0	0.000000	74,086	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	589,728	0	0.000000	280,711	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	3,872,623	0		1,805,106	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet D-1 Parts I-II Date/Time Prepared: 10/8/2020 1:42 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		48,912	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		8,699	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		14,153,061	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		20,465,036	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.691573	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		14,153,061	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		289.36	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,517,143	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		2,517,143	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		845,146	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		17.28	21.00
22.00	Program capital related cost (Line 3 times line 21)		150,319	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		2,366,824	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		2,366,824	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		48,912	1.00
2.00	Program inpatient days (see instructions)		8,699	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.177850	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part I Date/Time Prepared: 10/8/2020 1:42 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		2,851,184	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		2,851,184	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		488,967	5.00
6.00	Allowable bad debts (From your records)		84,809	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		55,126	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		2,417,343	11.00
12.00	Interim payments (See instructions)		2,337,922	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		1,009	14.75
14.99	Sequestration amount (see instructions)		43,242	14.99
15.00	Balance due provider/program (see Instructions)		35,170	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/8/2020 1:42 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555337	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/8/2020 1:42 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet E-1

Date/Time Prepared:
10/8/2020 1:42 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,337,922		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,337,922		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		35,170		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,373,092		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet G

Date/Time Prepared:
10/8/2020 1:42 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-2,293	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,415,824	0	0	0	4.00
5.00 Other receivables	202,184	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-565,254	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	111,822	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,162,283	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	194,241	0	0	0	17.00
18.00 Less: Accumulated Amortization	-29,264	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	787,258	0	0	0	23.00
24.00 Less: Accumulated depreciation	-252,480	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	74,193	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	773,948	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-1,233,053	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-1,233,053	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	1,703,178	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	243,936	0	0	0	35.00
36.00 Salaries, wages, and fees payable	932,396	0	0	0	36.00
37.00 Payroll taxes payable	51,401	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	140,071	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,367,804	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,367,804	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	335,374				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	335,374	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1,703,178	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-1

Date/Time Prepared:
10/8/2020 1:42 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		2,376,734		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		824,146				2.00
3.00	Total (sum of line 1 and line 2)		3,200,880		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		3,200,880		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		2,865,506		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		2,865,506		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		335,374		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020Worksheet G-2
Parts I-II
Date/Time Prepared:
10/8/2020 1:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	20,465,036		20,465,036	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	20,465,036		20,465,036	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	6,225,978	0	6,225,978	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	26,691,014	0	26,691,014	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			20,791,440	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			20,791,440	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555337

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-3

Date/Time Prepared:
10/8/2020 1:42 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	26,691,014	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,114,486	2.00
3.00	Net patient revenues (Line 1 minus line 2)	20,576,528	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	20,791,440	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-214,912	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-321	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	1,489	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	923	24.00
24.01	COVID-19 PHE PR	1,036,967	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,039,058	25.00
26.00	Total (Line 5 plus line 25)	824,146	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	824,146	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555337	Period: From 06/01/2020 To 05/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 9/23/2021 1:55 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____		
	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.		

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Citrus Heights CA, LLC (555337) for the cost reporting period beginning 06/01/2020 and ending 05/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin d. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin d. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	09/23/2021 01:55:16 PM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
		1.00	Part A 2.00	Part B 3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	-29,333	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	-29,333	0	0	100.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555337		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 9/23/2021 1:55 pm	
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 7807 UPLANDS WAY			PO Box:				1.00	
2.00	City: CITRUS HEIGHTS			State: CA		Zip Code: 95610		2.00	
3.00	County: SACRAMENTO			CBSA Code: 40900		Urban/Rural: U		3.00	
3.01				CBSA Code:				3.01	
				Component Name		Provider CCN		Date Certified	
								Payment System (P, O, or N)	
								V XVIII XIX	
				1.00		2.00		3.00	
								4.00 5.00 6.00	
SNF and SNF-Based Component Identification:									
4.00	SNF			Manor Care of Citrus Heights CA, LLC		555337		01/01/1989	
5.00	Nursing Facility							P P P	
6.00	ICF/IID								
7.00	SNF-Based HHA								
8.00	SNF-Based RHC								
9.00	SNF-Based FQHC								
10.00	SNF-Based CMHC								
11.00	SNF-Based OLTC								
12.00	SNF-Based HOSPICE								
13.00	SNF-Based CORF								
						From:		To:	
						1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2020		05/31/2021	
15.00	Type of Control (See Instructions)							2501(C)(3)	
								Y/N	
								1.00	
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line							420,677	
21.00	Declining Balance							0	
22.00	Sum of the Year's Digits							0	
23.00	Sum of line 20 through 22							420,677	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	
								Part A Part B Other	
								1.00 2.00 3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility							N N N	
30.00	Nursing Facility							N N N	
31.00	ICF/IID							N N N	
32.00	SNF-Based HHA							N N N	
33.00	SNF-Based RHC							N N N	
34.00	SNF-Based FQHC							N N N	
35.00	SNF-Based CMHC							N N N	
36.00	SNF-Based OLTC							N N N	
						Y/N			
						1.00		2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			
38.00	Are you legally required to carry malpractice insurance? (Y/N)					N			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								
				Premiums		Paid Losses		Self Insurance	
				1.00		2.00		3.00	
41.00	List malpractice premiums and paid losses:			21,412		9,716		619,904	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555337	Period: From 06/01/2020 To 05/31/2021	Worksheet S-2 Part I Date/Time Prepared: 9/23/2021 1:55 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

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

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

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KAREN	NOFZIGER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419.252.5879	KAREN.NOFZIGER@PROMEDICA.ORG	21.00

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

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

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

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

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
9/23/2021 1:55 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	162	59,130	0	4,878	24,787	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	162	59,130	0	4,878	24,787	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	9,261	38,926	0	197	211	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	9,261	38,926	0	197	211	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	366	774	0.00	24.76	117.47	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	366	774	0.00	24.76	117.47	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	50.29	0	254	64	397	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	50.29	0	254	64	397	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	715	128.52	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	715	128.52	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	8,572,975	0	8,572,975	267,324.00	32.07 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	8,572,975	0	8,572,975	267,324.00	32.07 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00 8.00
9.00	CMHC I	0	0	0	0.00	0.00 9.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	0	0	0	0.00	0.00 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,572,975	0	8,572,975	267,324.00	32.07 13.00
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	14,040	0	14,040	190.00	73.89 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	474,864	0	474,864	7,708.95	61.60 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,561,265	0	1,561,265		
18.00	Wage-related costs other (See Part IV)	44,462	0	44,462		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,605,727	0	1,605,727		

SNF WAGE INDEX INFORMATION

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part III
Date/Time Prepared:
9/23/2021 1:55 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	836,022	215	836,237	27,084.00	30.88	1.00
2.00 Administrative & General	680,681	3,937	684,618	17,137.00	39.95	2.00
3.00 Plant Operation, Maintenance & Repairs	72,968	215	73,183	2,031.00	36.03	3.00
4.00 Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00 Housekeeping	337,526	7,934	345,460	20,295.00	17.02	5.00
6.00 Dietary	467,790	2,754	470,544	24,717.00	19.04	6.00
7.00 Nursing Administration	600,008	11,247	611,255	10,577.00	57.79	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	72,989	1,874	74,863	3,228.00	23.19	10.00
11.00 Social Service	277,453	3,481	280,934	11,402.00	24.64	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,345,437	31,657	3,377,094	116,471.00	29.00	14.00

SNF WAGE RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
9/23/2021 1:55 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	82,944	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	616,954	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	40,783	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,540	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	98,696	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	491,447	17.00
18.00	Medicare Taxes - Employers Portion Only	124,308	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	104,593	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,561,265	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	28,950	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	0	25.04
25.05	EMPLOYEE UNIFORMS	15,228	25.05
25.06	EMPLOYEE APPRECIATION	284	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part V
Date/Time Prepared:
9/23/2021 1:55 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,833,076	322,266	2,155,342	42,480.00	50.74	1.00
2.00	Licensed Practical Nurses (LPNs)	946,284	166,362	1,112,646	29,928.00	37.18	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,843,180	324,042	2,167,222	101,998.00	21.25	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,622,540	812,670	5,435,210	174,406.00	31.16	4.00
5.00	Physical Therapists	378,953	63,905	442,858	8,167.00	54.23	5.00
6.00	Physical Therapy Assistants	237,586	40,106	277,692	7,240.00	38.36	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	334,190	57,766	391,956	7,600.00	51.57	8.00
9.00	Occupational Therapy Assistants	59,848	10,036	69,884	2,423.00	28.84	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	64,818	11,299	76,117	1,559.00	48.82	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	13,200	2,034	15,234	799.00	19.07	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	9,320		9,320	126.00	73.97	24.00
25.00	Respiratory Therapists	4,720		4,720	64.00	73.75	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
9/23/2021 1:55 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
9/23/2021 1:55 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		203,364	203,364	40,087	243,451	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		300,647	300,647	0	300,647	2.00
3.00	00300	EMPLOYEE BENEFITS	836,022	1,605,727	2,441,749	215	2,441,964	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	680,681	3,333,448	4,014,129	-36,150	3,977,979	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	72,968	428,654	501,622	215	501,837	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	13,946	13,946	0	13,946	6.00
7.00	00700	HOUSEKEEPING	337,526	20,735	358,261	7,934	366,195	7.00
8.00	00800	DIETARY	467,790	416,607	884,397	2,754	887,151	8.00
9.00	00900	NURSING ADMINISTRATION	600,008	0	600,008	11,247	611,255	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	72,989	-239	72,750	1,874	74,624	12.00
13.00	01300	SOCIAL SERVICE	186,706	-13	186,693	3,052	189,745	13.00
13.01	01301	ACTIVITIES	90,747	4,035	94,782	429	95,211	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,255,730	350,093	4,605,823	-57,646	4,548,177	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	11,160	11,160	0	11,160	40.00
41.00	04100	LABORATORY	0	93,230	93,230	0	93,230	41.00
42.00	04200	INTRAVENOUS THERAPY	0	59,620	59,620	0	59,620	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	25,915	25,915	0	25,915	43.00
44.00	04400	PHYSICAL THERAPY	547,306	42,066	589,372	19,888	609,260	44.00
45.00	04500	OCCUPATIONAL THERAPY	354,275	178	354,453	5,350	359,803	45.00
46.00	04600	SPEECH PATHOLOGY	58,090	9,320	67,410	751	68,161	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,137	178,099	190,236	0	190,236	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	366,665	366,665	0	366,665	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		2,388,463	2,388,463	0	2,388,463	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,572,975	9,851,720	18,424,695	0	18,424,695	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,495	1,495	0	1,495	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	8,572,975	9,853,215	18,426,190	0	18,426,190	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	217,369	460,820
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-21,784	278,863
3.00	00300	EMPLOYEE BENEFITS	-8,662	2,433,302
4.00	00400	ADMINISTRATIVE & GENERAL	-562,231	3,415,748
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	501,837
6.00	00600	LAUNDRY & LINEN SERVICE	0	13,946
7.00	00700	HOUSEKEEPING	0	366,195
8.00	00800	DIETARY	-1	887,150
9.00	00900	NURSING ADMINISTRATION	0	611,255
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	74,624
13.00	01300	SOCIAL SERVICE	0	189,745
13.01	01301	ACTIVITIES	0	95,211
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	4,548,177
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	11,160
41.00	04100	LABORATORY	0	93,230
42.00	04200	INTRAVENOUS THERAPY	0	59,620
43.00	04300	OXYGEN (INHALATION) THERAPY	0	25,915
44.00	04400	PHYSICAL THERAPY	0	609,260
45.00	04500	OCCUPATIONAL THERAPY	0	359,803
46.00	04600	SPEECH PATHOLOGY	0	68,161
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	190,236
49.00	04900	DRUGS CHARGED TO PATIENTS	0	366,665
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-2,388,463	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-2,763,772	15,660,923
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	1,495
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-2,763,772	15,662,418

RECLASSIFICATIONS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
9/23/2021 1:55 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	36,553	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	3,469	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	65	3.00
	(1) D - COVID WAGES					
4.00		EMPLOYEE BENEFITS	3.00	215	0	4.00
5.00		ADMINISTRATIVE & GENERAL	4.00	3,937	0	5.00
6.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	215	0	6.00
7.00		HOUSEKEEPING	7.00	7,934	0	7.00
8.00		DIETARY	8.00	2,754	0	8.00
9.00		NURSING ADMINISTRATION	9.00	11,247	0	9.00
10.00		MEDICAL RECORDS & LIBRARY	12.00	1,874	0	10.00
11.00		SOCIAL SERVICE	13.00	3,052	0	11.00
12.00		ACTIVITIES	13.01	429	0	12.00
13.00		PHYSICAL THERAPY	44.00	19,888	0	13.00
14.00		OCCUPATIONAL THERAPY	45.00	5,350	0	14.00
15.00		SPEECH PATHOLOGY	46.00	751	0	15.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		57,646	40,087	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECLASSIFICATIONS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
9/23/2021 1:55 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00	ADMINISTRATIVE & GENERAL	4.00	0	36,553		1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00	ADMINISTRATIVE & GENERAL	4.00	0	3,469		2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00	ADMINISTRATIVE & GENERAL	4.00	0	65		3.00
	(1) D - COVID WAGES					
4.00	SKILLED NURSING FACILITY	30.00	57,646	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	TOTALS					
100.00				57,646	40,087	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-7

Date/Time Prepared:
9/23/2021 1:55 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,511,059	0	0	0	0	1.00
2.00	Land Improvements	764,015	0	0	0	0	2.00
3.00	Buildings and Fixtures	7,096,559	0	0	0	0	3.00
4.00	Building Improvements	6,741,341	109,819	0	109,819	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,719,862	45,668	0	45,668	0	6.00
7.00	Subtotal (sum of lines 1-6)	20,832,836	155,487	0	155,487	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	20,832,836	155,487	0	155,487	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
				6.00	7.00		
		ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	1,511,059	0				1.00
2.00	Land Improvements	764,015	250,697				2.00
3.00	Buildings and Fixtures	7,096,559	4,003,342				3.00
4.00	Building Improvements	6,851,160	2,854,023				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	4,765,530	3,690,825				6.00
7.00	Subtotal (sum of lines 1-6)	20,988,323	10,798,887				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	20,988,323	10,798,887				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
9/23/2021 1:55 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-327	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	86,377			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-1	DIETARY	8.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-333	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	217,369	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	-21,784	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-231,306	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-390,800	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-5,420	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,389	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-2,388,463	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2020	A	-8,662	EMPLOYEE BENEFITS	3.00	25.05
25.06	PURCH SERV - PSYCH SERVICES	A	-18,033	ADMINISTRATIVE & GENERAL	4.00	25.06
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,763,772			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/23/2021 1:55 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		688,350	601,973	86,377	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	688,350	601,973	86,377	10.00

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

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/23/2021 1:55 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 1:55 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	460,820	460,820		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	278,863	278,863		2.00
3.00	00300	EMPLOYEE BENEFITS	2,433,302	8,813	5,333	2,447,448
4.00	00400	ADMINISTRATIVE & GENERAL	3,415,748	19,512	11,807	216,573
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	501,837	12,184	7,373	23,151
6.00	00600	LAUNDRY & LINEN SERVICE	13,946	12,314	7,452	0
7.00	00700	HOUSEKEEPING	366,195	3,826	2,316	109,283
8.00	00800	DIETARY	887,150	56,280	34,058	148,852
9.00	00900	NURSING ADMINISTRATION	611,255	4,488	2,716	193,365
10.00	01000	CENTRAL SERVICES & SUPPLY	0	4,466	2,703	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	74,624	0	0	23,682
13.00	01300	SOCIAL SERVICE	189,745	1,398	846	60,028
13.01	01301	ACTIVITIES	95,211	6,081	3,680	28,843
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,548,177	299,644	181,326	1,328,027
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	11,160	0	0	0
41.00	04100	LABORATORY	93,230	0	0	0
42.00	04200	INTRAVENOUS THERAPY	59,620	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	25,915	0	0	0
44.00	04400	PHYSICAL THERAPY	609,260	24,671	14,930	179,427
45.00	04500	OCCUPATIONAL THERAPY	359,803	1,951	1,181	113,764
46.00	04600	SPEECH PATHOLOGY	68,161	878	531	18,614
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	190,236	2,656	1,607	3,839
49.00	04900	DRUGS CHARGED TO PATIENTS	366,665	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	15,660,923	459,162	277,859	2,447,448
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,495	1,658	1,004	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	15,662,418	460,820	278,863	2,447,448

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,663,640					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	172,393	716,938				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	10,673	21,004	65,389			6.00
7.00	00700	HOUSEKEEPING	152,472	6,527	0	640,619		7.00
8.00	00800	DIETARY	356,579	95,999	0	89,205	1,668,123	8.00
9.00	00900	NURSING ADMINISTRATION	257,009	7,655	0	7,113	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	2,270	7,618	0	7,079	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	31,122	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	79,784	2,385	0	2,216	0	13.00
13.01	01301	ACTIVITIES	42,363	10,373	0	9,639	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	2,012,565	511,109	65,389	474,940	1,668,123	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	3,533	0	0	0	0	40.00
41.00	04100	LABORATORY	29,515	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	8,204	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	262,221	42,083	0	39,104	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	150,914	3,328	0	3,093	0	45.00
46.00	04600	SPEECH PATHOLOGY	27,917	1,498	0	1,392	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,790	4,530	0	4,209	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,662,324	714,109	65,389	637,990	1,668,123	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	1,316	2,829	0	2,629	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	3,663,640	716,938	65,389	640,619	1,668,123	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	1,083,601				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	24,136			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	129,428	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,083,601	24,136	0	129,428	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC					62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,083,601	24,136	0	129,428	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0			98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	1,083,601	24,136	0	129,428	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	196,190					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	196,190	0	0	12,859,057	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	14,693	0	40.00
41.00	04100	LABORATORY	0	0	0	122,745	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	59,620	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	34,119	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,171,696	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	634,034	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	118,991	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	269,867	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	366,665	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	196,190	0	0	15,651,487	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	10,931	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	196,190	0	0	15,662,418	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	12,859,057
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	14,693
41.00	04100	LABORATORY	122,745
42.00	04200	INTRAVENOUS THERAPY	59,620
43.00	04300	OXYGEN (INHALATION) THERAPY	34,119
44.00	04400	PHYSICAL THERAPY	1,171,696
45.00	04500	OCCUPATIONAL THERAPY	634,034
46.00	04600	SPEECH PATHOLOGY	118,991
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	269,867
49.00	04900	DRUGS CHARGED TO PATIENTS	366,665
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	15,651,487
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	10,931
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	15,662,418

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	8,813	5,333	14,146	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	19,512	11,807	31,319	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	12,184	7,373	19,557	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	12,314	7,452	19,766	6.00
7.00	00700	HOUSEKEEPING	0	3,826	2,316	6,142	7.00
8.00	00800	DIETARY	0	56,280	34,058	90,338	8.00
9.00	00900	NURSING ADMINISTRATION	0	4,488	2,716	7,204	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	4,466	2,703	7,169	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	1,398	846	2,244	13.00
13.01	01301	ACTIVITIES	0	6,081	3,680	9,761	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	299,644	181,326	480,970	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	24,671	14,930	39,601	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	1,951	1,181	3,132	45.00
46.00	04600	SPEECH PATHOLOGY	0	878	531	1,409	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,656	1,607	4,263	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	459,162	277,859	737,021	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,658	1,004	2,662	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	460,820	278,863	739,683	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	32,570				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,532	21,223			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	95	622	20,483		6.00
7.00	00700	HOUSEKEEPING	1,355	193	0	8,322	7.00
8.00	00800	DIETARY	3,170	2,842	0	1,159	8.00
9.00	00900	NURSING ADMINISTRATION	2,284	227	0	92	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	20	226	0	92	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	277	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	709	71	0	29	13.00
13.01	01301	ACTIVITIES	377	307	0	125	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	17,895	15,128	20,483	6,170	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	31	0	0	0	40.00
41.00	04100	LABORATORY	262	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	73	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,331	1,246	0	508	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,341	99	0	40	45.00
46.00	04600	SPEECH PATHOLOGY	248	44	0	18	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	558	134	0	55	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	32,558	21,139	20,483	8,288	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	12	84	0	34	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	32,570	21,223	20,483	8,322	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	10,924					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	7,507				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	414		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	3,400	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	10,924	7,507	0	414	3,400	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,924	7,507	0	414	3,400	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	10,924	7,507	0	414	3,400	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	10,737					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	10,737	0	0	679,674	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	31	0	40.00
41.00	04100	LABORATORY	0	0	0	262	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	73	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	44,723	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	5,269	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,827	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,032	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,737	0	0	736,891	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	2,792	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	10,737	0	0	739,683	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 1:55 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	42,512				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		42,512			2.00
3.00	00300	EMPLOYEE BENEFITS	813	813	7,736,738		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,800	1,800	684,618	-3,663,640	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,124	1,124	73,183	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,136	1,136	0	0	6.00
7.00	00700	HOUSEKEEPING	353	353	345,460	0	7.00
8.00	00800	DIETARY	5,192	5,192	470,544	0	8.00
9.00	00900	NURSING ADMINISTRATION	414	414	611,255	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	412	412	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	74,863	0	12.00
13.00	01300	SOCIAL SERVICE	129	129	189,758	0	13.00
13.01	01301	ACTIVITIES	561	561	91,176	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	27,643	27,643	4,198,084	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-59,620	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,276	2,276	567,194	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	180	180	359,625	0	45.00
46.00	04600	SPEECH PATHOLOGY	81	81	58,841	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	245	245	12,137	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-366,665	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	42,359	42,359	7,736,738	-4,089,925	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	153	153	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	460,820	278,863	2,447,448	3,663,640	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	10.839763	6.559630	0.316341	0.316582	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			14,146	32,570	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001828	0.002814	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	38,775					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,136	38,926				6.00
7.00	00700	HOUSEKEEPING	353	0	37,286			7.00
8.00	00800	DIETARY	5,192	0	5,192	116,778		8.00
9.00	00900	NURSING ADMINISTRATION	414	0	414	0	38,926	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	412	0	412	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	129	0	129	0	0	13.00
13.01	01301	ACTIVITIES	561	0	561	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	27,643	38,926	27,643	116,778	38,926	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,276	0	2,276	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	180	0	180	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	81	0	81	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	245	0	245	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	38,622	38,926	37,133	116,778	38,926	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	153	0	153	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	716,938	65,389	640,619	1,668,123	1,083,601	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	18.489697	1.679828	17.181221	14.284566	27.837461	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	21,223	20,483	8,322	98,369	10,924	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.547337	0.526204	0.223194	0.842359	0.280635	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	38,926				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	38,926		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	38,926	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	38,926	0	38,926	38,926	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	38,926	0	38,926	38,926	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	24,136	0	129,428	336,402	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.620048	0.000000	3.324976	8.642090	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	7,507	0	414	3,400	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.192853	0.000000	0.010636	0.087345	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet C

Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	14,693	86,810	0.169255	40.00
41.00	04100	LABORATORY	122,745	100,627	1.219802	41.00
42.00	04200	INTRAVENOUS THERAPY	59,620	120,036	0.496684	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	34,119	5,368	6.355999	43.00
44.00	04400	PHYSICAL THERAPY	1,171,696	1,397,531	0.838404	44.00
45.00	04500	OCCUPATIONAL THERAPY	634,034	1,137,914	0.557190	45.00
46.00	04600	SPEECH PATHOLOGY	118,991	113,185	1.051297	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	269,867	4,889	55.198814	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	366,665	764,945	0.479335	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,792,430	3,731,305		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part I
Date/Time Prepared:
9/23/2021 1:55 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

Health Care Program Charges

Health Care Program Cost

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0.169255	37,041	0	6,269	0	40.00
41.00	04100 LABORATORY	1.219802	33,522	0	40,890	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.496684	27,452	0	13,635	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	6.355999	275	0	1,748	0	43.00
44.00	04400 PHYSICAL THERAPY	0.838404	643,575	0	539,576	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.557190	507,225	0	282,621	0	45.00
46.00	04600 SPEECH PATHOLOGY	1.051297	51,000	0	53,616	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	55.198814	22	0	1,214	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.479335	319,055	0	152,934	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FOHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000		0			71.00
100.00	Total (Sum of lines 40 - 71)		1,619,167	0	1,092,503	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555337		Period: From 06/01/2020 To 05/31/2021		Worksheet D Parts II-III Date/Time Prepared: 9/23/2021 1:55 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)						0.479335	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)						0	3.00
		Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)		
			1.00	2.00	3.00	4.00	5.00		
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	14,693	0	0.000000	6,269	0	40.00	
41.00	04100	LABORATORY	122,745	0	0.000000	40,890	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	59,620	0	0.000000	13,635	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	34,119	0	0.000000	1,748	0	43.00	
44.00	04400	PHYSICAL THERAPY	1,171,696	0	0.000000	539,576	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	634,034	0	0.000000	282,621	0	45.00	
46.00	04600	SPEECH PATHOLOGY	118,991	0	0.000000	53,616	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	269,867	0	0.000000	1,214	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	366,665	0	0.000000	152,934	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00	
100.00		Total (Sum of lines 40 - 52)	2,792,430	0		1,092,503	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555337	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 9/23/2021 1:55 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		38,926	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		4,878	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		12,859,057	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		16,595,470	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.774853	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		12,859,057	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		330.35	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,611,447	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,611,447	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		679,674	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		17.46	21.00
22.00	Program capital related cost (Line 3 times line 21)		85,170	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,526,277	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,526,277	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		38,926	1.00
2.00	Program inpatient days (see instructions)		4,878	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.125315	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part I
Date/Time Prepared:
9/23/2021 1:55 pm

Title XVIII

Skilled Nursing
Facility

PPS

1.00

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1.00	Inpatient PPS amount (See Instructions)	5,047,116	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	5,047,116	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	309,332	5.00
6.00	Allowable bad debts (From your records)	25,619	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	3,209	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	16,652	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	4,754,436	11.00
12.00	Interim payments (See instructions)	4,783,769	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	-29,333	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555337	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 9/23/2021 1:55 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555337	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 9/23/2021 1:55 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet E-1

Date/Time Prepared:
9/23/2021 1:55 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		4,783,769 0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		4,783,769		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		29,333		0	6.02
7.00	Total Medicare program liability (see instructions)		4,754,436		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet G

Date/Time Prepared:
9/23/2021 1:55 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-2,928	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,734,732	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-422,874	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	121,209	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,430,139	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	304,060	0	0	0	17.00
18.00 Less: Accumulated Amortization	-64,266	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	832,926	0	0	0	23.00
24.00 Less: Accumulated depreciation	-442,571	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	927,089	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,557,238	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-1,155,331	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-1,155,331	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,832,046	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	166,576	0	0	0	35.00
36.00 Salaries, wages, and fees payable	996,767	0	0	0	36.00
37.00 Payroll taxes payable	37,632	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	162,122	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,363,097	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,363,097	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,468,949				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	1,468,949	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,832,046	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-1

Date/Time Prepared:
9/23/2021 1:55 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		2,376,734		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-1,429,200				2.00
3.00	Total (sum of line 1 and line 2)		947,534		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		521,415		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		521,415		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,468,949		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		1,468,949		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021Worksheet G-2
Parts I-II
Date/Time Prepared:
9/23/2021 1:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	16,595,470		16,595,470	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	16,595,470		16,595,470	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	3,731,305	0	3,731,305	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	20,326,775	0	20,326,775	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			18,426,190	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			18,426,190	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555337

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-3

Date/Time Prepared:
9/23/2021 1:55 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	20,326,775	1.00
2.00	Less: contractual allowances and discounts on patients accounts	3,667,692	2.00
3.00	Net patient revenues (Line 1 minus line 2)	16,659,083	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	18,426,190	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-1,767,107	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	327	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	-36	20.00
21.00	Rental of vending machines	333	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	200	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	337,082	24.50
25.00	Total other income (Sum of lines 6 - 24)	337,907	25.00
26.00	Total (Line 5 plus line 25)	-1,429,200	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,429,200	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555337	Period: From 06/01/2021 To 05/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 9/22/2022 7:29 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 9/22/2022 Time: 7:29 am
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Citrus Heights CA, LLC (555337) for the cost reporting period beginning 06/01/2021 and ending 05/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin D. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin D. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	09/22/2022 07:29:52 AM		4

Cost Center Description		Title V		Title XVIII		Title XIX		
		1.00		Part A	Part B	2.00	3.00	
PART III - SETTLEMENT SUMMARY								
1.00	SKILLED NURSING FACILITY	0		-7,228	0	0		1.00
2.00	NURSING FACILITY	0				0		2.00
3.00	ICF/IID					0		3.00
4.00	SNF - BASED HHA I	0		0	0			4.00
5.00	SNF - BASED RHC I	0			0			5.00
6.00	SNF - BASED FQHC I	0			0			6.00
7.00	SNF - BASED CMHC I	0			0			7.00
7.10	SNF - BASED CORF I	0			0			7.10
100.00	TOTAL	0		-7,228	0	0		100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555337		Period: From 06/01/2021 To 05/31/2022		Worksheet S-2 Part I Date/Time Prepared: 9/22/2022 7:29 am	
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 7807 UPLANDS WAY			PO Box:				1.00	
2.00	City: CITRUS HEIGHTS			State: CA		Zip Code: 95610		2.00	
3.00	County: SACRAMENTO			CBSA Code: 40900		Urban/Rural: U		3.00	
3.01				CBSA Code:				3.01	
				Component Name		Provider CCN		Date Certified	
								Payment System (P, 0, or N)	
								V XVIII XIX	
				1.00		2.00		3.00	
								4.00 5.00 6.00	
SNF and SNF-Based Component Identification:									
4.00	SNF			Manor Care of Citrus Heights CA, LLC		555337		01/01/1989	
5.00	Nursing Facility							P P P	
6.00	ICF/IID								
7.00	SNF-Based HHA								
8.00	SNF-Based RHC								
9.00	SNF-Based FQHC								
10.00	SNF-Based CMHC								
11.00	SNF-Based OLTC								
12.00	SNF-Based HOSPICE								
13.00	SNF-Based CORF								
						From:		To:	
						1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2021		05/31/2022	
15.00	Type of Control (See Instructions)							2501(C)(3)	
								Y/N	
								1.00	
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line							202,988	
21.00	Declining Balance							0	
22.00	Sum of the Year's Digits							0	
23.00	Sum of line 20 through 22							202,988	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	
								Part A Part B Other	
								1.00 2.00 3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility							N N N	
30.00	Nursing Facility							N N N	
31.00	ICF/IID							N N N	
32.00	SNF-Based HHA							N N N	
33.00	SNF-Based RHC							N N N	
34.00	SNF-Based FQHC							N N N	
35.00	SNF-Based CMHC							N N N	
36.00	SNF-Based OLTC							N N N	
						Y/N			
						1.00		2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			
38.00	Are you legally required to carry malpractice insurance? (Y/N)					N			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								
				Premiums		Paid Losses		Self Insurance	
				1.00		2.00		3.00	
41.00	List malpractice premiums and paid losses:			43,220		19,611		1,251,271	

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

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part I
Date/Time Prepared:
9/22/2022 7:29 am

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 555337	Period: From 06/01/2021 To 05/31/2022	Worksheet S-2 Part II Date/Time Prepared: 9/22/2022 7:29 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Y/N	Date	Y/N	
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y	18.00

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

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
9/22/2022 7:29 am

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KAREN	NOFZIGER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419.252.5879	KAREN.NOFZIGER@PROMEDICA.ORG	21.00

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

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part II
Date/Time Prepared:
9/22/2022 7:29 am

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

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

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part I
Date/Time Prepared:
9/22/2022 7:29 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	162	59,130	0	4,683	26,914	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	162	59,130	0	4,683	26,914	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	9,204	40,801	0	220	188	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	9,204	40,801	0	220	188	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	388	796	0.00	21.29	143.16	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	388	796	0.00	21.29	143.16	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	51.26	0	250	111	425	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	51.26	0	250	111	425	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	786	116.71	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	786	116.71	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part II
Date/Time Prepared:
9/22/2022 7:29 am

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES							
SALARIES							
1.00	Total salaries (See Instructions)	8,361,543	0	8,361,543	242,767.00	34.44	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	8,361,543	0	8,361,543	242,767.00	34.44	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC I	0	0	0	0.00	0.00	9.00
9.10	CORF I						9.10
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,361,543	0	8,361,543	242,767.00	34.44	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	1,873,636	0	1,873,636	50,139.00	37.37	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	572,116	0	572,116	10,484.77	54.57	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	1,448,510	0	1,448,510			17.00
18.00	Wage-related costs other (See Part IV)	31,686	0	31,686			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,480,196	0	1,480,196			22.00

SNF WAGE INDEX INFORMATION

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part III
Date/Time Prepared:
9/22/2022 7:29 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	845,190	0	845,190	25,760.00	32.81	1.00
2.00 Administrative & General	528,573	5,219	533,792	13,122.00	40.68	2.00
3.00 Plant Operation, Maintenance & Repairs	68,577	0	68,577	1,992.00	34.43	3.00
4.00 Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00 Housekeeping	373,121	2,516	375,637	19,393.00	19.37	5.00
6.00 Dietary	497,536	1,251	498,787	21,513.00	23.19	6.00
7.00 Nursing Administration	575,171	0	575,171	9,624.00	59.76	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	51,457	0	51,457	2,343.00	21.96	10.00
11.00 Social Service	279,625	190	279,815	10,440.00	26.80	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,219,250	9,176	3,228,426	104,187.00	30.99	14.00

SNF WAGE RELATED COSTS		Provider No. : 555337	Period: From 06/01/2021 To 05/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 9/22/2022 7:29 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		105,003	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		640,052	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		37,209	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,363	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		30,229	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		480,972	17.00
18.00	Medicare Taxes - Employers Portion Only		121,242	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		32,440	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,448,510	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		6,716	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		3,088	25.04
25.05	EMPLOYEE UNIFORMS		21,417	25.05
25.06	EMPLOYEE APPRECIATION		465	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part V
Date/Time Prepared:
9/22/2022 7:29 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,539,577	273,144	1,812,721	34,711.00	52.22	1.00
2.00	Licensed Practical Nurses (LPNs)	1,164,810	206,655	1,371,465	33,924.00	40.43	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,942,903	344,700	2,287,603	89,669.00	25.51	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,647,290	824,499	5,471,789	158,304.00	34.57	4.00
5.00	Physical Therapists	302,914	53,353	356,267	6,185.00	57.60	5.00
6.00	Physical Therapy Assistants	213,795	37,299	251,094	6,105.00	41.13	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	307,972	54,737	362,709	6,648.00	54.56	8.00
9.00	Occupational Therapy Assistants	90,352	15,997	106,349	3,344.00	31.80	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	66,231	11,432	77,663	1,805.00	43.03	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	36,700	6,608	43,308	2,368.00	18.29	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	418,373		418,373	6,859.00	61.00	14.00
15.00	Licensed Practical Nurses (LPNs)	207,764		207,764	4,617.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,163,084		1,163,084	37,519.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,789,221		1,789,221	48,995.00	36.52	17.00
18.00	Physical Therapists	43,342		43,342	548.00	79.09	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	9,983		9,983	126.00	79.23	24.00
25.00	Respiratory Therapists	3,172		3,172	40.00	79.30	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
9/22/2022 7:29 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
9/22/2022 7:29 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555337	Period: From 06/01/2021 To 05/31/2022	Worksheet A Date/Time Prepared: 9/22/2022 7:29 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		191,465	191,465	38,939	230,404	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		315,267	315,267	0	315,267	2.00
3.00	00300	EMPLOYEE BENEFITS	845,190	1,480,197	2,325,387	0	2,325,387	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	528,573	3,940,998	4,469,571	-33,720	4,435,851	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	68,577	478,371	546,948	0	546,948	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	11,040	11,040	0	11,040	6.00
7.00	00700	HOUSEKEEPING	373,121	18,090	391,211	2,516	393,727	7.00
8.00	00800	DIETARY	497,536	468,084	965,620	1,251	966,871	8.00
9.00	00900	NURSING ADMINISTRATION	575,171	0	575,171	0	575,171	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	51,457	562	52,019	0	52,019	12.00
13.00	01300	SOCIAL SERVICE	186,729	0	186,729	0	186,729	13.00
13.01	01301	ACTIVITIES	92,896	2,398	95,294	190	95,484	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,227,697	2,078,094	6,305,791	-14,232	6,291,559	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	22,349	22,349	0	22,349	40.00
41.00	04100	LABORATORY	0	62,921	62,921	0	62,921	41.00
42.00	04200	INTRAVENOUS THERAPY	0	29,553	29,553	0	29,553	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	28,080	28,080	0	28,080	43.00
44.00	04400	PHYSICAL THERAPY	466,275	79,648	545,923	2,540	548,463	44.00
45.00	04500	OCCUPATIONAL THERAPY	355,800	292	356,092	1,638	357,730	45.00
46.00	04600	SPEECH PATHOLOGY	59,508	9,983	69,491	688	70,179	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,013	126,159	159,172	190	159,362	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	324,504	324,504	0	324,504	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	7,570	7,570	0	7,570	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		2,491,882	2,491,882	0	2,491,882	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,361,543	12,167,507	20,529,050	0	20,529,050	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,580	1,580	0	1,580	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	8,361,543	12,169,087	20,530,630	0	20,530,630	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet A
Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	230,404
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	0	315,267
3.00	00300	EMPLOYEE BENEFITS	0	2,325,387
4.00	00400	ADMINISTRATIVE & GENERAL	-547,410	3,888,441
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	546,948
6.00	00600	LAUNDRY & LINEN SERVICE	0	11,040
7.00	00700	HOUSEKEEPING	0	393,727
8.00	00800	DIETARY	0	966,871
9.00	00900	NURSING ADMINISTRATION	0	575,171
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	52,019
13.00	01300	SOCIAL SERVICE	0	186,729
13.01	01301	ACTIVITIES	0	95,484
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	6,291,559
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	22,349
41.00	04100	LABORATORY	0	62,921
42.00	04200	INTRAVENOUS THERAPY	0	29,553
43.00	04300	OXYGEN (INHALATION) THERAPY	0	28,080
44.00	04400	PHYSICAL THERAPY	0	548,463
45.00	04500	OCCUPATIONAL THERAPY	0	357,730
46.00	04600	SPEECH PATHOLOGY	0	70,179
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	159,362
49.00	04900	DRUGS CHARGED TO PATIENTS	0	324,504
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	7,570
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-2,491,882	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-3,039,292	17,489,758
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	1,580
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-3,039,292	17,491,338

RECLASSIFICATIONS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
9/22/2022 7:29 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
1.00	(1) A - HOME OFFICE CAPITAL COSTS					
		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	29,475	1.00
2.00	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	9,464	2.00
3.00	(1) D - COVID WAGES					
4.00		ADMINISTRATIVE & GENERAL	4.00	5,219	0	4.00
5.00		HOUSEKEEPING	7.00	2,516	0	5.00
6.00		DIETARY	8.00	1,251	0	6.00
7.00		ACTIVITIES	13.01	190	0	7.00
8.00		PHYSICAL THERAPY	44.00	2,540	0	8.00
9.00		OCCUPATIONAL THERAPY	45.00	1,638	0	9.00
10.00		SPEECH PATHOLOGY	46.00	688	0	10.00
11.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	190	0	11.00
TOTALS						
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		14,232	38,939	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECLASSIFICATIONS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
9/22/2022 7:29 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	29,475	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	9,464	2.00
	(1) D - COVID WAGES					
3.00		SKILLED NURSING FACILITY	30.00	14,232	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
	TOTALS					
100.00				14,232	38,939	100.00

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

May 12, 2023

MCRI F32 - 10.11.175.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-7

Date/Time Prepared:
9/22/2022 7:29 am

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	304,060	42,416	0	42,416	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	832,926	36,631	0	36,631	0	6.00
7.00	Subtotal (sum of lines 1-6)	1,136,986	79,047	0	79,047	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	1,136,986	79,047	0	79,047	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	346,476	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	869,557	0				6.00
7.00	Subtotal (sum of lines 1-6)	1,216,033	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	1,216,033	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-8

Date/Time Prepared:
9/22/2022 7:29 am

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	13,835			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-569	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A		OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A		OCAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-195,805	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-296,653	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-11,525	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,112	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-2,491,882	INTEREST EXPENSE	81.00	25.04
25.05	MISC. INCOME	B	-1,869	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06	PURCH SERV - PSYCH SERVICES	A	-7,946	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	PURCH SERV - PHYS. CARE	A	-28,779	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08	PENALTIES - STATE & FED	A	-15,987	ADMINISTRATIVE & GENERAL	4.00	25.08
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-3,039,292			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/22/2022 7:29 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		629,602	615,767	13,835	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	629,602	615,767	13,835	10.00

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

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/22/2022 7:29 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
9/22/2022 7:29 am

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	230,404	230,404		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	315,267	315,267		2.00
3.00	00300	EMPLOYEE BENEFITS	2,325,387	4,406	6,029	2,335,822
4.00	00400	ADMINISTRATIVE & GENERAL	3,888,441	9,756	13,349	165,884
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	546,948	6,092	8,336	21,311
6.00	00600	LAUNDRY & LINEN SERVICE	11,040	6,157	8,425	0
7.00	00700	HOUSEKEEPING	393,727	1,913	2,618	116,735
8.00	00800	DIETARY	966,871	28,139	38,504	155,006
9.00	00900	NURSING ADMINISTRATION	575,171	2,244	3,070	178,743
10.00	01000	CENTRAL SERVICES & SUPPLY	0	2,233	3,055	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	52,019	0	0	15,991
13.00	01300	SOCIAL SERVICE	186,729	699	957	58,029
13.01	01301	ACTIVITIES	95,484	3,040	4,160	28,928
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	6,291,559	149,818	204,997	1,309,400
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	22,349	0	0	0
41.00	04100	LABORATORY	62,921	0	0	0
42.00	04200	INTRAVENOUS THERAPY	29,553	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	28,080	0	0	0
44.00	04400	PHYSICAL THERAPY	548,463	12,335	16,879	145,691
45.00	04500	OCCUPATIONAL THERAPY	357,730	976	1,335	111,079
46.00	04600	SPEECH PATHOLOGY	70,179	439	601	18,707
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	159,362	1,328	1,817	10,318
49.00	04900	DRUGS CHARGED TO PATIENTS	324,504	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	7,570	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	17,489,758	229,575	314,132	2,335,822
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,580	829	1,135	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	17,491,338	230,404	315,267	2,335,822

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	4,077,430				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	181,921	764,608			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	7,999	22,401	56,022		6.00	
7.00	00700	HOUSEKEEPING	160,786	6,961	0	682,740	7.00	
8.00	00800	DIETARY	371,069	102,382	0	7,428	1,669,399	8.00
9.00	00900	NURSING ADMINISTRATION	237,039	8,164	0	8,711	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	1,651	8,124	0	8,669	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	21,233	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	76,933	2,544	0	2,714	0	13.00
13.01	01301	ACTIVITIES	41,091	11,062	0	11,804	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	2,483,883	545,095	56,022	581,657	1,669,399	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	6,978	0	0	0	0	40.00
41.00	04100	LABORATORY	19,645	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	8,767	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	225,843	44,881	0	47,891	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	147,089	3,549	0	3,788	0	45.00
46.00	04600	SPEECH PATHOLOGY	28,076	1,597	0	1,704	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,958	4,831	0	5,155	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	2,363	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,076,324	761,591	56,022	679,521	1,669,399	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	1,106	3,017	0	3,219	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	4,077,430	764,608	56,022	682,740	1,669,399	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,013,142					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	23,732				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	89,243		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	328,605	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,013,142	23,732	0	89,243	328,605	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,013,142	23,732	0	89,243	328,605	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,013,142	23,732	0	89,243	328,605	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2021
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	195,569					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	195,569	0	0	14,942,121	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	29,327	0	40.00
41.00	04100	LABORATORY	0	0	0	82,566	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	29,553	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	36,847	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,041,983	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	625,546	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	121,303	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	236,769	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	324,504	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	9,933	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	195,569	0	0	17,480,452	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	10,886	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	195,569	0	0	17,491,338	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555337

Period:
From 06/01/2021
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Part I
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9/22/2022 7:29 am

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	14,942,121
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	29,327
41.00	04100	LABORATORY	82,566
42.00	04200	INTRAVENOUS THERAPY	29,553
43.00	04300	OXYGEN (INHALATION) THERAPY	36,847
44.00	04400	PHYSICAL THERAPY	1,041,983
45.00	04500	OCCUPATIONAL THERAPY	625,546
46.00	04600	SPEECH PATHOLOGY	121,303
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	236,769
49.00	04900	DRUGS CHARGED TO PATIENTS	324,504
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	9,933
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	17,480,452
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	10,886
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	17,491,338

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	4,406	6,029	10,435	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	9,756	13,349	23,105	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	6,092	8,336	14,428	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	6,157	8,425	14,582	6.00
7.00	00700	HOUSEKEEPING	0	1,913	2,618	4,531	7.00
8.00	00800	DIETARY	0	28,139	38,504	66,643	8.00
9.00	00900	NURSING ADMINISTRATION	0	2,244	3,070	5,314	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	2,233	3,055	5,288	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	699	957	1,656	13.00
13.01	01301	ACTIVITIES	0	3,040	4,160	7,200	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	149,818	204,997	354,815	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	12,335	16,879	29,214	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	976	1,335	2,311	45.00
46.00	04600	SPEECH PATHOLOGY	0	439	601	1,040	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,328	1,817	3,145	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	229,575	314,132	543,707	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	829	1,135	1,964	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	230,404	315,267	545,671	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	23,846				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,064	15,587			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	47	457	15,086		6.00
7.00	00700	HOUSEKEEPING	940	142	0	6,134	7.00
8.00	00800	DIETARY	2,170	2,087	0	67	8.00
9.00	00900	NURSING ADMINISTRATION	1,386	166	0	78	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10	166	0	78	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	124	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	450	52	0	24	13.00
13.01	01301	ACTIVITIES	240	226	0	106	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	14,527	11,111	15,086	5,227	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	41	0	0	0	40.00
41.00	04100	LABORATORY	115	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	51	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,321	915	0	430	44.00
45.00	04500	OCCUPATIONAL THERAPY	860	72	0	34	45.00
46.00	04600	SPEECH PATHOLOGY	164	33	0	15	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	316	98	0	46	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	14	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	23,840	15,525	15,086	6,105	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	6	62	0	29	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	23,846	15,587	15,086	6,134	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	7,742					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,542				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	195		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	2,441	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	7,742	5,542	0	195	2,441	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,742	5,542	0	195	2,441	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	7,742	5,542	0	195	2,441	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	7,901					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	7,901	0	0	502,098	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	41	0	40.00
41.00	04100	LABORATORY	0	0	0	115	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	51	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	32,531	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	3,773	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,336	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,651	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	14	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,901	0	0	543,610	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	2,061	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	7,901	0	0	545,671	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/22/2022 7:29 am

CAPITAL RELATED COSTS							
Cost Center Description		BLDGs & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	42,512				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		42,512			2.00
3.00	00300	EMPLOYEE BENEFITS	813	813	7,516,353		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,800	1,800	533,792	-4,077,430	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,124	1,124	68,577	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,136	1,136	0	25,622	6.00
7.00	00700	HOUSEKEEPING	353	353	375,637	0	7.00
8.00	00800	DIETARY	5,192	5,192	498,787	0	8.00
9.00	00900	NURSING ADMINISTRATION	414	414	575,171	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	412	412	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	51,457	0	12.00
13.00	01300	SOCIAL SERVICE	129	129	186,729	0	13.00
13.01	01301	ACTIVITIES	561	561	93,086	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	27,643	27,643	4,213,465	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-29,553	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,276	2,276	468,815	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	180	180	357,438	0	45.00
46.00	04600	SPEECH PATHOLOGY	81	81	60,196	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	245	245	33,203	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-324,504	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	7,570	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	42,359	42,359	7,516,353	-4,431,487	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	153	153	0	3,544	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	230,404	315,267	2,335,822	4,077,430	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	5.419740	7.415953	0.310765	0.312211	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			10,435	23,846	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001388	0.001826	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	38,775					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,136	40,801				6.00
7.00	00700	HOUSEKEEPING	353	0	32,447			7.00
8.00	00800	DIETARY	5,192	0	353	122,403		8.00
9.00	00900	NURSING ADMINISTRATION	414	0	414	0	40,801	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	412	0	412	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	129	0	129	0	0	13.00
13.01	01301	ACTIVITIES	561	0	561	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	27,643	40,801	27,643	122,403	40,801	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,276	0	2,276	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	180	0	180	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	81	0	81	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	245	0	245	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	38,622	40,801	32,294	122,403	40,801	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	153	0	153	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	764,608	56,022	682,740	1,669,399	1,013,142	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	19.719097	1.373055	21.041699	13.638546	24.831303	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	15,587	15,086	6,134	71,659	7,742	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.401986	0.369746	0.189047	0.585435	0.189750	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	40,801				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	40,801		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	40,801	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	40,801	0	40,801	40,801	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	40,801	0	40,801	40,801	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	23,732	0	89,243	328,605	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.581652	0.000000	2.187275	8.053847	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	5,542	0	195	2,441	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.135830	0.000000	0.004779	0.059827	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet C

Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	29,327	76,538	0.383169	40.00
41.00	04100	LABORATORY	82,566	76,928	1.073289	41.00
42.00	04200	INTRAVENOUS THERAPY	29,553	74,936	0.394377	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	36,847	14,443	2.551201	43.00
44.00	04400	PHYSICAL THERAPY	1,041,983	1,271,324	0.819605	44.00
45.00	04500	OCCUPATIONAL THERAPY	625,546	1,149,579	0.544152	45.00
46.00	04600	SPEECH PATHOLOGY	121,303	124,628	0.973321	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	236,769	355,699	0.665644	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	324,504	702,137	0.462166	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	9,933	275	36.120000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,538,331	3,846,487		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet D
Part I
Date/Time Prepared:
9/22/2022 7:29 am

Title XVIII (1)

Skilled Nursing
Facility

PPS

			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
	PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
	ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0.383169	32,397	0	12,414	0	40.00
41.00	04100	LABORATORY	1.073289	29,600	0	31,769	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.394377	24,643	0	9,719	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	2.551201	946	0	2,413	0	43.00
44.00	04400	PHYSICAL THERAPY	0.819605	573,850	0	470,330	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.544152	492,375	0	267,927	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.973321	41,425	0	40,320	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.665644	31,253	0	20,803	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.462166	318,526	0	147,212	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	36.120000	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000		0			71.00
100.00		Total (Sum of lines 40 - 71)		1,545,015	0	1,002,907	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555337		Period: From 06/01/2021 To 05/31/2022		Worksheet D Parts II-III Date/Time Prepared: 9/22/2022 7:29 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)						0.462166	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)						0	3.00
Cost Center Description				Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
				1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	29,327	0	0.000000	12,414	0	40.00	
41.00	04100	LABORATORY	82,566	0	0.000000	31,769	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	29,553	0	0.000000	9,719	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	36,847	0	0.000000	2,413	0	43.00	
44.00	04400	PHYSICAL THERAPY	1,041,983	0	0.000000	470,330	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	625,546	0	0.000000	267,927	0	45.00	
46.00	04600	SPEECH PATHOLOGY	121,303	0	0.000000	40,320	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	236,769	0	0.000000	20,803	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	324,504	0	0.000000	147,212	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	9,933	0	0.000000	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00	
100.00		Total (Sum of lines 40 - 52)	2,538,331	0		1,002,907	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555337	Period: From 06/01/2021 To 05/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 9/22/2022 7:29 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		40,801	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		4,683	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		14,942,121	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		17,660,559	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.846073	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		14,942,121	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		366.22	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,715,008	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,715,008	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		502,098	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		12.31	21.00
22.00	Program capital related cost (Line 3 times line 21)		57,648	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,657,360	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,657,360	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		40,801	1.00
2.00	Program inpatient days (see instructions)		4,683	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.114777	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet E

Part I
Date/Time Prepared:
9/22/2022 7:29 am

Title XVIII

Skilled Nursing
Facility

PPS

1.00

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1.00	Inpatient PPS amount (See Instructions)	4,278,163	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	4,278,163	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	299,501	5.00
6.00	Allowable bad debts (From your records)	23,916	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	15,545	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	3,994,207	11.00
12.00	Interim payments (See instructions)	3,994,760	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	26	14.75
14.99	Sequestration amount (see instructions)	6,649	14.99
15.00	Balance due provider/program (see Instructions)	-7,228	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555337	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 9/22/2022 7:29 am
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555337	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 9/22/2022 7:29 am
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet E-1

Date/Time Prepared:
9/22/2022 7:29 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		3,994,760		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		3,994,760		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		7,228		0	6.02
7.00	Total Medicare program liability (see instructions)		3,987,532		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet G

Date/Time Prepared:

9/22/2022 7:29 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-21,230	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,722,872	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-525,876	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	131,024	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,306,790	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	9,047	0	0	0	15.00
16.00 Less: Accumulated depreciation	-603	0	0	0	16.00
17.00 Leasehold improvements	337,429	0	0	0	17.00
18.00 Less: Accumulated Amortization	-101,738	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	869,557	0	0	0	23.00
24.00 Less: Accumulated depreciation	-607,482	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	1,552,440	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	2,058,650	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	0	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	4,365,440	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	13,145	0	0	0	35.00
36.00 Salaries, wages, and fees payable	1,055,532	0	0	0	36.00
37.00 Payroll taxes payable	124,175	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	717,752	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,910,604	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,910,604	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	2,454,836	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	2,454,836	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	4,365,440	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-1

Date/Time Prepared:
9/22/2022 7:29 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,468,949		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-2,937,116				2.00
3.00	Total (sum of line 1 and line 2)		-1,468,167		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		3,923,003		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		3,923,003		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,454,836		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		2,454,836		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022Worksheet G-2
Parts I-III
Date/Time Prepared:
9/22/2022 7:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	17,660,559		17,660,559	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	17,660,559		17,660,559	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	3,846,487	0	3,846,487	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	21,507,046	0	21,507,046	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			20,530,630	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			20,530,630	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555337

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-3

Date/Time Prepared:
9/22/2022 7:29 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	21,507,046	1.00
2.00	Less: contractual allowances and discounts on patients accounts	3,915,100	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,591,946	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	20,530,630	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,938,684	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	1,869	20.00
21.00	Rental of vending machines	569	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	-870	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,568	25.00
26.00	Total (Line 5 plus line 25)	-2,937,116	26.00
27.00	OTHER EXPENSE	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-2,937,116	31.00

Exhibit 11 to Section 999.5(d)(5)(C)

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet S Parts I, II & III Date/Time Prepared: 10/12/2020 4:06 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 10/12/2020 Time: 4:06 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Fountain Valley CA, LLC (555328) for the cost reporting period beginning 06/01/2019 and ending 05/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) MARTIN D. ALLEN
Chief Financial Officer or Administrator of Provider(s)
DIRECTOR
Title
10/12/2020 04:06:50 PM
Date

Cost Center Description		Title V		Title XVII		Title XIX	
		1.00	2.00	Part A	Part B	4.00	
PART III - SETTLEMENT SUMMARY							
1.00	SKILLED NURSING FACILITY	0	3,917	0	0	0	1.00
2.00	NURSING FACILITY	0				0	2.00
3.00	ICF/IID					0	3.00
4.00	SNF - BASED HHA I	0	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0	0		5.00
6.00	SNF - BASED FQHC I	0		0	0		6.00
7.00	SNF - BASED CMHC I	0		0	0		7.00
7.10	SNF - BASED CORF I	0		0	0		7.10
100.00	TOTAL	0	3,917	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555328		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/12/2020 4:06 pm			
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:											
1.00	Street: 11680 WARNER AVENUE		PO Box:		Zip Code: 92708				1.00		
2.00	City: FOUNTAIN VALLEY		State: CA						2.00		
3.00	County: ORANGE		CBSA Code: 11244		Urban/Rural: U				3.00		
3.01			CBSA Code:						3.01		
			Component Name		Provider CCN	Date Certified	Payment System (P, 0, or N)				
							V XVIII XIX				
			1.00		2.00	3.00	4.00 5.00 6.00				
SNF and SNF-Based Component Identification:											
4.00	SNF		Manor Care of Fountain Valley CA, LLC		555328	02/09/1989	P	P	P	4.00	
5.00	Nursing Facility									5.00	
6.00	ICF/IID									6.00	
7.00	SNF-Based HHA									7.00	
8.00	SNF-Based RHC									8.00	
9.00	SNF-Based FQHC									9.00	
10.00	SNF-Based CMHC									10.00	
11.00	SNF-Based OLTC									11.00	
12.00	SNF-Based HOSPICE									12.00	
13.00	SNF-Based CORF									13.00	
						From:	To:				
						1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2019		05/31/2020		14.00	
15.00	Type of Control (See Instructions)							2501(C)(3)		15.00	
								Y/N			
								1.00			
Type of Freestanding Skilled Nursing Facility											
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y		18.00	
Miscellaneous Cost Reporting Information											
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.											
20.00	Straight Line							288,344		20.00	
21.00	Declining Balance							0		21.00	
22.00	Sum of the Year's Digits							0		22.00	
23.00	Sum of line 20 through 22							288,344		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N		28.00	
						Part A	Part B	Other			
						1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.											
29.00	Skilled Nursing Facility							N	N	N	29.00
30.00	Nursing Facility										30.00
31.00	ICF/IID										31.00
32.00	SNF-Based HHA							N	N		32.00
33.00	SNF-Based RHC								N		33.00
34.00	SNF-Based FQHC								N		34.00
35.00	SNF-Based CMHC								N		35.00
36.00	SNF-Based OLTC										36.00
						Y/N					
						1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y				37.00	
38.00	Are you legally required to carry malpractice insurance? (Y/N)					N				38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.									39.00	
					Premiums	Paid Losses	Self Insurance				
					1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:					86,649	39,317	1,533,547		41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part I Date/Time Prepared: 10/12/2020 4:06 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part II Date/Time Prepared: 10/12/2020 4:06 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Y/N	Date	Y/N	
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y	18.00

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

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
10/12/2020 4:06 pm

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00

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

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/12/2020 4:06 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	151	55,266	0	6,642	21,705	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	151	55,266	0	6,642	21,705	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	17,574	45,921	0	292	232	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	17,574	45,921	0	292	232	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	986	1,510	0.00	22.75	93.56	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	986	1,510	0.00	22.75	93.56	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	30.41	0	318	60	1,009	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	30.41	0	318	60	1,009	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	1,387	157.16	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	1,387	157.16	0.00			8.00

Provider No. : 555328
Period: From 06/01/2019 To 05/31/2020
Worksheet S-3
Part II
Date/Time Prepared: 10/12/2020 4:06 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	10,145,785	0	10,145,785	327,798.00	30.95
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	10,145,785	0	10,145,785	327,798.00	30.95
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	10,145,785	0	10,145,785	327,798.00	30.95
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	23,063	0	23,063	351.00	65.71
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	490,111	0	490,111	7,564.23	64.79
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,796,942	0	1,796,942		
18.00	Wage-related costs other (See Part IV)	63,130	0	63,130		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,860,072	0	1,860,072		

SNF WAGE INDEX INFORMATION

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part III
Date/Time Prepared:
10/12/2020 4:06 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	1,029,054	0	1,029,054	31,858.00	32.30	1.00
2.00 Administrative & General	716,540	0	716,540	21,400.00	33.48	2.00
3.00 Plant Operation, Maintenance & Repairs	73,870	0	73,870	2,027.00	36.44	3.00
4.00 Laundry & Linen Service	45,893	0	45,893	3,231.00	14.20	4.00
5.00 Housekeeping	250,550	451	251,001	17,061.00	14.71	5.00
6.00 Dietary	440,046	0	440,046	22,028.00	19.98	6.00
7.00 Nursing Administration	701,169	0	701,169	13,258.00	52.89	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	38,885	0	38,885	1,734.00	22.43	10.00
11.00 Social Service	341,028	0	341,028	14,918.00	22.86	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,637,035	451	3,637,486	127,515.00	28.53	14.00

SNF WAGE RELATED COSTS		Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 10/12/2020 4:06 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		90,115	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Retirement Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		576,237	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		37,770	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		3,902	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		339,113	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		595,388	17.00
18.00	Medicare Taxes - Employers Portion Only		147,114	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		7,303	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,796,942	24.00
				Amount Reported
				1.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		13,236	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		28,083	25.04
25.05	EMPLOYEE UNIFORMS		21,811	25.05
25.06	EMPLOYEE APPRECIATION		0	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part V
Date/Time Prepared:
10/12/2020 4:06 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,415,549	258,133	1,673,682	35,453.00	47.21	1.00
2.00	Licensed Practical Nurses (LPNs)	1,687,490	307,723	1,995,213	51,868.00	38.47	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,990,393	362,959	2,353,352	125,821.00	18.70	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,093,432	928,815	6,022,247	213,142.00	28.25	4.00
5.00	Physical Therapists	780,403	138,348	918,751	17,996.00	51.05	5.00
6.00	Physical Therapy Assistants	175,060	30,261	205,321	4,664.00	44.02	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	709,530	129,264	838,794	16,247.00	51.63	8.00
9.00	Occupational Therapy Assistants	294,549	53,456	348,005	8,401.00	41.42	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	83,455	16,097	99,552	1,672.00	59.54	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	32,711	6,344	39,055	2,161.00	18.07	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	1,448		1,448	18.00	80.44	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/12/2020 4:06 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	0	1.00
2.00		RUL	32	2.00
3.00		RVX	0	3.00
4.00		RVL	0	4.00
5.00		RHX	0	5.00
6.00		RHL	0	6.00
7.00		RMX	0	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	298	10.00
11.00		RUB	1,319	11.00
12.00		RUA	228	12.00
13.00		RVC	126	13.00
14.00		RVB	190	14.00
15.00		RVA	47	15.00
16.00		RHC	9	16.00
17.00		RHB	3	17.00
18.00		RHA	0	18.00
19.00		RMC	10	19.00
20.00		RMB	1	20.00
21.00		RMA	19	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	0	26.00
27.00		HE2	0	27.00
28.00		HE1	0	28.00
29.00		HD2	0	29.00
30.00		HD1	1	30.00
31.00		HC2	0	31.00
32.00		HC1	47	32.00
33.00		HB2	0	33.00
34.00		HB1	11	34.00
35.00		LE2	0	35.00
36.00		LE1	23	36.00
37.00		LD2	0	37.00
38.00		LD1	47	38.00
39.00		LC2	0	39.00
40.00		LC1	6	40.00
41.00		LB2	0	41.00
42.00		LB1	1	42.00
43.00		CE2	0	43.00
44.00		CE1	4	44.00
45.00		CD2	0	45.00
46.00		CD1	6	46.00
47.00		CC2	0	47.00
48.00		CC1	34	48.00
49.00		CB2	0	49.00
50.00		CB1	15	50.00
51.00		CA2	0	51.00
52.00		CA1	8	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	0	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	0	68.00
69.00		PD2	0	69.00
70.00		PD1	6	70.00
71.00		PC2	0	71.00
72.00		PC1	1	72.00
73.00		PB2	0	73.00
74.00		PB1	2	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/12/2020 4:06 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	8	76.00
99.00		AAA	0	99.00
100.00	TOTAL		2,502	100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	4,927,838	27.54	Y	101.00
102.00	Recruitment	0	0.00		102.00
103.00	Retention of employees	1,627,266	9.09	Y	103.00
104.00	Training	345	0.00	N	104.00
105.00	OTHER (SPECIFY)	0	0.00		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		17,896,174		106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet A Date/Time Prepared: 10/12/2020 4:06 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		205,994	205,994	35,143	241,137	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		212,721	212,721	0	212,721	2.00
3.00	00300	EMPLOYEE BENEFITS	1,029,054	1,860,072	2,889,126	0	2,889,126	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	716,540	4,362,839	5,079,379	-35,143	5,044,236	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	73,870	364,928	438,798	0	438,798	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	45,893	31,446	77,339	0	77,339	6.00
7.00	00700	HOUSEKEEPING	250,550	35,990	286,540	451	286,991	7.00
8.00	00800	DIETARY	440,046	498,101	938,147	0	938,147	8.00
9.00	00900	NURSING ADMINISTRATION	701,169	0	701,169	0	701,169	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	38,885	116	39,001	0	39,001	12.00
13.00	01300	SOCIAL SERVICE	235,575	0	235,575	0	235,575	13.00
13.01	01301	ACTIVITIES	105,453	8,846	114,299	0	114,299	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,613,277	283,221	4,896,498	-3,652	4,892,846	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	-2	-2	0	-2	40.00
41.00	04100	LABORATORY	0	269,249	269,249	0	269,249	41.00
42.00	04200	INTRAVENOUS THERAPY	0	200,548	200,548	0	200,548	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	3,665	3,665	0	3,665	43.00
44.00	04400	PHYSICAL THERAPY	885,631	35,362	920,993	0	920,993	44.00
45.00	04500	OCCUPATIONAL THERAPY	905,365	672	906,037	3,201	909,238	45.00
46.00	04600	SPEECH PATHOLOGY	75,071	0	75,071	0	75,071	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,406	156,361	185,767	0	185,767	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	831,114	831,114	0	831,114	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,224,064	1,224,064	0	1,224,064	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,145,785	10,585,307	20,731,092	0	20,731,092	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	3,544	3,544	0	3,544	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	10,145,785	10,588,851	20,734,636	0	20,734,636	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	149,659	390,796
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	11,991	224,712
3.00	00300	EMPLOYEE BENEFITS	-158,478	2,730,648
4.00	00400	ADMINISTRATIVE & GENERAL	-465,623	4,578,613
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	93	438,891
6.00	00600	LAUNDRY & LINEN SERVICE	642	77,981
7.00	00700	HOUSEKEEPING	79	287,070
8.00	00800	DIETARY	-492	937,655
9.00	00900	NURSING ADMINISTRATION	465	701,634
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	39,001
13.00	01300	SOCIAL SERVICE	159	235,734
13.01	01301	ACTIVITIES	-45	114,254
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	8,877	4,901,723
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	-2
41.00	04100	LABORATORY	0	269,249
42.00	04200	INTRAVENOUS THERAPY	0	200,548
43.00	04300	OXYGEN (INHALATION) THERAPY	0	3,665
44.00	04400	PHYSICAL THERAPY	572	921,565
45.00	04500	OCCUPATIONAL THERAPY	617	909,855
46.00	04600	SPEECH PATHOLOGY	51	75,122
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	185,767
49.00	04900	DRUGS CHARGED TO PATIENTS	0	831,114
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-1,224,064	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-1,675,497	19,055,595
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	3,544
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-1,675,497	19,059,139

RECLASSIFICATIONS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/12/2020 4:06 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	40,975	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	5,736	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	96	3.00
	(1) D - COVID WAGES					
4.00		HOUSEKEEPING	7.00	451	0	4.00
5.00		OCCUPATIONAL THERAPY	45.00	3,201	0	5.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		3,652	46,807	100.00

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

RECLASSIFICATIONS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/12/2020 4:06 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	40,975	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	5,736	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	96	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	3,652	0	4.00
5.00			0.00	0	0	5.00
	TOTALS					
100.00				3,652	46,807	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-7

Date/Time Prepared:
10/12/2020 4:06 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,678,726	0	0	0	0	1.00	
2.00	Land Improvements	522,053	0	0	0	0	2.00	
3.00	Buildings and Fixtures	5,658,126	0	0	0	0	3.00	
4.00	Building Improvements	3,385,139	65,691	0	65,691	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	3,411,496	108,378	0	108,378	0	6.00	
7.00	Subtotal (sum of lines 1-6)	14,655,540	174,069	0	174,069	0	7.00	
8.00	Reconciling Items	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	14,655,540	174,069	0	174,069	0	9.00	
Description		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,678,726	0					1.00
2.00	Land Improvements	522,053	394,688					2.00
3.00	Buildings and Fixtures	5,658,126	4,503,726					3.00
4.00	Building Improvements	3,450,830	2,228,075					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	3,519,874	2,857,427					6.00
7.00	Subtotal (sum of lines 1-6)	14,829,609	9,983,916					7.00
8.00	Reconciling Items	0	0					8.00
9.00	Total (line 7 minus line 8)	14,829,609	9,983,916					9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555328

Period:

From 06/01/2019

To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/12/2020 4:06 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-986	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	65,019			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-899	DIETARY	8.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-1,237	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	149,659	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	11,991	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-216,267	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-293,433	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-12,426	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,629	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,224,064	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2019	A	-158,478	EMPLOYEE BENEFITS	3.00	25.05
25.06	PPE NURSING	A	8,877	SKILLED NURSING FACILITY	30.00	25.06
25.07	PPE NURSING ADMINISTRATION	A	465	NURSING ADMINISTRATION	9.00	25.07
25.08	PPE PT	A	572	PHYSICAL THERAPY	44.00	25.08
25.09	PPE OT	A	617	OCCUPATIONAL THERAPY	45.00	25.09
25.10	PPE ST	A	51	SPEECH PATHOLOGY	46.00	25.10
25.11	ACTIVITIES INCOME	B	-45	ACTIVITIES	13.01	25.11
25.12	PPE MAINTENANCE	A	93	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.12
25.13	PPE DIETARY	A	407	DIETARY	8.00	25.13
25.14	PPE LAUNDRY	A	642	LAUNDRY & LINEN SERVICE	6.00	25.14
25.15	PPE HOUSEKEEPING	A	79	HOUSEKEEPING	7.00	25.15
25.16	PPE SOCIAL SERVICE	A	159	SOCIAL SERVICE	13.00	25.16
25.17	PPE ADMINISTRATION	A	336	ADMINISTRATIVE & GENERAL	4.00	25.17
25.18	MISC. INCOME	B	-4,000	ADMINISTRATIVE & GENERAL	4.00	25.18
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,675,497			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/12/2020 4:06 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		707,187	642,168	65,019	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	707,187	642,168	65,019	10.00

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

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/12/2020 4:06 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/12/2020 4:06 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	390,796	390,796		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	224,712	224,712		2.00
3.00	00300	EMPLOYEE BENEFITS	2,730,648	6,628	3,811	2,741,087
4.00	00400	ADMINISTRATIVE & GENERAL	4,578,613	11,020	6,337	215,439
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	438,891	9,169	5,272	22,210
6.00	00600	LAUNDRY & LINEN SERVICE	77,981	10,676	6,139	13,798
7.00	00700	HOUSEKEEPING	287,070	3,895	2,240	75,467
8.00	00800	DIETARY	937,655	36,215	20,824	132,307
9.00	00900	NURSING ADMINISTRATION	701,634	2,580	1,483	210,818
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,849	3,363	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	39,001	0	0	11,691
13.00	01300	SOCIAL SERVICE	235,734	0	0	70,829
13.01	01301	ACTIVITIES	114,254	6,219	3,576	31,706
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,901,723	278,983	160,418	1,385,956
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	-2	0	0	-2
41.00	04100	LABORATORY	269,249	0	0	269,249
42.00	04200	INTRAVENOUS THERAPY	200,548	0	0	200,548
43.00	04300	OXYGEN (INHALATION) THERAPY	3,665	0	0	3,665
44.00	04400	PHYSICAL THERAPY	921,565	8,517	4,898	266,279
45.00	04500	OCCUPATIONAL THERAPY	909,855	6,308	3,627	273,175
46.00	04600	SPEECH PATHOLOGY	75,122	638	367	22,571
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	185,767	1,954	1,123	8,841
49.00	04900	DRUGS CHARGED TO PATIENTS	831,114	0	0	831,114
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	19,055,595	388,651	223,478	2,741,087
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	3,544	2,145	1,234	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	19,059,139	390,796	224,712	2,741,087

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/12/2020 4:06 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4,811,409					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	173,124	648,666				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	39,534	19,026	167,154			6.00
7.00	00700	HOUSEKEEPING	134,218	6,941	0	509,831		7.00
8.00	00800	DIETARY	410,293	64,541	0	52,843	1,654,678	8.00
9.00	00900	NURSING ADMINISTRATION	333,664	4,597	0	3,764	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	3,354	10,423	0	8,534	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	18,455	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	111,606	0	0	0	0	13.00
13.01	01301	ACTIVITIES	56,704	11,083	0	9,074	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	2,449,046	497,191	167,154	407,070	1,654,678	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	98,022	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,334	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	437,327	15,179	0	12,428	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	434,307	11,242	0	9,205	0	45.00
46.00	04600	SPEECH PATHOLOGY	35,932	1,138	0	932	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	71,969	3,482	0	2,851	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,808,889	644,843	167,154	506,701	1,654,678	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	2,520	3,823	0	3,130	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	4,811,409	648,666	167,154	509,831	1,654,678	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	1,258,540				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	31,523			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	69,147	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,258,540	31,523	0	69,147	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC					62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,258,540	31,523	0	69,147	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0			98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	1,258,540	31,523	0	69,147	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	232,616					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	232,616	0	0	13,912,214	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	-2	0	40.00
41.00	04100	LABORATORY	0	0	0	367,271	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	200,548	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	4,999	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,666,193	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,647,719	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	136,700	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	275,987	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	831,114	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	232,616	0	0	19,042,743	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	16,396	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	232,616	0	0	19,059,139	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	13,912,214
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	-2
41.00	04100	LABORATORY	367,271
42.00	04200	INTRAVENOUS THERAPY	200,548
43.00	04300	OXYGEN (INHALATION) THERAPY	4,999
44.00	04400	PHYSICAL THERAPY	1,666,193
45.00	04500	OCCUPATIONAL THERAPY	1,647,719
46.00	04600	SPEECH PATHOLOGY	136,700
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	275,987
49.00	04900	DRUGS CHARGED TO PATIENTS	831,114
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	19,042,743
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	16,396
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	19,059,139

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	6,628	3,811	10,439	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	11,020	6,337	17,357	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	9,169	5,272	14,441	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	10,676	6,139	16,815	6.00
7.00	00700	HOUSEKEEPING	0	3,895	2,240	6,135	7.00
8.00	00800	DIETARY	0	36,215	20,824	57,039	8.00
9.00	00900	NURSING ADMINISTRATION	0	2,580	1,483	4,063	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,849	3,363	9,212	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	6,219	3,576	9,795	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	278,983	160,418	439,401	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	8,517	4,898	13,415	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	6,308	3,627	9,935	45.00
46.00	04600	SPEECH PATHOLOGY	0	638	367	1,005	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,954	1,123	3,077	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	388,651	223,478	612,129	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,145	1,234	3,379	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	390,796	224,712	615,508	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	18,177				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	654	15,180			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	149	445	17,462		6.00
7.00	00700	HOUSEKEEPING	507	162	0	7,091	7.00
8.00	00800	DIETARY	1,550	1,510	0	735	8.00
9.00	00900	NURSING ADMINISTRATION	1,260	108	0	52	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	13	244	0	119	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	70	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	422	0	0	0	13.00
13.01	01301	ACTIVITIES	214	259	0	126	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	9,253	11,637	17,462	5,661	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	370	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	5	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,652	355	0	173	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,640	263	0	128	45.00
46.00	04600	SPEECH PATHOLOGY	136	27	0	13	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	272	81	0	40	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	18,167	15,091	17,462	7,047	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	10	89	0	44	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	18,177	15,180	17,462	7,091	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	6,286					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	9,588				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	115		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	692	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	6,286	9,588	0	115	692	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	6,286	9,588	0	115	692	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	6,286	9,588	0	115	692	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	10,515					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	10,515	0	0	577,225	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	370	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	5	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	16,609	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	13,006	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,267	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,504	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,515	0	0	611,986	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,522	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	10,515	0	0	615,508	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/12/2020 4:06 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	30,603				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		30,603			2.00
3.00	00300	EMPLOYEE BENEFITS	519	519	9,116,731		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	863	863	716,540	-4,811,409	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	718	718	73,870	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	836	836	45,893	0	6.00
7.00	00700	HOUSEKEEPING	305	305	251,001	0	7.00
8.00	00800	DIETARY	2,836	2,836	440,046	0	8.00
9.00	00900	NURSING ADMINISTRATION	202	202	701,169	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	458	458	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	38,885	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	235,575	0	13.00
13.01	01301	ACTIVITIES	487	487	105,453	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	21,847	21,847	4,609,625	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	2	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-200,548	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	667	667	885,631	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	494	494	908,566	0	45.00
46.00	04600	SPEECH PATHOLOGY	50	50	75,071	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	153	153	29,406	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-831,114	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	30,435	30,435	9,116,731	-5,843,069	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	168	168	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	390,796	224,712	2,741,087	4,811,409	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	12.769859	7.342810	0.300666	0.364057	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			10,439	18,177	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001145	0.001375	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	28,503					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	836	45,921				6.00
7.00	00700	HOUSEKEEPING	305	0	27,362			7.00
8.00	00800	DIETARY	2,836	0	2,836	137,763		8.00
9.00	00900	NURSING ADMINISTRATION	202	0	202	0	45,921	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	458	0	458	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
13.01	01301	ACTIVITIES	487	0	487	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	21,847	45,921	21,847	137,763	45,921	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	667	0	667	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	494	0	494	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	50	0	50	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	153	0	153	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	28,335	45,921	27,194	137,763	45,921	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	168	0	168	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	648,666	167,154	509,831	1,654,678	1,258,540	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	22.757815	3.640034	18.632812	12.011048	27.406633	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	15,180	17,462	7,091	61,338	6,286	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.532576	0.380262	0.259155	0.445243	0.136887	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	45,921				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	45,921		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	45,921	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	45,921	0	45,921	45,921	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	45,921	0	45,921	45,921	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	31,523	0	69,147	418,169	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.686462	0.000000	1.505782	9.106269	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	9,588	0	115	692	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.208793	0.000000	0.002504	0.015069	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet C

Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	174,386	0.000000	40.00
41.00	04100	LABORATORY	367,271	233,184	1.575027	41.00
42.00	04200	INTRAVENOUS THERAPY	200,548	374,776	0.535114	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4,999	124,058	0.040296	43.00
44.00	04400	PHYSICAL THERAPY	1,666,193	2,696,731	0.617857	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,647,719	2,739,534	0.601460	45.00
46.00	04600	SPEECH PATHOLOGY	136,700	94,950	1.439705	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	275,987	273,990	1.007289	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	831,114	1,868,435	0.444818	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	143	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	5,130,531	8,580,187		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet D Part I Date/Time Prepared: 10/12/2020 4:06 pm
				Title XVIII (1)	Skilled Nursing Facility	PPS
Health Care Program Charges				Health Care Program Cost		
Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)
		1.00	2.00	3.00	4.00	5.00
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST						
ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADIOLOGY	0.000000	37,135	0	0	0 40.00
41.00	04100 LABORATORY	1.575027	46,769	0	73,662	0 41.00
42.00	04200 INTRAVENOUS THERAPY	0.535114	75,900	0	40,615	0 42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.040296	14,212	0	573	0 43.00
44.00	04400 PHYSICAL THERAPY	0.617857	886,550	0	547,761	0 44.00
45.00	04500 OCCUPATIONAL THERAPY	0.601460	988,150	0	594,333	0 45.00
46.00	04600 SPEECH PATHOLOGY	1.439705	26,100	0	37,576	0 46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.007289	42,433	0	42,742	0 48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.444818	583,127	0	259,385	0 49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0 50.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0 51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLINIC	0.000000	0	0	0	0 60.00
61.00	06100 RURAL HEALTH CLINIC					0 61.00
62.00	06200 FOHC					0 62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0 63.00
71.00	07100 AMBULANCE (2)	0.000000		0		0 71.00
100.00	Total (Sum of lines 40 - 71)		2,700,376	0	1,596,647	0 100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet D Parts II-III Date/Time Prepared: 10/12/2020 4:06 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.444818	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0.000000	0	0 40.00
41.00	04100	LABORATORY	367,271	0	0.000000	73,662	0 41.00
42.00	04200	INTRAVENOUS THERAPY	200,548	0	0.000000	40,615	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4,999	0	0.000000	573	0 43.00
44.00	04400	PHYSICAL THERAPY	1,666,193	0	0.000000	547,761	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	1,647,719	0	0.000000	594,333	0 45.00
46.00	04600	SPEECH PATHOLOGY	136,700	0	0.000000	37,576	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	275,987	0	0.000000	42,742	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	831,114	0	0.000000	259,385	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	5,130,531	0		1,596,647	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet D-1 Parts I-II Date/Time Prepared: 10/12/2020 4:06 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		45,921	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		6,642	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		13,912,214	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		17,896,174	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.777385	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		13,912,214	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		302.96	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,012,260	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		2,012,260	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		577,225	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		12.57	21.00
22.00	Program capital related cost (Line 3 times line 21)		83,490	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,928,770	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,928,770	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		45,921	1.00
2.00	Program inpatient days (see instructions)		6,642	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.144640	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part I Date/Time Prepared: 10/12/2020 4:06 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		1,679,505	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		1,679,505	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		490,149	5.00
6.00	Allowable bad debts (From your records)		6,138	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		3,990	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		1,193,346	11.00
12.00	Interim payments (See instructions)		1,167,584	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		73	14.75
14.99	Sequestration amount (see instructions)		21,772	14.99
15.00	Balance due provider/program (see Instructions)		3,917	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/12/2020 4:06 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555328	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/12/2020 4:06 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet E-1

Date/Time Prepared:
10/12/2020 4:06 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,167,584		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,167,584		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		3,917		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,171,501		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet G

Date/Time Prepared:
10/12/2020 4:06 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-63,649	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,678,879	0	0	0	4.00
5.00 Other receivables	154,552	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-256,775	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	104,767	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,617,774	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	136,787	0	0	0	17.00
18.00 Less: Accumulated Amortization	-25,909	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	497,742	0	0	0	23.00
24.00 Less: Accumulated depreciation	-174,316	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	0	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	434,304	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-479,421	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-479,421	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	1,572,657	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	218,927	0	0	0	35.00
36.00 Salaries, wages, and fees payable	876,199	0	0	0	36.00
37.00 Payroll taxes payable	47,234	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	169,712	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,312,072	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,312,072	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	260,585	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	260,585	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1,572,657	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-1

Date/Time Prepared:
10/12/2020 4:06 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,002,089		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-2,232,433				2.00
3.00	Total (sum of line 1 and line 2)		-1,230,344		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		1,490,929		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		1,490,929		0		10.00
11.00	Subtotal (line 3 plus line 10)		260,585		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		260,585		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020Worksheet G-2
Parts I-II
Date/Time Prepared:
10/12/2020 4:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	17,896,174		17,896,174	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	17,896,174		17,896,174	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	8,580,187	0	8,580,187	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	26,476,361	0	26,476,361	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			20,734,636	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			20,734,636	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555328

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-3

Date/Time Prepared:
10/12/2020 4:06 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	26,476,361	1.00
2.00	Less: contractual allowances and discounts on patients accounts	8,782,073	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,694,288	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	20,734,636	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-3,040,348	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	986	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	899	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	4,000	20.00
21.00	Rental of vending machines	1,237	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	1,640	24.00
24.01	COVID-19 PHE PR	799,153	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	807,915	25.00
26.00	Total (Line 5 plus line 25)	-2,232,433	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-2,232,433	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555328	Period: From 06/01/2020 To 05/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 10/25/2021 3:55 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 10/25/2021 Time: 3:55 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Fountain Valley CA, LLC (555328) for the cost reporting period beginning 06/01/2020 and ending 05/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin d. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin d. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	10/25/2021 03:55:24 PM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
		1.00	Part A 2.00	Part B 3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	4,474	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	4,474	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Health Financial Systems		Manor Care of Fountain Valley CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555328		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 10/25/2021 3:55 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 11680 WARNER AVENUE	PO Box:					1.00		
2.00	City: FOUNTAIN VALLEY	State: CA	Zip Code: 92708				2.00		
3.00	County: ORANGE	CBSA Code: 11244	Urban/Rural: U				3.00		
3.01		CBSA Code:					3.01		
			Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)			
						V	XVIII	XIX	
			1.00	2.00	3.00	4.00	5.00	6.00	
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care of Fountain Valley CA, LLC		555328	02/09/1989	P	P	P	
5.00	Nursing Facility								
6.00	ICF/IID								
7.00	SNF-Based HHA								
8.00	SNF-Based RHC								
9.00	SNF-Based FQHC								
10.00	SNF-Based CMHC								
11.00	SNF-Based OLTC								
12.00	SNF-Based HOSPICE								
13.00	SNF-Based CORF								
					From:	To:			
					1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)				06/01/2020		05/31/2021		
15.00	Type of Control (See Instructions)				2501(C)(3)				
					Y/N				
					1.00				
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						Y		
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N		
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.						Y		
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N		
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N		
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line						267,919		
21.00	Declining Balance						0		
22.00	Sum of the Year's Digits						0		
23.00	Sum of line 20 through 22						267,919		
24.00	If depreciation is funded, enter the balance as of the end of the period.						0		
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						N		
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N		
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N		
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N		
					Part A	Part B	Other		
					1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility						N	N	N
30.00	Nursing Facility								
31.00	ICF/IID								
32.00	SNF-Based HHA						N	N	
33.00	SNF-Based RHC								
34.00	SNF-Based FQHC							N	
35.00	SNF-Based CMHC							N	
36.00	SNF-Based OLTC								
					Y/N				
					1.00		2.00		
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)				Y				
38.00	Are you legally required to carry malpractice insurance? (Y/N)				N				
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								
				Premiums	Paid Losses	Self Insurance			
				1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:				122,627	55,642	2,170,314		

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555328	Period: From 06/01/2020 To 05/31/2021	Worksheet S-2 Part I Date/Time Prepared: 10/25/2021 3:55 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
10/25/2021 3:55 pm

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

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

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
10/25/2021 3:55 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KAREN	NOFZIGER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419.252.5879	KAREN.NOFZIGER@PROMEDICA.ORG	21.00

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

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
10/25/2021 3:55 pm

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

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

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
10/25/2021 3:55 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	151	55,115	0	3,770	17,803	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	151	55,115	0	3,770	17,803	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	13,802	35,375	0	134	148	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	13,802	35,375	0	134	148	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	566	848	0.00	28.13	120.29	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	566	848	0.00	28.13	120.29	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	41.72	0	164	36	619	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	41.72	0	164	36	619	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	819	127.76	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	819	127.76	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
10/25/2021 3:55 pm

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES							
SALARIES							
1.00	Total salaries (See Instructions)	8,351,301	0	8,351,301	265,731.00	31.43	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	8,351,301	0	8,351,301	265,731.00	31.43	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC I	0	0	0	0.00	0.00	9.00
9.10	CORF I						9.10
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,351,301	0	8,351,301	265,731.00	31.43	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	0	0	0	0.00	0.00	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	495,233	0	495,233	8,039.62	61.60	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	1,761,320	0	1,761,320			17.00
18.00	Wage-related costs other (See Part IV)	46,766	0	46,766			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,808,086	0	1,808,086			22.00

SNF WAGE INDEX INFORMATION

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part III
Date/Time Prepared:
10/25/2021 3:55 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	825,558	205	825,763	25,149.00	32.83	1.00
2.00 Administrative & General	737,045	2,651	739,696	21,785.00	33.95	2.00
3.00 Plant Operation, Maintenance & Repairs	67,280	1,669	68,949	2,000.00	34.47	3.00
4.00 Laundry & Linen Service	78,858	1,279	80,137	4,266.00	18.79	4.00
5.00 Housekeeping	173,884	16,251	190,135	11,135.00	17.08	5.00
6.00 Dietary	398,078	5,083	403,161	19,767.00	20.40	6.00
7.00 Nursing Administration	468,428	10,326	478,754	8,302.00	57.67	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	38,838	2,623	41,461	1,755.00	23.62	10.00
11.00 Social Service	286,882	3,537	290,419	11,708.00	24.81	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,074,851	43,624	3,118,475	105,867.00	29.46	14.00

SNF WAGE RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
10/25/2021 3:55 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	66,381	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	638,147	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	37,417	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	2,217	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	286,621	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	516,301	17.00
18.00	Medicare Taxes - Employers Portion Only	121,094	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	93,142	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,761,320	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	9,927	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	17,759	25.04
25.05	EMPLOYEE UNIFORMS	18,030	25.05
25.06	EMPLOYEE APPRECIATION	1,050	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part V
Date/Time Prepared:
10/25/2021 3:55 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,248,368	258,465	1,506,833	34,375.00	43.84	1.00
2.00	Licensed Practical Nurses (LPNs)	1,135,943	235,188	1,371,131	35,777.00	38.32	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,839,041	380,759	2,219,800	117,589.00	18.88	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,223,352	874,412	5,097,764	187,741.00	27.15	4.00
5.00	Physical Therapists	503,236	102,686	605,922	11,649.00	52.01	5.00
6.00	Physical Therapy Assistants	163,864	32,636	196,500	4,603.00	42.69	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	545,831	109,220	655,051	11,927.00	54.92	8.00
9.00	Occupational Therapy Assistants	229,650	45,878	275,528	6,764.00	40.73	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	90,959	18,506	109,465	1,801.00	60.78	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	17,138	3,350	20,488	1,138.00	18.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
10/25/2021 3:55 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
10/25/2021 3:55 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555328	Period: From 06/01/2020 To 05/31/2021	Worksheet A Date/Time Prepared: 10/25/2021 3:55 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		208,645	208,645	41,819	250,464	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		242,805	242,805	0	242,805	2.00
3.00	00300	EMPLOYEE BENEFITS	825,558	1,808,087	2,633,645	205	2,633,850	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	737,045	4,478,598	5,215,643	-39,168	5,176,475	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	67,280	373,507	440,787	1,669	442,456	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	78,858	19,497	98,355	1,279	99,634	6.00
7.00	00700	HOUSEKEEPING	173,884	32,762	206,646	16,251	222,897	7.00
8.00	00800	DIETARY	398,078	400,255	798,333	5,083	803,416	8.00
9.00	00900	NURSING ADMINISTRATION	468,428	0	468,428	10,326	478,754	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	38,838	50	38,888	2,623	41,511	12.00
13.00	01300	SOCIAL SERVICE	216,720	0	216,720	3,126	219,846	13.00
13.01	01301	ACTIVITIES	70,162	4,599	74,761	411	75,172	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,907,654	267,745	4,175,399	-84,176	4,091,223	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	12,727	12,727	0	12,727	40.00
41.00	04100	LABORATORY	0	131,347	131,347	0	131,347	41.00
42.00	04200	INTRAVENOUS THERAPY	0	129,973	129,973	0	129,973	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	1,559	1,559	0	1,559	43.00
44.00	04400	PHYSICAL THERAPY	597,845	42,811	640,656	11,861	652,517	44.00
45.00	04500	OCCUPATIONAL THERAPY	676,214	453	676,667	25,649	702,316	45.00
46.00	04600	SPEECH PATHOLOGY	80,481	0	80,481	1,823	82,304	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,256	157,027	171,283	1,219	172,502	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	448,559	448,559	0	448,559	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,218,116	1,218,116	0	1,218,116	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,351,301	9,979,122	18,330,423	0	18,330,423	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	8,351,301	9,979,122	18,330,423	0	18,330,423	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description			Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	138,445	388,909	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-18,254	224,551	2.00
3.00	00300	EMPLOYEE BENEFITS	-98,121	2,535,729	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-51,041	5,125,434	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	442,456	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	99,634	6.00
7.00	00700	HOUSEKEEPING	0	222,897	7.00
8.00	00800	DIETARY	0	803,416	8.00
9.00	00900	NURSING ADMINISTRATION	0	478,754	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	41,511	12.00
13.00	01300	SOCIAL SERVICE	0	219,846	13.00
13.01	01301	ACTIVITIES	0	75,172	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	4,091,223	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	12,727	40.00
41.00	04100	LABORATORY	0	131,347	41.00
42.00	04200	INTRAVENOUS THERAPY	0	129,973	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	1,559	43.00
44.00	04400	PHYSICAL THERAPY	0	652,517	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	702,316	45.00
46.00	04600	SPEECH PATHOLOGY	0	82,304	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	172,502	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	448,559	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF I	0	0	72.00
73.00	07300	CMHC I	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	-1,218,116	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-1,247,087	17,083,336	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00		TOTAL	-1,247,087	17,083,336	100.00

RECLASSIFICATIONS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/25/2021 3:55 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	38,121	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	3,617	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	81	3.00
	(1) D - COVID WAGES					
4.00		EMPLOYEE BENEFITS	3.00	205	0	4.00
5.00		ADMINISTRATIVE & GENERAL	4.00	2,651	0	5.00
6.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	1,669	0	6.00
7.00		LAUNDRY & LINEN SERVICE	6.00	1,279	0	7.00
8.00		HOUSEKEEPING	7.00	16,251	0	8.00
9.00		DIETARY	8.00	5,083	0	9.00
10.00		NURSING ADMINISTRATION	9.00	10,326	0	10.00
11.00		MEDICAL RECORDS & LIBRARY	12.00	2,623	0	11.00
12.00		SOCIAL SERVICE	13.00	3,126	0	12.00
13.00		ACTIVITIES	13.01	411	0	13.00
14.00		PHYSICAL THERAPY	44.00	11,861	0	14.00
15.00		OCCUPATIONAL THERAPY	45.00	25,649	0	15.00
16.00		SPEECH PATHOLOGY	46.00	1,823	0	16.00
17.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	1,219	0	17.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		84,176	41,819	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.1

RECLASSIFICATIONS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/25/2021 3:55 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	38,121	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	3,617	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	81	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	84,176	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
16.00			0.00	0	0	16.00
17.00			0.00	0	0	17.00
	TOTALS					
100.00				84,176	41,819	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.1

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-7

Date/Time Prepared:
10/25/2021 3:55 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,678,726	0	0	0	0	1.00
2.00	Land Improvements	522,053	0	0	0	0	2.00
3.00	Buildings and Fixtures	5,658,126	0	0	0	0	3.00
4.00	Building Improvements	3,450,830	25,889	0	25,889	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	3,519,874	26,837	0	26,837	0	6.00
7.00	Subtotal (sum of lines 1-6)	14,829,609	52,726	0	52,726	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	14,829,609	52,726	0	52,726	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,678,726	0				1.00
2.00	Land Improvements	522,053	394,688				2.00
3.00	Buildings and Fixtures	5,658,126	4,503,726				3.00
4.00	Building Improvements	3,476,719	2,276,076				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	3,546,711	2,979,550				6.00
7.00	Subtotal (sum of lines 1-6)	14,882,335	10,154,040				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	14,882,335	10,154,040				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
10/25/2021 3:55 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-1,121	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	212,605			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-362	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	138,445	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	-18,254	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-285,341	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	29,135	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-3,538	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,419	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,218,116	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2020	A	-98,121	EMPLOYEE BENEFITS	3.00	25.05
25.06	OTHER ADJUSTMENT (SPECIFY)		0		0.00	25.06
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,247,087			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/25/2021 3:55 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		717,890	505,285	212,605	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	717,890	505,285	212,605	10.00

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

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/25/2021 3:55 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/25/2021 3: 55 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	388,909	388,909		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	224,551	224,551		2.00
3.00	00300	EMPLOYEE BENEFITS	2,535,729	6,596	3,808	2,546,133
4.00	00400	ADMINISTRATIVE & GENERAL	5,125,434	10,967	6,332	250,263
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	442,456	9,124	5,268	23,328
6.00	00600	LAUNDRY & LINEN SERVICE	99,634	10,624	6,134	27,113
7.00	00700	HOUSEKEEPING	222,897	3,876	2,238	64,329
8.00	00800	DIETARY	803,416	36,040	20,809	136,402
9.00	00900	NURSING ADMINISTRATION	478,754	2,567	1,482	161,978
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,820	3,361	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	41,511	0	0	14,028
13.00	01300	SOCIAL SERVICE	219,846	0	0	74,381
13.01	01301	ACTIVITIES	75,172	6,189	3,573	23,877
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,091,223	277,638	160,304	1,293,606
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	12,727	0	0	0
41.00	04100	LABORATORY	131,347	0	0	0
42.00	04200	INTRAVENOUS THERAPY	129,973	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	1,559	0	0	0
44.00	04400	PHYSICAL THERAPY	652,517	8,476	4,894	206,283
45.00	04500	OCCUPATIONAL THERAPY	702,316	6,278	3,625	237,463
46.00	04600	SPEECH PATHOLOGY	82,304	635	367	27,846
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	172,502	1,944	1,123	5,236
49.00	04900	DRUGS CHARGED TO PATIENTS	448,559	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	17,083,336	386,774	223,318	2,546,133
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	2,135	1,233	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	17,083,336	388,909	224,551	2,546,133

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	5,392,996				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	233,048	713,224			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	69,649	20,919	234,073		6.00
7.00	00700	HOUSEKEEPING	142,369	7,632	0	443,341	7.00
8.00	00800	DIETARY	483,721	70,965	0	45,951	1,597,304
9.00	00900	NURSING ADMINISTRATION	312,937	5,055	0	3,273	0
10.00	01000	CENTRAL SERVICES & SUPPLY	4,456	11,460	0	7,421	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	26,955	0	0	0	0
13.00	01300	SOCIAL SERVICE	142,800	0	0	0	0
13.01	01301	ACTIVITIES	52,810	12,186	0	7,891	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,826,020	546,673	234,073	353,983	1,597,304
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	6,177	0	0	0	0
41.00	04100	LABORATORY	63,748	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	757	0	0	0	0
44.00	04400	PHYSICAL THERAPY	423,298	16,690	0	10,807	0
45.00	04500	OCCUPATIONAL THERAPY	460,918	12,361	0	8,004	0
46.00	04600	SPEECH PATHOLOGY	53,946	1,251	0	810	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	87,752	3,828	0	2,479	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	5,391,361	709,020	234,073	440,619	1,597,304
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,635	4,204	0	2,722	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	5,392,996	713,224	234,073	443,341	1,597,304

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	966,046					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	32,518				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	82,494		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	437,027	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	966,046	32,518	0	82,494	437,027	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	966,046	32,518	0	82,494	437,027	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	966,046	32,518	0	82,494	437,027	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	181,698					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	181,698	0	0	13,080,607	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	18,904	0	40.00
41.00	04100	LABORATORY	0	0	0	195,095	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	129,973	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	2,316	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,322,965	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,430,965	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	167,159	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	274,864	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	448,559	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	181,698	0	0	17,071,407	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	11,929	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	181,698	0	0	17,083,336	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	13,080,607
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	18,904
41.00	04100	LABORATORY	195,095
42.00	04200	INTRAVENOUS THERAPY	129,973
43.00	04300	OXYGEN (INHALATION) THERAPY	2,316
44.00	04400	PHYSICAL THERAPY	1,322,965
45.00	04500	OCCUPATIONAL THERAPY	1,430,965
46.00	04600	SPEECH PATHOLOGY	167,159
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,864
49.00	04900	DRUGS CHARGED TO PATIENTS	448,559
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	17,071,407
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	11,929
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	17,083,336

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	6,596	3,808	10,404	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	10,967	6,332	17,299	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	9,124	5,268	14,392	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	10,624	6,134	16,758	6.00
7.00	00700	HOUSEKEEPING	0	3,876	2,238	6,114	7.00
8.00	00800	DIETARY	0	36,040	20,809	56,849	8.00
9.00	00900	NURSING ADMINISTRATION	0	2,567	1,482	4,049	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,820	3,361	9,181	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	6,189	3,573	9,762	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	277,638	160,304	437,942	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	8,476	4,894	13,370	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	6,278	3,625	9,903	45.00
46.00	04600	SPEECH PATHOLOGY	0	635	367	1,002	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,944	1,123	3,067	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	386,774	223,318	610,092	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,135	1,233	3,368	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	388,909	224,551	613,460	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	18,321				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	792	15,279			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	237	448	17,554		6.00
7.00	00700	HOUSEKEEPING	484	163	0	7,024	7.00
8.00	00800	DIETARY	1,644	1,520	0	728	8.00
9.00	00900	NURSING ADMINISTRATION	1,063	108	0	52	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	15	246	0	118	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	92	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	485	0	0	0	13.00
13.01	01301	ACTIVITIES	179	261	0	125	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	9,598	11,711	17,554	5,608	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	21	0	0	0	40.00
41.00	04100	LABORATORY	217	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	3	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,438	358	0	171	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,566	265	0	127	45.00
46.00	04600	SPEECH PATHOLOGY	183	27	0	13	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	298	82	0	39	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	18,315	15,189	17,554	6,981	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	6	90	0	43	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	18,321	15,279	17,554	7,024	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	5,934					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	9,560				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	149		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	789	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	5,934	9,560	0	149	789	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	5,934	9,560	0	149	789	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	5,934	9,560	0	149	789	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	10,425					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	10,425	0	0	575,855	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	21	0	40.00
41.00	04100	LABORATORY	0	0	0	217	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	3	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	16,180	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	12,831	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,339	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,507	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,425	0	0	609,953	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,507	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	10,425	0	0	613,460	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
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CAPITAL RELATED COSTS								
Cost Center Description			BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	30,603					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		30,603				2.00
3.00	00300	EMPLOYEE BENEFITS	519	519	7,525,538			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	863	863	739,696	-5,392,996	11,111,808	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	718	718	68,949	0	480,176	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	836	836	80,137	0	143,505	6.00
7.00	00700	HOUSEKEEPING	305	305	190,135	0	293,340	7.00
8.00	00800	DIETARY	2,836	2,836	403,161	0	996,667	8.00
9.00	00900	NURSING ADMINISTRATION	202	202	478,754	0	644,781	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	458	458	0	0	9,181	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	41,461	0	55,539	12.00
13.00	01300	SOCIAL SERVICE	0	0	219,846	0	294,227	13.00
13.01	01301	ACTIVITIES	487	487	70,573	0	108,811	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	21,847	21,847	3,823,478	0	5,822,771	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	12,727	40.00
41.00	04100	LABORATORY	0	0	0	0	131,347	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-129,973	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	1,559	43.00
44.00	04400	PHYSICAL THERAPY	667	667	609,706	0	872,170	44.00
45.00	04500	OCCUPATIONAL THERAPY	494	494	701,863	0	949,682	45.00
46.00	04600	SPEECH PATHOLOGY	50	50	82,304	0	111,152	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	153	153	15,475	0	180,805	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-448,559	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	30,435	30,435	7,525,538	-5,971,528	11,108,440	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	168	168	0	0	3,368	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	388,909	224,551	2,546,133		5,392,996	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	12.708199	7.337549	0.338332		0.485339	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			10,404		18,321	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001382		0.001649	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	28,503					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	836	35,375				6.00
7.00	00700	HOUSEKEEPING	305	0	27,362			7.00
8.00	00800	DIETARY	2,836	0	2,836	106,125		8.00
9.00	00900	NURSING ADMINISTRATION	202	0	202	0	35,375	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	458	0	458	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
13.01	01301	ACTIVITIES	487	0	487	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	21,847	35,375	21,847	106,125	35,375	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	667	0	667	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	494	0	494	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	50	0	50	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	153	0	153	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	28,335	35,375	27,194	106,125	35,375	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	168	0	168	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	713,224	234,073	443,341	1,597,304	966,046	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	25.022770	6.616905	16.202800	15.051157	27.308721	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	15,279	17,554	7,024	61,298	5,934	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.536049	0.496226	0.256706	0.577602	0.167746	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	35,375				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	35,375		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	35,375	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	35,375	0	35,375	35,375	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	35,375	0	35,375	35,375	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	32,518	0	82,494	437,027	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.919237	0.000000	2.331986	12.354120	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	9,560	0	149	789	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.270247	0.000000	0.004212	0.022304	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet C

Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	18,904	160,501	0.117781	40.00
41.00	04100	LABORATORY	195,095	145,839	1.337742	41.00
42.00	04200	INTRAVENOUS THERAPY	129,973	231,455	0.561548	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	2,316	122,907	0.018844	43.00
44.00	04400	PHYSICAL THERAPY	1,322,965	1,967,084	0.672551	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,430,965	2,034,580	0.703322	45.00
46.00	04600	SPEECH PATHOLOGY	167,159	150,102	1.113636	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,864	206,138	1.333398	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	448,559	1,013,376	0.442638	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	99	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,990,800	6,032,081		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555328		Period: From 06/01/2020 To 05/31/2021		Worksheet D Part I Date/Time Prepared: 10/25/2021 3:55 pm	
				Title XVIII (1)		Skilled Nursing Facility		PPS	
				Health Care Program Charges		Health Care Program Cost			
Cost Center Description				Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	0.117781	21,704	0	2,556	0	40.00	
41.00	04100	LABORATORY	1.337742	22,417	0	29,988	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	0.561548	62,102	0	34,873	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	0.018844	7,909	0	149	0	43.00	
44.00	04400	PHYSICAL THERAPY	0.672551	533,775	0	358,991	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	0.703322	582,350	0	409,580	0	45.00	
46.00	04600	SPEECH PATHOLOGY	1.113636	31,475	0	35,052	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.333398	27,762	0	37,018	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	0.442638	225,988	0	100,031	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00	
OUTPATIENT SERVICE COST CENTERS									
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00	
61.00	06100	RURAL HEALTH CLINIC						61.00	
62.00	06200	FOHC						62.00	
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00	
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00	
100.00		Total (Sum of lines 40 - 71)		1,515,482	0	1,008,238	0	100.00	

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555328		Period: From 06/01/2020 To 05/31/2021		Worksheet D Parts II-III Date/Time Prepared: 10/25/2021 3:55 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)						0.442638	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)						0	3.00
Cost Center Description				Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
				1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	18,904	0	0.000000	2,556	0	40.00	
41.00	04100	LABORATORY	195,095	0	0.000000	29,988	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	129,973	0	0.000000	34,873	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	2,316	0	0.000000	149	0	43.00	
44.00	04400	PHYSICAL THERAPY	1,322,965	0	0.000000	358,991	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	1,430,965	0	0.000000	409,580	0	45.00	
46.00	04600	SPEECH PATHOLOGY	167,159	0	0.000000	35,052	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	274,864	0	0.000000	37,018	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	448,559	0	0.000000	100,031	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00	
100.00		Total (Sum of lines 40 - 52)	3,990,800	0		1,008,238	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555328	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 10/25/2021 3:55 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		35,375	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		3,770	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		13,080,607	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		14,124,794	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.926074	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		13,080,607	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		369.77	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,394,033	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,394,033	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		575,855	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		16.28	21.00
22.00	Program capital related cost (Line 3 times line 21)		61,376	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,332,657	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,332,657	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		35,375	1.00
2.00	Program inpatient days (see instructions)		3,770	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.106572	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part I
Date/Time Prepared:
10/25/2021 3:55 pm

Title XVIII

Skilled Nursing
Facility

PPS

		1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
1.00	Inpatient PPS amount (See Instructions)	2,926,288	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	2,926,288	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	321,885	5.00
6.00	Allowable bad debts (From your records)	6,883	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	4,474	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	2,608,877	11.00
12.00	Interim payments (See instructions)	2,604,403	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	4,474	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555328	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 10/25/2021 3:55 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555328	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 10/25/2021 3:55 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet E-1

Date/Time Prepared:
10/25/2021 3:55 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,604,403		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,604,403		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		4,474		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,608,877		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet G

Date/Time Prepared:
10/25/2021 3:55 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	1,681	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,807,359	0	0	0	4.00
5.00 Other receivables	7,029	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-164,023	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	113,529	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,765,575	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	162,676	0	0	0	17.00
18.00 Less: Accumulated Amortization	-48,393	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	524,579	0	0	0	23.00
24.00 Less: Accumulated depreciation	-299,558	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	0	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	339,304	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-381,945	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-381,945	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	1,722,934	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	111,699	0	0	0	35.00
36.00 Salaries, wages, and fees payable	938,828	0	0	0	36.00
37.00 Payroll taxes payable	41,305	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	219,723	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,311,555	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,311,555	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	411,379				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	411,379	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1,722,934	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-1

Date/Time Prepared:
10/25/2021 3:55 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		260,585		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-4,048,273				2.00
3.00	Total (sum of line 1 and line 2)		-3,787,688		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		4,199,067		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		4,199,067		0		10.00
11.00	Subtotal (line 3 plus line 10)		411,379		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		411,379		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021Worksheet G-2
Parts I-II
Date/Time Prepared:
10/25/2021 3:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	14,124,794		14,124,794	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	14,124,794		14,124,794	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	6,032,081	0	6,032,081	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	20,156,875	0	20,156,875	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			18,330,423	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			18,330,423	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555328

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-3

Date/Time Prepared:
10/25/2021 3:55 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	20,156,875	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,166,798	2.00
3.00	Net patient revenues (Line 1 minus line 2)	13,990,077	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	18,330,423	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-4,340,346	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	1,121	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	676	20.00
21.00	Rental of vending machines	362	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	95	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	289,819	24.50
25.00	Total other income (Sum of lines 6 - 24)	292,073	25.00
26.00	Total (Line 5 plus line 25)	-4,048,273	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-4,048,273	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555328	Period: From 06/01/2021 To 05/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 10/6/2022 3:10 pm
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Fountain Valley CA, LLC (555328) for the cost reporting period beginning 06/01/2021 and ending 05/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin D. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin D. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	10/06/2022 03:10:56 PM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
		1.00	Part A 2.00	Part B 3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	944	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	944	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Health Financial Systems		Manor Care of Fountain Valley CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555328		Period: From 06/01/2021 To 05/31/2022		Worksheet S-2 Part I Date/Time Prepared: 10/6/2022 3:10 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 11680 WARNER AVENUE	PO Box:	1.00						
2.00	City: FOUNTAIN VALLEY	State: CA	Zip Code: 92708	2.00					
3.00	County: ORANGE	CBSA Code: 11244	Urban/Rural: U	3.00					
3.01		CBSA Code:		3.01					
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care of Fountain Valley CA, LLC	555328	02/09/1989	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			06/01/2021	05/31/2022		14.00		
15.00	Type of Control (See Instructions)			2501(C)(3)		15.00			
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					-17,359		20.00	
21.00	Declining Balance					0		21.00	
22.00	Sum of the Year's Digits					0		22.00	
23.00	Sum of line 20 through 22					-17,359		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC								33.00
34.00	SNF-Based FQHC						N		34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			Y		37.00			
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N		38.00			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.					39.00			
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:		81,703	37,073	1,446,015		41.00		

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

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part I
Date/Time Prepared:
10/6/2022 3:10 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part II
Date/Time Prepared:
10/6/2022 3:10 pm

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

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

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
10/6/2022 3:10 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KAREN	NOFZIGER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419.252.5879	KAREN.NOFZIGER@PROMEDICA.ORG	21.00

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

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part II
Date/Time Prepared:
10/6/2022 3:10 pm

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

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

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part I
Date/Time Prepared:
10/6/2022 3:10 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	151	55,115	0	4,731	14,310	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	151	55,115	0	4,731	14,310	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	20,355	39,396	0	164	150	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	20,355	39,396	0	164	150	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	697	1,011	0.00	28.85	95.40	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	697	1,011	0.00	28.85	95.40	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	38.97	0	187	29	751	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	38.97	0	187	29	751	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	967	134.52	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	967	134.52	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part II
Date/Time Prepared:
10/6/2022 3:10 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	9,383,656	0	9,383,656	279,802.00	33.54
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	9,383,656	0	9,383,656	279,802.00	33.54
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,383,656	0	9,383,656	279,802.00	33.54
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	0	0	0	0.00	0.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	643,752	0	643,752	11,797.60	54.57
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,698,658	0	1,698,658		
18.00	Wage-related costs other (See Part IV)	51,536	0	51,536		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,750,194	0	1,750,194		

SNF WAGE INDEX INFORMATION

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part III
Date/Time Prepared:
10/6/2022 3:10 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	902,059	0	902,059	27,337.00	33.00	1.00
2.00 Administrative & General	769,651	3,971	773,622	19,764.00	39.14	2.00
3.00 Plant Operation, Maintenance & Repairs	84,336	252	84,588	1,969.00	42.96	3.00
4.00 Laundry & Linen Service	66,620	0	66,620	3,824.00	17.42	4.00
5.00 Housekeeping	217,043	5,214	222,257	13,211.00	16.82	5.00
6.00 Dietary	452,266	2,322	454,588	20,052.00	22.67	6.00
7.00 Nursing Administration	448,037	4,291	452,328	7,678.00	58.91	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	41,141	179	41,320	1,808.00	22.85	10.00
11.00 Social Service	334,556	2,828	337,384	13,666.00	24.69	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,315,709	19,057	3,334,766	109,309.00	30.51	14.00

SNF WAGE RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part IV
Date/Time Prepared:
10/6/2022 3:10 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	104,328	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	701,454	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	36,921	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,964	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	163,636	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	548,130	17.00
18.00	Medicare Taxes - Employers Portion Only	136,063	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	6,162	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,698,658	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	10,886	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	21,839	25.04
25.05	EMPLOYEE UNIFORMS	24,811	25.05
25.06	EMPLOYEE APPRECIATION	-6,000	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part V
Date/Time Prepared:
10/6/2022 3:10 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,545,128	288,735	1,833,863	33,832.00	54.20	1.00
2.00	Licensed Practical Nurses (LPNs)	1,418,698	265,109	1,683,807	37,855.00	44.48	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,157,913	403,245	2,561,158	120,725.00	21.21	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,121,739	957,089	6,078,828	192,412.00	31.59	4.00
5.00	Physical Therapists	404,826	74,806	479,632	8,503.00	56.41	5.00
6.00	Physical Therapy Assistants	258,730	47,865	306,595	7,399.00	41.44	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	517,236	96,944	614,180	10,958.00	56.05	8.00
9.00	Occupational Therapy Assistants	246,284	45,021	291,305	7,068.00	41.21	9.00
10.00	Occupational Therapy Aides	195	37	232	6.00	38.67	10.00
11.00	Speech Therapists	73,113	13,775	86,888	1,400.00	62.06	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	38,560	7,269	45,829	2,563.00	17.88	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
10/6/2022 3:10 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
10/6/2022 3:10 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555328	Period: From 06/01/2021 To 05/31/2022	Worksheet A Date/Time Prepared: 10/6/2022 3:10 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Recl assi fi cations Increase/Decrease (Fr Wkst A-6)	Recl assi fied Tri al Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		182,576	182,576	43,131	225,707	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		117,805	117,805	0	117,805	2.00
3.00	00300	EMPLOYEE BENEFITS	902,059	1,750,195	2,652,254	0	2,652,254	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	769,651	4,043,339	4,812,990	-39,844	4,773,146	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	84,336	408,799	493,135	252	493,387	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	66,620	26,800	93,420	0	93,420	6.00
7.00	00700	HOUSEKEEPING	217,043	33,740	250,783	5,214	255,997	7.00
8.00	00800	DIETARY	452,266	474,362	926,628	2,322	928,950	8.00
9.00	00900	NURSING ADMINISTRATION	448,037	0	448,037	4,291	452,328	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	41,141	219	41,360	179	41,539	12.00
13.00	01300	SOCIAL SERVICE	266,609	0	266,609	2,123	268,732	13.00
13.01	01301	ACTIVITIES	67,947	5,711	73,658	705	74,363	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,689,830	341,062	5,030,892	-35,316	4,995,576	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	68,834	68,834	0	68,834	40.00
41.00	04100	LABORATORY	0	111,249	111,249	0	111,249	41.00
42.00	04200	INTRAVENOUS THERAPY	0	182,761	182,761	0	182,761	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	4,531	4,531	0	4,531	43.00
44.00	04400	PHYSICAL THERAPY	590,126	29,556	619,682	9,172	628,854	44.00
45.00	04500	OCCUPATIONAL THERAPY	687,436	834	688,270	6,321	694,591	45.00
46.00	04600	SPEECH PATHOLOGY	65,543	0	65,543	766	66,309	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,012	150,898	185,910	0	185,910	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	458,343	458,343	0	458,343	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	6,573	6,573	0	6,573	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,270,860	1,270,860	684	1,271,544	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	9,383,656	9,669,047	19,052,703	0	19,052,703	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	9,383,656	9,669,047	19,052,703	0	19,052,703	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet A

Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	225,707
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	0	117,805
3.00	00300	EMPLOYEE BENEFITS	0	2,652,254
4.00	00400	ADMINISTRATIVE & GENERAL	-420,699	4,352,447
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	493,387
6.00	00600	LAUNDRY & LINEN SERVICE	0	93,420
7.00	00700	HOUSEKEEPING	0	255,997
8.00	00800	DIETARY	0	928,950
9.00	00900	NURSING ADMINISTRATION	0	452,328
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	41,539
13.00	01300	SOCIAL SERVICE	0	268,732
13.01	01301	ACTIVITIES	0	74,363
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	4,995,576
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	68,834
41.00	04100	LABORATORY	0	111,249
42.00	04200	INTRAVENOUS THERAPY	0	182,761
43.00	04300	OXYGEN (INHALATION) THERAPY	0	4,531
44.00	04400	PHYSICAL THERAPY	0	628,854
45.00	04500	OCCUPATIONAL THERAPY	0	694,591
46.00	04600	SPEECH PATHOLOGY	0	66,309
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	185,910
49.00	04900	DRUGS CHARGED TO PATIENTS	0	458,343
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	6,573
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-1,271,544	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-1,692,243	17,360,460
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-1,692,243	17,360,460

RECLASSIFICATIONS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
10/6/2022 3:10 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	33,166	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	10,649	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		INTEREST EXPENSE	81.00	0	684	3.00
	(1) D - COVID WAGES					
4.00			0.00	0	0	4.00
5.00		ADMINISTRATIVE & GENERAL	4.00	3,971	0	5.00
6.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	252	0	6.00
7.00		HOUSEKEEPING	7.00	5,214	0	7.00
8.00		DIETARY	8.00	2,322	0	8.00
9.00		NURSING ADMINISTRATION	9.00	4,291	0	9.00
10.00		MEDICAL RECORDS & LIBRARY	12.00	179	0	10.00
11.00		SOCIAL SERVICE	13.00	2,123	0	11.00
12.00		ACTIVITIES	13.01	705	0	12.00
13.00		PHYSICAL THERAPY	44.00	9,172	0	13.00
14.00		OCCUPATIONAL THERAPY	45.00	6,321	0	14.00
15.00		SPEECH PATHOLOGY	46.00	766	0	15.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		35,316	44,499	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECLASSIFICATIONS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
10/6/2022 3:10 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00	ADMINISTRATIVE & GENERAL	4.00	0	33,166		1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00	ADMINISTRATIVE & GENERAL	4.00	0	10,649		2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00	CAP REL COSTS - BLDGS & FIXTURES	1.00	0	684		3.00
	(1) D - COVID WAGES					
4.00	SKILLED NURSING FACILITY	30.00	35,316	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	TOTALS					
100.00			35,316	44,499		100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-7

Date/Time Prepared:
10/6/2022 3:10 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
2.00	Land	0	0	0	0	0	1.00
3.00	Land Improvements	0	0	0	0	0	2.00
4.00	Buildings and Fixtures	0	0	0	0	0	3.00
5.00	Building Improvements	162,676	36,353	0	36,353	0	4.00
6.00	Fixed Equipment	0	0	0	0	0	5.00
7.00	Movable Equipment	524,579	30,339	0	30,339	0	6.00
8.00	Subtotal (sum of lines 1-6)	687,255	66,692	0	66,692	0	7.00
9.00	Reconciling Items	0	0	0	0	0	8.00
	Total (line 7 minus line 8)	687,255	66,692	0	66,692	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
2.00	Land	0	0				1.00
3.00	Land Improvements	0	0				2.00
4.00	Buildings and Fixtures	0	0				3.00
5.00	Building Improvements	199,029	0				4.00
6.00	Fixed Equipment	0	0				5.00
7.00	Movable Equipment	554,918	0				6.00
8.00	Subtotal (sum of lines 1-6)	753,947	0				7.00
9.00	Reconciling Items	0	0				8.00
	Total (line 7 minus line 8)	753,947	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-8

Date/Time Prepared:
10/6/2022 3:10 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
1.00	2.00	3.00	4.00			
1.00	Investment income on restricted funds (chapter 2)	B	-684	INTEREST EXPENSE	81.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	124,759			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-357	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A		OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A		OCAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-291,926	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-119,720	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-5,374	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-3,628	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,270,860	INTEREST EXPENSE	81.00	25.04
25.05	MISC. INCOME	B	-1,010	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06	PURCH SERV - PHYS. CARE	A	-121,943	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	PENALTIES - STATE & FED	A	-1,500	ADMINISTRATIVE & GENERAL	4.00	25.07
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,692,243			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/6/2022 3:10 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		708,436	583,677	124,759	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	708,436	583,677	124,759	10.00

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

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/6/2022 3:10 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/6/2022 3:10 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	225,707	225,707		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	117,805	117,805		2.00
3.00	00300	EMPLOYEE BENEFITS	2,652,254	3,828	1,998	2,658,080
4.00	00400	ADMINISTRATIVE & GENERAL	4,352,447	6,365	3,322	242,448
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	493,387	5,295	2,764	26,509
6.00	00600	LAUNDRY & LINEN SERVICE	93,420	6,166	3,218	20,878
7.00	00700	HOUSEKEEPING	255,997	2,249	1,174	69,654
8.00	00800	DIETARY	928,950	20,916	10,917	142,465
9.00	00900	NURSING ADMINISTRATION	452,328	1,490	778	141,757
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,378	1,763	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	41,539	0	0	12,949
13.00	01300	SOCIAL SERVICE	268,732	0	0	84,219
13.01	01301	ACTIVITIES	74,363	3,592	1,875	21,515
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,995,576	161,130	84,098	1,458,697
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	68,834	0	0	0
41.00	04100	LABORATORY	111,249	0	0	0
42.00	04200	INTRAVENOUS THERAPY	182,761	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	4,531	0	0	0
44.00	04400	PHYSICAL THERAPY	628,854	4,919	2,568	187,816
45.00	04500	OCCUPATIONAL THERAPY	694,591	3,643	1,902	217,419
46.00	04600	SPEECH PATHOLOGY	66,309	369	192	20,781
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	185,910	1,128	589	10,973
49.00	04900	DRUGS CHARGED TO PATIENTS	458,343	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	6,573	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0
81.00	08100	INTEREST EXPENSE	0	0	0	0
82.00	08200	UTILIZATION REVIEW	0	0	0	0
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	17,360,460	224,468	117,158	2,658,080
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	1,239	647	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	17,360,460	225,707	117,805	2,658,080

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4,604,582				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	200,665	728,620			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	47,009	21,371	192,062		6.00
7.00	00700	HOUSEKEEPING	125,074	7,797	0	461,945	7.00
8.00	00800	DIETARY	419,322	72,496	0	5,674	1,600,740
9.00	00900	NURSING ADMINISTRATION	226,662	5,164	0	3,758	0
10.00	01000	CENTRAL SERVICES & SUPPLY	1,954	11,708	0	8,520	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	20,710	0	0	0	0
13.00	01300	SOCIAL SERVICE	134,150	0	0	0	0
13.01	01301	ACTIVITIES	38,519	12,449	0	9,060	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,546,346	558,473	192,062	406,433	1,600,740
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	26,162	0	0	0	0
41.00	04100	LABORATORY	42,284	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	1,722	0	0	0	0
44.00	04400	PHYSICAL THERAPY	313,246	17,050	0	12,409	0
45.00	04500	OCCUPATIONAL THERAPY	348,744	12,628	0	9,190	0
46.00	04600	SPEECH PATHOLOGY	33,314	1,278	0	930	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,484	3,911	0	2,846	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	2,498	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	4,603,865	724,325	192,062	458,820	1,600,740
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	717	4,295	0	3,125	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	4,604,582	728,620	192,062	461,945	1,600,740

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	831,937					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	27,323				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	75,198		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	487,101	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	831,937	27,323	0	75,198	487,101	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	831,937	27,323	0	75,198	487,101	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	831,937	27,323	0	75,198	487,101	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	161,373					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	161,373	0	0	13,586,487	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	94,996	0	40.00
41.00	04100	LABORATORY	0	0	0	153,533	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	182,761	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	6,253	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,166,862	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,288,117	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	123,173	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	280,841	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	458,343	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	9,071	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	161,373	0	0	17,350,437	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	10,023	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	161,373	0	0	17,360,460	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	13,586,487
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	94,996
41.00	04100	LABORATORY	153,533
42.00	04200	INTRAVENOUS THERAPY	182,761
43.00	04300	OXYGEN (INHALATION) THERAPY	6,253
44.00	04400	PHYSICAL THERAPY	1,166,862
45.00	04500	OCCUPATIONAL THERAPY	1,288,117
46.00	04600	SPEECH PATHOLOGY	123,173
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	280,841
49.00	04900	DRUGS CHARGED TO PATIENTS	458,343
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	9,071
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	17,350,437
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	10,023
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	17,360,460

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	3,828	1,998	5,826	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	6,365	3,322	9,687	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	5,295	2,764	8,059	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	6,166	3,218	9,384	6.00
7.00	00700	HOUSEKEEPING	0	2,249	1,174	3,423	7.00
8.00	00800	DIETARY	0	20,916	10,917	31,833	8.00
9.00	00900	NURSING ADMINISTRATION	0	1,490	778	2,268	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,378	1,763	5,141	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	3,592	1,875	5,467	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	161,130	84,098	245,228	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	4,919	2,568	7,487	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	3,643	1,902	5,545	45.00
46.00	04600	SPEECH PATHOLOGY	0	369	192	561	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,128	589	1,717	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	224,468	117,158	341,626	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,239	647	1,886	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	225,707	117,805	343,512	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	10,218				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	445	8,562			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	104	251	9,785		6.00
7.00	00700	HOUSEKEEPING	277	92	0	3,945	7.00
8.00	00800	DIETARY	930	852	0	48	8.00
9.00	00900	NURSING ADMINISTRATION	503	61	0	32	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	4	138	0	73	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	46	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	298	0	0	0	13.00
13.01	01301	ACTIVITIES	85	146	0	77	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	5,653	6,563	9,785	3,472	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	58	0	0	0	40.00
41.00	04100	LABORATORY	94	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	695	200	0	106	44.00
45.00	04500	OCCUPATIONAL THERAPY	773	148	0	78	45.00
46.00	04600	SPEECH PATHOLOGY	74	15	0	8	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	167	46	0	24	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	6	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,216	8,512	9,785	3,918	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	2	50	0	27	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	10,218	8,562	9,785	3,945	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	3,175					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,356				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	74		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	483	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,175	5,356	0	74	483	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,175	5,356	0	74	483	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	3,175	5,356	0	74	483	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2021
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	5,822					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	5,822	0	0	322,782	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	58	0	40.00
41.00	04100	LABORATORY	0	0	0	94	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	4	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	8,900	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	7,021	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	704	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,978	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	6	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	5,822	0	0	341,547	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	1,965	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	5,822	0	0	343,512	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet B
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
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CAPITAL RELATED COSTS								
Cost Center Description			BLDGs & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	30,603					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		30,603				2.00
3.00	00300	EMPLOYEE BENEFITS	519	519	8,481,597			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	863	863	773,622	-4,604,582	12,114,774	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	718	718	84,588	0	527,955	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	836	836	66,620	0	123,682	6.00
7.00	00700	HOUSEKEEPING	305	305	222,257	0	329,074	7.00
8.00	00800	DIETARY	2,836	2,836	454,588	0	1,103,248	8.00
9.00	00900	NURSING ADMINISTRATION	202	202	452,328	0	596,353	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	458	458	0	0	5,141	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	41,320	0	54,488	12.00
13.00	01300	SOCIAL SERVICE	0	0	268,732	0	352,951	13.00
13.01	01301	ACTIVITIES	487	487	68,652	0	101,345	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	21,847	21,847	4,654,514	0	6,699,501	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	68,834	40.00
41.00	04100	LABORATORY	0	0	0	0	111,249	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-182,761	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	4,531	43.00
44.00	04400	PHYSICAL THERAPY	667	667	599,298	0	824,157	44.00
45.00	04500	OCCUPATIONAL THERAPY	494	494	693,757	0	917,555	45.00
46.00	04600	SPEECH PATHOLOGY	50	50	66,309	0	87,651	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	153	153	35,012	0	198,600	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-458,343	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	6,573	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	30,435	30,435	8,481,597	-5,245,686	12,112,888	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	168	168	0	0	1,886	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	225,707	117,805	2,658,080		4,604,582	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	7.375323	3.849459	0.313394		0.380080	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			5,826		10,218	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000687		0.000843	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	28,503					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	836	39,396				6.00
7.00	00700	HOUSEKEEPING	305	0	24,831			7.00
8.00	00800	DIETARY	2,836	0	305	118,188		8.00
9.00	00900	NURSING ADMINISTRATION	202	0	202	0	39,396	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	458	0	458	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
13.01	01301	ACTIVITIES	487	0	487	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	21,847	39,396	21,847	118,188	39,396	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	667	0	667	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	494	0	494	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	50	0	50	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	153	0	153	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	28,335	39,396	24,663	118,188	39,396	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	168	0	168	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	728,620	192,062	461,945	1,600,740	831,937	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	25.562923	4.875165	18.603560	13.544015	21.117296	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	8,562	9,785	3,945	33,975	3,175	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.300389	0.248375	0.158874	0.287466	0.080592	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	39,396				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	39,396		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	39,396	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	39,396	0	39,396	39,396	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	39,396	0	39,396	39,396	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	27,323	0	75,198	487,101	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.693548	0.000000	1.908772	12.364225	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	5,356	0	74	483	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.135953	0.000000	0.001878	0.012260	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS)	OTHER GENERAL SERVICE		
			COST CENTERS		
			(PATIENT DAYS)		
		14.00	15.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT			2.00
3.00	00300	EMPLOYEE BENEFITS			3.00
4.00	00400	ADMINISTRATIVE & GENERAL			4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600	LAUNDRY & LINEN SERVICE			6.00
7.00	00700	HOUSEKEEPING			7.00
8.00	00800	DIETARY			8.00
9.00	00900	NURSING ADMINISTRATION			9.00
10.00	01000	CENTRAL SERVICES & SUPPLY			10.00
11.00	01100	PHARMACY			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY			12.00
13.00	01300	SOCIAL SERVICE			13.00
13.01	01301	ACTIVITIES			13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0		14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	0	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	0	40.00
41.00	04100	LABORATORY	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FQHC			62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF I	0	0	72.00
73.00	07300	CMHC I	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES			80.00
81.00	08100	INTEREST EXPENSE			81.00
82.00	08200	UTILIZATION REVIEW			82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	0	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
98.00		Cross Foot Adjustments			98.00
99.00		Negative Cost Centers			99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet C

Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	94,996	176,538	0.538105	40.00
41.00	04100	LABORATORY	153,533	174,602	0.879331	41.00
42.00	04200	INTRAVENOUS THERAPY	182,761	318,555	0.573719	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	6,253	66,075	0.094635	43.00
44.00	04400	PHYSICAL THERAPY	1,166,862	1,978,218	0.589855	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,288,117	2,009,042	0.641160	45.00
46.00	04600	SPEECH PATHOLOGY	123,173	182,571	0.674658	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	280,841	206,228	1.361799	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	458,343	982,958	0.466290	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	9,071	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,763,950	6,094,787		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet D
Part I
Date/Time Prepared:
10/6/2022 3:10 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
	PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
	ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0.538105	34,196	0	18,401	0	40.00
41.00	04100	LABORATORY	0.879331	31,648	0	27,829	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.573719	42,482	0	24,373	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.094635	8,756	0	829	0	43.00
44.00	04400	PHYSICAL THERAPY	0.589855	511,000	0	301,416	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.641160	541,425	0	347,140	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.674658	33,425	0	22,550	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.361799	23,824	0	32,443	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.466290	252,249	0	117,621	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00
100.00		Total (Sum of lines 40 - 71)		1,479,005	0	892,602	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555328	Period: From 06/01/2021 To 05/31/2022	Worksheet D Parts II-III Date/Time Prepared: 10/6/2022 3:10 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.466290	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	94,996	0	0.000000	18,401	0 40.00
41.00	04100	LABORATORY	153,533	0	0.000000	27,829	0 41.00
42.00	04200	INTRAVENOUS THERAPY	182,761	0	0.000000	24,373	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	6,253	0	0.000000	829	0 43.00
44.00	04400	PHYSICAL THERAPY	1,166,862	0	0.000000	301,416	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	1,288,117	0	0.000000	347,140	0 45.00
46.00	04600	SPEECH PATHOLOGY	123,173	0	0.000000	22,550	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	280,841	0	0.000000	32,443	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	458,343	0	0.000000	117,621	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	9,071	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	3,763,950	0		892,602	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555328	Period: From 06/01/2021 To 05/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 10/6/2022 3:10 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		39,396	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		4,731	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		13,586,487	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		16,848,348	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.806399	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		13,586,487	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		344.87	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,631,580	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,631,580	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		322,782	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		8.19	21.00
22.00	Program capital related cost (Line 3 times line 21)		38,747	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,592,833	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,592,833	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		39,396	1.00
2.00	Program inpatient days (see instructions)		4,731	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.120088	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555328	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part I Date/Time Prepared: 10/6/2022 3:10 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		3,463,387	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		3,463,387	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		408,767	5.00
6.00	Allowable bad debts (From your records)		1,456	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		1,456	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		946	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		3,055,566	11.00
12.00	Interim payments (See instructions)		3,049,515	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		2	14.75
14.99	Sequestration amount (see instructions)		5,105	14.99
15.00	Balance due provider/program (see Instructions)		944	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555328	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 10/6/2022 3:10 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555328	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 10/6/2022 3:10 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet E-1

Date/Time Prepared:
10/6/2022 3:10 pm

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		3,049,515			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		3,049,515			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	PROGRAM TO PROVIDER		944			0	6.01
6.02	PROVIDER TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		3,050,459			0	7.00
			Contractor Name		Contractor Number		
			1.00		2.00		
8.00	Name of Contractor						8.00

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

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

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet G

Date/Time Prepared:
10/6/2022 3:10 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	361	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,138,500	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-204,180	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	122,660	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,057,341	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	199,029	0	0	0	17.00
18.00 Less: Accumulated Amortization	-38,822	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	554,918	0	0	0	23.00
24.00 Less: Accumulated depreciation	-291,770	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	6,658	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	430,013	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-4	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-4	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,487,350	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	963	0	0	0	35.00
36.00 Salaries, wages, and fees payable	1,022,631	0	0	0	36.00
37.00 Payroll taxes payable	125,696	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	344,197	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,493,487	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,493,487	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	993,863				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	993,863	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,487,350	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-1

Date/Time Prepared:
10/6/2022 3:10 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		411,379		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-2,375,581				2.00
3.00	Total (sum of line 1 and line 2)		-1,964,202		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		2,958,065		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		2,958,065		0		10.00
11.00	Subtotal (line 3 plus line 10)		993,863		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		993,863		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022Worksheet G-2
Parts I-II
Date/Time Prepared:
10/6/2022 3:10 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	16,848,348		16,848,348	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	16,848,348		16,848,348	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	6,094,787	0	6,094,787	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	22,943,135	0	22,943,135	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			19,052,703	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			19,052,703	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555328

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-3

Date/Time Prepared:
10/6/2022 3:10 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	22,943,135	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,267,380	2.00
3.00	Net patient revenues (Line 1 minus line 2)	16,675,755	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	19,052,703	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,376,948	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	1,010	20.00
21.00	Rental of vending machines	357	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	0	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,367	25.00
26.00	Total (Line 5 plus line 25)	-2,375,581	26.00
27.00	OTHER EXPENSE	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-2,375,581	31.00

Exhibit 12 to Section 999.5(d)(5)(C)

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

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

Provider CCN: 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet S
Parts I, II & III
Date/Time Prepared:
10/12/2020 4:13 pm

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		Date: 10/12/2020 Time: 4:13 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manior Care of Hemet CA, LLC (555297) for the cost reporting period beginning 06/01/2019 and ending 05/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) MARTIN D. ALLEN
Chief Financial Officer or Administrator of Provider(s)
DIRECTOR
Title
10/12/2020 04:13:19 PM
Date

Cost Center Description		Title V		Title XVII		Title XIX	
		1.00	2.00	Part A	Part B		
PART III - SETTLEMENT SUMMARY							
1.00	SKILLED NURSING FACILITY	0	15,959	0	0	0	1.00
2.00	NURSING FACILITY	0				0	2.00
3.00	ICF/IID					0	3.00
4.00	SNF - BASED HHA I	0	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0	0		5.00
6.00	SNF - BASED FQHC I	0		0	0		6.00
7.00	SNF - BASED CMHC I	0		0	0		7.00
7.10	SNF - BASED CORF I	0		0	0		7.10
100.00	TOTAL	0	15,959	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

Health Financial Systems		Manor Care of Hemet CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555297		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/12/2020 4:13 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1717 W. STETSON AVE.	PO Box:	1.00						
2.00	City: HEMET	State: CA	2.00						
3.00	County: RIVERSIDE	CBSA Code: 40140	3.00						
3.01		CBSA Code:	3.01						
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care of Hemet CA, LLC	555297	01/17/1979	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			06/01/2019	05/31/2020		14.00		
15.00	Type of Control (See Instructions)			2501(C)(3)		15.00			
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					352,347		20.00	
21.00	Declining Balance					0		21.00	
22.00	Sum of the Year's Digits					0		22.00	
23.00	Sum of line 20 through 22					352,347		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC						N		33.00
34.00	SNF-Based FQHC						N		34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			Y		37.00			
38.00	Are you legally required to carry malpractice insurance? (Y/N)			N		38.00			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.					39.00			
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:			722,968	328,048	339,630		41.00	

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

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part I
Date/Time Prepared:
10/12/2020 4:13 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet S-2
Part II
Date/Time Prepared:
10/12/2020 4:13 pm

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

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

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
10/12/2020 4:13 pm

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00

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

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/12/2020 4:13 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	178	65,148	0	5,040	22,624	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	178	65,148	0	5,040	22,624	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	19,429	47,093	0	153	454	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	19,429	47,093	0	153	454	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	962	1,569	0.00	32.94	49.83	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	962	1,569	0.00	32.94	49.83	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	30.01	0	189	151	1,023	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	30.01	0	189	151	1,023	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	1,363	176.48	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	1,363	176.48	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part II
Date/Time Prepared:
10/12/2020 4:13 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	9,972,691	0	9,972,691	368,083.00	27.09
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	9,972,691	0	9,972,691	368,083.00	27.09
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,972,691	0	9,972,691	368,083.00	27.09
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	3,175	0	3,175	102.00	31.13
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	488,744	0	488,744	7,543.13	64.79
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,630,747	0	1,630,747		
18.00	Wage-related costs other (See Part IV)	94,740	0	94,740		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,725,487	0	1,725,487		

SNF WAGE INDEX INFORMATION

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part III
Date/Time Prepared:
10/12/2020 4:13 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	1,016,845	0	1,016,845	33,437.00	30.41	1.00
2.00 Administrative & General	777,027	0	777,027	33,060.00	23.50	2.00
3.00 Plant Operation, Maintenance & Repairs	74,256	11,473	85,729	3,556.00	24.11	3.00
4.00 Laundry & Linen Service	43,330	4,406	47,736	3,309.00	14.43	4.00
5.00 Housekeeping	253,203	2,769	255,972	17,462.00	14.66	5.00
6.00 Dietary	456,194	11,988	468,182	27,296.00	17.15	6.00
7.00 Nursing Administration	555,791	65	555,856	12,329.00	45.09	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	96,010	2,452	98,462	4,318.00	22.80	10.00
11.00 Social Service	333,750	5,389	339,139	15,450.00	21.95	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,606,406	38,542	3,644,948	150,217.00	24.26	14.00

SNF WAGE RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
10/12/2020 4:13 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	68,569	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	547,214	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	37,473	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	4,140	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	208,300	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	586,263	17.00
18.00	Medicare Taxes - Employers Portion Only	144,604	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	29,328	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	4,856	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,630,747	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	81,593	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	0	25.04
25.05	EMPLOYEE UNIFORMS	11,960	25.05
25.06	EMPLOYEE APPRECIATION	1,187	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part V
Date/Time Prepared:
10/12/2020 4:13 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	921,968	157,007	1,078,975	21,605.00	49.94	1.00
2.00	Licensed Practical Nurses (LPNs)	1,949,613	332,011	2,281,624	73,162.00	31.19	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,979,251	337,068	2,316,319	136,176.00	17.01	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,850,832	826,086	5,676,918	230,943.00	24.58	4.00
5.00	Physical Therapists	530,958	88,609	619,567	11,143.00	55.60	5.00
6.00	Physical Therapy Assistants	639,111	105,106	744,217	18,090.00	41.14	6.00
7.00	Physical Therapy Aides	9,496	1,564	11,060	674.00	16.41	7.00
8.00	Occupational Therapists	395,329	67,749	463,078	9,115.00	50.80	8.00
9.00	Occupational Therapy Assistants	338,292	56,902	395,194	9,302.00	42.48	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	121,787	20,366	142,153	2,464.00	57.69	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	34,375	6,173	40,548	2,608.00	15.55	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	3,175		3,175	102.00	31.13	16.00
17.00	Total Nursing (sum of lines 14 through 16)	3,175		3,175	102.00	31.13	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/12/2020 4:13 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	0	1.00
2.00		RUL	45	2.00
3.00		RVX	3	3.00
4.00		RVL	27	4.00
5.00		RHX	0	5.00
6.00		RHL	0	6.00
7.00		RMX	0	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	453	10.00
11.00		RUB	261	11.00
12.00		RUA	274	12.00
13.00		RVC	39	13.00
14.00		RVB	99	14.00
15.00		RVA	143	15.00
16.00		RHC	39	16.00
17.00		RHB	18	17.00
18.00		RHA	0	18.00
19.00		RMC	41	19.00
20.00		RMB	20	20.00
21.00		RMA	7	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	3	26.00
27.00		HE2	0	27.00
28.00		HE1	1	28.00
29.00		HD2	0	29.00
30.00		HD1	3	30.00
31.00		HC2	0	31.00
32.00		HC1	1	32.00
33.00		HB2	0	33.00
34.00		HB1	0	34.00
35.00		LE2	0	35.00
36.00		LE1	4	36.00
37.00		LD2	0	37.00
38.00		LD1	0	38.00
39.00		LC2	0	39.00
40.00		LC1	1	40.00
41.00		LB2	0	41.00
42.00		LB1	0	42.00
43.00		CE2	0	43.00
44.00		CE1	0	44.00
45.00		CD2	0	45.00
46.00		CD1	13	46.00
47.00		CC2	0	47.00
48.00		CC1	18	48.00
49.00		CB2	0	49.00
50.00		CB1	0	50.00
51.00		CA2	0	51.00
52.00		CA1	2	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	0	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	16	68.00
69.00		PD2	0	69.00
70.00		PD1	0	70.00
71.00		PC2	0	71.00
72.00		PC1	5	72.00
73.00		PB2	0	73.00
74.00		PB1	15	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/12/2020 4:13 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	42	76.00
99.00		AAA	0	99.00
100.00	TOTAL		1,593	100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	4,688,635	27.51	Y	101.00
102.00	Recruitment	0	0.00		102.00
103.00	Retention of employees	1,436,203	8.43	N	103.00
104.00	Training	1,374	0.01	N	104.00
105.00	OTHER (SPECIFY)	0	0.00		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		17,041,436		106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provi der No. : 555297	Period: From 06/01/2019 To 05/31/2020	Worksheet A Date/Time Prepared: 10/12/2020 4: 13 pm	
Cost Center Description			Sal aries	Other	Total (col . 1 + col . 2)	Recl assi fi cations Increase/Decre ase (Fr Wkst A-6)	Recl assi fied Tri al Balance (col . 3 +- col . 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		172,872	172,872	34,954	207,826	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		184,636	184,636	0	184,636	2.00
3.00	00300	EMPLOYEE BENEFITS	1,016,845	1,725,486	2,742,331	0	2,742,331	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	777,027	4,987,594	5,764,621	-34,954	5,729,667	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	74,256	448,741	522,997	11,473	534,470	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	43,330	30,980	74,310	4,406	78,716	6.00
7.00	00700	HOUSEKEEPING	253,203	39,727	292,930	2,769	295,699	7.00
8.00	00800	DIETARY	456,194	580,435	1,036,629	11,988	1,048,617	8.00
9.00	00900	NURSING ADMINISTRATION	555,791	0	555,791	65	555,856	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	96,010	502	96,512	2,452	98,964	12.00
13.00	01300	SOCIAL SERVICE	219,644	0	219,644	5,389	225,033	13.00
13.01	01301	ACTIVITIES	114,106	6,770	120,876	0	120,876	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,509,453	257,603	4,767,056	-69,103	4,697,953	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	25	25	0	25	40.00
41.00	04100	LABORATORY	0	110,295	110,295	0	110,295	41.00
42.00	04200	INTRAVENOUS THERAPY	0	161,524	161,524	0	161,524	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	8,121	8,121	19,189	27,310	43.00
44.00	04400	PHYSICAL THERAPY	1,066,201	43,586	1,109,787	6,403	1,116,190	44.00
45.00	04500	OCCUPATIONAL THERAPY	655,181	5,940	661,121	4,969	666,090	45.00
46.00	04600	SPEECH PATHOLOGY	104,608	0	104,608	0	104,608	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,842	110,418	141,260	0	141,260	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	647,867	647,867	0	647,867	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,224,063	1,224,063	0	1,224,063	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	9,972,691	10,747,185	20,719,876	0	20,719,876	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,765	1,765	0	1,765	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	9,972,691	10,748,950	20,721,641	0	20,721,641	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/12/2020 4:13 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	212,893	420,719
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	356	184,992
3.00	00300	EMPLOYEE BENEFITS	-50,351	2,691,980
4.00	00400	ADMINISTRATIVE & GENERAL	-917,956	4,811,711
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	211	534,681
6.00	00600	LAUNDRY & LINEN SERVICE	1,283	79,999
7.00	00700	HOUSEKEEPING	142	295,841
8.00	00800	DIETARY	-872	1,047,745
9.00	00900	NURSING ADMINISTRATION	772	556,628
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	98,964
13.00	01300	SOCIAL SERVICE	394	225,427
13.01	01301	ACTIVITIES	0	120,876
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	28,282	4,726,235
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	25
41.00	04100	LABORATORY	0	110,295
42.00	04200	INTRAVENOUS THERAPY	0	161,524
43.00	04300	OXYGEN (INHALATION) THERAPY	0	27,310
44.00	04400	PHYSICAL THERAPY	1,163	1,117,353
45.00	04500	OCCUPATIONAL THERAPY	768	666,858
46.00	04600	SPEECH PATHOLOGY	126	104,734
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	141,260
49.00	04900	DRUGS CHARGED TO PATIENTS	0	647,867
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-1,224,063	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-1,946,852	18,773,024
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	1,765
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-1,946,852	18,774,789

RECLASSIFICATIONS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/12/2020 4:13 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	40,861	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	5,720	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	187	3.00
	(1) D - COVID WAGES					
4.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	11,473	0	4.00
5.00		LAUNDRY & LINEN SERVICE	6.00	4,406	0	5.00
6.00		HOUSEKEEPING	7.00	2,769	0	6.00
7.00		DIETARY	8.00	11,988	0	7.00
8.00		NURSING ADMINISTRATION	9.00	65	0	8.00
9.00		MEDICAL RECORDS & LIBRARY	12.00	2,452	0	9.00
10.00		SOCIAL SERVICE	13.00	5,389	0	10.00
11.00		OXYGEN (INHALATION) THERAPY	43.00	19,189	0	11.00
12.00		PHYSICAL THERAPY	44.00	6,403	0	12.00
13.00		OCCUPATIONAL THERAPY	45.00	4,969	0	13.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		69,103	46,768	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 9.6.168.2

RECLASSIFICATIONS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/12/2020 4:13 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	40,861	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	5,720	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	187	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	69,103	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
	TOTALS					
100.00				69,103	46,768	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 9.6.168.2

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-7

Date/Time Prepared:
10/12/2020 4:13 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	810,967	0	0	0	0	1.00
2.00	Land Improvements	48,179	0	0	0	0	2.00
3.00	Buildings and Fixtures	5,860,983	0	0	0	0	3.00
4.00	Building Improvements	5,188,285	59,121	0	59,121	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	3,769,459	94,030	0	94,030	0	6.00
7.00	Subtotal (sum of lines 1-6)	15,677,873	153,151	0	153,151	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	15,677,873	153,151	0	153,151	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	810,967	0				1.00
2.00	Land Improvements	48,179	91,639				2.00
3.00	Buildings and Fixtures	5,860,983	4,373,444				3.00
4.00	Building Improvements	5,247,406	2,403,269				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	3,863,489	3,131,492				6.00
7.00	Subtotal (sum of lines 1-6)	15,831,024	9,999,844				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	15,831,024	9,999,844				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/12/2020 4:13 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-411	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	80,024			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-1,169	DIETARY	8.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-1,356	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	212,893	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	356	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-254,282	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-676,519	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-58,345	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-3,105	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,224,063	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2019	A	-50,351	EMPLOYEE BENEFITS	3.00	25.05
25.06	PPE NURSING	A	28,282	SKILLED NURSING FACILITY	30.00	25.06
25.07	PPE NURSING ADMINISTRATION	A	772	NURSING ADMINISTRATION	9.00	25.07
25.08	PPE PT	A	1,163	PHYSICAL THERAPY	44.00	25.08
25.09	PPE OT	A	768	OCCUPATIONAL THERAPY	45.00	25.09
25.10	PPE ST	A	126	SPEECH PATHOLOGY	46.00	25.10
25.11	DONATIONS REVENUE	B	-500	ADMINISTRATIVE & GENERAL	4.00	25.11
25.12	PPE MAINTENANCE	A	211	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.12
25.13	PPE DIETARY	A	297	DIETARY	8.00	25.13
25.14	PPE LAUNDRY	A	1,283	LAUNDRY & LINEN SERVICE	6.00	25.14
25.15	PPE HOUSEKEEPING	A	142	HOUSEKEEPING	7.00	25.15
25.16	PPE SOCIAL SERVICE	A	394	SOCIAL SERVICE	13.00	25.16
25.17	PPE ADMINISTRATION	A	292	ADMINISTRATIVE & GENERAL	4.00	25.17
25.18	PENALTIES - STATE & FED	A	-3,754	ADMINISTRATIVE & GENERAL	4.00	25.18
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,946,852			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/12/2020 4:13 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		705,123	625,099	80,024	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	705,123	625,099	80,024	10.00

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

Provider No.: 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/12/2020 4:13 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/12/2020 4:13 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	420,719	420,719		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	184,992	184,992		2.00
3.00	00300	EMPLOYEE BENEFITS	2,691,980	8,470	3,724	2,704,174
4.00	00400	ADMINISTRATIVE & GENERAL	4,811,711	15,568	6,845	234,619
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	534,681	12,855	5,652	25,885
6.00	00600	LAUNDRY & LINEN SERVICE	79,999	26,782	11,776	14,414
7.00	00700	HOUSEKEEPING	295,841	2,796	1,229	77,289
8.00	00800	DIETARY	1,047,745	48,035	21,121	141,365
9.00	00900	NURSING ADMINISTRATION	556,628	5,942	2,613	167,838
10.00	01000	CENTRAL SERVICES & SUPPLY	0	9,306	4,092	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	98,964	0	0	29,730
13.00	01300	SOCIAL SERVICE	225,427	2,786	1,225	67,948
13.01	01301	ACTIVITIES	120,876	12,535	5,512	34,454
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,726,235	251,905	110,764	1,340,743
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	25	0	0	25
41.00	04100	LABORATORY	110,295	0	0	110,295
42.00	04200	INTRAVENOUS THERAPY	161,524	0	0	161,524
43.00	04300	OXYGEN (INHALATION) THERAPY	27,310	0	0	5,794
44.00	04400	PHYSICAL THERAPY	1,117,353	10,224	4,496	323,867
45.00	04500	OCCUPATIONAL THERAPY	666,858	5,798	2,549	199,329
46.00	04600	SPEECH PATHOLOGY	104,734	2,383	1,048	31,586
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,260	3,343	1,470	9,313
49.00	04900	DRUGS CHARGED TO PATIENTS	647,867	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	18,773,024	418,728	184,116	2,704,174
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,765	1,991	876	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	18,774,789	420,719	184,992	2,704,174

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	5,068,743				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	227,592	806,665			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	52,261	56,287	241,519		6.00
7.00	00700	HOUSEKEEPING	148,232	5,876	0	531,263	7.00
8.00	00800	DIETARY	494,534	100,952	0	72,038	8.00
9.00	00900	NURSING ADMINISTRATION	288,098	12,489	0	8,912	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	5,266	19,557	0	13,956	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	50,580	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	116,881	5,854	0	4,177	13.00
13.01	01301	ACTIVITIES	68,142	26,344	0	18,799	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,527,028	529,415	241,519	377,780	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	10	0	0	0	40.00
41.00	04100	LABORATORY	43,349	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	13,011	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	572,225	21,487	0	15,333	44.00
45.00	04500	OCCUPATIONAL THERAPY	343,716	12,185	0	8,695	45.00
46.00	04600	SPEECH PATHOLOGY	54,926	5,009	0	3,574	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	61,071	7,025	0	5,013	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	5,066,922	802,480	241,519	528,277	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	1,821	4,185	0	2,986	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	5,068,743	806,665	241,519	531,263	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/12/2020 4:13 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,042,520					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	52,177				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	179,274		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	424,298	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,042,520	52,177	0	179,274	424,298	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,042,520	52,177	0	179,274	424,298	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,042,520	52,177	0	179,274	424,298	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	286,662					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	286,662	0	0	14,016,110	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	35	0	40.00
41.00	04100	LABORATORY	0	0	0	153,644	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	161,524	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	46,115	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	2,064,985	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,239,130	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	203,260	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	228,495	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	647,867	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	286,662	0	0	18,761,165	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	13,624	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	286,662	0	0	18,774,789	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2019
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	8,470	3,724	12,194	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	15,568	6,845	22,413	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	12,855	5,652	18,507	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	26,782	11,776	38,558	6.00
7.00	00700	HOUSEKEEPING	0	2,796	1,229	4,025	7.00
8.00	00800	DIETARY	0	48,035	21,121	69,156	8.00
9.00	00900	NURSING ADMINISTRATION	0	5,942	2,613	8,555	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	9,306	4,092	13,398	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	2,786	1,225	4,011	13.00
13.01	01301	ACTIVITIES	0	12,535	5,512	18,047	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	251,905	110,764	362,669	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	10,224	4,496	14,720	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	5,798	2,549	8,347	45.00
46.00	04600	SPEECH PATHOLOGY	0	2,383	1,048	3,431	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,343	1,470	4,813	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	418,728	184,116	602,844	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,991	876	2,867	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	420,719	184,992	605,711	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2019
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	23,471				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,054	19,678			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	242	1,373	40,238		6.00
7.00	00700	HOUSEKEEPING	686	143	0	5,203	7.00
8.00	00800	DIETARY	2,290	2,463	0	706	8.00
9.00	00900	NURSING ADMINISTRATION	1,334	305	0	87	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	24	477	0	137	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	234	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	541	143	0	41	13.00
13.01	01301	ACTIVITIES	316	643	0	184	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	11,702	12,915	40,238	3,700	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	201	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	60	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,650	524	0	150	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,592	297	0	85	45.00
46.00	04600	SPEECH PATHOLOGY	254	122	0	35	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	283	171	0	49	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	23,463	19,576	40,238	5,174	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	8	102	0	29	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	23,471	19,678	40,238	5,203	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	11,038					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	14,036				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	368		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	5,042	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	11,038	14,036	0	368	5,042	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	11,038	14,036	0	368	5,042	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	11,038	14,036	0	368	5,042	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2019
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	19,345					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	19,345	0	0	562,351	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	201	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	86	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	19,505	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	11,220	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	3,984	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,358	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	19,345	0	0	602,705	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,006	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	19,345	0	0	605,711	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet B
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
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CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	40,780				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		40,780			2.00
3.00	00300	EMPLOYEE BENEFITS	821	821	8,955,846		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,509	1,509	777,027	-5,068,743	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,246	1,246	85,729	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,596	2,596	47,736	0	6.00
7.00	00700	HOUSEKEEPING	271	271	255,972	0	7.00
8.00	00800	DIETARY	4,656	4,656	468,182	0	8.00
9.00	00900	NURSING ADMINISTRATION	576	576	555,856	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	902	902	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	98,462	0	12.00
13.00	01300	SOCIAL SERVICE	270	270	225,033	0	13.00
13.01	01301	ACTIVITIES	1,215	1,215	114,106	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	24,417	24,417	4,440,350	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-161,524	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	19,189	0	43.00
44.00	04400	PHYSICAL THERAPY	991	991	1,072,604	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	562	562	660,150	0	45.00
46.00	04600	SPEECH PATHOLOGY	231	231	104,608	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	324	324	30,842	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-647,867	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	40,587	40,587	8,955,846	-5,878,134	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	193	193	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	420,719	184,992	2,704,174	5,068,743	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	10.316797	4.536341	0.301945	0.393028	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			12,194	23,471	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001362	0.001820	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	37,204					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,596	47,093				6.00
7.00	00700	HOUSEKEEPING	271	0	34,337			7.00
8.00	00800	DIETARY	4,656	0	4,656	141,279		8.00
9.00	00900	NURSING ADMINISTRATION	576	0	576	0	47,093	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	902	0	902	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	270	0	270	0	0	13.00
13.01	01301	ACTIVITIES	1,215	0	1,215	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	24,417	47,093	24,417	141,279	47,093	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	991	0	991	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	562	0	562	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	231	0	231	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	324	0	324	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	37,011	47,093	34,144	141,279	47,093	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	193	0	193	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	806,665	241,519	531,263	1,925,790	1,042,520	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	21.682212	5.128554	15.472027	13.631113	22.137473	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	19,678	40,238	5,203	75,253	11,038	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.528922	0.854437	0.151528	0.532655	0.234387	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/12/2020 4:13 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	47,093				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	47,093		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	47,093	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	47,093	0	47,093	47,093	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	47,093	0	47,093	47,093	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	52,177	0	179,274	424,298	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.107957	0.000000	3.806808	9.009789	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	14,036	0	368	5,042	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.298049	0.000000	0.007814	0.107065	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/12/2020 4:13 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet C

Date/Time Prepared:
10/12/2020 4:13 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	35	152,752	0.000229	40.00
41.00	04100	LABORATORY	153,644	90,463	1.698418	41.00
42.00	04200	INTRAVENOUS THERAPY	161,524	303,706	0.531843	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	46,115	11,396	4.046595	43.00
44.00	04400	PHYSICAL THERAPY	2,064,985	3,167,029	0.652026	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,239,130	2,093,255	0.591963	45.00
46.00	04600	SPEECH PATHOLOGY	203,260	117,365	1.731862	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,495	0	0.000000	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	647,867	1,481,403	0.437333	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FQHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	4,745,055	7,417,369		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555297		Period: From 06/01/2019 To 05/31/2020		Worksheet D Part I Date/Time Prepared: 10/12/2020 4:13 pm	
				Title XVIII (1)		Skilled Nursing Facility		PPS	
				Health Care Program Charges		Health Care Program Cost			
Cost Center Description				Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
				1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	0.000229	39,127	0	9	0	40.00	
41.00	04100	LABORATORY	1.698418	27,113	0	46,049	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	0.531843	47,824	0	25,435	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	4.046595	0	0	0	0	43.00	
44.00	04400	PHYSICAL THERAPY	0.652026	803,200	0	523,707	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	0.591963	463,550	0	274,404	0	45.00	
46.00	04600	SPEECH PATHOLOGY	1.731862	20,500	0	35,503	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	0.437333	339,834	0	148,621	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00	
OUTPATIENT SERVICE COST CENTERS									
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00	
61.00	06100	RURAL HEALTH CLINIC						61.00	
62.00	06200	FOHC						62.00	
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00	
71.00	07100	AMBULANCE (2)	0.000000		0			71.00	
100.00		Total (Sum of lines 40 - 71)		1,741,148	0	1,053,728	0	100.00	

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555297	Period: From 06/01/2019 To 05/31/2020	Worksheet D Parts II-III Date/Time Prepared: 10/12/2020 4:13 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.437333	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	35	0	0.000000	9	0 40.00
41.00	04100	LABORATORY	153,644	0	0.000000	46,049	0 41.00
42.00	04200	INTRAVENOUS THERAPY	161,524	0	0.000000	25,435	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	46,115	0	0.000000	0	0 43.00
44.00	04400	PHYSICAL THERAPY	2,064,985	0	0.000000	523,707	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	1,239,130	0	0.000000	274,404	0 45.00
46.00	04600	SPEECH PATHOLOGY	203,260	0	0.000000	35,503	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,495	0	0.000000	0	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	647,867	0	0.000000	148,621	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	4,745,055	0		1,053,728	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555297	Period: From 06/01/2019 To 05/31/2020	Worksheet D-1 Parts I-II Date/Time Prepared: 10/12/2020 4:13 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		47,093	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		5,040	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		14,016,110	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		17,041,436	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.822472	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		14,016,110	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		297.63	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,500,055	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,500,055	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		562,351	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		11.94	21.00
22.00	Program capital related cost (Line 3 times line 21)		60,178	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,439,877	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,439,877	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		47,093	1.00
2.00	Program inpatient days (see instructions)		5,040	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.107022	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555297	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part I Date/Time Prepared: 10/12/2020 4:13 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		980,883	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		980,883	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		477,461	5.00
6.00	Allowable bad debts (From your records)		25,009	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		16,256	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		519,678	11.00
12.00	Interim payments (See instructions)		494,207	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		297	14.75
14.99	Sequestration amount (see instructions)		9,215	14.99
15.00	Balance due provider/program (see Instructions)		15,959	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555297	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/12/2020 4:13 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555297	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/12/2020 4:13 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet E-1

Date/Time Prepared:
10/12/2020 4:13 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		494,207		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		494,207		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		15,959		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		510,166		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet G

Date/Time Prepared:
10/12/2020 4:13 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-380	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,728,482	0	0	0	4.00
5.00 Other receivables	124,872	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-743,520	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	123,453	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,232,907	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	206,702	0	0	0	17.00
18.00 Less: Accumulated Amortization	-35,776	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	487,194	0	0	0	23.00
24.00 Less: Accumulated depreciation	-180,115	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	850,486	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,328,491	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-585,068	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-585,068	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,976,330	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	310,702	0	0	0	35.00
36.00 Salaries, wages, and fees payable	803,762	0	0	0	36.00
37.00 Payroll taxes payable	65,576	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	136,974	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,317,014	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,317,014	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,659,316	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	1,659,316	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,976,330	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-1

Date/Time Prepared:
10/12/2020 4:13 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,439,895		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-2,736,775				2.00
3.00	Total (sum of line 1 and line 2)		-1,296,880		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		2,956,196		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		2,956,196		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,659,316		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		1,659,316		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020Worksheet G-2
Parts I-II
Date/Time Prepared:
10/12/2020 4:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	17,041,436		17,041,436	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	17,041,436		17,041,436	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	7,417,369	0	7,417,369	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	24,458,805	0	24,458,805	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			20,721,641	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			20,721,641	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555297

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-3

Date/Time Prepared:
10/12/2020 4:13 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	24,458,805	1.00
2.00	Less: contractual allowances and discounts on patients accounts	7,367,541	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,091,264	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	20,721,641	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-3,630,377	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	500	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	411	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,169	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	15,912	20.00
21.00	Rental of vending machines	1,356	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	0	24.00
24.01	COVID-19 PHE PR	874,254	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	893,602	25.00
26.00	Total (Line 5 plus line 25)	-2,736,775	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-2,736,775	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555297	Period: From 06/01/2020 To 05/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 10/22/2021 3:43 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 10/22/2021 Time: 3:43 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Hemet CA, LLC (555297) for the cost reporting period beginning 06/01/2020 and ending 05/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin d. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin d. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	10/22/2021 03:43:18 PM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
		1.00	Part A 2.00	Part B 3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	7,217	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	7,217	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Health Financial Systems		Manor Care of Hemet CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555297		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 10/22/2021 3:43 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1717 W. STETSON AVE.	PO Box:	1.00						
2.00	City: HEMET	State: CA	Zip Code: 92545	2.00					
3.00	County: RIVERSIDE	CBSA Code: 40140	Urban/Rural: U	3.00					
3.01		CBSA Code:		3.01					
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care of Hemet CA, LLC	555297	01/17/1979	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			06/01/2020	05/31/2021		14.00		
15.00	Type of Control (See Instructions)			2501(C)(3)		15.00			
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					314,421		20.00	
21.00	Declining Balance					0		21.00	
22.00	Sum of the Year's Digits					0		22.00	
23.00	Sum of line 20 through 22					314,421		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC								33.00
34.00	SNF-Based FQHC						N		34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			Y		37.00			
38.00	Are you legally required to carry malpractice insurance? (Y/N)			N		38.00			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.					39.00			
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:		752,053	341,245	353,293		41.00		

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

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part I
Date/Time Prepared:
10/22/2021 3:43 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
10/22/2021 3:43 pm

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

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

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
10/22/2021 3:43 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KAREN	NOFZIGER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419.252.5879	KAREN.NOFZIGER@PRPOMEDI CA.ORG	21.00

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

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
10/22/2021 3:43 pm

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

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

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
10/22/2021 3:43 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	178	64,970	0	1,031	19,228	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	178	64,970	0	1,031	19,228	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	12,368	32,627	0	26	256	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	12,368	32,627	0	26	256	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	484	766	0.00	39.65	75.11	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC I	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF I	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	484	766	0.00	39.65	75.11	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	42.59	0	48	79	584	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF I	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	42.59	0	48	79	584	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	711	126.14	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I	0	0.00	0.00			6.00
6.10	SNF-Based CORF I	0	0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	711	126.14	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
10/22/2021 3:43 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	7,752,745	0	7,752,745	262,361.00	29.55
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	7,752,745	0	7,752,745	262,361.00	29.55
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7,752,745	0	7,752,745	262,361.00	29.55
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	45,640	0	45,640	878.00	51.98
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	491,302	0	491,302	7,975.80	61.60
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,627,281	0	1,627,281		
18.00	Wage-related costs other (See Part IV)	281,674	0	281,674		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,908,955	0	1,908,955		

SNF WAGE INDEX INFORMATION

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part III
Date/Time Prepared:
10/22/2021 3:43 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	804,464	1,995	806,459	27,129.00	29.73	1.00
2.00 Administrative & General	727,923	3,791	731,714	22,241.00	32.90	2.00
3.00 Plant Operation, Maintenance & Repairs	80,321	148	80,469	2,725.00	29.53	3.00
4.00 Laundry & Linen Service	55,826	1,623	57,449	3,493.00	16.45	4.00
5.00 Housekeeping	223,023	6,150	229,173	13,438.00	17.05	5.00
6.00 Dietary	393,313	5,079	398,392	22,482.00	17.72	6.00
7.00 Nursing Administration	446,366	3,706	450,072	8,994.00	50.04	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	46,306	148	46,454	1,818.00	25.55	10.00
11.00 Social Service	186,717	1,316	188,033	7,783.00	24.16	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	2,964,259	23,956	2,988,215	110,103.00	27.14	14.00

SNF WAGE RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
10/22/2021 3:43 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	53,414	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	589,134	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	35,610	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,790	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	116,360	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	534,369	17.00
18.00	Medicare Taxes - Employers Portion Only	112,415	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	171,133	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	13,056	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,627,281	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENFITS	266,225	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	0	25.04
25.05	EMPLOYEE UNIFORMS	12,291	25.05
25.06	EMPLOYEE APPRECIATION	3,158	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part V
Date/Time Prepared:
10/22/2021 3:43 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	656,224	136,501	792,725	14,604.00	54.28	1.00
2.00	Licensed Practical Nurses (LPNs)	1,416,887	294,727	1,711,614	52,024.00	32.90	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,553,794	323,214	1,877,008	104,272.00	18.00	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,626,905	754,442	4,381,347	170,900.00	25.64	4.00
5.00	Physical Therapists	421,548	85,314	506,862	8,779.00	57.74	5.00
6.00	Physical Therapy Assistants	364,532	73,257	437,789	10,383.00	42.16	6.00
7.00	Physical Therapy Aides	162	33	195	12.00	16.25	7.00
8.00	Occupational Therapists	339,491	68,906	408,397	7,960.00	51.31	8.00
9.00	Occupational Therapy Assistants	285,346	57,884	343,230	8,014.00	42.83	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	127,648	25,941	153,589	2,669.00	57.55	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	35,325	7,345	42,670	2,665.00	16.01	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	17,714		17,714	290.00	61.08	14.00
15.00	Licensed Practical Nurses (LPNs)	23,190		23,190	515.00	45.03	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	40,904		40,904	805.00	50.81	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
10/22/2021 3:43 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
10/22/2021 3:43 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555297	Period: From 06/01/2020 To 05/31/2021	Worksheet A Date/Time Prepared: 10/22/2021 3:43 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		249,812	249,812	41,563	291,375	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		242,521	242,521	0	242,521	2.00
3.00	00300	EMPLOYEE BENEFITS	804,464	1,908,954	2,713,418	1,995	2,715,413	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	727,923	4,089,821	4,817,744	-37,772	4,779,972	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	80,321	464,549	544,870	148	545,018	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	55,826	26,362	82,188	1,623	83,811	6.00
7.00	00700	HOUSEKEEPING	223,023	34,461	257,484	6,150	263,634	7.00
8.00	00800	DIETARY	393,313	389,674	782,987	5,079	788,066	8.00
9.00	00900	NURSING ADMINISTRATION	446,366	0	446,366	3,706	450,072	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	46,306	17	46,323	148	46,471	12.00
13.00	01300	SOCIAL SERVICE	111,871	0	111,871	1,088	112,959	13.00
13.01	01301	ACTIVITIES	74,846	2,134	76,980	228	77,208	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,382,304	396,644	3,778,948	-44,174	3,734,774	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	6,373	6,373	0	6,373	40.00
41.00	04100	LABORATORY	0	127,031	127,031	0	127,031	41.00
42.00	04200	INTRAVENOUS THERAPY	0	80,906	80,906	0	80,906	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	6,474	6,474	0	6,474	43.00
44.00	04400	PHYSICAL THERAPY	704,016	51,957	755,973	11,703	767,676	44.00
45.00	04500	OCCUPATIONAL THERAPY	557,294	1,651	558,945	6,482	565,427	45.00
46.00	04600	SPEECH PATHOLOGY	113,373	0	113,373	1,737	115,110	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,499	205,061	236,560	296	236,856	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	329,775	329,775	0	329,775	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORFI	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,218,116	1,218,116	0	1,218,116	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,752,745	9,832,293	17,585,038	0	17,585,038	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	7,752,745	9,832,293	17,585,038	0	17,585,038	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	181,369	472,744
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-22,967	219,554
3.00	00300	EMPLOYEE BENEFITS	-31,989	2,683,424
4.00	00400	ADMINISTRATIVE & GENERAL	-579,855	4,200,117
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	545,018
6.00	00600	LAUNDRY & LINEN SERVICE	0	83,811
7.00	00700	HOUSEKEEPING	0	263,634
8.00	00800	DIETARY	0	788,066
9.00	00900	NURSING ADMINISTRATION	0	450,072
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	46,471
13.00	01300	SOCIAL SERVICE	0	112,959
13.01	01301	ACTIVITIES	0	77,208
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	3,734,774
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	6,373
41.00	04100	LABORATORY	0	127,031
42.00	04200	INTRAVENOUS THERAPY	0	80,906
43.00	04300	OXYGEN (INHALATION) THERAPY	0	6,474
44.00	04400	PHYSICAL THERAPY	0	767,676
45.00	04500	OCCUPATIONAL THERAPY	0	565,427
46.00	04600	SPEECH PATHOLOGY	0	115,110
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	236,856
49.00	04900	DRUGS CHARGED TO PATIENTS	0	329,775
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-1,218,116	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-1,671,558	15,913,480
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-1,671,558	15,913,480

RECLASSIFICATIONS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/22/2021 3:43 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	37,818	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	3,589	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	156	3.00
	(1) D - COVID WAGES					
4.00		EMPLOYEE BENEFITS	3.00	1,995	0	4.00
5.00		ADMINISTRATIVE & GENERAL	4.00	3,791	0	5.00
6.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	148	0	6.00
7.00		LAUNDRY & LINEN SERVICE	6.00	1,623	0	7.00
8.00		HOUSEKEEPING	7.00	6,150	0	8.00
9.00		DIETARY	8.00	5,079	0	9.00
10.00		NURSING ADMINISTRATION	9.00	3,706	0	10.00
11.00		MEDICAL RECORDS & LIBRARY	12.00	148	0	11.00
12.00		SOCIAL SERVICE	13.00	1,088	0	12.00
13.00		ACTIVITIES	13.01	228	0	13.00
14.00		PHYSICAL THERAPY	44.00	11,703	0	14.00
15.00		OCCUPATIONAL THERAPY	45.00	6,482	0	15.00
16.00		SPEECH PATHOLOGY	46.00	1,737	0	16.00
17.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	296	0	17.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		44,174	41,563	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECLASSIFICATIONS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/22/2021 3:43 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	37,818	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	3,589	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	156	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	44,174	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
16.00			0.00	0	0	16.00
17.00			0.00	0	0	17.00
	TOTALS					
100.00				44,174	41,563	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-7

Date/Time Prepared:
10/22/2021 3:43 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	810,967	0	0	0	0	1.00
2.00	Land Improvements	48,179	0	0	0	0	2.00
3.00	Buildings and Fixtures	5,860,983	0	0	0	0	3.00
4.00	Building Improvements	5,247,406	45,513	0	45,513	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	3,863,489	17,504	0	17,504	0	6.00
7.00	Subtotal (sum of lines 1-6)	15,831,024	63,017	0	63,017	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	15,831,024	63,017	0	63,017	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	810,967	0				1.00
2.00	Land Improvements	48,179	91,639				2.00
3.00	Buildings and Fixtures	5,860,983	4,378,630				3.00
4.00	Building Improvements	5,292,919	2,703,006				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	3,880,993	3,217,725				6.00
7.00	Subtotal (sum of lines 1-6)	15,894,041	10,391,000				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	15,894,041	10,391,000				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
10/22/2021 3:43 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-433	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	286,832			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-288	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	181,369	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	-22,967	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-241,605	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-463,046	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-123,260	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,857	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,218,116	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2020	A	-31,989	EMPLOYEE BENEFITS	3.00	25.05
25.06	PENALTIES - STATE & FED	A	-35,198	ADMINISTRATIVE & GENERAL	4.00	25.06
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,671,558			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/22/2021 3:43 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		712,267	425,435	286,832	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	712,267	425,435	286,832	10.00

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

Provider No.: 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/22/2021 3:43 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/22/2021 3:43 pm

CAPITAL RELATED COSTS							
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	472,744	472,744			1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	219,554		219,554		2.00
3.00	00300	EMPLOYEE BENEFITS	2,683,424	9,517	4,420	2,697,361	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4,200,117	17,493	8,124	284,137	4,509,871
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	545,018	14,444	6,708	31,247	597,417
6.00	00600	LAUNDRY & LINEN SERVICE	83,811	30,094	13,977	22,308	150,190
7.00	00700	HOUSEKEEPING	263,634	3,142	1,459	88,992	357,227
8.00	00800	DIETARY	788,066	53,975	25,067	154,702	1,021,810
9.00	00900	NURSING ADMINISTRATION	450,072	6,677	3,101	174,771	634,621
10.00	01000	CENTRAL SERVICES & SUPPLY	0	10,456	4,856	0	15,312
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	46,471	0	0	18,039	64,510
13.00	01300	SOCIAL SERVICE	112,959	3,130	1,454	43,864	161,407
13.01	01301	ACTIVITIES	77,208	14,085	6,541	29,153	126,987
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	3,734,774	283,057	131,459	1,296,252	5,445,542
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	6,373	0	0	0	6,373
41.00	04100	LABORATORY	127,031	0	0	0	127,031
42.00	04200	INTRAVENOUS THERAPY	80,906	0	0	0	80,906
43.00	04300	OXYGEN (INHALATION) THERAPY	6,474	0	0	0	6,474
44.00	04400	PHYSICAL THERAPY	767,676	11,488	5,335	277,926	1,062,425
45.00	04500	OCCUPATIONAL THERAPY	565,427	6,515	3,026	218,924	793,892
46.00	04600	SPEECH PATHOLOGY	115,110	2,678	1,244	44,699	163,731
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	236,856	3,756	1,744	12,347	254,703
49.00	04900	DRUGS CHARGED TO PATIENTS	329,775	0	0	0	329,775
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					
81.00	08100	INTEREST EXPENSE					
82.00	08200	UTILIZATION REVIEW					
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	15,913,480	470,507	218,515	2,697,361	15,910,204
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	2,237	1,039	0	3,276
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	15,913,480	472,744	219,554	2,697,361	15,913,480

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/22/2021 3:43 pm

	Cost Center Description	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	4,509,871				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	245,092	842,509			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	61,616	58,788	270,594		6.00	
7.00	00700	HOUSEKEEPING	146,553	6,137	0	509,917	7.00	
8.00	00800	DIETARY	419,200	105,438	0	69,143	1,615,591	8.00
9.00	00900	NURSING ADMINISTRATION	260,355	13,044	0	8,554	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	6,282	20,426	0	13,395	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	26,465	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	66,218	6,114	0	4,010	0	13.00
13.01	01301	ACTIVITIES	52,097	27,514	0	18,043	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,234,042	552,940	270,594	362,601	1,615,591	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
	ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	2,615	0	0	0	0	40.00
41.00	04100	LABORATORY	52,115	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	2,656	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	435,862	22,442	0	14,717	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	325,696	12,727	0	8,346	0	45.00
46.00	04600	SPEECH PATHOLOGY	67,171	5,231	0	3,430	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	104,492	7,337	0	4,812	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
	OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
	SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,508,527	838,138	270,594	507,051	1,615,591	89.00
	NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	1,344	4,371	0	2,866	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	4,509,871	842,509	270,594	509,917	1,615,591	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	916,574					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	55,415				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	90,975		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	237,749	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	916,574	55,415	0	90,975	237,749	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	916,574	55,415	0	90,975	237,749	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	916,574	55,415	0	90,975	237,749	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	224,641					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	224,641	0	0	12,006,664	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	8,988	0	40.00
41.00	04100	LABORATORY	0	0	0	179,146	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	80,906	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	9,130	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,535,446	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,140,661	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	239,563	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	371,344	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	329,775	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	224,641	0	0	15,901,623	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	11,857	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	224,641	0	0	15,913,480	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	12,006,664
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	8,988
41.00	04100	LABORATORY	179,146
42.00	04200	INTRAVENOUS THERAPY	80,906
43.00	04300	OXYGEN (INHALATION) THERAPY	9,130
44.00	04400	PHYSICAL THERAPY	1,535,446
45.00	04500	OCCUPATIONAL THERAPY	1,140,661
46.00	04600	SPEECH PATHOLOGY	239,563
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	371,344
49.00	04900	DRUGS CHARGED TO PATIENTS	329,775
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	15,901,623
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	11,857
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	15,913,480

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	9,517	4,420	13,937	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	17,493	8,124	25,617	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	14,444	6,708	21,152	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	30,094	13,977	44,071	6.00
7.00	00700	HOUSEKEEPING	0	3,142	1,459	4,601	7.00
8.00	00800	DIETARY	0	53,975	25,067	79,042	8.00
9.00	00900	NURSING ADMINISTRATION	0	6,677	3,101	9,778	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	10,456	4,856	15,312	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	3,130	1,454	4,584	13.00
13.01	01301	ACTIVITIES	0	14,085	6,541	20,626	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	283,057	131,459	414,516	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	11,488	5,335	16,823	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	6,515	3,026	9,541	45.00
46.00	04600	SPEECH PATHOLOGY	0	2,678	1,244	3,922	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,756	1,744	5,500	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	470,507	218,515	689,022	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,237	1,039	3,276	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	472,744	219,554	692,298	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2020
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	27,085				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,472	22,785			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	370	1,590	46,146		6.00
7.00	00700	HOUSEKEEPING	880	166	0	6,107	7.00
8.00	00800	DIETARY	2,518	2,851	0	828	8.00
9.00	00900	NURSING ADMINISTRATION	1,564	353	0	102	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	38	552	0	160	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	159	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	398	165	0	48	13.00
13.01	01301	ACTIVITIES	313	744	0	216	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	13,415	14,956	46,146	4,344	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	16	0	0	0	40.00
41.00	04100	LABORATORY	313	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	16	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,618	607	0	176	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,956	344	0	100	45.00
46.00	04600	SPEECH PATHOLOGY	403	141	0	41	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	628	198	0	58	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	27,077	22,667	46,146	6,073	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	8	118	0	34	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	27,085	22,785	46,146	6,107	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	12,700					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	16,062				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	252		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	5,422	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	12,700	16,062	0	252	5,422	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	12,700	16,062	0	252	5,422	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	12,700	16,062	0	252	5,422	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	22,050					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	22,050	0	0	642,599	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	16	0	40.00
41.00	04100	LABORATORY	0	0	0	313	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	16	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	21,660	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	13,072	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	4,738	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,448	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	22,050	0	0	688,862	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,436	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	22,050	0	0	692,298	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/22/2021 3:43 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	40,780				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		40,780			2.00
3.00	00300	EMPLOYEE BENEFITS	821	821	6,946,286		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,509	1,509	731,714	-4,509,871	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,246	1,246	80,469	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,596	2,596	57,449	0	6.00
7.00	00700	HOUSEKEEPING	271	271	229,173	0	7.00
8.00	00800	DIETARY	4,656	4,656	398,392	0	8.00
9.00	00900	NURSING ADMINISTRATION	576	576	450,072	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	902	902	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	46,454	0	12.00
13.00	01300	SOCIAL SERVICE	270	270	112,959	0	13.00
13.01	01301	ACTIVITIES	1,215	1,215	75,074	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	24,417	24,417	3,338,130	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-80,906	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	991	991	715,719	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	562	562	563,776	0	45.00
46.00	04600	SPEECH PATHOLOGY	231	231	115,110	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	324	324	31,795	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-329,775	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	40,587	40,587	6,946,286	-4,920,552	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	193	193	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	472,744	219,554	2,697,361	4,509,871	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	11.592545	5.383865	0.388317	0.410252	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			13,937	27,085	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.002006	0.002464	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	37,204					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,596	32,627				6.00
7.00	00700	HOUSEKEEPING	271	0	34,337			7.00
8.00	00800	DIETARY	4,656	0	4,656	97,881		8.00
9.00	00900	NURSING ADMINISTRATION	576	0	576	0	32,627	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	902	0	902	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	270	0	270	0	0	13.00
13.01	01301	ACTIVITIES	1,215	0	1,215	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	24,417	32,627	24,417	97,881	32,627	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	991	0	991	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	562	0	562	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	231	0	231	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	324	0	324	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	37,011	32,627	34,144	97,881	32,627	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	193	0	193	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	842,509	270,594	509,917	1,615,591	916,574	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	22.645656	8.293561	14.850365	16.505665	28.092500	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	22,785	46,146	6,107	86,038	12,700	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.612434	1.414350	0.177855	0.879006	0.389248	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	32,627				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	32,627		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	32,627	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	32,627	0	32,627	32,627	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	32,627	0	32,627	32,627	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	55,415	0	90,975	237,749	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.698440	0.000000	2.788335	7.286879	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	16,062	0	252	5,422	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.492292	0.000000	0.007724	0.166181	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet C

Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	8,988	77,408	0.116112	40.00
41.00	04100	LABORATORY	179,146	102,989	1.739467	41.00
42.00	04200	INTRAVENOUS THERAPY	80,906	133,487	0.606096	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	9,130	7,359	1.240658	43.00
44.00	04400	PHYSICAL THERAPY	1,535,446	1,864,768	0.823398	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,140,661	1,866,296	0.611190	45.00
46.00	04600	SPEECH PATHOLOGY	239,563	175,714	1.363369	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	371,344	0	0.000000	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	329,775	717,063	0.459897	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FQHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,894,959	4,945,084		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555297	Period: From 06/01/2020 To 05/31/2021	Worksheet D Part I Date/Time Prepared: 10/22/2021 3:43 pm		
				Title XVIII (1)	Skilled Nursing Facility	PPS		
Health Care Program Charges				Health Care Program Cost				
Cost Center Description			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0.116112	4,914	0	571	0	40.00
41.00	04100	LABORATORY	1.739467	13,837	0	24,069	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.606096	12,843	0	7,784	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1.240658	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0.823398	155,675	0	128,182	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.611190	155,925	0	95,300	0	45.00
46.00	04600	SPEECH PATHOLOGY	1.363369	7,100	0	9,680	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.459897	92,013	0	42,317	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00
100.00		Total (Sum of lines 40 - 71)		442,307	0	307,903	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555297		Period: From 06/01/2020 To 05/31/2021		Worksheet D Parts II-III Date/Time Prepared: 10/22/2021 3:43 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)					0.459897	1.00	
2.00		Program vaccine charges (From your records, or the PS&R)					0	2.00	
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)					0	3.00	
		Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)		
			1.00	2.00	3.00	4.00	5.00		
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	8,988	0	0.000000	571	0	40.00	
41.00	04100	LABORATORY	179,146	0	0.000000	24,069	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	80,906	0	0.000000	7,784	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	9,130	0	0.000000	0	0	43.00	
44.00	04400	PHYSICAL THERAPY	1,535,446	0	0.000000	128,182	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	1,140,661	0	0.000000	95,300	0	45.00	
46.00	04600	SPEECH PATHOLOGY	239,563	0	0.000000	9,680	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	371,344	0	0.000000	0	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	329,775	0	0.000000	42,317	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00	
100.00		Total (Sum of lines 40 - 52)	3,894,959	0		307,903	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555297	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 10/22/2021 3:43 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		32,627	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		1,031	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		12,006,664	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		11,181,150	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.073831	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		12,006,664	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		368.00	16.00
17.00	Program routine service cost (Line 3 times line 16)		379,408	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		379,408	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		642,599	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		19.70	21.00
22.00	Program capital related cost (Line 3 times line 21)		20,311	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		359,097	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		359,097	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		32,627	1.00
2.00	Program inpatient days (see instructions)		1,031	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.031600	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555297	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part I Date/Time Prepared: 10/22/2021 3:43 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		2,081,084	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		2,081,084	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		101,109	5.00
6.00	Allowable bad debts (From your records)		11,104	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		7,218	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		1,987,193	11.00
12.00	Interim payments (See instructions)		1,979,976	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		0	14.75
14.99	Sequestration amount (see instructions)		0	14.99
15.00	Balance due provider/program (see Instructions)		7,217	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555297	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 10/22/2021 3:43 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555297	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 10/22/2021 3:43 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 555297		Period: From 06/01/2020 To 05/31/2021		Worksheet E-1 Date/Time Prepared: 10/22/2021 3:43 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,979,976		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,979,976		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	PROGRAM TO PROVIDER		7,217		0	6.01	
6.02	PROVIDER TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,987,193		0	7.00	
			Contractor Name		Contractor Number		
			1.00		2.00		
8.00	Name of Contractor					8.00	

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

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

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet G

Date/Time Prepared:
10/22/2021 3:43 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-6,650	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,754,703	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-445,564	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	133,328	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,435,817	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	238,314	0	0	0	17.00
18.00 Less: Accumulated Amortization	-69,765	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	504,698	0	0	0	23.00
24.00 Less: Accumulated depreciation	-302,146	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	964,549	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,335,650	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-583,823	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-583,823	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,187,644	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	109,005	0	0	0	35.00
36.00 Salaries, wages, and fees payable	890,340	0	0	0	36.00
37.00 Payroll taxes payable	58,050	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	280,333	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,337,728	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,337,728	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	849,916	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	849,916	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,187,644	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-1

Date/Time Prepared:
10/22/2021 3:43 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,659,316		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-5,554,643				2.00
3.00	Total (sum of line 1 and line 2)		-3,895,327		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		4,745,243		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		4,745,243		0		10.00
11.00	Subtotal (line 3 plus line 10)		849,916		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		849,916		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021Worksheet G-2
Parts I-II
Date/Time Prepared:
10/22/2021 3:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	11,181,150		11,181,150	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	11,181,150		11,181,150	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	4,945,084	0	4,945,084	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	16,126,234	0	16,126,234	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			17,585,038	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			17,585,038	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555297

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-3

Date/Time Prepared:
10/22/2021 3:43 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	16,126,234	1.00
2.00	Less: contractual allowances and discounts on patients accounts	4,907,837	2.00
3.00	Net patient revenues (Line 1 minus line 2)	11,218,397	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	17,585,038	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-6,366,641	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	433	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	288	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	0	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	811,277	24.50
25.00	Total other income (Sum of lines 6 - 24)	811,998	25.00
26.00	Total (Line 5 plus line 25)	-5,554,643	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-5,554,643	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555297	Period: From 06/01/2021 To 05/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 10/6/2022 3:14 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____		
	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.		

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Hemet CA, LLC (555297) for the cost reporting period beginning 06/01/2021 and ending 05/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin D. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name		Martin D. Allen	2
3	Signatory Title		DIRECTOR	3
4	Date		10/06/2022 03:14:15 PM	4

Cost Center Description		Title V		Title XVIII		Title XIX	
		1.00	2.00	Part A	Part B		
PART III - SETTLEMENT SUMMARY							
1.00	SKILLED NURSING FACILITY	0	91	0	0	0	1.00
2.00	NURSING FACILITY	0				0	2.00
3.00	ICF/IID					0	3.00
4.00	SNF - BASED HHA I	0	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0	0		5.00
6.00	SNF - BASED FQHC I	0		0	0		6.00
7.00	SNF - BASED CMHC I	0		0	0		7.00
7.10	SNF - BASED CORF I	0		0	0		7.10
100.00	TOTAL	0	91	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Health Financial Systems		Manor Care of Hemet CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555297		Period: From 06/01/2021 To 05/31/2022		Worksheet S-2 Part I Date/Time Prepared: 10/6/2022 3:14 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1717 W. STETSON AVE.	PO Box:	1.00						
2.00	City: HEMET	State: CA	2.00						
3.00	County: RIVERSIDE	CBSA Code: 40140	3.00						
3.01		CBSA Code:	3.01						
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care of Hemet CA, LLC	555297	01/17/1979	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			06/01/2021	05/31/2022		14.00		
15.00	Type of Control (See Instructions)			2501(C)(3)		15.00			
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					-30,587		20.00	
21.00	Declining Balance					0		21.00	
22.00	Sum of the Year's Digits					0		22.00	
23.00	Sum of line 20 through 22					-30,587		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
					Part A	Part B	Other		
					1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC								33.00
34.00	SNF-Based FQHC						N		34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00	2.00				
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			Y			37.00		
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N			38.00		
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.						39.00		
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:			694,078	314,939	326,058	41.00		

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

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part I
Date/Time Prepared:
10/6/2022 3:14 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

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

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

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KAREN	NOFZIGER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419.252.5879	KAREN.NOFZIGER@PROMEDICA.ORG	21.00

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

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

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

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

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part I
Date/Time Prepared:
10/6/2022 3:14 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	178	64,970	0	1,731	19,644	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	178	64,970	0	1,731	19,644	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	14,243	35,618	0	36	230	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	14,243	35,618	0	36	230	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	576	842	0.00	48.08	85.41	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC I	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF I	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	576	842	0.00	48.08	85.41	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	42.30	0	48	69	683	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF I	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	42.30	0	48	69	683	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	800	123.86	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I	0	0.00	0.00			6.00
6.10	SNF-Based CORF I	0	0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	800	123.86	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES							
SALARIES							
1.00	Total salaries (See Instructions)	8,080,730	0	8,080,730	257,627.00	31.37	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	8,080,730	0	8,080,730	257,627.00	31.37	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC I	0	0	0	0.00	0.00	9.00
9.10	CORF I						9.10
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,080,730	0	8,080,730	257,627.00	31.37	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	1,680,473	0	1,680,473	48,795.00	34.44	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	580,379	0	580,379	10,636.21	54.57	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	1,400,157	0	1,400,157			17.00
18.00	Wage-related costs other (See Part IV)	133,583	0	133,583			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,533,740	0	1,533,740			22.00

SNF WAGE INDEX INFORMATION

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part III
Date/Time Prepared:
10/6/2022 3:14 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	821,008	0	821,008	25,837.00	31.78	1.00
2.00 Administrative & General	577,967	5,480	583,447	16,339.00	35.71	2.00
3.00 Plant Operation, Maintenance & Repairs	73,110	511	73,621	2,510.00	29.33	3.00
4.00 Laundry & Linen Service	47,704	195	47,899	2,700.00	17.74	4.00
5.00 Housekeeping	279,290	7,556	286,846	15,371.00	18.66	5.00
6.00 Dietary	469,829	4,542	474,371	23,010.00	20.62	6.00
7.00 Nursing Administration	380,177	195	380,372	7,493.00	50.76	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	46,775	0	46,775	1,808.00	25.87	10.00
11.00 Social Service	229,251	683	229,934	9,214.00	24.95	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	2,925,111	19,162	2,944,273	104,282.00	28.23	14.00

SNF WAGE RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part IV
Date/Time Prepared:
10/6/2022 3:14 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	69,791	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	614,264	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	32,090	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,370	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	60,979	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	467,772	17.00
18.00	Medicare Taxes - Employers Portion Only	117,171	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	37,726	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	-1,006	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,400,157	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	127,734	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	0	25.04
25.05	EMPLOYEE UNIFORMS	4,658	25.05
25.06	EMPLOYEE APPRECIATION	1,191	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part V
Date/Time Prepared:
10/6/2022 3:14 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	753,824	142,095	895,919	16,901.00	53.01	1.00
2.00	Licensed Practical Nurses (LPNs)	1,697,173	319,916	2,017,089	52,824.00	38.19	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,689,595	318,487	2,008,082	99,211.00	20.24	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,140,592	780,498	4,921,090	168,936.00	29.13	4.00
5.00	Physical Therapists	427,023	80,657	507,680	8,600.00	59.03	5.00
6.00	Physical Therapy Assistants	350,228	65,223	415,451	9,621.00	43.18	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	265,612	50,763	316,375	5,882.00	53.79	8.00
9.00	Occupational Therapy Assistants	269,263	50,348	319,611	7,313.00	43.70	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	120,514	22,598	143,112	2,453.00	58.34	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	35,524	6,742	42,266	2,535.00	16.67	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	190,273		190,273	3,119.00	61.00	14.00
15.00	Licensed Practical Nurses (LPNs)	112,155		112,155	2,492.00	45.01	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,302,878		1,302,878	42,028.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,605,306		1,605,306	47,639.00	33.70	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
10/6/2022 3:14 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
10/6/2022 3:14 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555297	Period: From 06/01/2021 To 05/31/2022	Worksheet A Date/Time Prepared: 10/6/2022 3:14 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		134,104	134,104	39,501	173,605	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		145,072	145,072	0	145,072	2.00
3.00	00300	EMPLOYEE BENEFITS	821,008	1,533,740	2,354,748	0	2,354,748	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	577,967	3,942,771	4,520,738	-34,021	4,486,717	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	73,110	505,318	578,428	511	578,939	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	47,704	27,233	74,937	195	75,132	6.00
7.00	00700	HOUSEKEEPING	279,290	32,678	311,968	7,556	319,524	7.00
8.00	00800	DIETARY	469,829	384,917	854,746	4,542	859,288	8.00
9.00	00900	NURSING ADMINISTRATION	380,177	0	380,177	195	380,372	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	46,775	-128	46,647	0	46,647	12.00
13.00	01300	SOCIAL SERVICE	134,391	0	134,391	195	134,586	13.00
13.01	01301	ACTIVITIES	94,860	1,414	96,274	488	96,762	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,852,124	2,135,264	5,987,388	-37,546	5,949,842	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	31,764	31,764	0	31,764	40.00
41.00	04100	LABORATORY	0	24,710	24,710	0	24,710	41.00
42.00	04200	INTRAVENOUS THERAPY	0	74,937	74,937	0	74,937	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	9,359	9,359	0	9,359	43.00
44.00	04400	PHYSICAL THERAPY	686,840	41,291	728,131	10,922	739,053	44.00
45.00	04500	OCCUPATIONAL THERAPY	475,809	988	476,797	7,146	483,943	45.00
46.00	04600	SPEECH PATHOLOGY	108,598	0	108,598	438	109,036	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,248	119,438	151,686	-122	151,564	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	339,764	339,764	0	339,764	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORFI	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,270,860	1,270,860	0	1,270,860	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,080,730	10,755,494	18,836,224	0	18,836,224	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,057	2,057	0	2,057	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	8,080,730	10,757,551	18,838,281	0	18,838,281	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet A
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	173,605
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	0	145,072
3.00	00300	EMPLOYEE BENEFITS	0	2,354,748
4.00	00400	ADMINISTRATIVE & GENERAL	-561,663	3,925,054
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	578,939
6.00	00600	LAUNDRY & LINEN SERVICE	0	75,132
7.00	00700	HOUSEKEEPING	0	319,524
8.00	00800	DIETARY	0	859,288
9.00	00900	NURSING ADMINISTRATION	0	380,372
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	46,647
13.00	01300	SOCIAL SERVICE	0	134,586
13.01	01301	ACTIVITIES	0	96,762
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	5,949,842
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	31,764
41.00	04100	LABORATORY	0	24,710
42.00	04200	INTRAVENOUS THERAPY	0	74,937
43.00	04300	OXYGEN (INHALATION) THERAPY	0	9,359
44.00	04400	PHYSICAL THERAPY	0	739,053
45.00	04500	OCCUPATIONAL THERAPY	0	483,943
46.00	04600	SPEECH PATHOLOGY	0	109,036
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	151,564
49.00	04900	DRUGS CHARGED TO PATIENTS	0	339,764
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-1,270,860	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-1,832,523	17,003,701
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	2,057
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-1,832,523	17,005,758

RECLASSIFICATIONS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
10/6/2022 3:14 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	29,901	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	9,600	2.00
	(1) D - COVID WAGES					
3.00			0.00	0	0	3.00
4.00		ADMINISTRATIVE & GENERAL	4.00	5,480	0	4.00
5.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	511	0	5.00
6.00		LAUNDRY & LINEN SERVICE	6.00	195	0	6.00
7.00		HOUSEKEEPING	7.00	7,556	0	7.00
8.00		DIETARY	8.00	4,542	0	8.00
9.00		NURSING ADMINISTRATION	9.00	195	0	9.00
10.00		SOCIAL SERVICE	13.00	195	0	10.00
11.00		ACTIVITIES	13.01	488	0	11.00
12.00		PHYSICAL THERAPY	44.00	10,922	0	12.00
13.00		OCCUPATIONAL THERAPY	45.00	7,146	0	13.00
14.00		SPEECH PATHOLOGY	46.00	438	0	14.00
15.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	-122	0	15.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		37,546	39,501	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECLASSIFICATIONS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
10/6/2022 3:14 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	29,901	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	9,600	2.00
	(1) D - COVID WAGES					
3.00		SKILLED NURSING FACILITY	30.00	37,546	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
	TOTALS					
100.00				37,546	39,501	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-7

Date/Time Prepared:
10/6/2022 3:14 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	0	0	0	0	0	3.00	
4.00	Building Improvements	238,314	62,082	0	62,082	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	504,698	8,702	0	8,702	0	6.00	
7.00	Subtotal (sum of lines 1-6)	743,012	70,784	0	70,784	0	7.00	
8.00	Reconciling Items	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	743,012	70,784	0	70,784	0	9.00	
Description		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0					1.00
2.00	Land Improvements	0	0					2.00
3.00	Buildings and Fixtures	0	0					3.00
4.00	Building Improvements	300,396	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	513,400	0					6.00
7.00	Subtotal (sum of lines 1-6)	813,796	0					7.00
8.00	Reconciling Items	0	0					8.00
9.00	Total (line 7 minus line 8)	813,796	0					9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-8

Date/Time Prepared:
10/6/2022 3:14 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line No.
			3.00	4.00	
1.00 Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	188,564			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests		0		0.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines	B	-140	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00 Depreciation--buildings and fixtures	A		OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment	A		OCAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00 NON-ALLOWABLE ADVERTISING	A	-220,843	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01 BAD DEBT EXPENSE	A	-337,768	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 MEDICAL TRANSPORTATION	A	-52,453	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,526	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04 WELL TOWER LEASE EXPENSE	A	-1,270,860	INTEREST EXPENSE	81.00	25.04
25.05		0		0.00	25.05
25.06 PURCH SERV - PHYS. CARE	A	-136,497	ADMINISTRATIVE & GENERAL	4.00	25.06
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,832,523			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/6/2022 3:14 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		638,696	450,132	188,564	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	638,696	450,132	188,564	10.00

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

Provider No.: 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/6/2022 3:14 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/6/2022 3:14 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	173,605	173,605		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	145,072	145,072		2.00
3.00	00300	EMPLOYEE BENEFITS	2,354,748	3,495	2,921	2,361,164
4.00	00400	ADMINISTRATIVE & GENERAL	3,925,054	6,424	5,368	189,761
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	578,939	5,304	4,433	23,945
6.00	00600	LAUNDRY & LINEN SERVICE	75,132	11,051	9,235	15,579
7.00	00700	HOUSEKEEPING	319,524	1,154	964	93,294
8.00	00800	DIETARY	859,288	19,821	16,563	154,285
9.00	00900	NURSING ADMINISTRATION	380,372	2,452	2,049	123,713
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,840	3,209	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	46,647	0	0	15,213
13.00	01300	SOCIAL SERVICE	134,586	1,149	961	43,773
13.01	01301	ACTIVITIES	96,762	5,172	4,322	31,011
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	5,949,842	103,948	86,861	1,240,659
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	31,764	0	0	0
41.00	04100	LABORATORY	24,710	0	0	0
42.00	04200	INTRAVENOUS THERAPY	74,937	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	9,359	0	0	0
44.00	04400	PHYSICAL THERAPY	739,053	4,219	3,525	226,942
45.00	04500	OCCUPATIONAL THERAPY	483,943	2,392	1,999	157,077
46.00	04600	SPEECH PATHOLOGY	109,036	983	822	35,463
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	151,564	1,379	1,153	10,449
49.00	04900	DRUGS CHARGED TO PATIENTS	339,764	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	17,003,701	172,783	144,385	2,361,164
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	2,057	822	687	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	17,005,758	173,605	145,072	2,361,164

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4,126,607				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	202,820	815,441			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	36,748	56,899	204,644		6.00
7.00	00700	HOUSEKEEPING	137,373	5,940	0	558,249	7.00
8.00	00800	DIETARY	347,609	102,051	0	5,051	1,504,668
9.00	00900	NURSING ADMINISTRATION	168,378	12,625	0	10,736	0
10.00	01000	CENTRAL SERVICES & SUPPLY	2,334	19,770	0	16,812	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	20,480	0	0	0	0
13.00	01300	SOCIAL SERVICE	59,748	5,918	0	5,032	0
13.01	01301	ACTIVITIES	45,445	26,630	0	22,645	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,443,731	535,175	204,644	455,087	1,504,668
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	10,516	0	0	0	0
41.00	04100	LABORATORY	8,181	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	3,098	0	0	0	0
44.00	04400	PHYSICAL THERAPY	322,376	21,721	0	18,470	0
45.00	04500	OCCUPATIONAL THERAPY	213,676	12,318	0	10,475	0
46.00	04600	SPEECH PATHOLOGY	48,437	5,063	0	4,305	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,476	7,101	0	6,039	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	4,125,426	811,211	204,644	554,652	1,504,668
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,181	4,230	0	3,597	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	4,126,607	815,441	204,644	558,249	1,504,668

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
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10/6/2022 3:14 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	700,325					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	45,965				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	82,340		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	251,167	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	700,325	45,965	0	82,340	251,167	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	700,325	45,965	0	82,340	251,167	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	700,325	45,965	0	82,340	251,167	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	231,987					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	231,987	0	0	13,836,399	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	42,280	0	40.00
41.00	04100	LABORATORY	0	0	0	32,891	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	74,937	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	12,457	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,336,306	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	881,880	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	204,109	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	232,161	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	339,764	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	231,987	0	0	16,993,184	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	12,574	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	231,987	0	0	17,005,758	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	3,495	2,921	6,416	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	6,424	5,368	11,792	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	5,304	4,433	9,737	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	11,051	9,235	20,286	6.00
7.00	00700	HOUSEKEEPING	0	1,154	964	2,118	7.00
8.00	00800	DIETARY	0	19,821	16,563	36,384	8.00
9.00	00900	NURSING ADMINISTRATION	0	2,452	2,049	4,501	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,840	3,209	7,049	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	1,149	961	2,110	13.00
13.01	01301	ACTIVITIES	0	5,172	4,322	9,494	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	103,948	86,861	190,809	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	4,219	3,525	7,744	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	2,392	1,999	4,391	45.00
46.00	04600	SPEECH PATHOLOGY	0	983	822	1,805	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,379	1,153	2,532	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	172,783	144,385	317,168	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	822	687	1,509	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	173,605	145,072	318,677	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	12,308				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	605	10,407			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	110	726	21,164		6.00
7.00	00700	HOUSEKEEPING	410	76	0	2,858	7.00
8.00	00800	DIETARY	1,036	1,302	0	26	39,167
9.00	00900	NURSING ADMINISTRATION	502	161	0	55	0
10.00	01000	CENTRAL SERVICES & SUPPLY	7	252	0	86	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	61	0	0	0	0
13.00	01300	SOCIAL SERVICE	178	76	0	26	0
13.01	01301	ACTIVITIES	135	340	0	116	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	7,292	6,830	21,164	2,329	39,167
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	31	0	0	0	0
41.00	04100	LABORATORY	24	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	9	0	0	0	0
44.00	04400	PHYSICAL THERAPY	961	277	0	95	0
45.00	04500	OCCUPATIONAL THERAPY	637	157	0	54	0
46.00	04600	SPEECH PATHOLOGY	144	65	0	22	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	162	91	0	31	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	12,304	10,353	21,164	2,840	39,167
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	4	54	0	18	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments					
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	12,308	10,407	21,164	2,858	39,167

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	5,555					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	7,394				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	102		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	2,509	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	5,555	7,394	0	102	2,509	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	5,555	7,394	0	102	2,509	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	5,555	7,394	0	102	2,509	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	10,169					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	10,169	0	0	296,692	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	31	0	40.00
41.00	04100	LABORATORY	0	0	0	24	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	9	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	9,694	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	5,666	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	2,132	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,844	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	10,169	0	0	317,092	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	1,585	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	10,169	0	0	318,677	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/6/2022 3:14 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	40,780				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		40,780			2.00
3.00	00300	EMPLOYEE BENEFITS	821	821	7,259,722		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,509	1,509	583,447	-4,126,607	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,246	1,246	73,621	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,596	2,596	47,899	0	6.00
7.00	00700	HOUSEKEEPING	271	271	286,846	0	7.00
8.00	00800	DIETARY	4,656	4,656	474,371	0	8.00
9.00	00900	NURSING ADMINISTRATION	576	576	380,372	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	902	902	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	46,775	0	12.00
13.00	01300	SOCIAL SERVICE	270	270	134,586	0	13.00
13.01	01301	ACTIVITIES	1,215	1,215	95,348	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	24,417	24,417	3,814,578	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-74,937	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	991	991	697,762	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	562	562	482,955	0	45.00
46.00	04600	SPEECH PATHOLOGY	231	231	109,036	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	324	324	32,126	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-339,764	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	40,587	40,587	7,259,722	-4,541,308	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	193	193	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	173,605	145,072	2,361,164	4,126,607	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	4.257111	3.557430	0.325242	0.331070	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			6,416	12,308	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000884	0.000987	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	37,204					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,596	35,618				6.00
7.00	00700	HOUSEKEEPING	271	0	29,952			7.00
8.00	00800	DIETARY	4,656	0	271	106,854		8.00
9.00	00900	NURSING ADMINISTRATION	576	0	576	0	35,618	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	902	0	902	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	270	0	270	0	0	13.00
13.01	01301	ACTIVITIES	1,215	0	1,215	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	24,417	35,618	24,417	106,854	35,618	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	991	0	991	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	562	0	562	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	231	0	231	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	324	0	324	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	37,011	35,618	29,759	106,854	35,618	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	193	0	193	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	815,441	204,644	558,249	1,504,668	700,325	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	21.918100	5.745522	18.638121	14.081532	19.662109	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	10,407	21,164	2,858	39,167	5,555	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.279728	0.594194	0.095419	0.366547	0.155960	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	35,618				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	35,618		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	35,618	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	35,618	0	35,618	35,618	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	35,618	0	35,618	35,618	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	45,965	0	82,340	251,167	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.290499	0.000000	2.311752	7.051687	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	7,394	0	102	2,509	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.207592	0.000000	0.002864	0.070442	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet C

Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	42,280	88,787	0.476196	40.00
41.00	04100	LABORATORY	32,891	33,141	0.992456	41.00
42.00	04200	INTRAVENOUS THERAPY	74,937	124,155	0.603576	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	12,457	2,552	4.881270	43.00
44.00	04400	PHYSICAL THERAPY	1,336,306	1,809,732	0.738400	44.00
45.00	04500	OCCUPATIONAL THERAPY	881,880	1,553,749	0.567582	45.00
46.00	04600	SPEECH PATHOLOGY	204,109	259,281	0.787212	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	232,161	0	0.000000	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	339,764	687,219	0.494404	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,156,785	4,558,616		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS					Provider No. : 555297		Period: From 06/01/2021 To 05/31/2022		Worksheet D Part I Date/Time Prepared: 10/6/2022 3:14 pm		
					Title XVIII (1)		Skilled Nursing Facility		PPS		
				Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost				
					Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)			
					1.00	2.00	3.00	4.00			5.00
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST											
ANCILLARY SERVICE COST CENTERS											
40.00	04000	RADIOLOGY	0.476196	8,237	0	3,922	0	40.00			
41.00	04100	LABORATORY	0.992456	4,581	0	4,546	0	41.00			
42.00	04200	INTRAVENOUS THERAPY	0.603576	7,288	0	4,399	0	42.00			
43.00	04300	OXYGEN (INHALATION) THERAPY	4.881270	0	0	0	0	43.00			
44.00	04400	PHYSICAL THERAPY	0.738400	220,500	0	162,817	0	44.00			
45.00	04500	OCCUPATIONAL THERAPY	0.567582	191,425	0	108,649	0	45.00			
46.00	04600	SPEECH PATHOLOGY	0.787212	29,475	0	23,203	0	46.00			
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00			
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00			
49.00	04900	DRUGS CHARGED TO PATIENTS	0.494404	64,233	0	31,757	0	49.00			
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00			
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00			
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00			
OUTPATIENT SERVICE COST CENTERS											
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00			
61.00	06100	RURAL HEALTH CLINIC						61.00			
62.00	06200	FQHC						62.00			
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00			
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00			
100.00		Total (Sum of lines 40 - 71)		525,739	0	339,293	0	100.00			

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555297	Period: From 06/01/2021 To 05/31/2022	Worksheet D Parts II-III Date/Time Prepared: 10/6/2022 3:14 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.494404	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	42,280	0	0.000000	3,922	0 40.00
41.00	04100	LABORATORY	32,891	0	0.000000	4,546	0 41.00
42.00	04200	INTRAVENOUS THERAPY	74,937	0	0.000000	4,399	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	12,457	0	0.000000	0	0 43.00
44.00	04400	PHYSICAL THERAPY	1,336,306	0	0.000000	162,817	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	881,880	0	0.000000	108,649	0 45.00
46.00	04600	SPEECH PATHOLOGY	204,109	0	0.000000	23,203	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	232,161	0	0.000000	0	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	339,764	0	0.000000	31,757	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	3,156,785	0		339,293	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555297	Period: From 06/01/2021 To 05/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 10/6/2022 3:14 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		35,618	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		1,731	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		13,836,399	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		12,831,478	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.078317	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		13,836,399	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		388.47	16.00
17.00	Program routine service cost (Line 3 times line 16)		672,442	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		672,442	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		296,692	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		8.33	21.00
22.00	Program capital related cost (Line 3 times line 21)		14,419	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		658,023	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		658,023	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		35,618	1.00
2.00	Program inpatient days (see instructions)		1,731	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.048599	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555297	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part I Date/Time Prepared: 10/6/2022 3:14 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		1,198,816	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		1,198,816	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		178,161	5.00
6.00	Allowable bad debts (From your records)		140	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		91	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		1,020,746	11.00
12.00	Interim payments (See instructions)		1,018,949	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		0	14.75
14.99	Sequestration amount (see instructions)		1,706	14.99
15.00	Balance due provider/program (see Instructions)		91	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555297	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 10/6/2022 3:14 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555297	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 10/6/2022 3:14 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 555297		Period: From 06/01/2021 To 05/31/2022		Worksheet E-1 Date/Time Prepared: 10/6/2022 3:14 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,018,949		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,018,949		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	PROGRAM TO PROVIDER		91		0	6.01	
6.02	PROVIDER TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,019,040		0	7.00	
			Contractor Name		Contractor Number		
			1.00		2.00		
8.00	Name of Contractor					8.00	

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

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

Provider No.: 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet G

Date/Time Prepared:
10/6/2022 3:14 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-23,169	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,704,449	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-385,820	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	144,601	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,440,061	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	11,650	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	288,746	0	0	0	17.00
18.00 Less: Accumulated Amortization	-54,996	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	513,400	0	0	0	23.00
24.00 Less: Accumulated depreciation	-286,328	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	963,332	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,435,804	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	0	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,875,865	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	19,621	0	0	0	35.00
36.00 Salaries, wages, and fees payable	956,272	0	0	0	36.00
37.00 Payroll taxes payable	141,577	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	944,005	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,061,475	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	2,061,475	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	814,390				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	814,390	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,875,865	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-1

Date/Time Prepared:
10/6/2022 3:14 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		849,916		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-5,977,176				2.00
3.00	Total (sum of line 1 and line 2)		-5,127,260		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		5,941,650		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		5,941,650		0		10.00
11.00	Subtotal (line 3 plus line 10)		814,390		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		814,390		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022Worksheet G-2
Parts I-II
Date/Time Prepared:
10/6/2022 3:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	12,831,478		12,831,478	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	12,831,478		12,831,478	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	4,558,616	0	4,558,616	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	17,390,094	0	17,390,094	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			18,838,281	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			18,838,281	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555297

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-3

Date/Time Prepared:
10/6/2022 3:14 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	17,390,094	1.00
2.00	Less: contractual allowances and discounts on patients accounts	4,548,424	2.00
3.00	Net patient revenues (Line 1 minus line 2)	12,841,670	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	18,838,281	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-5,996,611	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	19,295	20.00
21.00	Rental of vending machines	140	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	0	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	19,435	25.00
26.00	Total (Line 5 plus line 25)	-5,977,176	26.00
27.00	OTHER EXPENSE	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-5,977,176	31.00

Exhibit 13 to Section 999.5(d)(5)(C)

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

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

Provider CCN: 555339 Period: From 06/01/2019 To 05/31/2020 Worksheet S Parts I, II & III Date/Time Prepared: 10/13/2020 3:13 pm

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		Date: 10/13/2020 Time: 3:13 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Palm Desert CA, LLC (555339) for the cost reporting period beginning 06/01/2019 and ending 05/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) MARTIN D. ALLEN
 Chief Financial Officer or Administrator of Provider(s)
 DIRECTOR
 Title
 10/13/2020 03:13:20 PM
 Date

Cost Center Description		Title V	Title XVIII		Title XIX	
			Part A	Part B		
	PART III - SETTLEMENT SUMMARY	1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	4,988	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	4,988	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555339		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/13/2020 3:13 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:										
1.00	Street: 74-350 COUNTRY CLUB DRIVE		PO Box:		Zip Code: 92260		1.00			
2.00	City: PALM DESERT		State: CA				2.00			
3.00	County: RIVERSIDE		CBSA Code: 40140		Urban/Rural: U		3.00			
3.01			CBSA Code:				3.01			
			Component Name		Provider CCN	Date Certified	Payment System (P, 0, or N)			
							V	XVIII	XIX	
			1.00		2.00	3.00	4.00	5.00	6.00	
SNF and SNF-Based Component Identification:										
4.00	SNF		Manor Care of Palm Desert CA, LLC		555339	02/09/1989	P	P	P	
5.00	Nursing Facility									
6.00	ICF/IID									
7.00	SNF-Based HHA									
8.00	SNF-Based RHC									
9.00	SNF-Based FQHC									
10.00	SNF-Based CMHC									
11.00	SNF-Based OLTC									
12.00	SNF-Based HOSPICE									
13.00	SNF-Based CORF									
						From:	To:			
						1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2019	05/31/2020		14.00	
15.00	Type of Control (See Instructions)					2501(C)(3)		15.00		
						Y/N				
						1.00				
Type of Freestanding Skilled Nursing Facility										
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	18.00	
Miscellaneous Cost Reporting Information										
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.										
20.00	Straight Line							371,118	20.00	
21.00	Declining Balance							0	21.00	
22.00	Sum of the Year's Digits							0	22.00	
23.00	Sum of line 20 through 22							371,118	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	28.00	
							Part A	Part B	Other	
							1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.										
29.00	Skilled Nursing Facility							N	N	N
30.00	Nursing Facility									
31.00	ICF/IID									
32.00	SNF-Based HHA							N	N	N
33.00	SNF-Based RHC								N	
34.00	SNF-Based FQHC								N	
35.00	SNF-Based CMHC								N	
36.00	SNF-Based OLTC									
						Y/N				
						1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N			38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								39.00	
					Premiums	Paid Losses	Self Insurance			
					1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:				31,219	14,166	398,502		41.00	

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

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part I
Date/Time Prepared:
10/13/2020 3:13 pm

		Y/N	
		1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?	Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.	HB0362	44.00
1.00		2.00	3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.			
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086

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

Provider No.: 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet S-2
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

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

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

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00

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

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/13/2020 3:13 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	178	65,148	0	4,774	23,712	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	178	65,148	0	4,774	23,712	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	22,642	51,128	0	205	275	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	22,642	51,128	0	205	275	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	1,418	1,898	0.00	23.29	86.23	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	1,418	1,898	0.00	23.29	86.23	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	26.94	0	220	78	1,442	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	26.94	0	220	78	1,442	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	1,740	185.87	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	1,740	185.87	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	11,243,421	0	11,243,421	387,667.00	29.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	11,243,421	0	11,243,421	387,667.00	29.00
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	11,243,421	0	11,243,421	387,667.00	29.00
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	1,121,042	0	1,121,042	21,872.00	51.25
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	519,275	0	519,275	8,014.34	64.79
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,803,783	0	1,803,783		
18.00	Wage-related costs other (See Part IV)	73,447	0	73,447		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,877,230	0	1,877,230		

SNF WAGE INDEX INFORMATION

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part III
Date/Time Prepared:
10/13/2020 3:13 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	1,064,289	0	1,064,289	34,322.00	31.01	1.00
2.00 Administrative & General	811,242	1,616	812,858	29,647.00	27.42	2.00
3.00 Plant Operation, Maintenance & Repairs	119,982	0	119,982	3,643.00	32.93	3.00
4.00 Laundry & Linen Service	48,606	0	48,606	3,637.00	13.36	4.00
5.00 Housekeeping	259,875	1,846	261,721	17,914.00	14.61	5.00
6.00 Dietary	606,706	629	607,335	29,955.00	20.27	6.00
7.00 Nursing Administration	629,835	258	630,093	12,774.00	49.33	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	73,953	1,891	75,844	3,542.00	21.41	10.00
11.00 Social Service	348,230	1,761	349,991	15,692.00	22.30	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,962,718	8,001	3,970,719	151,126.00	26.27	14.00

SNF WAGE RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
10/13/2020 3:13 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	56,491	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	579,297	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	35,352	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,704	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	267,844	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	667,886	17.00
18.00	Medicare Taxes - Employers Portion Only	163,030	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	28,179	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,803,783	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	54,365	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	0	25.04
25.05	EMPLOYEE UNIFORMS	16,549	25.05
25.06	EMPLOYEE APPRECIATION	2,533	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part V
Date/Time Prepared:
10/13/2020 3:13 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	649,534	108,068	757,602	13,107.00	57.80	1.00
2.00	Licensed Practical Nurses (LPNs)	2,352,310	391,374	2,743,684	82,505.00	33.25	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,641,304	439,456	3,080,760	159,423.00	19.32	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,643,148	938,898	6,582,046	255,035.00	25.81	4.00
5.00	Physical Therapists	545,614	90,410	636,024	11,805.00	53.88	5.00
6.00	Physical Therapy Assistants	501,429	81,974	583,403	13,301.00	43.86	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	473,632	78,171	551,803	10,439.00	52.86	8.00
9.00	Occupational Therapy Assistants	462,627	75,326	537,953	12,419.00	43.32	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	294,055	49,109	343,164	6,311.00	54.38	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	41,080	6,784	47,864	2,528.00	18.93	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	473,716		473,716	7,766.00	61.00	14.00
15.00	Licensed Practical Nurses (LPNs)	538,656		538,656	11,970.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	27,512		27,512	887.00	31.02	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,039,884		1,039,884	20,623.00	50.42	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/13/2020 3:13 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	0	1.00
2.00		RUL	14	2.00
3.00		RVX	0	3.00
4.00		RVL	0	4.00
5.00		RHX	0	5.00
6.00		RHL	0	6.00
7.00		RMX	0	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	590	10.00
11.00		RUB	152	11.00
12.00		RUA	511	12.00
13.00		RVC	15	13.00
14.00		RVB	0	14.00
15.00		RVA	28	15.00
16.00		RHC	0	16.00
17.00		RHB	0	17.00
18.00		RHA	32	18.00
19.00		RMC	6	19.00
20.00		RMB	1	20.00
21.00		RMA	0	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	0	26.00
27.00		HE2	0	27.00
28.00		HE1	69	28.00
29.00		HD2	0	29.00
30.00		HD1	0	30.00
31.00		HC2	0	31.00
32.00		HC1	0	32.00
33.00		HB2	0	33.00
34.00		HB1	0	34.00
35.00		LE2	0	35.00
36.00		LE1	0	36.00
37.00		LD2	0	37.00
38.00		LD1	7	38.00
39.00		LC2	0	39.00
40.00		LC1	1	40.00
41.00		LB2	0	41.00
42.00		LB1	0	42.00
43.00		CE2	0	43.00
44.00		CE1	0	44.00
45.00		CD2	0	45.00
46.00		CD1	17	46.00
47.00		CC2	0	47.00
48.00		CC1	8	48.00
49.00		CB2	0	49.00
50.00		CB1	5	50.00
51.00		CA2	0	51.00
52.00		CA1	43	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	2	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	0	68.00
69.00		PD2	0	69.00
70.00		PD1	19	70.00
71.00		PC2	0	71.00
72.00		PC1	0	72.00
73.00		PB2	0	73.00
74.00		PB1	0	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/13/2020 3:13 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	0	76.00
99.00		AAA	3,254	99.00
100.00	TOTAL		4,774	100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	6,559,576	32.42	Y	101.00
102.00	Recruitment	0	0.00		102.00
103.00	Retention of employees	1,610,218	7.96	Y	103.00
104.00	Training	1,166	0.01	N	104.00
105.00	OTHER (SPECIFY)	0	0.00		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		20,233,210		106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		198,375	198,375	37,310	235,685	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		287,388	287,388	0	287,388	2.00
3.00	00300	EMPLOYEE BENEFITS	1,064,289	1,877,230	2,941,519	0	2,941,519	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	811,242	3,913,087	4,724,329	-35,694	4,688,635	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	119,982	488,030	608,012	0	608,012	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	48,606	36,911	85,517	0	85,517	6.00
7.00	00700	HOUSEKEEPING	259,875	33,521	293,396	1,846	295,242	7.00
8.00	00800	DIETARY	606,706	472,489	1,079,195	629	1,079,824	8.00
9.00	00900	NURSING ADMINISTRATION	629,835	0	629,835	258	630,093	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	73,953	-342	73,611	1,891	75,502	12.00
13.00	01300	SOCIAL SERVICE	258,824	0	258,824	1,761	260,585	13.00
13.01	01301	ACTIVITIES	89,406	3,935	93,341	0	93,341	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	5,154,476	1,428,112	6,582,588	-14,639	6,567,949	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	202,332	202,332	0	202,332	41.00
42.00	04200	INTRAVENOUS THERAPY	0	150,542	150,542	0	150,542	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	5,615	5,615	0	5,615	43.00
44.00	04400	PHYSICAL THERAPY	971,677	45,204	1,016,881	2,371	1,019,252	44.00
45.00	04500	OCCUPATIONAL THERAPY	849,377	124	849,501	4,267	853,768	45.00
46.00	04600	SPEECH PATHOLOGY	267,729	0	267,729	0	267,729	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,444	107,503	144,947	0	144,947	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	863,499	863,499	0	863,499	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	201	201	0	201	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,264,065	1,264,065	0	1,264,065	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	11,243,421	11,377,821	22,621,242	0	22,621,242	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,553	2,553	0	2,553	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	11,243,421	11,380,374	22,623,795	0	22,623,795	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/13/2020 3:13 pm

	Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			6.00	7.00	
	GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	194,103	429,788	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	9,774	297,162	2.00
3.00	00300	EMPLOYEE BENEFITS	-130,692	2,810,827	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-950,039	3,738,596	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	214	608,226	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,303	86,820	6.00
7.00	00700	HOUSEKEEPING	170	295,412	7.00
8.00	00800	DIETARY	-3,368	1,076,456	8.00
9.00	00900	NURSING ADMINISTRATION	609	630,702	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	75,502	12.00
13.00	01300	SOCIAL SERVICE	560	261,145	13.00
13.01	01301	ACTIVITIES	0	93,341	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	36,597	6,604,546	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
	ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	0	40.00
41.00	04100	LABORATORY	0	202,332	41.00
42.00	04200	INTRAVENOUS THERAPY	0	150,542	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	5,615	43.00
44.00	04400	PHYSICAL THERAPY	1,193	1,020,445	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,082	854,850	45.00
46.00	04600	SPEECH PATHOLOGY	385	268,114	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	144,947	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	863,499	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	201	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
	OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF I	0	0	72.00
73.00	07300	CMHC I	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
	SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	-1,264,065	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-2,102,174	20,519,068	89.00
	NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,553	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00		TOTAL	-2,102,174	20,521,621	100.00

RECLASSIFICATIONS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/13/2020 3:13 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	43,414	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	6,077	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	27	3.00
	(1) D - COVID WAGES					
4.00		ADMINISTRATIVE & GENERAL	4.00	1,616	0	4.00
5.00		HOUSEKEEPING	7.00	1,846	0	5.00
6.00		DIETARY	8.00	629	0	6.00
7.00		NURSING ADMINISTRATION	9.00	258	0	7.00
8.00		MEDICAL RECORDS & LIBRARY	12.00	1,891	0	8.00
9.00		SOCIAL SERVICE	13.00	1,761	0	9.00
10.00		PHYSICAL THERAPY	44.00	2,371	0	10.00
11.00		OCCUPATIONAL THERAPY	45.00	4,267	0	11.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		14,639	49,518	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 9.6.168.2

RECLASSIFICATIONS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/13/2020 3:13 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	43,414	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	6,077	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	27	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	14,639	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
	TOTALS					
100.00				14,639	49,518	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 9.6.168.2

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-7

Date/Time Prepared:
10/13/2020 3:13 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	400,425	0	0	0	0	1.00	
2.00	Land Improvements	927,785	0	0	0	0	2.00	
3.00	Buildings and Fixtures	7,003,208	0	0	0	0	3.00	
4.00	Building Improvements	4,424,421	119,258	0	119,258	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	4,775,339	198,656	0	198,656	0	6.00	
7.00	Subtotal (sum of lines 1-6)	17,531,178	317,914	0	317,914	0	7.00	
8.00	Reconciling Items	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	17,531,178	317,914	0	317,914	0	9.00	
Description		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	400,425	0					1.00
2.00	Land Improvements	927,785	970,973					2.00
3.00	Buildings and Fixtures	7,003,208	6,420,442					3.00
4.00	Building Improvements	4,543,679	2,702,299					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	4,973,995	4,214,855					6.00
7.00	Subtotal (sum of lines 1-6)	17,849,092	14,308,569					7.00
8.00	Reconciling Items	0	0					8.00
9.00	Total (line 7 minus line 8)	17,849,092	14,308,569					9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/13/2020 3:13 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
1.00	2.00	3.00	4.00			
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)	B	-135,410	ADMINISTRATIVE & GENERAL	4.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	61,760			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-3,555	DIETARY	8.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-1,602	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	194,103	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	9,774	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-252,078	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-474,736	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-88,814	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-3,122	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,264,065	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2019	A	-130,692	EMPLOYEE BENEFITS	3.00	25.05
25.06	PPE NURSING	A	36,597	SKILLED NURSING FACILITY	30.00	25.06
25.07	PPE NURSING ADMINISTRATION	A	609	NURSING ADMINISTRATION	9.00	25.07
25.08	PPE PT	A	1,193	PHYSICAL THERAPY	44.00	25.08
25.09	PPE OT	A	1,082	OCCUPATIONAL THERAPY	45.00	25.09
25.10	PPE ST	A	385	SPEECH PATHOLOGY	46.00	25.10
25.11	PENALTIES - STATE AND FED	A	-56,111	ADMINISTRATIVE & GENERAL	4.00	25.11
25.12	PPE MAINTENANCE	A	214	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.12
25.13	PPE DIETARY	A	187	DIETARY	8.00	25.13
25.14	PPE LAUNDRY	A	1,303	LAUNDRY & LINEN SERVICE	6.00	25.14
25.15	PPE HOUSEKEEPING	A	170	HOUSEKEEPING	7.00	25.15
25.16	PPE SOCIAL SERVICE	A	560	SOCIAL SERVICE	13.00	25.16
25.17	PPE ADMINISTRATION	A	185	ADMINISTRATIVE & GENERAL	4.00	25.17
25.18	MISC INCOME	B	-111	ADMINISTRATIVE & GENERAL	4.00	25.18
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,102,174			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2020 3:13 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		749,344	687,584	61,760	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	749,344	687,584	61,760	10.00

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

Provider No.: 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2020 3:13 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 3:13 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	429,788	429,788		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	297,162	297,162		2.00
3.00	00300	EMPLOYEE BENEFITS	2,810,827	7,694	5,320	2,823,841
4.00	00400	ADMINISTRATIVE & GENERAL	3,738,596	25,123	17,371	225,499
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	608,226	11,162	7,718	33,285
6.00	00600	LAUNDRY & LINEN SERVICE	86,820	15,800	10,925	13,484
7.00	00700	HOUSEKEEPING	295,412	1,610	1,113	72,605
8.00	00800	DIETARY	1,076,456	66,358	45,881	168,484
9.00	00900	NURSING ADMINISTRATION	630,702	7,164	4,953	174,797
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,888	2,688	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	75,502	0	0	21,040
13.00	01300	SOCIAL SERVICE	261,145	0	0	72,290
13.01	01301	ACTIVITIES	93,341	7,100	4,909	24,803
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	6,604,546	272,746	188,579	1,425,864
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	0
41.00	04100	LABORATORY	202,332	0	0	0
42.00	04200	INTRAVENOUS THERAPY	150,542	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	5,615	0	0	0
44.00	04400	PHYSICAL THERAPY	1,020,445	9,405	6,503	270,216
45.00	04500	OCCUPATIONAL THERAPY	854,850	0	0	236,814
46.00	04600	SPEECH PATHOLOGY	268,114	0	0	74,272
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	144,947	0	0	10,388
49.00	04900	DRUGS CHARGED TO PATIENTS	863,499	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	201	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	20,519,068	428,050	295,960	2,823,841
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	2,553	1,738	1,202	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	20,521,621	429,788	297,162	2,823,841

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4,006,589				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	170,693	831,084			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	32,834	34,036	193,899		6.00
7.00	00700	HOUSEKEEPING	95,826	3,469	0	470,035	7.00
8.00	00800	DIETARY	350,794	142,945	0	84,666	1,935,584
9.00	00900	NURSING ADMINISTRATION	211,332	15,432	0	9,140	0
10.00	01000	CENTRAL SERVICES & SUPPLY	1,700	8,376	0	4,961	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	24,954	0	0	0	0
13.00	01300	SOCIAL SERVICE	86,184	0	0	0	0
13.01	01301	ACTIVITIES	33,641	15,294	0	9,058	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,194,884	587,527	193,899	347,992	1,935,584
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	52,297	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	1,451	0	0	0	0
44.00	04400	PHYSICAL THERAPY	337,713	20,260	0	12,000	0
45.00	04500	OCCUPATIONAL THERAPY	282,166	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	88,498	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,150	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	52	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	4,005,169	827,339	193,899	467,817	1,935,584
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,420	3,745	0	2,218	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	4,006,589	831,084	193,899	470,035	1,935,584

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	1,053,520				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	21,613			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	121,496	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,053,520	21,613	0	121,496	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,053,520	21,613	0	121,496	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	1,053,520	21,613	0	121,496	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	188,146					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	188,146	0	0	15,556,015	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	254,629	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	150,542	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	7,066	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,676,542	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,373,830	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	430,884	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	195,485	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	863,499	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	253	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	188,146	0	0	20,508,745	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	12,876	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	188,146	0	0	20,521,621	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	15,556,015
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	0
41.00	04100	LABORATORY	254,629
42.00	04200	INTRAVENOUS THERAPY	150,542
43.00	04300	OXYGEN (INHALATION) THERAPY	7,066
44.00	04400	PHYSICAL THERAPY	1,676,542
45.00	04500	OCCUPATIONAL THERAPY	1,373,830
46.00	04600	SPEECH PATHOLOGY	430,884
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,485
49.00	04900	DRUGS CHARGED TO PATIENTS	863,499
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	253
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	20,508,745
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	12,876
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	20,521,621

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	7,694	5,320	13,014	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	25,123	17,371	42,494	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	11,162	7,718	18,880	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	15,800	10,925	26,725	6.00
7.00	00700	HOUSEKEEPING	0	1,610	1,113	2,723	7.00
8.00	00800	DIETARY	0	66,358	45,881	112,239	8.00
9.00	00900	NURSING ADMINISTRATION	0	7,164	4,953	12,117	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,888	2,688	6,576	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	7,100	4,909	12,009	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	272,746	188,579	461,325	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	9,405	6,503	15,908	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	428,050	295,960	724,010	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,738	1,202	2,940	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	429,788	297,162	726,950	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	43,533				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,854	20,887			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	357	855	27,999		6.00
7.00	00700	HOUSEKEEPING	1,041	87	0	4,185	7.00
8.00	00800	DIETARY	3,811	3,593	0	754	8.00
9.00	00900	NURSING ADMINISTRATION	2,296	388	0	81	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	18	211	0	44	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	271	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	936	0	0	0	13.00
13.01	01301	ACTIVITIES	365	384	0	81	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	23,853	14,766	27,999	3,098	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	568	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	16	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	3,669	509	0	107	44.00
45.00	04500	OCCUPATIONAL THERAPY	3,065	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	961	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	436	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	1	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	43,518	20,793	27,999	4,165	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	15	94	0	20	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	43,533	20,887	27,999	4,185	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	15,687					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	6,849				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	368		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	1,269	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	15,687	6,849	0	368	1,269	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	15,687	6,849	0	368	1,269	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	15,687	6,849	0	368	1,269	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	12,953					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	12,953	0	0	695,915	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	568	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	16	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	21,438	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	4,156	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,303	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	484	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	1	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	12,953	0	0	723,881	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,069	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	12,953	0	0	726,950	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 3:13 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	46,976				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		46,976			2.00
3.00	00300	EMPLOYEE BENEFITS	841	841	10,179,132		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,746	2,746	812,858	-4,006,589	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,220	1,220	119,982	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,727	1,727	48,606	0	6.00
7.00	00700	HOUSEKEEPING	176	176	261,721	0	7.00
8.00	00800	DIETARY	7,253	7,253	607,335	0	8.00
9.00	00900	NURSING ADMINISTRATION	783	783	630,093	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	425	425	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	75,844	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	260,585	0	13.00
13.01	01301	ACTIVITIES	776	776	89,406	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	29,811	29,811	5,139,837	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-150,542	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,028	1,028	974,048	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	853,644	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	267,729	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	37,444	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-863,499	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	46,786	46,786	10,179,132	-5,020,630	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	190	190	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	429,788	297,162	2,823,841	4,006,589	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	9.149097	6.325826	0.277415	0.258473	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			13,014	43,533	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001278	0.002808	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	42,169					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,727	51,128				6.00
7.00	00700	HOUSEKEEPING	176	0	40,266			7.00
8.00	00800	DIETARY	7,253	0	7,253	153,384		8.00
9.00	00900	NURSING ADMINISTRATION	783	0	783	0	51,128	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	425	0	425	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
13.01	01301	ACTIVITIES	776	0	776	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	29,811	51,128	29,811	153,384	51,128	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,028	0	1,028	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	41,979	51,128	40,076	153,384	51,128	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	190	0	190	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	831,084	193,899	470,035	1,935,584	1,053,520	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	19.708411	3.792423	11.673248	12.619204	20.605539	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	20,887	27,999	4,185	121,173	15,687	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.495316	0.547626	0.103934	0.789998	0.306818	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	51,128				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	51,128		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	51,128	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	51,128	0	51,128	51,128	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	51,128	0	51,128	51,128	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	21,613	0	121,496	419,619	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.422723	0.000000	2.376310	8.207225	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	6,849	0	368	1,269	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.133958	0.000000	0.007198	0.024820	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet C

Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	110,409	0.000000	40.00
41.00	04100	LABORATORY	254,629	241,630	1.053797	41.00
42.00	04200	INTRAVENOUS THERAPY	150,542	306,610	0.490989	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	7,066	80,339	0.087952	43.00
44.00	04400	PHYSICAL THERAPY	1,676,542	3,078,074	0.544672	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,373,830	2,811,972	0.488565	45.00
46.00	04600	SPEECH PATHOLOGY	430,884	263,798	1.633386	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,485	134,102	1.457734	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	863,499	1,849,616	0.466853	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	253	163,320	0.001549	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	4,952,730	9,039,870		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part I
Date/Time Prepared:
10/13/2020 3:13 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

Health Care Program Charges

Health Care Program Cost

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0.000000	14,392	0	0	0	40.00
41.00	04100 LABORATORY	1.053797	36,468	0	38,430	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.490989	61,350	0	30,122	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.087952	10,989	0	967	0	43.00
44.00	04400 PHYSICAL THERAPY	0.544672	746,900	0	406,816	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.488565	718,850	0	351,205	0	45.00
46.00	04600 SPEECH PATHOLOGY	1.633386	64,350	0	105,108	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.457734	23,596	0	34,397	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.466853	414,583	0	193,549	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0.001549	14,980	0	23	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FOHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		2,106,458	0	1,160,617	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555339		Period: From 06/01/2019 To 05/31/2020		Worksheet D Parts II-III Date/Time Prepared: 10/13/2020 3:13 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)						0.466853	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)						0	3.00
Cost Center Description				Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
				1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY		0	0	0.000000	0	0	40.00
41.00	04100	LABORATORY		254,629	0	0.000000	38,430	0	41.00
42.00	04200	INTRAVENOUS THERAPY		150,542	0	0.000000	30,122	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY		7,066	0	0.000000	967	0	43.00
44.00	04400	PHYSICAL THERAPY		1,676,542	0	0.000000	406,816	0	44.00
45.00	04500	OCCUPATIONAL THERAPY		1,373,830	0	0.000000	351,205	0	45.00
46.00	04600	SPEECH PATHOLOGY		430,884	0	0.000000	105,108	0	46.00
47.00	04700	ELECTROCARDIOLOGY		0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS		195,485	0	0.000000	34,397	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS		863,499	0	0.000000	193,549	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY		0	0	0.000000	0	0	50.00
51.00	05100	SUPPORT SURFACES		253	0	0.000000	23	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0.000000	0	0	52.00
100.00		Total (Sum of lines 40 - 52)		4,952,730	0		1,160,617	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555339	Period: From 06/01/2019 To 05/31/2020	Worksheet D-1 Parts I-II Date/Time Prepared: 10/13/2020 3:13 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		51,128	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		4,774	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		15,556,015	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		20,233,210	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.768836	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		15,556,015	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		304.26	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,452,537	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,452,537	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		695,915	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		13.61	21.00
22.00	Program capital related cost (Line 3 times line 21)		64,974	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,387,563	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,387,563	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		51,128	1.00
2.00	Program inpatient days (see instructions)		4,774	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.093373	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet E
Part I
Date/Time Prepared:
10/13/2020 3:13 pm

Title XVIII

Skilled Nursing
Facility

PPS

1.00

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
1.00	Inpatient PPS amount (See Instructions)	987,410	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	987,410	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	413,639	5.00
6.00	Allowable bad debts (From your records)	32,469	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	21,105	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	594,876	11.00
12.00	Interim payments (See instructions)	578,999	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	386	14.75
14.99	Sequestration amount (see instructions)	10,503	14.99
15.00	Balance due provider/program (see Instructions)	4,988	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555339	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/13/2020 3:13 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet E
Part II
Date/Time Prepared:
10/13/2020 3:13 pm

Title V

Skilled Nursing
Facility

PPS

1.00

COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient ancillary services (see Instructions)	0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)	0	2.00
3.00	Outpatient services	0	3.00
4.00	Inpatient routine services (see instructions)	0	4.00
5.00	Utilization review--physicians' compensation (from provider records)	0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)	0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations	0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)	0	8.00
9.00	Primary payor amounts	0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)	0	10.00
REASONABLE CHARGES			
11.00	Inpatient ancillary service charges	0	11.00
12.00	Outpatient service charges	0	12.00
13.00	Inpatient routine service charges	0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations	0	14.00
15.00	Total reasonable charges	0	15.00
CUSTOMARY CHARGES			
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)	0.000000	18.00
19.00	Total customary charges (see instructions)	0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
20.00	Cost of covered services (see Instructions)	0	20.00
21.00	Deductibles	0	21.00
22.00	Subtotal (Line 20 minus line 21)	0	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (Line 22 minus line 23)	0	24.00
25.00	Allowable bad debts (from your records)	0	25.00
26.00	Subtotal (sum of lines 24 and 25)	0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit	0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	0	28.00
29.00	Other Adjustments (see instructions) Specify	0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)	0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)	0	31.00
32.00	Interim payments	0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)	0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet E-1

Date/Time Prepared:
10/13/2020 3:13 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		578,999		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		578,999		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		4,988		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		583,987		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet G

Date/Time Prepared:
10/13/2020 3:13 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	2,200	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,356,046	0	0	0	4.00
5.00 Other receivables	182,559	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-555,065	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	123,475	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,109,215	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	204,192	0	0	0	17.00
18.00 Less: Accumulated Amortization	-35,916	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	587,874	0	0	0	23.00
24.00 Less: Accumulated depreciation	-206,114	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	280,914	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	830,950	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-482,060	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-482,060	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,458,105	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	189,879	0	0	0	35.00
36.00 Salaries, wages, and fees payable	980,091	0	0	0	36.00
37.00 Payroll taxes payable	65,364	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	369,187	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,604,521	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,604,521	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	853,584				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	853,584	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,458,105	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-1

Date/Time Prepared:
10/13/2020 3:13 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,249,388		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-2,795,985				2.00
3.00	Total (sum of line 1 and line 2)		-1,546,597		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		2,400,181		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		2,400,181		0		10.00
11.00	Subtotal (line 3 plus line 10)		853,584		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		853,584		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020Worksheet G-2
Parts I-II
Date/Time Prepared:
10/13/2020 3:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	20,233,210		20,233,210	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	20,233,210		20,233,210	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	9,039,870	0	9,039,870	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	29,273,080	0	29,273,080	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			22,623,795	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			22,623,795	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555339

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-3

Date/Time Prepared:
10/13/2020 3:13 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	29,273,080	1.00
2.00	Less: contractual allowances and discounts on patients accounts	10,536,535	2.00
3.00	Net patient revenues (Line 1 minus line 2)	18,736,545	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	22,623,795	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-3,887,250	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-1,152	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,555	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	55,967	20.00
21.00	Rental of vending machines	1,602	21.00
22.00	Rental of skilled nursing space	135,410	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	1,256	24.00
24.01	COVID-19 PHE PR	894,627	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,091,265	25.00
26.00	Total (Line 5 plus line 25)	-2,795,985	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-2,795,985	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555339	Period: From 06/01/2020 To 05/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 9/23/2021 2:46 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 9/23/2021 Time: 2:46 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Palm Desert CA, LLC (555339) for the cost reporting period beginning 06/01/2020 and ending 05/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin d. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin d. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	09/23/2021 02:46:08 PM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
		1.00	Part A 2.00	Part B 3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	-17,646	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	-17,646	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Health Financial Systems		Manor Care of Palm Desert CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555339		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 9/23/2021 2:46 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 74-350 COUNTRY CLUB DRIVE	PO Box:	1.00						
2.00	City: PALM DESERT	State: CA	Zip Code: 92260	2.00					
3.00	County: RIVERSIDE	CBSA Code: 40140	Urban/Rural: U	3.00					
3.01		CBSA Code:		3.01					
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care of Palm Desert CA, LLC	555339	02/09/1989	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			06/01/2020	05/31/2021		14.00		
15.00	Type of Control (See Instructions)			2501(C)(3)		15.00			
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					373,247		20.00	
21.00	Declining Balance					0		21.00	
22.00	Sum of the Year's Digits					0		22.00	
23.00	Sum of line 20 through 22					373,247		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC								33.00
34.00	SNF-Based FQHC						N		34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			Y		37.00			
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N		38.00			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.					39.00			
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:			21,564	9,785	275,257		41.00	

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

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part I
Date/Time Prepared:
9/23/2021 2:46 pm

		Y/N	
		1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?	Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.	HB0362	44.00
1.00		2.00	3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.			
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086

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

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

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

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

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HOLLY	BENNETT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419-254-5388	HOLLY.BENNETT@PROMEDI CA. ORG	21.00

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

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

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

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

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
9/23/2021 2:46 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	178	64,970	0	2,703	17,858	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	178	64,970	0	2,703	17,858	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	11,975	32,536	0	61	182	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	11,975	32,536	0	61	182	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	532	775	0.00	44.31	98.12	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	532	775	0.00	44.31	98.12	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	41.98	0	83	38	555	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	41.98	0	83	38	555	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	676	126.21	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	676	126.21	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	7,839,072	0	7,839,072	262,508.00	29.86
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	7,839,072	0	7,839,072	262,508.00	29.86
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7,839,072	0	7,839,072	262,508.00	29.86
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	1,149,157	0	1,149,157	21,707.00	52.94
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	496,694	0	496,694	8,063.34	61.60
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,568,227	0	1,568,227		
18.00	Wage-related costs other (See Part IV)	116,245	0	116,245		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,684,472	0	1,684,472		

SNF WAGE INDEX INFORMATION

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part III
Date/Time Prepared:
9/23/2021 2:46 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	775,761	968	776,729	25,383.00	30.60	1.00
2.00 Administrative & General	787,222	21,318	808,540	23,150.00	34.93	2.00
3.00 Plant Operation, Maintenance & Repairs	89,641	5,263	94,904	2,771.00	34.25	3.00
4.00 Laundry & Linen Service	35,433	0	35,433	2,143.00	16.53	4.00
5.00 Housekeeping	243,481	9,875	253,356	14,002.00	18.09	5.00
6.00 Dietary	465,494	8,219	473,713	22,548.00	21.01	6.00
7.00 Nursing Administration	330,729	10,144	340,873	5,873.00	58.04	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	52,626	2,101	54,727	2,105.00	26.00	10.00
11.00 Social Service	258,957	6,869	265,826	10,455.00	25.43	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,039,344	64,757	3,104,101	108,430.00	28.63	14.00

SNF WAGE RELATED COSTS		Provider No. : 555339	Period: From 06/01/2020 To 05/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 9/23/2021 2:46 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		49,251	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		498,453	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		26,854	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		2,087	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		224,811	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		466,682	17.00
18.00	Medicare Taxes - Employers Portion Only		113,667	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		183,922	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		2,500	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,568,227	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		103,211	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		0	25.04
25.05	EMPLOYEE UNIFORMS		12,249	25.05
25.06	EMPLOYEE APPRECIATION		785	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part V
Date/Time Prepared:
9/23/2021 2:46 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	320,699	64,790	385,489	6,406.00	60.18	1.00
2.00	Licensed Practical Nurses (LPNs)	1,516,128	306,299	1,822,427	53,321.00	34.18	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,801,821	364,017	2,165,838	110,556.00	19.59	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,638,648	735,106	4,373,754	170,283.00	25.69	4.00
5.00	Physical Therapists	378,612	74,277	452,889	8,230.00	55.03	5.00
6.00	Physical Therapy Assistants	295,279	56,287	351,566	7,848.00	44.80	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	342,129	67,285	409,414	7,532.00	54.36	8.00
9.00	Occupational Therapy Assistants	261,493	50,757	312,250	7,258.00	43.02	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	265,149	51,375	316,524	5,714.00	55.39	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	45,397	8,993	54,390	2,690.00	20.22	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	561,311		561,311	9,202.00	61.00	14.00
15.00	Licensed Practical Nurses (LPNs)	302,075		302,075	6,713.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	82,747		82,747	2,669.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	946,133		946,133	18,584.00	50.91	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
9/23/2021 2:46 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
9/23/2021 2:46 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555339	Period: From 06/01/2020 To 05/31/2021	Worksheet A Date/Time Prepared: 9/23/2021 2:46 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		304,851	304,851	41,884	346,735	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		258,566	258,566	0	258,566	2.00
3.00	00300	EMPLOYEE BENEFITS	775,761	1,684,471	2,460,232	968	2,461,200	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	787,222	2,907,897	3,695,119	-20,566	3,674,553	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	89,641	441,151	530,792	5,263	536,055	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	35,433	20,823	56,256	0	56,256	6.00
7.00	00700	HOUSEKEEPING	243,481	21,954	265,435	9,875	275,310	7.00
8.00	00800	DIETARY	465,494	361,063	826,557	8,219	834,776	8.00
9.00	00900	NURSING ADMINISTRATION	330,729	0	330,729	10,144	340,873	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	52,626	-203	52,423	2,101	54,524	12.00
13.00	01300	SOCIAL SERVICE	176,086	0	176,086	4,839	180,925	13.00
13.01	01301	ACTIVITIES	82,871	2,377	85,248	2,030	87,278	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,395,382	1,732,564	5,127,946	-104,429	5,023,517	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	10,974	10,974	0	10,974	40.00
41.00	04100	LABORATORY	0	96,496	96,496	0	96,496	41.00
42.00	04200	INTRAVENOUS THERAPY	0	71,595	71,595	0	71,595	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	3,479	3,479	0	3,479	43.00
44.00	04400	PHYSICAL THERAPY	599,078	46,748	645,826	17,486	663,312	44.00
45.00	04500	OCCUPATIONAL THERAPY	535,541	0	535,541	11,094	546,635	45.00
46.00	04600	SPEECH PATHOLOGY	229,504	0	229,504	10,259	239,763	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,223	197,068	237,291	833	238,124	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	323,783	323,783	0	323,783	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,257,924	1,257,924	0	1,257,924	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,839,072	9,743,581	17,582,653	0	17,582,653	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	7,839,072	9,743,581	17,582,653	0	17,582,653	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet A
Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	177,544	524,279
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-19,661	238,905
3.00	00300	EMPLOYEE BENEFITS	-63,452	2,397,748
4.00	00400	ADMINISTRATIVE & GENERAL	-490,213	3,184,340
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	536,055
6.00	00600	LAUNDRY & LINEN SERVICE	0	56,256
7.00	00700	HOUSEKEEPING	0	275,310
8.00	00800	DIETARY	-183	834,593
9.00	00900	NURSING ADMINISTRATION	0	340,873
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	54,524
13.00	01300	SOCIAL SERVICE	0	180,925
13.01	01301	ACTIVITIES	0	87,278
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	5,023,517
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	10,974
41.00	04100	LABORATORY	0	96,496
42.00	04200	INTRAVENOUS THERAPY	0	71,595
43.00	04300	OXYGEN (INHALATION) THERAPY	0	3,479
44.00	04400	PHYSICAL THERAPY	0	663,312
45.00	04500	OCCUPATIONAL THERAPY	0	546,635
46.00	04600	SPEECH PATHOLOGY	0	239,763
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	238,124
49.00	04900	DRUGS CHARGED TO PATIENTS	0	323,783
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-1,257,924	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-1,653,889	15,928,764
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-1,653,889	15,928,764

RECLASSIFICATIONS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
9/23/2021 2:46 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	38,233	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	3,628	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	23	3.00
	(1) D - COVID WAGES					
4.00		EMPLOYEE BENEFITS	3.00	968	0	4.00
5.00		ADMINISTRATIVE & GENERAL	4.00	21,318	0	5.00
6.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	5,263	0	6.00
7.00		HOUSEKEEPING	7.00	9,875	0	7.00
8.00		DIETARY	8.00	8,219	0	8.00
9.00		NURSING ADMINISTRATION	9.00	10,144	0	9.00
10.00		MEDICAL RECORDS & LIBRARY	12.00	2,101	0	10.00
11.00		SOCIAL SERVICE	13.00	4,839	0	11.00
12.00		ACTIVITIES	13.01	2,030	0	12.00
13.00		PHYSICAL THERAPY	44.00	17,486	0	13.00
14.00		OCCUPATIONAL THERAPY	45.00	11,094	0	14.00
15.00		SPEECH PATHOLOGY	46.00	10,259	0	15.00
16.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	833	0	16.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		104,429	41,884	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECLASSIFICATIONS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
9/23/2021 2:46 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	38,233	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	3,628	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	23	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	104,429	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
16.00			0.00	0	0	16.00
	TOTALS					
100.00				104,429	41,884	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-7

Date/Time Prepared:
9/23/2021 2:46 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	400,425	0	0	0	0	1.00
2.00	Land Improvements	927,785	0	0	0	0	2.00
3.00	Buildings and Fixtures	7,003,208	0	0	0	0	3.00
4.00	Building Improvements	4,543,679	288,713	0	288,713	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,973,995	44,588	0	44,588	0	6.00
7.00	Subtotal (sum of lines 1-6)	17,849,092	333,301	0	333,301	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	17,849,092	333,301	0	333,301	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	400,425	0				1.00
2.00	Land Improvements	927,785	970,973				2.00
3.00	Buildings and Fixtures	7,003,208	6,420,442				3.00
4.00	Building Improvements	4,832,392	2,886,472				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	5,018,583	4,348,932				6.00
7.00	Subtotal (sum of lines 1-6)	18,182,393	14,626,819				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	18,182,393	14,626,819				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
9/23/2021 2:46 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
1.00	1.00	2.00	3.00	4.00	
1.00 Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	248,205			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Revenue - Employee meals	B	-183	DIETARY	8.00	14.00
15.00 Cost of meals - Guests		0		0.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines	B	-984	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00 Depreciation--buildings and fixtures	A	177,544	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment	A	-19,661	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00 NON-ALLOWABLE ADVERTISING	A	-266,776	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01 BAD DEBT EXPENSE	A	-298,599	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 MEDICAL TRANSPORTATION	A	-48,866	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,873	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04 WELL TOWER LEASE EXPENSE	A	-1,257,924	INTEREST EXPENSE	81.00	25.04
25.05 WORKERS COMP ADJ FY 2020	A	-63,452	EMPLOYEE BENEFITS	3.00	25.05
25.06 PURCH SERV DENTISTRY	A	-125	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07 PENALTIES STATE AND FED	A	-120,195	ADMINISTRATIVE & GENERAL	4.00	25.07
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,653,889			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/23/2021 2:46 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		719,949	471,744	248,205	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	719,949	471,744	248,205	10.00

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

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/23/2021 2:46 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 2:46 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	524,279	524,279		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	238,905	238,905		2.00
3.00	00300	EMPLOYEE BENEFITS	2,397,748	9,386	4,277	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,184,340	30,647	13,965	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	536,055	13,616	6,205	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	56,256	19,274	8,783	6.00
7.00	00700	HOUSEKEEPING	275,310	1,964	895	7.00
8.00	00800	DIETARY	834,593	80,948	36,886	8.00
9.00	00900	NURSING ADMINISTRATION	340,873	8,739	3,982	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	4,743	2,161	10.00
11.00	01100	PHARMACY	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	54,524	0	0	12.00
13.00	01300	SOCIAL SERVICE	180,925	0	0	13.00
13.01	01301	ACTIVITIES	87,278	8,661	3,946	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	5,023,517	332,707	151,611	30.00
31.00	03100	NURSING FACILITY	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	10,974	0	0	40.00
41.00	04100	LABORATORY	96,496	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	71,595	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	3,479	0	0	43.00
44.00	04400	PHYSICAL THERAPY	663,312	11,473	5,228	44.00
45.00	04500	OCCUPATIONAL THERAPY	546,635	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	239,763	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	238,124	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	323,783	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00	06200	FOHC	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	71.00
72.00	07200	CORF I	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	15,928,764	522,158	237,939	89.00
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,121	966	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	99.00
100.00		TOTAL	15,928,764	524,279	238,905	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
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	Cost Center Description	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00	
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00	
3.00	00300	EMPLOYEE BENEFITS					3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	3,505,025				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	171,423	759,704			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	28,094	31,113	155,618		6.00	
7.00	00700	HOUSEKEEPING	106,265	3,171	0	474,112	7.00	
8.00	00800	DIETARY	324,667	130,668	0	85,400	1,654,909	8.00
9.00	00900	NURSING ADMINISTRATION	136,952	14,106	0	9,219	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	2,012	7,657	0	5,004	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	21,333	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	70,722	0	0	0	0	13.00
13.01	01301	ACTIVITIES	37,553	13,980	0	9,137	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,932,402	537,066	155,618	351,011	1,654,909	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	3,198	0	0	0	0	40.00
41.00	04100	LABORATORY	28,119	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,014	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	259,500	18,520	0	12,104	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	213,676	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	93,722	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,473	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,504,125	756,281	155,618	471,875	1,654,909	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	900	3,423	0	2,237	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	3,505,025	759,704	155,618	474,112	1,654,909	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	630,261					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	21,577				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	94,543		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	313,423	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	630,261	21,577	0	94,543	313,423	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	630,261	21,577	0	94,543	313,423	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	630,261	21,577	0	94,543	313,423	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	189,544					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	189,544	0	0	12,511,876	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	14,172	0	40.00
41.00	04100	LABORATORY	0	0	0	124,615	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	71,595	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	4,493	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,180,660	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	946,957	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	415,351	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	325,615	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	323,783	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	189,544	0	0	15,919,117	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	9,647	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	189,544	0	0	15,928,764	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	9,386	4,277	13,663	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	30,647	13,965	44,612	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	13,616	6,205	19,821	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	19,274	8,783	28,057	6.00
7.00	00700	HOUSEKEEPING	0	1,964	895	2,859	7.00
8.00	00800	DIETARY	0	80,948	36,886	117,834	8.00
9.00	00900	NURSING ADMINISTRATION	0	8,739	3,982	12,721	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	4,743	2,161	6,904	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	8,661	3,946	12,607	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	332,707	151,611	484,318	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	11,473	5,228	16,701	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	522,158	237,939	760,097	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,121	966	3,087	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	524,279	238,905	763,184	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	46,177				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	2,258	22,263			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	370	912	29,408		6.00
7.00	00700	HOUSEKEEPING	1,400	93	0	4,842	7.00
8.00	00800	DIETARY	4,277	3,829	0	872	8.00
9.00	00900	NURSING ADMINISTRATION	1,804	413	0	94	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	27	224	0	51	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	281	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	932	0	0	0	13.00
13.01	01301	ACTIVITIES	495	410	0	93	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	25,459	15,739	29,408	3,585	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	42	0	0	0	40.00
41.00	04100	LABORATORY	370	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	13	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	3,419	543	0	124	44.00
45.00	04500	OCCUPATIONAL THERAPY	2,815	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	1,235	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	968	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	46,165	22,163	29,408	4,819	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	12	100	0	23	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	46,177	22,263	29,408	4,842	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	15,692				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	7,206			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	387	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	15,692	7,206	0	387	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	15,692	7,206	0	387	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	15,692	7,206	0	387	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	13,769					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	13,769	0	0	730,938	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	42	0	40.00
41.00	04100	LABORATORY	0	0	0	370	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	13	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	21,980	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	3,873	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,699	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,047	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	13,769	0	0	759,962	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,222	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	13,769	0	0	763,184	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 2:46 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	46,976				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		46,976			2.00
3.00	00300	EMPLOYEE BENEFITS	841	841	7,062,343		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,746	2,746	808,540	-3,505,025	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,220	1,220	94,904	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,727	1,727	35,433	0	6.00
7.00	00700	HOUSEKEEPING	176	176	253,356	0	7.00
8.00	00800	DIETARY	7,253	7,253	473,713	0	8.00
9.00	00900	NURSING ADMINISTRATION	783	783	340,873	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	425	425	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	54,727	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	180,925	0	13.00
13.01	01301	ACTIVITIES	776	776	84,901	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	29,811	29,811	3,290,953	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-71,595	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,028	1,028	616,564	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	546,635	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	239,763	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	41,056	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-323,783	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	46,786	46,786	7,062,343	-3,900,403	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	190	190	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	524,279	238,905	2,411,411	3,505,025	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	11.160571	5.085682	0.341446	0.291397	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			13,663	46,177	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001935	0.003839	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	42,169				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,727	32,536			6.00
7.00	00700	HOUSEKEEPING	176	0	40,266		7.00
8.00	00800	DIETARY	7,253	0	7,253	97,608	8.00
9.00	00900	NURSING ADMINISTRATION	783	0	783	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	425	0	425	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	776	0	776	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	29,811	32,536	29,811	97,608	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,028	0	1,028	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	41,979	32,536	40,076	97,608	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	190	0	190	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	759,704	155,618	474,112	1,654,909	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	18.015699	4.782948	11.774500	16.954645	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	22,263	29,408	4,842	127,729	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.527947	0.903860	0.120250	1.308592	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	32,536				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	32,536		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	32,536	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	32,536	0	32,536	32,536	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	32,536	0	32,536	32,536	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	21,577	0	94,543	313,423	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.663173	0.000000	2.905797	9.633114	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	7,206	0	387	1,282	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.221478	0.000000	0.011895	0.039403	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet C

Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	14,172	114,463	0.123813	40.00
41.00	04100	LABORATORY	124,615	142,197	0.876355	41.00
42.00	04200	INTRAVENOUS THERAPY	71,595	103,790	0.689806	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4,493	43,043	0.104384	43.00
44.00	04400	PHYSICAL THERAPY	1,180,660	2,005,451	0.588725	44.00
45.00	04500	OCCUPATIONAL THERAPY	946,957	1,847,005	0.512699	45.00
46.00	04600	SPEECH PATHOLOGY	415,351	349,725	1.187650	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	325,615	1,930	168.712435	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	323,783	699,704	0.462743	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	150,555	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,407,241	5,457,863		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part I
Date/Time Prepared:
9/23/2021 2:46 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

Health Care Program Charges

Health Care Program Cost

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0.123813	11,969	0	1,482	0	40.00
41.00	04100 LABORATORY	0.876355	15,883	0	13,919	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.689806	19,571	0	13,500	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.104384	6,952	0	726	0	43.00
44.00	04400 PHYSICAL THERAPY	0.588725	434,000	0	255,507	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.512699	415,800	0	213,180	0	45.00
46.00	04600 SPEECH PATHOLOGY	1.187650	55,525	0	65,944	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	168.712435	265	0	44,709	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.462743	152,949	0	70,776	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0.000000	6,860	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FOHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000		0			71.00
100.00	Total (Sum of lines 40 - 71)		1,119,774	0	679,743	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555339		Period: From 06/01/2020 To 05/31/2021		Worksheet D Parts II-III Date/Time Prepared: 9/23/2021 2: 46 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)						0.462743	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)						0	3.00
Cost Center Description				Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
				1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	14,172	0	0.000000	1,482	0	40.00	
41.00	04100	LABORATORY	124,615	0	0.000000	13,919	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	71,595	0	0.000000	13,500	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	4,493	0	0.000000	726	0	43.00	
44.00	04400	PHYSICAL THERAPY	1,180,660	0	0.000000	255,507	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	946,957	0	0.000000	213,180	0	45.00	
46.00	04600	SPEECH PATHOLOGY	415,351	0	0.000000	65,944	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	325,615	0	0.000000	44,709	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	323,783	0	0.000000	70,776	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00	
100.00		Total (Sum of lines 40 - 52)	3,407,241	0		679,743	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555339	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 9/23/2021 2:46 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		32,536	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		2,703	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		12,511,876	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		13,190,292	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.948567	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		12,511,876	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		384.55	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,039,439	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,039,439	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		730,938	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		22.47	21.00
22.00	Program capital related cost (Line 3 times line 21)		60,736	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		978,703	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		978,703	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		32,536	1.00
2.00	Program inpatient days (see instructions)		2,703	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.083077	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part I
Date/Time Prepared:
9/23/2021 2:46 pm

Title XVIII

Skilled Nursing
Facility

PPS

1.00

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1.00	Inpatient PPS amount (See Instructions)	2,558,764	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	2,558,764	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	277,113	5.00
6.00	Allowable bad debts (From your records)	8,041	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	3,437	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	5,227	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	2,286,878	11.00
12.00	Interim payments (See instructions)	2,304,524	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	-17,646	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555339	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 9/23/2021 2:46 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555339	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 9/23/2021 2:46 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet E-1

Date/Time Prepared:
9/23/2021 2:46 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,304,524		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,304,524		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		17,646		0	6.02
7.00	Total Medicare program liability (see instructions)		2,286,878		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet G

Date/Time Prepared:
9/23/2021 2:46 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	400	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,981,639	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-409,837	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	133,822	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,706,024	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	492,905	0	0	0	17.00
18.00 Less: Accumulated Amortization	-96,338	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	632,461	0	0	0	23.00
24.00 Less: Accumulated depreciation	-361,055	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	269,226	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	937,199	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-450,314	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-450,314	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,192,909	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	307,972	0	0	0	35.00
36.00 Salaries, wages, and fees payable	798,130	0	0	0	36.00
37.00 Payroll taxes payable	67,521	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	697,415	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,871,038	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,871,038	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	321,871				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	321,871	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,192,909	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-1

Date/Time Prepared:
9/23/2021 2:46 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,249,388		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-4,286,804				2.00
3.00	Total (sum of line 1 and line 2)		-3,037,416		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		3,359,287		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		3,359,287		0		10.00
11.00	Subtotal (line 3 plus line 10)		321,871		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		321,871		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021Worksheet G-2
Parts I-II
Date/Time Prepared:
9/23/2021 2:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	13,190,292		13,190,292	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	13,190,292		13,190,292	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	5,457,863	0	5,457,863	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	18,648,155	0	18,648,155	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			17,582,653	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			17,582,653	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555339

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-3

Date/Time Prepared:
9/23/2021 2:46 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	18,648,155	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,376,602	2.00
3.00	Net patient revenues (Line 1 minus line 2)	12,271,553	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	17,582,653	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-5,311,100	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-788	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	183	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	54,033	20.00
21.00	Rental of vending machines	984	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	0	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	969,884	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,024,296	25.00
26.00	Total (Line 5 plus line 25)	-4,286,804	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-4,286,804	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555339	Period: From 06/01/2021 To 05/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 9/15/2022 7:47 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 9/15/2022 Time: 7:47 am
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Palm Desert CA, LLC (555339) for the cost reporting period beginning 06/01/2021 and ending 05/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin D. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin D. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	09/15/2022 07:47:03 AM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	624	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	624	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555339		Period: From 06/01/2021 To 05/31/2022		Worksheet S-2 Part I Date/Time Prepared: 9/15/2022 7:47 am		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:										
1.00	Street: 74-350 COUNTRY CLUB DRIVE		PO Box:		Zip Code: 92260		1.00			
2.00	City: PALM DESERT		State: CA				2.00			
3.00	County: RIVERSIDE		CBSA Code: 40140		Urban/Rural: U		3.00			
3.01			CBSA Code:				3.01			
			Component Name		Provider CCN	Date Certified	Payment System (P, O, or N)			
							V	XVIII	XIX	
			1.00		2.00	3.00	4.00	5.00	6.00	
SNF and SNF-Based Component Identification:										
4.00	SNF		Manor Care of Palm Desert CA, LLC		555339	02/09/1989	P	P	P	
5.00	Nursing Facility									
6.00	ICF/IID									
7.00	SNF-Based HHA									
8.00	SNF-Based RHC									
9.00	SNF-Based FQHC									
10.00	SNF-Based CMHC									
11.00	SNF-Based OLTC									
12.00	SNF-Based HOSPICE									
13.00	SNF-Based CORF									
						From:	To:			
						1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2021	05/31/2022		14.00	
15.00	Type of Control (See Instructions)					2501(C)(3)		15.00		
						Y/N				
						1.00				
Type of Freestanding Skilled Nursing Facility										
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	18.00	
Miscellaneous Cost Reporting Information										
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.										
20.00	Straight Line							-28,994	20.00	
21.00	Declining Balance							0	21.00	
22.00	Sum of the Year's Digits							0	22.00	
23.00	Sum of line 20 through 22							-28,994	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	28.00	
							Part A	Part B	Other	
							1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.										
29.00	Skilled Nursing Facility							N	N	N
30.00	Nursing Facility									
31.00	ICF/IID									
32.00	SNF-Based HHA							N	N	
33.00	SNF-Based RHC									
34.00	SNF-Based FQHC								N	
35.00	SNF-Based CMHC								N	
36.00	SNF-Based OLTC									
						Y/N				
						1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N			38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								39.00	
					Premiums	Paid Losses	Self Insurance			
					1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:					28,604	12,979	365,121		41.00

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

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part I
Date/Time Prepared:
9/15/2022 7:47 am

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part II
Date/Time Prepared:
9/15/2022 7:47 am

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

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

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
9/15/2022 7:47 am

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HOLLY	BENNETT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419-254-5388	HOLLY.BENNETT@PROMEDI CA. ORG	21.00

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

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
9/15/2022 7:47 am

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

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

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part I
Date/Time Prepared:
9/15/2022 7:47 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	178	64,970	0	1,879	20,499	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	178	64,970	0	1,879	20,499	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	12,291	34,669	0	68	161	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	12,291	34,669	0	68	161	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	563	792	0.00	27.63	127.32	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC I	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF I	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	563	792	0.00	27.63	127.32	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	43.77	0	82	52	603	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF I	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	43.77	0	82	52	603	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	737	109.37	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I	0	0.00	0.00			6.00
6.10	SNF-Based CORF I	0	0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	737	109.37	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part II
Date/Time Prepared:
9/15/2022 7:47 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	7,101,496	0	7,101,496	227,495.00	31.22
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	7,101,496	0	7,101,496	227,495.00	31.22
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7,101,496	0	7,101,496	227,495.00	31.22
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	4,959,107	0	4,959,107	118,610.00	41.81
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	631,603	0	631,603	11,574.95	54.57
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,333,543	0	1,333,543		
18.00	Wage-related costs other (See Part IV)	46,416	0	46,416		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,379,959	0	1,379,959		

SNF WAGE INDEX INFORMATION

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part III
Date/Time Prepared:
9/15/2022 7:47 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	763,165	209	763,374	24,193.00	31.55	1.00
2.00 Administrative & General	683,618	5,319	688,937	21,496.00	32.05	2.00
3.00 Plant Operation, Maintenance & Repairs	111,557	1,639	113,196	3,456.00	32.75	3.00
4.00 Laundry & Linen Service	26,865	340	27,205	1,679.00	16.20	4.00
5.00 Housekeeping	246,400	3,217	249,617	13,839.00	18.04	5.00
6.00 Dietary	456,485	2,087	458,572	20,789.00	22.06	6.00
7.00 Nursing Administration	250,010	1,611	251,621	4,622.00	54.44	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	93,315	873	94,188	3,476.00	27.10	10.00
11.00 Social Service	294,073	797	294,870	12,062.00	24.45	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	2,925,488	16,092	2,941,580	105,612.00	27.85	14.00

SNF WAGE RELATED COSTS		Provider No. : 555339	Period: From 06/01/2021 To 05/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 9/15/2022 7:47 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		71,570	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Retirement Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		506,710	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		25,065	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,788	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		158,544	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		417,240	17.00
18.00	Medicare Taxes - Employers Portion Only		102,972	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		49,654	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,333,543	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		36,148	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		0	25.04
25.05	EMPLOYEE UNIFORMS		8,994	25.05
25.06	EMPLOYEE APPRECIATION		1,274	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part V
Date/Time Prepared:
9/15/2022 7:47 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	312,168	60,276	372,444	6,279.00	59.32	1.00
2.00	Licensed Practical Nurses (LPNs)	1,240,789	239,581	1,480,370	35,755.00	41.40	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,422,383	274,644	1,697,027	83,145.00	20.41	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,975,340	574,501	3,549,841	125,179.00	28.36	4.00
5.00	Physical Therapists	418,878	81,021	499,899	8,854.00	56.46	5.00
6.00	Physical Therapy Assistants	321,637	61,671	383,308	8,517.00	45.01	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	339,481	65,443	404,924	7,413.00	54.62	8.00
9.00	Occupational Therapy Assistants	303,327	57,027	360,354	8,320.00	43.31	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	224,953	43,578	268,531	4,672.00	57.48	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	44,961	8,797	53,758	2,554.00	21.05	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	1,029,484		1,029,484	16,877.00	61.00	14.00
15.00	Licensed Practical Nurses (LPNs)	1,661,792		1,661,792	36,929.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,772,893		1,772,893	57,190.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	4,464,169		4,464,169	110,996.00	40.22	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
9/15/2022 7:47 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
9/15/2022 7:47 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provi der No. : 555339	Peri od: From 06/01/2021 To 05/31/2022	Worksheet A Date/Time Prepared: 9/15/2022 7: 47 am	
Cost Center Description			Sal aries	Other	Total (col . 1 + col . 2)	Recl assi fi cations Increase/Decre ase (Fr Wkst A-6)	Recl assi fied Tri al Balance (col . 3 +- col . 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		143,078	143,078	42,988	186,066	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		117,667	117,667	0	117,667	2.00
3.00	00300	EMPLOYEE BENEFITS	763,165	1,379,959	2,143,124	209	2,143,333	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	683,618	2,857,340	3,540,958	-37,669	3,503,289	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	111,557	528,254	639,811	1,639	641,450	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	26,865	26,596	53,461	340	53,801	6.00
7.00	00700	HOUSEKEEPING	246,400	24,722	271,122	3,217	274,339	7.00
8.00	00800	DIETARY	456,485	397,445	853,930	2,087	856,017	8.00
9.00	00900	NURSING ADMINISTRATION	250,010	0	250,010	1,611	251,621	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	93,315	-301	93,014	873	93,887	12.00
13.00	01300	SOCIAL SERVICE	186,968	179	187,147	589	187,736	13.00
13.01	01301	ACTIVITIES	107,105	493	107,598	208	107,806	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	2,704,795	5,392,093	8,096,888	-27,681	8,069,207	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	37,278	37,278	0	37,278	40.00
41.00	04100	LABORATORY	0	65,115	65,115	0	65,115	41.00
42.00	04200	INTRAVENOUS THERAPY	0	110,825	110,825	0	110,825	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	3,176	3,176	0	3,176	43.00
44.00	04400	PHYSICAL THERAPY	662,499	36,150	698,649	3,547	702,196	44.00
45.00	04500	OCCUPATIONAL THERAPY	570,527	148	570,675	7,834	578,509	45.00
46.00	04600	SPEECH PATHOLOGY	197,792	449	198,241	208	198,449	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,395	112,369	152,764	0	152,764	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	344,456	344,456	0	344,456	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,312,391	1,312,391	0	1,312,391	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,101,496	12,889,882	19,991,378	0	19,991,378	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	7,101,496	12,889,882	19,991,378	0	19,991,378	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet A

Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	186,066
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	0	117,667
3.00	00300	EMPLOYEE BENEFITS	0	2,143,333
4.00	00400	ADMINISTRATIVE & GENERAL	-127,568	3,375,721
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	641,450
6.00	00600	LAUNDRY & LINEN SERVICE	0	53,801
7.00	00700	HOUSEKEEPING	0	274,339
8.00	00800	DIETARY	-222	855,795
9.00	00900	NURSING ADMINISTRATION	0	251,621
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	93,887
13.00	01300	SOCIAL SERVICE	0	187,736
13.01	01301	ACTIVITIES	0	107,806
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	8,069,207
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	37,278
41.00	04100	LABORATORY	0	65,115
42.00	04200	INTRAVENOUS THERAPY	0	110,825
43.00	04300	OXYGEN (INHALATION) THERAPY	0	3,176
44.00	04400	PHYSICAL THERAPY	0	702,196
45.00	04500	OCCUPATIONAL THERAPY	0	578,509
46.00	04600	SPEECH PATHOLOGY	0	198,449
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	152,764
49.00	04900	DRUGS CHARGED TO PATIENTS	0	344,456
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-1,312,391	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-1,440,181	18,551,197
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-1,440,181	18,551,197

RECLASSIFICATIONS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
9/15/2022 7:47 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	32,540	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	10,448	2.00
	(1) D - COVID WAGES					
3.00		EMPLOYEE BENEFITS	3.00	209	0	3.00
4.00		ADMINISTRATIVE & GENERAL	4.00	5,319	0	4.00
5.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	1,639	0	5.00
6.00		LAUNDRY & LINEN SERVICE	6.00	340	0	6.00
7.00		HOUSEKEEPING	7.00	3,217	0	7.00
8.00		DIETARY	8.00	2,087	0	8.00
9.00		NURSING ADMINISTRATION	9.00	1,611	0	9.00
10.00		MEDICAL RECORDS & LIBRARY	12.00	873	0	10.00
11.00		SOCIAL SERVICE	13.00	589	0	11.00
12.00		ACTIVITIES	13.01	208	0	12.00
13.00		PHYSICAL THERAPY	44.00	3,547	0	13.00
14.00		OCCUPATIONAL THERAPY	45.00	7,834	0	14.00
15.00		SPEECH PATHOLOGY	46.00	208	0	15.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		27,681	42,988	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.10.174.0

RECLASSIFICATIONS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
9/15/2022 7:47 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	32,540	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	10,448	2.00
	(1) D - COVID WAGES					
3.00		SKILLED NURSING FACILITY	30.00	27,681	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
	TOTALS					
100.00				27,681	42,988	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.10.174.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-7

Date/Time Prepared:
9/15/2022 7:47 am

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
2.00	Land	0	0	0	0	0	1.00
3.00	Land Improvements	0	0	0	0	0	2.00
4.00	Buildings and Fixtures	0	0	0	0	0	3.00
5.00	Building Improvements	492,905	42,783	0	42,783	0	4.00
6.00	Fixed Equipment	0	0	0	0	0	5.00
7.00	Movable Equipment	632,461	17,944	0	17,944	0	6.00
8.00	Subtotal (sum of lines 1-6)	1,125,366	60,727	0	60,727	0	7.00
9.00	Reconciling Items	0	0	0	0	0	8.00
	Total (line 7 minus line 8)	1,125,366	60,727	0	60,727	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
2.00	Land	0	0				1.00
3.00	Land Improvements	0	0				2.00
4.00	Buildings and Fixtures	0	0				3.00
5.00	Building Improvements	535,688	0				4.00
6.00	Fixed Equipment	0	0				5.00
7.00	Movable Equipment	650,405	0				6.00
8.00	Subtotal (sum of lines 1-6)	1,186,093	0				7.00
9.00	Reconciling Items	0	0				8.00
	Total (line 7 minus line 8)	1,186,093	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-8

Date/Time Prepared:
9/15/2022 7:47 am

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	A-8-2	0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment		0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	241,281			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-222	DIETARY	8.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-625	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	0	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-190,743	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-91,076	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-58,788	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,540	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,312,391	INTEREST EXPENSE	81.00	25.04
25.05	PURCH SERV DENTISTRY	A	-180	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06	PURCH SERV PHYS CARE	A	-22,388	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	PENALTIES STATE AND FED	A	-2,509	ADMINISTRATIVE & GENERAL	4.00	25.07
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,440,181			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/15/2022 7:47 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		695,066	453,785	241,281	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	695,066	453,785	241,281	10.00

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

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/15/2022 7:47 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
9/15/2022 7:47 am

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	186,066	186,066		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	117,667	117,667		2.00
3.00	00300	EMPLOYEE BENEFITS	2,143,333	3,331	2,107	2,148,771
4.00	00400	ADMINISTRATIVE & GENERAL	3,375,721	10,877	6,878	233,565
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	641,450	4,832	3,056	38,376
6.00	00600	LAUNDRY & LINEN SERVICE	53,801	6,840	4,326	9,223
7.00	00700	HOUSEKEEPING	274,339	697	441	84,626
8.00	00800	DIETARY	855,795	28,728	18,168	155,466
9.00	00900	NURSING ADMINISTRATION	251,621	3,101	1,961	85,305
10.00	01000	CENTRAL SERVICES & SUPPLY	0	1,683	1,065	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	93,887	0	0	31,932
13.00	01300	SOCIAL SERVICE	187,736	0	0	63,586
13.01	01301	ACTIVITIES	107,806	3,074	1,944	36,382
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	8,069,207	118,078	74,670	907,605
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	37,278	0	0	0
41.00	04100	LABORATORY	65,115	0	0	0
42.00	04200	INTRAVENOUS THERAPY	110,825	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	3,176	0	0	0
44.00	04400	PHYSICAL THERAPY	702,196	4,072	2,575	225,805
45.00	04500	OCCUPATIONAL THERAPY	578,509	0	0	196,078
46.00	04600	SPEECH PATHOLOGY	198,449	0	0	67,127
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,764	0	0	13,695
49.00	04900	DRUGS CHARGED TO PATIENTS	344,456	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	18,551,197	185,313	117,191	2,148,771
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	753	476	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	18,551,197	186,066	117,667	2,148,771

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,627,041				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	172,395	860,109			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	18,598	35,225	128,013		6.00
7.00	00700	HOUSEKEEPING	90,270	3,590	0	453,963	7.00
8.00	00800	DIETARY	265,258	147,937	0	2,407	1,473,759
9.00	00900	NURSING ADMINISTRATION	85,729	15,971	0	10,710	0
10.00	01000	CENTRAL SERVICES & SUPPLY	689	8,669	0	5,813	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	31,540	0	0	0	0
13.00	01300	SOCIAL SERVICE	63,001	0	0	0	0
13.01	01301	ACTIVITIES	37,403	15,828	0	10,614	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,298,614	608,046	128,013	407,759	1,473,759
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	9,345	0	0	0	0
41.00	04100	LABORATORY	16,323	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	796	0	0	0	0
44.00	04400	PHYSICAL THERAPY	234,297	20,968	0	14,061	0
45.00	04500	OCCUPATIONAL THERAPY	194,173	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	66,574	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,728	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	3,626,733	856,234	128,013	451,364	1,473,759
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	308	3,875	0	2,599	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	3,627,041	860,109	128,013	453,963	1,473,759

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	454,398					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	17,919				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	157,359		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	314,323	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	454,398	17,919	0	157,359	314,323	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	454,398	17,919	0	157,359	314,323	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	454,398	17,919	0	157,359	314,323	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	213,051					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	213,051	0	0	15,242,801	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	46,623	0	40.00
41.00	04100	LABORATORY	0	0	0	81,438	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	110,825	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	3,972	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,203,974	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	968,760	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	332,150	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	208,187	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	344,456	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	213,051	0	0	18,543,186	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	8,011	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	213,051	0	0	18,551,197	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555339

Period:
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	15,242,801
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	46,623
41.00	04100	LABORATORY	81,438
42.00	04200	INTRAVENOUS THERAPY	110,825
43.00	04300	OXYGEN (INHALATION) THERAPY	3,972
44.00	04400	PHYSICAL THERAPY	1,203,974
45.00	04500	OCCUPATIONAL THERAPY	968,760
46.00	04600	SPEECH PATHOLOGY	332,150
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	208,187
49.00	04900	DRUGS CHARGED TO PATIENTS	344,456
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	18,543,186
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	8,011
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	18,551,197

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	3,331	2,107	5,438	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	10,877	6,878	17,755	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	4,832	3,056	7,888	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	6,840	4,326	11,166	6.00
7.00	00700	HOUSEKEEPING	0	697	441	1,138	7.00
8.00	00800	DIETARY	0	28,728	18,168	46,896	8.00
9.00	00900	NURSING ADMINISTRATION	0	3,101	1,961	5,062	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	1,683	1,065	2,748	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	3,074	1,944	5,018	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	118,078	74,670	192,748	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	4,072	2,575	6,647	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	185,313	117,191	302,504	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	753	476	1,229	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	186,066	117,667	303,733	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	18,346				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	872	8,857			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	94	363	11,646		6.00
7.00	00700	HOUSEKEEPING	457	37	0	1,846	7.00
8.00	00800	DIETARY	1,342	1,523	0	10	8.00
9.00	00900	NURSING ADMINISTRATION	434	164	0	44	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	3	89	0	24	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	160	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	319	0	0	0	13.00
13.01	01301	ACTIVITIES	189	163	0	43	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	11,625	6,262	11,646	1,657	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	47	0	0	0	40.00
41.00	04100	LABORATORY	83	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	4	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,185	216	0	57	44.00
45.00	04500	OCCUPATIONAL THERAPY	982	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	337	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	211	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	18,344	8,817	11,646	1,835	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	2	40	0	11	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	18,346	8,857	11,646	1,846	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	5,920				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	2,864			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	241	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	5,920	2,864	0	241	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	5,920	2,864	0	241	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	5,920	2,864	0	241	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	5,505					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	5,505	0	0	291,410	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	47	0	40.00
41.00	04100	LABORATORY	0	0	0	83	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	4	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	8,676	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,478	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	507	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	246	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	5,505	0	0	302,451	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	1,282	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	5,505	0	0	303,733	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	291,410
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	47
41.00	04100	LABORATORY	83
42.00	04200	INTRAVENOUS THERAPY	0
43.00	04300	OXYGEN (INHALATION) THERAPY	4
44.00	04400	PHYSICAL THERAPY	8,676
45.00	04500	OCCUPATIONAL THERAPY	1,478
46.00	04600	SPEECH PATHOLOGY	507
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	246
49.00	04900	DRUGS CHARGED TO PATIENTS	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	302,451
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	1,282
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	303,733

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/15/2022 7:47 am

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	46,976				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		46,976			2.00
3.00	00300	EMPLOYEE BENEFITS	841	841	6,338,122		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,746	2,746	688,937	-3,627,041	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,220	1,220	113,196	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,727	1,727	27,205	0	6.00
7.00	00700	HOUSEKEEPING	176	176	249,617	0	7.00
8.00	00800	DIETARY	7,253	7,253	458,572	0	8.00
9.00	00900	NURSING ADMINISTRATION	783	783	251,621	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	425	425	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	94,188	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	187,557	0	13.00
13.01	01301	ACTIVITIES	776	776	107,313	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	29,811	29,811	2,677,114	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-110,825	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,028	1,028	666,046	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	578,361	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	198,000	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	40,395	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-344,456	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	46,786	46,786	6,338,122	-4,082,322	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	190	190	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	186,066	117,667	2,148,771	3,627,041	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	3.960874	2.504832	0.339023	0.250679	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			5,438	18,346	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000858	0.001268	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	42,169					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,727	34,669				6.00
7.00	00700	HOUSEKEEPING	176	0	33,189			7.00
8.00	00800	DIETARY	7,253	0	176	104,007		8.00
9.00	00900	NURSING ADMINISTRATION	783	0	783	0	34,669	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	425	0	425	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
13.01	01301	ACTIVITIES	776	0	776	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	29,811	34,669	29,811	104,007	34,669	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,028	0	1,028	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	41,979	34,669	32,999	104,007	34,669	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	190	0	190	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	860,109	128,013	453,963	1,473,759	454,398	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	20.396713	3.692434	13.678116	14.169806	13.106752	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	8,857	11,646	1,846	50,164	5,920	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.210036	0.335920	0.055621	0.482314	0.170758	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	34,669				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	34,669		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	34,669	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	34,669	0	34,669	34,669	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	34,669	0	34,669	34,669	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	17,919	0	157,359	314,323	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.516859	0.000000	4.538896	9.066399	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	2,864	0	241	480	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.082610	0.000000	0.006951	0.013845	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet B-1
Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet C

Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	46,623	99,177	0.470099	40.00
41.00	04100	LABORATORY	81,438	101,523	0.802163	41.00
42.00	04200	INTRAVENOUS THERAPY	110,825	208,676	0.531086	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	3,972	35,398	0.112210	43.00
44.00	04400	PHYSICAL THERAPY	1,203,974	2,151,683	0.559550	44.00
45.00	04500	OCCUPATIONAL THERAPY	968,760	1,949,005	0.497054	45.00
46.00	04600	SPEECH PATHOLOGY	332,150	349,062	0.951550	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	208,187	1,983	104.985880	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	344,456	686,038	0.502095	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	218,049	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,300,385	5,800,594		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet D
Part I
Date/Time Prepared:
9/15/2022 7:47 am

Title XVIII (1)

Skilled Nursing
Facility

PPS

			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
	PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
	ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0.470099	9,518	0	4,474	0	40.00
41.00	04100	LABORATORY	0.802163	11,219	0	8,999	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.531086	14,193	0	7,538	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.112210	1,177	0	132	0	43.00
44.00	04400	PHYSICAL THERAPY	0.559550	387,375	0	216,756	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.497054	367,650	0	182,742	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.951550	63,975	0	60,875	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	104.985880	125	0	13,123	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.502095	96,680	0	48,543	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	05100	SUPPORT SURFACES	0.000000	4,620	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00
100.00		Total (Sum of lines 40 - 71)		956,532	0	543,182	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555339		Period: From 06/01/2021 To 05/31/2022		Worksheet D Parts II-III Date/Time Prepared: 9/15/2022 7:47 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)						0.502095	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)						0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)		
			1.00	2.00	3.00	4.00	5.00		
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	46,623	0	0.000000	4,474	0	40.00	
41.00	04100	LABORATORY	81,438	0	0.000000	8,999	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	110,825	0	0.000000	7,538	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	3,972	0	0.000000	132	0	43.00	
44.00	04400	PHYSICAL THERAPY	1,203,974	0	0.000000	216,756	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	968,760	0	0.000000	182,742	0	45.00	
46.00	04600	SPEECH PATHOLOGY	332,150	0	0.000000	60,875	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	208,187	0	0.000000	13,123	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	344,456	0	0.000000	48,543	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00	
100.00		Total (Sum of lines 40 - 52)	3,300,385	0		543,182	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555339	Period: From 06/01/2021 To 05/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 9/15/2022 7:47 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		34,669	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		1,879	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		15,242,801	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		13,763,147	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.107508	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		15,242,801	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		439.67	16.00
17.00	Program routine service cost (Line 3 times line 16)		826,140	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		826,140	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		291,410	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		8.41	21.00
22.00	Program capital related cost (Line 3 times line 21)		15,802	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		810,338	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		810,338	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		34,669	1.00
2.00	Program inpatient days (see instructions)		1,879	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.054198	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet E
Part I
Date/Time Prepared:
9/15/2022 7:47 am

Title XVIII

Skilled Nursing
Facility

PPS

1.00

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1.00	Inpatient PPS amount (See Instructions)	1,279,003	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	1,279,003	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	184,063	5.00
6.00	Allowable bad debts (From your records)	14,375	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	9,344	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	1,104,284	11.00
12.00	Interim payments (See instructions)	1,101,814	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	16	14.75
14.99	Sequestration amount (see instructions)	1,830	14.99
15.00	Balance due provider/program (see Instructions)	624	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555339	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 9/15/2022 7:47 am
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet E
Part II
Date/Time Prepared:
9/15/2022 7:47 am

Title V

Skilled Nursing
Facility

PPS

1.00

COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient ancillary services (see Instructions)	0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)	0	2.00
3.00	Outpatient services	0	3.00
4.00	Inpatient routine services (see instructions)	0	4.00
5.00	Utilization review--physicians' compensation (from provider records)	0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)	0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations	0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)	0	8.00
9.00	Primary payor amounts	0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)	0	10.00
REASONABLE CHARGES			
11.00	Inpatient ancillary service charges	0	11.00
12.00	Outpatient service charges	0	12.00
13.00	Inpatient routine service charges	0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations	0	14.00
15.00	Total reasonable charges	0	15.00
CUSTOMARY CHARGES			
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)	0.000000	18.00
19.00	Total customary charges (see instructions)	0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
20.00	Cost of covered services (see Instructions)	0	20.00
21.00	Deductibles	0	21.00
22.00	Subtotal (Line 20 minus line 21)	0	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (Line 22 minus line 23)	0	24.00
25.00	Allowable bad debts (from your records)	0	25.00
26.00	Subtotal (sum of lines 24 and 25)	0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit	0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	0	28.00
29.00	Other Adjustments (see instructions) Specify	0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)	0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)	0	31.00
32.00	Interim payments	0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)	0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet E-1

Date/Time Prepared:
9/15/2022 7:47 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,101,814		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,101,814		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		624		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,102,438		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet G

Date/Time Prepared:
9/15/2022 7:47 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	400	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,893,750	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-352,223	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	7,882	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,549,809	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	9,945	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	525,743	0	0	0	17.00
18.00 Less: Accumulated Amortization	-68,863	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	650,405	0	0	0	23.00
24.00 Less: Accumulated depreciation	-359,536	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	283,047	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,040,741	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	0	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,590,550	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	1,467	0	0	0	35.00
36.00 Salaries, wages, and fees payable	812,816	0	0	0	36.00
37.00 Payroll taxes payable	163,232	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	993,388	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,970,903	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,970,903	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	619,647				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	619,647	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,590,550	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-1

Date/Time Prepared:
9/15/2022 7:47 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		321,871		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-7,026,157				2.00
3.00	Total (sum of line 1 and line 2)		-6,704,286		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		7,323,933		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		7,323,933		0		10.00
11.00	Subtotal (line 3 plus line 10)		619,647		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		619,647		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022Worksheet G-2
Parts I-II
Date/Time Prepared:
9/15/2022 7:47 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	13,763,147		13,763,147	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	13,763,147		13,763,147	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	5,800,594	0	5,800,594	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	19,563,741	0	19,563,741	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			19,991,378	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			19,991,378	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555339

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-3

Date/Time Prepared:
9/15/2022 7:47 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	19,563,741	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,664,837	2.00
3.00	Net patient revenues (Line 1 minus line 2)	12,898,904	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	19,991,378	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-7,092,474	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	222	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	65,470	20.00
21.00	Rental of vending machines	625	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	0	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	66,317	25.00
26.00	Total (Line 5 plus line 25)	-7,026,157	26.00
27.00	OTHER EXPENSE	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-7,026,157	31.00

Exhibit 14 to Section 999.5(d)(5)(C)

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

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

Provider CCN: 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet S
Parts I, II & III
Date/Time Prepared:
10/13/2020 1:56 pm

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		Date: 10/13/2020 Time: 1:56 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Walnut Creek CA, LLC (555446) for the cost reporting period beginning 06/01/2019 and ending 05/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) MARTIN D. ALLEN
Chief Financial Officer or Administrator of Provider(s)
DIRECTOR
Title
10/13/2020 01:56:13 PM
Date

Cost Center Description		Title V		Title XVII		Title XIX	
		1.00	2.00	Part A	Part B		
PART III - SETTLEMENT SUMMARY							
1.00	SKILLED NURSING FACILITY	0	7,490	0	0	0	1.00
2.00	NURSING FACILITY	0				0	2.00
3.00	ICF/IID					0	3.00
4.00	SNF - BASED HHA I	0	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0	0		5.00
6.00	SNF - BASED FQHC I	0		0	0		6.00
7.00	SNF - BASED CMHC I	0		0	0		7.00
7.10	SNF - BASED CORF I	0		0	0		7.10
100.00	TOTAL	0	7,490	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555446		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/13/2020 1:56 pm	
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1226 ROSSMOOR			PO Box:				1.00	
2.00	City: WALNUT CREEK			State: CA		Zip Code: 94595		2.00	
3.00	County: CONTRA COSTA			CBSA Code: 36084		Urban/Rural: U		3.00	
3.01				CBSA Code:				3.01	
				Component Name		Provider CCN		Date Certified	
								Payment System (P, 0, or N)	
								V XVIII XIX	
				1.00		2.00		3.00	
								4.00 5.00 6.00	
SNF and SNF-Based Component Identification:									
4.00	SNF			Manor Care of Walnut Creek CA, LLC		555446		12/19/1990	
5.00	Nursing Facility							P P P	
6.00	ICF/IID								
7.00	SNF-Based HHA								
8.00	SNF-Based RHC								
9.00	SNF-Based FQHC								
10.00	SNF-Based CMHC								
11.00	SNF-Based OLTC								
12.00	SNF-Based HOSPICE								
13.00	SNF-Based CORF								
						From:		To:	
						1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2019		05/31/2020	
15.00	Type of Control (See Instructions)							2501(C)(3)	
								Y/N	
								1.00	
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line							502,145	
21.00	Declining Balance							0	
22.00	Sum of the Year's Digits							0	
23.00	Sum of line 20 through 22							502,145	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	
								Part A Part B Other	
								1.00 2.00 3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility							N N N	
30.00	Nursing Facility								
31.00	ICF/IID							N N	
32.00	SNF-Based HHA							N N	
33.00	SNF-Based RHC							N N	
34.00	SNF-Based FQHC							N N	
35.00	SNF-Based CMHC							N N	
36.00	SNF-Based OLTC								
						Y/N			
						1.00		2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			
38.00	Are you legally required to carry malpractice insurance? (Y/N)					N			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								
				Premiums		Paid Losses		Self Insurance	
				1.00		2.00		3.00	
41.00	List malpractice premiums and paid losses:			22,325		10,130		453,918	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555446	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part I Date/Time Prepared: 10/13/2020 1:56 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet S-2
Part II
Date/Time Prepared:
10/13/2020 1:56 pm

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

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

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
10/13/2020 1:56 pm

		Part B		
		Date		
		4.00		
	PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)			13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.			14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.			15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:			17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.			18.00

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

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/13/2020 1:56 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	155	56,730	0	10,109	20,583	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	155	56,730	0	10,109	20,583	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	16,251	46,943	0	490	303	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	16,251	46,943	0	490	303	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	561	1,354	0.00	20.63	67.93	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	561	1,354	0.00	20.63	67.93	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	34.67	0	553	149	503	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	34.67	0	553	149	503	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	1,205	167.60	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	1,205	167.60	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part II
Date/Time Prepared:
10/13/2020 1:56 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	11,519,294	0	11,519,294	349,559.00	32.95
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	11,519,294	0	11,519,294	349,559.00	32.95
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	11,519,294	0	11,519,294	349,559.00	32.95
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	26,172	0	26,172	320.00	81.79
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	485,388	0	485,388	7,491.34	64.79
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,798,269	0	1,798,269		
18.00	Wage-related costs other (See Part IV)	113,486	0	113,486		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,911,755	0	1,911,755		

SNF WAGE INDEX INFORMATION

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part III
Date/Time Prepared:
10/13/2020 1:56 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	1,214,680	0	1,214,680	35,620.00	34.10	1.00
2.00 Administrative & General	727,142	0	727,142	20,143.00	36.10	2.00
3.00 Plant Operation, Maintenance & Repairs	110,143	0	110,143	3,654.00	30.14	3.00
4.00 Laundry & Linen Service	41,504	0	41,504	2,677.00	15.50	4.00
5.00 Housekeeping	313,195	0	313,195	18,662.00	16.78	5.00
6.00 Dietary	571,827	0	571,827	25,367.00	22.54	6.00
7.00 Nursing Administration	681,773	0	681,773	12,879.00	52.94	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	63,480	0	63,480	2,037.00	31.16	10.00
11.00 Social Service	324,018	0	324,018	12,811.00	25.29	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	4,047,762	0	4,047,762	133,850.00	30.24	14.00

SNF WAGE RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
10/13/2020 1:56 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	106,265	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	678,556	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	44,915	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	4,263	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	95,392	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	680,021	17.00
18.00	Medicare Taxes - Employers Portion Only	167,030	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	21,827	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,798,269	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	88,595	25.02
25.03	DISABILITY PAYMENTS	2,288	25.03
25.04	EMPLOYEE VACCINATIONS	7,358	25.04
25.05	EMPLOYEE UNIFORMS	12,402	25.05
25.06	EMPLOYEE APPRECIATION	2,843	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part V
Date/Time Prepared:
10/13/2020 1:56 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	2,126,389	352,078	2,478,467	48,616.00	50.98	1.00
2.00	Licensed Practical Nurses (LPNs)	1,738,684	287,884	2,026,568	50,682.00	39.99	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,610,452	432,227	3,042,679	144,292.00	21.09	3.00
4.00	Total Nursing (sum of lines 1 through 3)	6,475,525	1,072,189	7,547,714	243,590.00	30.99	4.00
5.00	Physical Therapists	640,251	105,466	745,717	13,895.00	53.67	5.00
6.00	Physical Therapy Assistants	202,551	33,304	235,855	6,729.00	35.05	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	683,801	112,052	795,853	15,196.00	52.37	8.00
9.00	Occupational Therapy Assistants	61,402	10,009	71,411	1,901.00	37.56	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	171,772	32,331	204,103	3,762.00	54.25	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	52,260	8,490	60,750	2,434.00	24.96	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	25,372		25,372	310.00	81.85	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	800		800	10.00	80.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/13/2020 1:56 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	0	1.00
2.00		RUL	10	2.00
3.00		RVX	0	3.00
4.00		RVL	0	4.00
5.00		RHX	0	5.00
6.00		RHL	0	6.00
7.00		RMX	5	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	514	10.00
11.00		RUB	1,139	11.00
12.00		RUA	703	12.00
13.00		RVC	98	13.00
14.00		RVB	245	14.00
15.00		RVA	214	15.00
16.00		RHC	34	16.00
17.00		RHB	125	17.00
18.00		RHA	27	18.00
19.00		RMC	14	19.00
20.00		RMB	29	20.00
21.00		RMA	21	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	0	26.00
27.00		HE2	0	27.00
28.00		HE1	0	28.00
29.00		HD2	0	29.00
30.00		HD1	6	30.00
31.00		HC2	0	31.00
32.00		HC1	21	32.00
33.00		HB2	0	33.00
34.00		HB1	59	34.00
35.00		LE2	0	35.00
36.00		LE1	31	36.00
37.00		LD2	0	37.00
38.00		LD1	5	38.00
39.00		LC2	0	39.00
40.00		LC1	65	40.00
41.00		LB2	0	41.00
42.00		LB1	19	42.00
43.00		CE2	0	43.00
44.00		CE1	0	44.00
45.00		CD2	0	45.00
46.00		CD1	1	46.00
47.00		CC2	0	47.00
48.00		CC1	50	48.00
49.00		CB2	0	49.00
50.00		CB1	6	50.00
51.00		CA2	0	51.00
52.00		CA1	43	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	0	64.00
65.00		BA2	0	65.00
66.00		BA1	4	66.00
67.00		PE2	0	67.00
68.00		PE1	4	68.00
69.00		PD2	0	69.00
70.00		PD1	0	70.00
71.00		PC2	0	71.00
72.00		PC1	27	72.00
73.00		PB2	0	73.00
74.00		PB1	11	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/13/2020 1:56 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	0	76.00
99.00		AAA	6,579	99.00
100.00	TOTAL		10,109	100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	6,143,526	26.69	N	101.00
102.00	Recruitment	0	0.00		102.00
103.00	Retention of employees	1,926,202	8.37	Y	103.00
104.00	Training	-5,530	-0.02	N	104.00
105.00	OTHER (SPECIFY)	0	0.00		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		23,017,698		106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		342,833	342,833	34,873	377,706	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		288,160	288,160	0	288,160	2.00
3.00	00300	EMPLOYEE BENEFITS	1,214,680	1,911,756	3,126,436	0	3,126,436	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	727,142	3,235,663	3,962,805	-35,073	3,927,732	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	110,143	493,836	603,979	0	603,979	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	41,504	25,826	67,330	0	67,330	6.00
7.00	00700	HOUSEKEEPING	313,195	34,833	348,028	0	348,028	7.00
8.00	00800	DIETARY	571,827	457,877	1,029,704	0	1,029,704	8.00
9.00	00900	NURSING ADMINISTRATION	681,773	0	681,773	0	681,773	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	63,480	272	63,752	0	63,752	12.00
13.00	01300	SOCIAL SERVICE	212,850	0	212,850	0	212,850	13.00
13.01	01301	ACTIVITIES	111,168	21,384	132,552	0	132,552	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	5,824,622	391,212	6,215,834	0	6,215,834	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	9,072	9,072	0	9,072	40.00
41.00	04100	LABORATORY	0	99,974	99,974	0	99,974	41.00
42.00	04200	INTRAVENOUS THERAPY	0	86,746	86,746	0	86,746	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	7,063	7,063	0	7,063	43.00
44.00	04400	PHYSICAL THERAPY	776,555	26,471	803,026	0	803,026	44.00
45.00	04500	OCCUPATIONAL THERAPY	671,104	26,745	697,849	0	697,849	45.00
46.00	04600	SPEECH PATHOLOGY	152,145	511	152,656	0	152,656	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,106	122,993	170,099	0	170,099	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	600,019	600,019	0	600,019	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	721	721	0	721	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		3,000,155	3,000,155	0	3,000,155	81.00
82.00	08200	UTILIZATION REVIEW	0	-200	-200	200	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	11,519,294	11,183,922	22,703,216	0	22,703,216	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	18,534	18,534	0	18,534	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	11,519,294	11,202,456	22,721,750	0	22,721,750	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	307,512	685,218
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-2,431	285,729
3.00	00300	EMPLOYEE BENEFITS	-39,599	3,086,837
4.00	00400	ADMINISTRATIVE & GENERAL	-969,604	2,958,128
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	72	604,051
6.00	00600	LAUNDRY & LINEN SERVICE	548	67,878
7.00	00700	HOUSEKEEPING	22	348,050
8.00	00800	DIETARY	-330	1,029,374
9.00	00900	NURSING ADMINISTRATION	360	682,133
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	63,752
13.00	01300	SOCIAL SERVICE	97	212,947
13.01	01301	ACTIVITIES	0	132,552
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	11,199	6,227,033
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	9,072
41.00	04100	LABORATORY	0	99,974
42.00	04200	INTRAVENOUS THERAPY	0	86,746
43.00	04300	OXYGEN (INHALATION) THERAPY	0	7,063
44.00	04400	PHYSICAL THERAPY	415	803,441
45.00	04500	OCCUPATIONAL THERAPY	343	698,192
46.00	04600	SPEECH PATHOLOGY	95	152,751
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	170,099
49.00	04900	DRUGS CHARGED TO PATIENTS	0	600,019
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	721
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-3,000,155	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-3,691,456	19,011,760
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	18,534
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-3,691,456	19,030,294

RECLASSIFICATIONS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/13/2020 1:56 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	40,580	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	5,681	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	26	3.00
	(1) D - UTILIZATION REVIEW					
4.00		UTILIZATION REVIEW	82.00	0	200	4.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	46,487	100.00

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

RECLASSIFICATIONS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/13/2020 1:56 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	40,580	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	5,681	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	26	3.00
	(1) D - UTILIZATION REVIEW					
4.00		ADMINISTRATIVE & GENERAL	4.00	0	200	4.00
	TOTALS					
100.00				0	46,487	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 9.6.168.2

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-7

Date/Time Prepared:
10/13/2020 1:56 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,425,400	0	0	0	0	1.00
2.00	Land Improvements	797,097	0	0	0	0	2.00
3.00	Buildings and Fixtures	10,632,292	0	0	0	0	3.00
4.00	Building Improvements	5,630,169	70,525	0	70,525	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	5,016,869	173,807	0	173,807	0	6.00
7.00	Subtotal (sum of lines 1-6)	23,501,827	244,332	0	244,332	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	23,501,827	244,332	0	244,332	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	1,425,400	0				1.00
2.00	Land Improvements	797,097	679,237				2.00
3.00	Buildings and Fixtures	10,632,292	8,499,793				3.00
4.00	Building Improvements	5,700,694	2,854,261				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	5,190,676	4,299,796				6.00
7.00	Subtotal (sum of lines 1-6)	23,746,159	16,333,087				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	23,746,159	16,333,087				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/13/2020 1:56 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
1.00	2.00	3.00	4.00			
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-651	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)	B	-339,300	ADMINISTRATIVE & GENERAL	4.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-145,609			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-582	DIETARY	8.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-229	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	307,512	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	-2,431	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-247,167	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-162,624	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-64,963	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,735	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-3,000,155	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2019	A	-39,599	EMPLOYEE BENEFITS	3.00	25.05
25.06	PPE NURSING	A	11,199	SKILLED NURSING FACILITY	30.00	25.06
25.07	PPE NURSING ADMINISTRATION	A	360	NURSING ADMINISTRATION	9.00	25.07
25.08	PPE PT	A	415	PHYSICAL THERAPY	44.00	25.08
25.09	PPE OT	A	343	OCCUPATIONAL THERAPY	45.00	25.09
25.10	PPE ST	A	95	SPEECH PATHOLOGY	46.00	25.10
25.11	PURCHASE SERVICE DENTISTRY	A	-6,400	ADMINISTRATIVE & GENERAL	4.00	25.11
25.12	PPE MAINTENANCE	A	72	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.12
25.13	PPE DIETARY	A	252	DIETARY	8.00	25.13
25.14	PPE LAUNDRY	A	548	LAUNDRY & LINEN SERVICE	6.00	25.14
25.15	PPE HOUSEKEEPING	A	22	HOUSEKEEPING	7.00	25.15
25.16	PPE SOCIAL SERVICE	A	97	SOCIAL SERVICE	13.00	25.16
25.17	PPE ADMINISTRATION	A	192	ADMINISTRATIVE & GENERAL	4.00	25.17
25.18	PENALTIES STATE AND FED	A	-118	ADMINISTRATIVE & GENERAL	4.00	25.18
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-3,691,456			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2020 1:56 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		700,441	846,050	-145,609	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	700,441	846,050	-145,609	10.00

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

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2020 1:56 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
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CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	685,218	685,218		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	285,729	285,729		2.00
3.00	00300	EMPLOYEE BENEFITS	3,086,837	9,591	3,999	3,100,427
4.00	00400	ADMINISTRATIVE & GENERAL	2,958,128	17,871	7,452	218,781
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	604,051	25,682	10,709	33,140
6.00	00600	LAUNDRY & LINEN SERVICE	67,878	22,742	9,483	12,488
7.00	00700	HOUSEKEEPING	348,050	9,048	3,773	94,233
8.00	00800	DIETARY	1,029,374	99,743	41,592	172,050
9.00	00900	NURSING ADMINISTRATION	682,133	12,396	5,169	205,130
10.00	01000	CENTRAL SERVICES & SUPPLY	0	12,864	5,364	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	63,752	0	0	19,100
13.00	01300	SOCIAL SERVICE	212,947	3,333	1,390	64,042
13.01	01301	ACTIVITIES	132,552	13,241	5,521	33,448
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	6,227,033	436,343	181,951	1,752,497
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	9,072	0	0	9,072
41.00	04100	LABORATORY	99,974	0	0	99,974
42.00	04200	INTRAVENOUS THERAPY	86,746	0	0	86,746
43.00	04300	OXYGEN (INHALATION) THERAPY	7,063	0	0	7,063
44.00	04400	PHYSICAL THERAPY	803,441	15,865	6,615	233,648
45.00	04500	OCCUPATIONAL THERAPY	698,192	0	0	201,920
46.00	04600	SPEECH PATHOLOGY	152,751	0	0	45,777
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,099	3,800	1,585	14,173
49.00	04900	DRUGS CHARGED TO PATIENTS	600,019	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	721	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0
81.00	08100	INTEREST EXPENSE	0	0	0	0
82.00	08200	UTILIZATION REVIEW	0	0	0	0
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	19,011,760	682,519	284,603	3,100,427
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	18,534	2,699	1,126	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	19,030,294	685,218	285,729	3,100,427

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,202,232				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	142,456	816,038			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	23,812	29,360	165,763		6.00
7.00	00700	HOUSEKEEPING	96,250	11,682	0	563,036	7.00
8.00	00800	DIETARY	283,980	128,773	0	93,554	1,849,066
9.00	00900	NURSING ADMINISTRATION	191,362	16,004	0	11,627	0
10.00	01000	CENTRAL SERVICES & SUPPLY	3,855	16,608	0	12,066	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	17,522	0	0	0	0
13.00	01300	SOCIAL SERVICE	59,579	4,303	0	3,126	0
13.01	01301	ACTIVITIES	39,075	17,094	0	12,419	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,818,352	563,341	165,763	409,267	1,849,066
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	1,919	0	0	0	0
41.00	04100	LABORATORY	21,144	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	1,494	0	0	0	0
44.00	04400	PHYSICAL THERAPY	224,088	20,482	0	14,880	0
45.00	04500	OCCUPATIONAL THERAPY	190,365	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	41,987	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,111	4,906	0	3,565	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	152	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	3,197,503	812,553	165,763	560,504	1,849,066
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	4,729	3,485	0	2,532	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	3,202,232	816,038	165,763	563,036	1,849,066

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,123,821					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	50,757				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	100,374		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	348,720	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,123,821	50,757	0	100,374	348,720	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,123,821	50,757	0	100,374	348,720	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,123,821	50,757	0	100,374	348,720	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2019
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	253,350					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	253,350	0	0	15,280,635	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	10,991	0	40.00
41.00	04100	LABORATORY	0	0	0	121,118	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	86,746	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	8,557	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,319,019	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,090,477	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	240,515	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	238,239	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	600,019	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	873	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	253,350	0	0	18,997,189	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	33,105	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	253,350	0	0	19,030,294	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	15,280,635
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	10,991
41.00	04100	LABORATORY	121,118
42.00	04200	INTRAVENOUS THERAPY	86,746
43.00	04300	OXYGEN (INHALATION) THERAPY	8,557
44.00	04400	PHYSICAL THERAPY	1,319,019
45.00	04500	OCCUPATIONAL THERAPY	1,090,477
46.00	04600	SPEECH PATHOLOGY	240,515
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	238,239
49.00	04900	DRUGS CHARGED TO PATIENTS	600,019
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	873
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	18,997,189
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	33,105
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	19,030,294

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	9,591	3,999	13,590	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	17,871	7,452	25,323	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	25,682	10,709	36,391	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	22,742	9,483	32,225	6.00
7.00	00700	HOUSEKEEPING	0	9,048	3,773	12,821	7.00
8.00	00800	DIETARY	0	99,743	41,592	141,335	8.00
9.00	00900	NURSING ADMINISTRATION	0	12,396	5,169	17,565	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	12,864	5,364	18,228	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	3,333	1,390	4,723	13.00
13.01	01301	ACTIVITIES	0	13,241	5,521	18,762	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	436,343	181,951	618,294	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	15,865	6,615	22,480	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,800	1,585	5,385	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	682,519	284,603	967,122	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,699	1,126	3,825	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	685,218	285,729	970,947	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	26,282				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,169	37,705			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	195	1,357	33,832		6.00
7.00	00700	HOUSEKEEPING	790	540	0	14,564	7.00
8.00	00800	DIETARY	2,331	5,950	0	2,420	8.00
9.00	00900	NURSING ADMINISTRATION	1,571	739	0	301	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	32	767	0	312	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	144	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	489	199	0	81	13.00
13.01	01301	ACTIVITIES	321	790	0	321	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	14,922	26,029	33,832	10,587	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	16	0	0	0	40.00
41.00	04100	LABORATORY	174	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	12	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,839	946	0	385	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,563	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	345	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	329	227	0	92	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	1	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	26,243	37,544	33,832	14,499	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	39	161	0	65	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	26,282	37,705	33,832	14,564	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DIETARY						8.00
9.00	00900 NURSING ADMINISTRATION	21,075					9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	19,339				10.00
11.00	01100 PHARMACY	0	0	0			11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	228		12.00
13.00	01300 SOCIAL SERVICE	0	0	0	0	5,773	13.00
13.01	01301 ACTIVITIES	0	0	0	0	0	13.01
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 SKILLED NURSING FACILITY	21,075	19,339	0	228	5,773	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0	0	0	0	0	40.00
41.00	04100 LABORATORY	0	0	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FOHC	0	0	0	0	0	62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF I	0	0	0	0	0	72.00
73.00	07300 CMHC I	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW						82.00
83.00	08300 HOSPICE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	21,075	19,339	0	228	5,773	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	21,075	19,339	0	228	5,773	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	20,341					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	20,341	0	0	930,891	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	16	0	40.00
41.00	04100	LABORATORY	0	0	0	174	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	12	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	26,674	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	2,448	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	546	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,095	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	1	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	20,341	0	0	966,857	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	4,090	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	20,341	0	0	970,947	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:56 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	45,437				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		45,437			2.00
3.00	00300	EMPLOYEE BENEFITS	636	636	10,304,614		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,185	1,185	727,142	-3,202,232	15,141,297
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,703	1,703	110,143	0	673,582
6.00	00600	LAUNDRY & LINEN SERVICE	1,508	1,508	41,504	0	112,591
7.00	00700	HOUSEKEEPING	600	600	313,195	0	455,104
8.00	00800	DIETARY	6,614	6,614	571,827	0	1,342,759
9.00	00900	NURSING ADMINISTRATION	822	822	681,773	0	904,828
10.00	01000	CENTRAL SERVICES & SUPPLY	853	853	0	0	18,228
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	63,480	0	82,852
13.00	01300	SOCIAL SERVICE	221	221	212,850	0	281,712
13.01	01301	ACTIVITIES	878	878	111,168	0	184,762
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	28,934	28,934	5,824,622	0	8,597,824
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	9,072
41.00	04100	LABORATORY	0	0	0	0	99,974
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-86,746	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	7,063
44.00	04400	PHYSICAL THERAPY	1,052	1,052	776,555	0	1,059,569
45.00	04500	OCCUPATIONAL THERAPY	0	0	671,104	0	900,112
46.00	04600	SPEECH PATHOLOGY	0	0	152,145	0	198,528
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	252	252	47,106	0	189,657
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-600,019	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	721
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					
81.00	08100	INTEREST EXPENSE					
82.00	08200	UTILIZATION REVIEW					
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	45,258	45,258	10,304,614	-3,888,997	15,118,938
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	179	179	0	0	22,359
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments					
99.00		Negative Cost Centers					
102.00		Cost to be allocated (per Wkst. B, Part I)	685,218	285,729	3,100,427		3,202,232
103.00		Unit cost multiplier (Wkst. B, Part I)	15.080617	6.288465	0.300878		0.211490
104.00		Cost to be allocated (per Wkst. B, Part II)			13,590		26,282
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001319		0.001736

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	41,913					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,508	46,943				6.00
7.00	00700	HOUSEKEEPING	600	0	39,805			7.00
8.00	00800	DIETARY	6,614	0	6,614	140,829		8.00
9.00	00900	NURSING ADMINISTRATION	822	0	822	0	46,943	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	853	0	853	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	221	0	221	0	0	13.00
13.01	01301	ACTIVITIES	878	0	878	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	28,934	46,943	28,934	140,829	46,943	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,052	0	1,052	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	252	0	252	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	41,734	46,943	39,626	140,829	46,943	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	179	0	179	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	816,038	165,763	563,036	1,849,066	1,123,821	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	19.469807	3.531155	14.144856	13.129867	23.940119	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	37,705	33,832	14,564	152,790	21,075	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.899602	0.720704	0.365884	1.084933	0.448949	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	46,943				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	46,943		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	46,943	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	46,943	0	46,943	46,943	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	46,943	0	46,943	46,943	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	50,757	0	100,374	348,720	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.081247	0.000000	2.138210	7.428584	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	19,339	0	228	5,773	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.411968	0.000000	0.004857	0.122979	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet C

Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	10,991	84,107	0.130679	40.00
41.00	04100	LABORATORY	121,118	128,100	0.945496	41.00
42.00	04200	INTRAVENOUS THERAPY	86,746	155,002	0.559644	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	8,557	20,306	0.421403	43.00
44.00	04400	PHYSICAL THERAPY	1,319,019	2,510,164	0.525471	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,090,477	2,058,623	0.529712	45.00
46.00	04600	SPEECH PATHOLOGY	240,515	110,176	2.183007	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	238,239	368,029	0.647338	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	600,019	1,373,189	0.436953	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	873	606	1.440594	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,716,554	6,808,302		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part I
Date/Time Prepared:
10/13/2020 1:56 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

Health Care Program Charges

Health Care Program Cost

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0.130679	59,268	0	7,745	0	40.00
41.00	04100 LABORATORY	0.945496	85,011	0	80,378	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.559644	78,501	0	43,933	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.421403	10,527	0	4,436	0	43.00
44.00	04400 PHYSICAL THERAPY	0.525471	1,442,865	0	758,184	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.529712	1,190,800	0	630,781	0	45.00
46.00	04600 SPEECH PATHOLOGY	2.183007	59,950	0	130,871	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.647338	103,683	0	67,118	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.436953	785,308	0	343,143	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	1.440594	16	0	23	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FOHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		3,815,929	0	2,066,612	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555446	Period: From 06/01/2019 To 05/31/2020	Worksheet D Parts II-III Date/Time Prepared: 10/13/2020 1:56 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.436953	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	10,991	0	0.000000	7,745	0 40.00
41.00	04100	LABORATORY	121,118	0	0.000000	80,378	0 41.00
42.00	04200	INTRAVENOUS THERAPY	86,746	0	0.000000	43,933	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	8,557	0	0.000000	4,436	0 43.00
44.00	04400	PHYSICAL THERAPY	1,319,019	0	0.000000	758,184	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	1,090,477	0	0.000000	630,781	0 45.00
46.00	04600	SPEECH PATHOLOGY	240,515	0	0.000000	130,871	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	238,239	0	0.000000	67,118	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	600,019	0	0.000000	343,143	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	873	0	0.000000	23	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	3,716,554	0		2,066,612	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555446	Period: From 06/01/2019 To 05/31/2020	Worksheet D-1 Parts I-II Date/Time Prepared: 10/13/2020 1:56 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		46,943	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		10,109	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		15,280,635	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		23,017,698	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.663865	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		15,280,635	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		325.51	16.00
17.00	Program routine service cost (Line 3 times line 16)		3,290,581	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		3,290,581	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		930,891	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		19.83	21.00
22.00	Program capital related cost (Line 3 times line 21)		200,461	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		3,090,120	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		3,090,120	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		46,943	1.00
2.00	Program inpatient days (see instructions)		10,109	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.215346	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555446	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part I Date/Time Prepared: 10/13/2020 1:56 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		2,875,560	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		2,875,560	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		629,321	5.00
6.00	Allowable bad debts (From your records)		32,362	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		21,035	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		2,267,274	11.00
12.00	Interim payments (See instructions)		2,218,279	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		385	14.75
14.99	Sequestration amount (see instructions)		41,120	14.99
15.00	Balance due provider/program (see Instructions)		7,490	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555446	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/13/2020 1:56 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555446	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/13/2020 1:56 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet E-1

Date/Time Prepared:
10/13/2020 1:56 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,218,279		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,218,279		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		7,490		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,225,769		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet G

Date/Time Prepared:
10/13/2020 1:56 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-25,101	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,339,894	0	0	0	4.00
5.00 Other receivables	174,676	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-432,698	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	118,031	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,174,802	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	168,272	0	0	0	17.00
18.00 Less: Accumulated Amortization	-35,352	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	743,549	0	0	0	23.00
24.00 Less: Accumulated depreciation	-255,821	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	440,922	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,061,570	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-2,175,072	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-2,175,072	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	1,061,300	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	192,237	0	0	0	35.00
36.00 Salaries, wages, and fees payable	1,087,653	0	0	0	36.00
37.00 Payroll taxes payable	65,467	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	151,471	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,496,828	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,496,828	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	-435,528				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-435,528	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1,061,300	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-1

Date/Time Prepared:
10/13/2020 1:56 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,556,624		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		1,625,881				2.00
3.00	Total (sum of line 1 and line 2)		3,182,505		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		3,182,505		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		3,618,033		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		3,618,033		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-435,528		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020Worksheet G-2
Parts I-II
Date/Time Prepared:
10/13/2020 1:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	23,017,698		23,017,698	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	23,017,698		23,017,698	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	6,808,302	0	6,808,302	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	29,826,000	0	29,826,000	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			22,721,750	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			22,721,750	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555446

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-3

Date/Time Prepared:
10/13/2020 1:56 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	29,826,000	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,892,800	2.00
3.00	Net patient revenues (Line 1 minus line 2)	22,933,200	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	22,721,750	4.00
5.00	Net income from service to patients (Line 3 minus 4)	211,450	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	651	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	515	13.00
14.00	Revenue from meals sold to employees and guests	582	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	12,795	20.00
21.00	Rental of vending machines	229	21.00
22.00	Rental of skilled nursing space	339,300	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	-3,971	24.00
24.01	COVID-19 PHE PR	1,064,330	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,414,431	25.00
26.00	Total (Line 5 plus line 25)	1,625,881	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	1,625,881	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555446	Period: From 06/01/2020 To 05/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 9/23/2021 2:09 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____		
	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.		

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Walnut Creek CA, LLC (555446) for the cost reporting period beginning 06/01/2020 and ending 05/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin d. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin d. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	09/23/2021 02:09:31 PM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	-15,344	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	-15,344	0	0	100.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555446		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 9/23/2021 2:09 pm	
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1226 ROSSMOOR			PO Box:				1.00	
2.00	City: WALNUT CREEK			State: CA		Zip Code: 94595		2.00	
3.00	County: CONTRA COSTA			CBSA Code: 36084		Urban/Rural: U		3.00	
3.01				CBSA Code:				3.01	
				Component Name		Provider CCN		Date Certified	
								Payment System (P, 0, or N)	
								V XVIII XIX	
				1.00		2.00		3.00	
								4.00 5.00 6.00	
SNF and SNF-Based Component Identification:									
4.00	SNF			Manor Care of Walnut Creek CA, LLC		555446		12/19/1990	
5.00	Nursing Facility							P P P	
6.00	ICF/IID								
7.00	SNF-Based HHA								
8.00	SNF-Based RHC								
9.00	SNF-Based FQHC								
10.00	SNF-Based CMHC								
11.00	SNF-Based OLTC								
12.00	SNF-Based HOSPICE								
13.00	SNF-Based CORF								
						From:		To:	
						1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2020		05/31/2021	
15.00	Type of Control (See Instructions)							2501(C)(3)	
								Y/N	
								1.00	
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line							380,504	
21.00	Declining Balance							0	
22.00	Sum of the Year's Digits							0	
23.00	Sum of line 20 through 22							380,504	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	
								Part A Part B Other	
								1.00 2.00 3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility							N N N	
30.00	Nursing Facility							N N N	
31.00	ICF/IID							N N N	
32.00	SNF-Based HHA							N N N	
33.00	SNF-Based RHC							N N N	
34.00	SNF-Based FQHC							N N N	
35.00	SNF-Based CMHC							N N N	
36.00	SNF-Based OLTC							N N N	
						Y/N			
						1.00		2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			
38.00	Are you legally required to carry malpractice insurance? (Y/N)					N			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								
				Premiums		Paid Losses		Self Insurance	
				1.00		2.00		3.00	
41.00	List malpractice premiums and paid losses:			25,084		11,382		510,004	

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

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part I
Date/Time Prepared:
9/23/2021 2:09 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 2:09 pm

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

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

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 2:09 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HOLLY	BENNETT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419-254-5388	HOLLY.BENNETT@PROMEDI CA.ORG	21.00

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

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
9/23/2021 2:09 pm

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

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

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
9/23/2021 2:09 pm

Component		Number of Beds		Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	155	56,575	0	6,543	18,933	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	155	56,575	0	6,543	18,933	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	12,172	37,648	0	286	248	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	12,172	37,648	0	286	248	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	331	865	0.00	22.88	76.34	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC I	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF I	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	331	865	0.00	22.88	76.34	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	43.52	0	343	124	331	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF I	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	43.52	0	343	124	331	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	798	138.37	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I	0	0.00	0.00			6.00
6.10	SNF-Based CORF I	0	0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	798	138.37	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
9/23/2021 2:09 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	9,829,416	0	9,829,416	287,806.00	34.15 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	9,829,416	0	9,829,416	287,806.00	34.15 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00 8.00
9.00	CMHC I	0	0	0	0.00	0.00 9.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	0	0	0	0.00	0.00 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,829,416	0	9,829,416	287,806.00	34.15 13.00
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	130,453	0	130,453	2,770.00	47.09 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	512,698	0	512,698	8,323.14	61.60 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,825,581	0	1,825,581		
18.00	Wage-related costs other (See Part IV)	89,077	0	89,077		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,914,658	0	1,914,658		

SNF WAGE INDEX INFORMATION

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part III
Date/Time Prepared:
9/23/2021 2:09 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	1,008,567	271	1,008,838	29,588.00	34.10	1.00
2.00 Administrative & General	823,973	18,709	842,682	20,059.00	42.01	2.00
3.00 Plant Operation, Maintenance & Repairs	115,833	434	116,267	3,629.00	32.04	3.00
4.00 Laundry & Linen Service	34,665	543	35,208	2,221.00	15.85	4.00
5.00 Housekeeping	303,278	13,899	317,177	18,166.00	17.46	5.00
6.00 Dietary	539,123	15,008	554,131	24,261.00	22.84	6.00
7.00 Nursing Administration	556,275	25,063	581,338	10,482.00	55.46	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	60,272	217	60,489	2,004.00	30.18	10.00
11.00 Social Service	190,134	4,350	194,484	6,684.00	29.10	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,632,120	78,494	3,710,614	117,094.00	31.69	14.00

SNF WAGE RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
9/23/2021 2:09 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	89,795	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	736,736	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	48,352	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,769	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	153,433	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	566,211	17.00
18.00	Medicare Taxes - Employers Portion Only	142,527	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	86,758	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,825,581	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	70,522	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	4,243	25.04
25.05	EMPLOYEE UNIFORMS	9,503	25.05
25.06	EMPLOYEE APPRECIATION	4,809	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part V
Date/Time Prepared:
9/23/2021 2:09 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,852,974	344,351	2,197,325	41,825.00	52.54	1.00
2.00	Licensed Practical Nurses (LPNs)	1,552,183	288,453	1,840,636	47,018.00	39.15	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,149,031	399,369	2,548,400	114,828.00	22.19	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,554,188	1,032,173	6,586,361	203,671.00	32.34	4.00
5.00	Physical Therapists	496,985	88,611	585,596	10,681.00	54.83	5.00
6.00	Physical Therapy Assistants	103,676	19,016	122,692	3,493.00	35.13	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	427,584	77,138	504,722	9,638.00	52.37	8.00
9.00	Occupational Therapy Assistants	39,475	7,061	46,536	1,113.00	41.81	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	142,025	25,753	167,778	2,969.00	56.51	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	55,632	9,969	65,601	2,520.00	26.03	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	53,145		53,145	871.00	61.02	14.00
15.00	Licensed Practical Nurses (LPNs)	58,087		58,087	1,291.00	44.99	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	18,621		18,621	601.00	30.98	16.00
17.00	Total Nursing (sum of lines 14 through 16)	129,853		129,853	2,763.00	47.00	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	600		600	7.00	85.71	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
9/23/2021 2:09 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
9/23/2021 2:09 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provi der No. : 555446	Peri od: From 06/01/2020 To 05/31/2021	Worksheet A Date/Time Prepared: 9/23/2021 2:09 pm	
Cost Center Description			Sal aries	Other	Total (col. 1 + col. 2)	Recl assi fi cations Increase/Decrease (Fr Wkst A-6)	Recl assi fied Tri al Balance (col. 3 +- col. 4)	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		277,468	277,468	43,232	320,700	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		319,898	319,898	0	319,898	2.00
3.00	00300	EMPLOYEE BENEFITS	1,008,567	1,914,658	2,923,225	271	2,923,496	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	823,973	3,051,749	3,875,722	-24,523	3,851,199	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	115,833	501,758	617,591	434	618,025	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	34,665	27,252	61,917	543	62,460	6.00
7.00	00700	HOUSEKEEPING	303,278	29,209	332,487	13,899	346,386	7.00
8.00	00800	DIETARY	539,123	391,091	930,214	15,008	945,222	8.00
9.00	00900	NURSING ADMINISTRATION	556,275	0	556,275	25,063	581,338	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	60,272	-13	60,259	217	60,476	12.00
13.00	01300	SOCIAL SERVICE	135,057	0	135,057	3,000	138,057	13.00
13.01	01301	ACTIVITIES	55,077	5,111	60,188	1,350	61,538	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	5,076,476	650,896	5,727,372	-99,213	5,628,159	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	14,969	14,969	0	14,969	40.00
41.00	04100	LABORATORY	0	70,652	70,652	0	70,652	41.00
42.00	04200	INTRAVENOUS THERAPY	0	73,554	73,554	0	73,554	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	15,669	15,669	0	15,669	43.00
44.00	04400	PHYSICAL THERAPY	529,569	41,428	570,997	14,945	585,942	44.00
45.00	04500	OCCUPATIONAL THERAPY	416,130	689	416,819	3,473	420,292	45.00
46.00	04600	SPEECH PATHOLOGY	127,146	245	127,391	434	127,825	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,975	179,127	227,102	1,867	228,969	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	438,574	438,574	0	438,574	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		2,985,579	2,985,579	0	2,985,579	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	9,829,416	10,989,563	20,818,979	0	20,818,979	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,118	2,118	0	2,118	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	9,829,416	10,991,681	20,821,097	0	20,821,097	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet A
Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	202,447	523,147
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-37,210	282,688
3.00	00300	EMPLOYEE BENEFITS	-22,352	2,901,144
4.00	00400	ADMINISTRATIVE & GENERAL	-584,790	3,266,409
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	618,025
6.00	00600	LAUNDRY & LINEN SERVICE	0	62,460
7.00	00700	HOUSEKEEPING	0	346,386
8.00	00800	DIETARY	0	945,222
9.00	00900	NURSING ADMINISTRATION	0	581,338
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	60,476
13.00	01300	SOCIAL SERVICE	0	138,057
13.01	01301	ACTIVITIES	0	61,538
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	5,628,159
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	14,969
41.00	04100	LABORATORY	0	70,652
42.00	04200	INTRAVENOUS THERAPY	0	73,554
43.00	04300	OXYGEN (INHALATION) THERAPY	0	15,669
44.00	04400	PHYSICAL THERAPY	0	585,942
45.00	04500	OCCUPATIONAL THERAPY	0	420,292
46.00	04600	SPEECH PATHOLOGY	0	127,825
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	228,969
49.00	04900	DRUGS CHARGED TO PATIENTS	0	438,574
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-2,985,579	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-3,427,484	17,391,495
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	2,118
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-3,427,484	17,393,613

RECLASSIFICATIONS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
9/23/2021 2:09 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	39,465	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	3,745	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	22	3.00
	(1) D - COVID WAGES					
4.00		EMPLOYEE BENEFITS	3.00	271	0	4.00
5.00		ADMINISTRATIVE & GENERAL	4.00	18,709	0	5.00
6.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	434	0	6.00
7.00		LAUNDRY & LINEN SERVICE	6.00	543	0	7.00
8.00		HOUSEKEEPING	7.00	13,899	0	8.00
9.00		DIETARY	8.00	15,008	0	9.00
10.00		NURSING ADMINISTRATION	9.00	25,063	0	10.00
11.00		MEDICAL RECORDS & LIBRARY	12.00	217	0	11.00
12.00		SOCIAL SERVICE	13.00	3,000	0	12.00
13.00		ACTIVITIES	13.01	1,350	0	13.00
14.00		PHYSICAL THERAPY	44.00	14,945	0	14.00
15.00		OCCUPATIONAL THERAPY	45.00	3,473	0	15.00
16.00		SPEECH PATHOLOGY	46.00	434	0	16.00
17.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	1,867	0	17.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		99,213	43,232	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECLASSIFICATIONS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
9/23/2021 2:09 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	39,465	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	3,745	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	22	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	99,213	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
16.00			0.00	0	0	16.00
17.00			0.00	0	0	17.00
	TOTALS					
100.00				99,213	43,232	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-7

Date/Time Prepared:
9/23/2021 2:09 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,425,400	0	0	0	0	1.00
2.00	Land Improvements	797,097	0	0	0	0	2.00
3.00	Buildings and Fixtures	10,632,292	0	0	0	0	3.00
4.00	Building Improvements	5,700,694	64,007	0	64,007	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	5,190,676	47,960	0	47,960	0	6.00
7.00	Subtotal (sum of lines 1-6)	23,746,159	111,967	0	111,967	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	23,746,159	111,967	0	111,967	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,425,400	0				1.00
2.00	Land Improvements	797,097	679,237				2.00
3.00	Buildings and Fixtures	10,632,292	8,499,793				3.00
4.00	Building Improvements	5,764,701	3,028,700				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	5,238,636	4,458,892				6.00
7.00	Subtotal (sum of lines 1-6)	23,858,126	16,666,622				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	23,858,126	16,666,622				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
9/23/2021 2:09 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
1.00	2.00	3.00	4.00	5.00	6.00
1.00 Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)	B	-403	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)	B	-55,800	ADMINISTRATIVE & GENERAL	4.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	40,879			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests		0		0.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines	B	-125	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00 Depreciation--buildings and fixtures	A	202,447	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment	A	-37,210	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00 NON-ALLOWABLE ADVERTISING	A	-274,534	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01 BAD DEBT EXPENSE	A	-184,515	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 MEDICAL TRANSPORTATION	A	-99,554	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,516	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04 WELL TOWER LEASE EXPENSE	A	-2,985,579	INTEREST EXPENSE	81.00	25.04
25.05 WORKERS COMP ADJ FY 2020	A	-22,352	EMPLOYEE BENEFITS	3.00	25.05
25.06 PURCH SERV DENTISTRY	A	-3,100	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07 PURCH SERV - PODIATRY	A	-300	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08 PENALTIES - STATE AND FED	A	-4,822	ADMINISTRATIVE & GENERAL	4.00	25.08
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-3,427,484			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/23/2021 2:09 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		743,146	702,267	40,879	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	743,146	702,267	40,879	10.00

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

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/23/2021 2:09 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 2:09 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	523,147	523,147		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	282,688	282,688		2.00
3.00	00300	EMPLOYEE BENEFITS	2,901,144	7,323	3,957	2,912,424
4.00	00400	ADMINISTRATIVE & GENERAL	3,266,409	13,644	7,373	278,241
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	618,025	19,608	10,595	38,390
6.00	00600	LAUNDRY & LINEN SERVICE	62,460	17,363	9,382	11,625
7.00	00700	HOUSEKEEPING	346,386	6,908	3,733	104,727
8.00	00800	DIETARY	945,222	76,151	41,149	182,966
9.00	00900	NURSING ADMINISTRATION	581,338	9,464	5,114	191,949
10.00	01000	CENTRAL SERVICES & SUPPLY	0	9,821	5,307	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	60,476	0	0	19,973
13.00	01300	SOCIAL SERVICE	138,057	2,545	1,375	45,584
13.01	01301	ACTIVITIES	61,538	10,109	5,463	18,631
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	5,628,159	333,137	180,013	1,643,419
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	14,969	0	0	0
41.00	04100	LABORATORY	70,652	0	0	0
42.00	04200	INTRAVENOUS THERAPY	73,554	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	15,669	0	0	0
44.00	04400	PHYSICAL THERAPY	585,942	12,112	6,545	179,790
45.00	04500	OCCUPATIONAL THERAPY	420,292	0	0	138,547
46.00	04600	SPEECH PATHOLOGY	127,825	0	0	42,125
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,969	2,901	1,568	16,457
49.00	04900	DRUGS CHARGED TO PATIENTS	438,574	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	17,391,495	521,086	281,574	2,912,424
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	2,118	2,061	1,114	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	17,393,613	523,147	282,688	2,912,424

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,565,667				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	183,861	870,479			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	27,000	31,319	159,149		6.00
7.00	00700	HOUSEKEEPING	123,647	12,461	0	597,862	7.00
8.00	00800	DIETARY	333,513	137,364	0	99,341	1,815,706
9.00	00900	NURSING ADMINISTRATION	210,972	17,072	0	12,346	0
10.00	01000	CENTRAL SERVICES & SUPPLY	4,051	17,716	0	12,812	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	21,542	0	0	0	0
13.00	01300	SOCIAL SERVICE	50,225	4,590	0	3,319	0
13.01	01301	ACTIVITIES	25,637	18,235	0	13,187	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,084,569	600,921	159,149	434,582	1,815,706
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	4,008	0	0	0	0
41.00	04100	LABORATORY	18,919	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	4,196	0	0	0	0
44.00	04400	PHYSICAL THERAPY	210,041	21,849	0	15,801	0
45.00	04500	OCCUPATIONAL THERAPY	149,644	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	45,509	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	66,916	5,234	0	3,785	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	3,564,250	866,761	159,149	595,173	1,815,706
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,417	3,718	0	2,689	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	3,565,667	870,479	159,149	597,862	1,815,706

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,028,255					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	49,707				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	101,991		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	245,695	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,028,255	49,707	0	101,991	245,695	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,028,255	49,707	0	101,991	245,695	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,028,255	49,707	0	101,991	245,695	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	152,800					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	152,800	0	0	14,458,103	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	18,977	0	40.00
41.00	04100	LABORATORY	0	0	0	89,571	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	73,554	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	19,865	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,032,080	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	708,483	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	215,459	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	325,830	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	438,574	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	152,800	0	0	17,380,496	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	13,117	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	152,800	0	0	17,393,613	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	14,458,103
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	18,977
41.00	04100	LABORATORY	89,571
42.00	04200	INTRAVENOUS THERAPY	73,554
43.00	04300	OXYGEN (INHALATION) THERAPY	19,865
44.00	04400	PHYSICAL THERAPY	1,032,080
45.00	04500	OCCUPATIONAL THERAPY	708,483
46.00	04600	SPEECH PATHOLOGY	215,459
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	325,830
49.00	04900	DRUGS CHARGED TO PATIENTS	438,574
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	17,380,496
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	13,117
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	17,393,613

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	7,323	3,957	11,280	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	13,644	7,373	21,017	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	19,608	10,595	30,203	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	17,363	9,382	26,745	6.00
7.00	00700	HOUSEKEEPING	0	6,908	3,733	10,641	7.00
8.00	00800	DIETARY	0	76,151	41,149	117,300	8.00
9.00	00900	NURSING ADMINISTRATION	0	9,464	5,114	14,578	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	9,821	5,307	15,128	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	2,545	1,375	3,920	13.00
13.01	01301	ACTIVITIES	0	10,109	5,463	15,572	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	333,137	180,013	513,150	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	12,112	6,545	18,657	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,901	1,568	4,469	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	521,086	281,574	802,660	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,061	1,114	3,175	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	523,147	282,688	805,835	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	22,095				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,139	31,491			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	167	1,133	28,090		6.00
7.00	00700	HOUSEKEEPING	766	451	0	12,264	7.00
8.00	00800	DIETARY	2,066	4,969	0	2,038	8.00
9.00	00900	NURSING ADMINISTRATION	1,307	618	0	253	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	25	641	0	263	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	133	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	311	166	0	68	13.00
13.01	01301	ACTIVITIES	159	660	0	271	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	12,920	21,740	28,090	8,914	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	25	0	0	0	40.00
41.00	04100	LABORATORY	117	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	26	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,301	790	0	324	44.00
45.00	04500	OCCUPATIONAL THERAPY	927	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	282	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	415	189	0	78	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	22,086	31,357	28,090	12,209	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	9	134	0	55	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	22,095	31,491	28,090	12,264	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	17,500				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	16,057			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	210	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	17,500	16,057	0	210	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	17,500	16,057	0	210	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	17,500	16,057	0	210	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	16,734					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	16,734	0	0	773,402	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	25	0	40.00
41.00	04100	LABORATORY	0	0	0	117	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	26	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	21,768	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,464	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	445	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,215	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	16,734	0	0	802,462	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,373	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	16,734	0	0	805,835	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	773,402
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	25
41.00	04100	LABORATORY	117
42.00	04200	INTRAVENOUS THERAPY	0
43.00	04300	OXYGEN (INHALATION) THERAPY	26
44.00	04400	PHYSICAL THERAPY	21,768
45.00	04500	OCCUPATIONAL THERAPY	1,464
46.00	04600	SPEECH PATHOLOGY	445
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,215
49.00	04900	DRUGS CHARGED TO PATIENTS	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	802,462
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	3,373
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	805,835

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 2:09 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGs & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	45,437				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		45,437			2.00
3.00	00300	EMPLOYEE BENEFITS	636	636	8,820,578		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,185	1,185	842,682	-3,565,667	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,703	1,703	116,267	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,508	1,508	35,208	0	6.00
7.00	00700	HOUSEKEEPING	600	600	317,177	0	7.00
8.00	00800	DIETARY	6,614	6,614	554,131	0	8.00
9.00	00900	NURSING ADMINISTRATION	822	822	581,338	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	853	853	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	60,489	0	12.00
13.00	01300	SOCIAL SERVICE	221	221	138,057	0	13.00
13.01	01301	ACTIVITIES	878	878	56,427	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	28,934	28,934	4,977,263	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-73,554	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,052	1,052	544,514	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	419,603	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	127,580	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	252	252	49,842	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-438,574	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	45,258	45,258	8,820,578	-4,077,795	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	179	179	0	5,293	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	523,147	282,688	2,912,424	3,565,667	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	11.513678	6.221538	0.330185	0.267777	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			11,280	22,095	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.001279	0.001659	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	41,913					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,508	37,648				6.00
7.00	00700	HOUSEKEEPING	600	0	39,805			7.00
8.00	00800	DIETARY	6,614	0	6,614	112,944		8.00
9.00	00900	NURSING ADMINISTRATION	822	0	822	0	37,648	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	853	0	853	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	221	0	221	0	0	13.00
13.01	01301	ACTIVITIES	878	0	878	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	28,934	37,648	28,934	112,944	37,648	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,052	0	1,052	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	252	0	252	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	41,734	37,648	39,626	112,944	37,648	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	179	0	179	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	870,479	159,149	597,862	1,815,706	1,028,255	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	20.768711	4.227290	15.019771	16.076162	27.312341	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	31,491	28,090	12,264	127,082	17,500	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.751342	0.746122	0.308102	1.125177	0.464832	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	37,648				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	37,648		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	37,648	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	37,648	0	37,648	37,648	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	37,648	0	37,648	37,648	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	49,707	0	101,991	245,695	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.320309	0.000000	2.709068	6.526110	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	16,057	0	210	4,642	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.426503	0.000000	0.005578	0.123300	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet C

Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	18,977	58,035	0.326992	40.00
41.00	04100	LABORATORY	89,571	100,769	0.888875	41.00
42.00	04200	INTRAVENOUS THERAPY	73,554	146,607	0.501709	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	19,865	14,223	1.396681	43.00
44.00	04400	PHYSICAL THERAPY	1,032,080	1,639,497	0.629510	44.00
45.00	04500	OCCUPATIONAL THERAPY	708,483	1,214,816	0.583202	45.00
46.00	04600	SPEECH PATHOLOGY	215,459	104,380	2.064179	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	325,830	351,811	0.926151	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	438,574	885,649	0.495201	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,922,393	4,515,787		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part I
Date/Time Prepared:
9/23/2021 2:09 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

Health Care Program Charges

Health Care Program Cost

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0.326992	36,137	0	11,817	0	40.00
41.00	04100 LABORATORY	0.888875	53,678	0	47,713	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.501709	49,483	0	24,826	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	1.396681	4,521	0	6,314	0	43.00
44.00	04400 PHYSICAL THERAPY	0.629510	844,350	0	531,527	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.583202	661,700	0	385,905	0	45.00
46.00	04600 SPEECH PATHOLOGY	2.064179	52,200	0	107,750	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.926151	73,203	0	67,797	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.495201	456,935	0	226,275	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FOHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000		0			71.00
100.00	Total (Sum of lines 40 - 71)		2,232,207	0	1,409,924	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555446	Period: From 06/01/2020 To 05/31/2021	Worksheet D Parts II-III Date/Time Prepared: 9/23/2021 2:09 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.495201	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	18,977	0	0.000000	11,817	0 40.00
41.00	04100	LABORATORY	89,571	0	0.000000	47,713	0 41.00
42.00	04200	INTRAVENOUS THERAPY	73,554	0	0.000000	24,826	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	19,865	0	0.000000	6,314	0 43.00
44.00	04400	PHYSICAL THERAPY	1,032,080	0	0.000000	531,527	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	708,483	0	0.000000	385,905	0 45.00
46.00	04600	SPEECH PATHOLOGY	215,459	0	0.000000	107,750	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	325,830	0	0.000000	67,797	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	438,574	0	0.000000	226,275	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	2,922,393	0		1,409,924	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555446	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 9/23/2021 2:09 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		37,648	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		6,543	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		14,458,103	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		19,546,221	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.739688	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		14,458,103	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		384.03	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,512,708	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		2,512,708	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		773,402	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		20.54	21.00
22.00	Program capital related cost (Line 3 times line 21)		134,393	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		2,378,315	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		2,378,315	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		37,648	1.00
2.00	Program inpatient days (see instructions)		6,543	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.173794	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part I
Date/Time Prepared:
9/23/2021 2:09 pm

Title XVIII

Skilled Nursing
Facility

PPS

1.00

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
1.00	Inpatient PPS amount (See Instructions)	7,039,802 1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0 2.00
3.00	Subtotal (Sum of lines 1 and 2)	7,039,802 3.00
4.00	Primary payor amounts	0 4.00
5.00	Coinurance	401,925 5.00
6.00	Allowable bad debts (From your records)	9,197 6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	1,546 7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	5,978 8.00
9.00	Recovery of bad debts - for statistical records only	0 9.00
10.00	Utilization review	0 10.00
11.00	Subtotal (See instructions)	6,643,855 11.00
12.00	Interim payments (See instructions)	6,659,199 12.00
13.00	Tentative adjustment	0 13.00
14.00	OTHER adjustment (See instructions)	0 14.00
14.50	Demonstration payment adjustment amount before sequestration	0 14.50
14.55	Demonstration payment adjustment amount after sequestration	0 14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0 14.75
14.99	Sequestration amount (see instructions)	0 14.99
15.00	Balance due provider/program (see Instructions)	-15,344 15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0 16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17.00	Ancillary services Part B	0 17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0 18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0 19.00
20.00	Medicare Part B ancillary charges (See instructions)	0 20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0 21.00
22.00	Primary payor amounts	0 22.00
23.00	Coinurance and deductibles	0 23.00
24.00	Allowable bad debts (From your records)	0 24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0 24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0 24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0 25.00
26.00	Interim payments (See instructions)	0 26.00
27.00	Tentative adjustment	0 27.00
28.00	Other Adjustments (See instructions) Specify	0 28.00
28.50	Demonstration payment adjustment amount before sequestration	0 28.50
28.55	Demonstration payment adjustment amount after sequestration	0 28.55
28.99	Sequestration amount (see instructions)	0 28.99
29.00	Balance due provider/program (see instructions)	0 29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0 30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555446	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 9/23/2021 2:09 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555446	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 9/23/2021 2:09 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet E-1

Date/Time Prepared:
9/23/2021 2:09 pm

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		6,659,199			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		6,659,199			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	PROGRAM TO PROVIDER		0			0	6.01
6.02	PROVIDER TO PROGRAM		15,344			0	6.02
7.00	Total Medicare program liability (see instructions)		6,643,855			0	7.00
			Contractor Name		Contractor Number		
			1.00		2.00		
8.00	Name of Contractor						8.00

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

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

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet G

Date/Time Prepared:
9/23/2021 2:09 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	300	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,816,511	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-285,401	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	138,039	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,669,449	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	232,279	0	0	0	17.00
18.00 Less: Accumulated Amortization	-69,560	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	791,510	0	0	0	23.00
24.00 Less: Accumulated depreciation	-436,880	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	1,067,406	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,584,755	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-1,929,498	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-1,929,498	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,324,706	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	194,116	0	0	0	35.00
36.00 Salaries, wages, and fees payable	1,154,493	0	0	0	36.00
37.00 Payroll taxes payable	40,777	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	267,926	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,657,312	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,657,312	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	667,394	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	667,394	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,324,706	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-1

Date/Time Prepared:
9/23/2021 2:09 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,556,624		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-931,076				2.00
3.00	Total (sum of line 1 and line 2)		625,548		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		41,846		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		41,846		0		10.00
11.00	Subtotal (line 3 plus line 10)		667,394		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		667,394		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021Worksheet G-2
Parts I-II
Date/Time Prepared:
9/23/2021 2:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	19,546,221		19,546,221	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	19,546,221		19,546,221	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	4,515,787	0	4,515,787	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	24,062,008	0	24,062,008	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			20,821,097	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			20,821,097	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555446

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-3

Date/Time Prepared:
9/23/2021 2:09 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	24,062,008	1.00
2.00	Less: contractual allowances and discounts on patients accounts	4,565,097	2.00
3.00	Net patient revenues (Line 1 minus line 2)	19,496,911	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	20,821,097	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-1,324,186	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	403	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	1,767	20.00
21.00	Rental of vending machines	125	21.00
22.00	Rental of skilled nursing space	55,800	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	1,486	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	333,529	24.50
25.00	Total other income (Sum of lines 6 - 24)	393,110	25.00
26.00	Total (Line 5 plus line 25)	-931,076	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-931,076	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555446	Period: From 06/01/2021 To 05/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 9/15/2022 7:50 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 9/15/2022 Time: 7:50 am
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Walnut Creek CA, LLC (555446) for the cost reporting period beginning 06/01/2021 and ending 05/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin D. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin D. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	09/15/2022 07:50:37 AM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	-4,114	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	-4,114	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555446		Period: From 06/01/2021 To 05/31/2022		Worksheet S-2 Part I Date/Time Prepared: 9/15/2022 7:50 am		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:										
1.00	Street: 1226 ROSSMOOR	PO Box:							1.00	
2.00	City: WALNUT CREEK	State: CA	Zip Code: 94595						2.00	
3.00	County: CONTRA COSTA	CBSA Code: 36084	Urban/Rural: U						3.00	
3.01		CBSA Code:							3.01	
			Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
						V	XVIII	XIX		
			1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:										
4.00	SNF	Manor Care of Walnut Creek CA, LLC		555446	12/19/1990	P	P	P	4.00	
5.00	Nursing Facility								5.00	
6.00	ICF/IID								6.00	
7.00	SNF-Based HHA								7.00	
8.00	SNF-Based RHC								8.00	
9.00	SNF-Based FQHC								9.00	
10.00	SNF-Based CMHC								10.00	
11.00	SNF-Based OLTC								11.00	
12.00	SNF-Based HOSPICE								12.00	
13.00	SNF-Based CORF								13.00	
					From:	To:				
					1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)				06/01/2021		05/31/2022		14.00	
15.00	Type of Control (See Instructions)						2501(C)(3)		15.00	
							Y/N			
							1.00			
Type of Freestanding Skilled Nursing Facility										
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.						Y		18.00	
Miscellaneous Cost Reporting Information										
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.										
20.00	Straight Line						202,087		20.00	
21.00	Declining Balance						0		21.00	
22.00	Sum of the Year's Digits						0		22.00	
23.00	Sum of line 20 through 22						202,087		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.						0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N		28.00	
							Part A	Part B	Other	
							1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.										
29.00	Skilled Nursing Facility						N	N	N	29.00
30.00	Nursing Facility									30.00
31.00	ICF/IID									31.00
32.00	SNF-Based HHA						N	N		32.00
33.00	SNF-Based RHC									33.00
34.00	SNF-Based FQHC							N		34.00
35.00	SNF-Based CMHC							N		35.00
36.00	SNF-Based OLTC									36.00
					Y/N					
					1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)				Y				37.00	
38.00	Are you legally required to carry malpractice insurance? (Y/N)				N				38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								39.00	
				Premiums	Paid Losses	Self Insurance				
				1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:				22,239	10,091	452,156		41.00	

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

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part I
Date/Time Prepared:
9/15/2022 7:50 am

		Y/N	
		1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?	Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.	HB0362	44.00
1.00		2.00	3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.			
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086

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

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part II
Date/Time Prepared:
9/15/2022 7:50 am

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

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

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
9/15/2022 7:50 am

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HOLLY	BENNETT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419-254-5388	HOLLY.BENNETT@PROMEDI CA. ORG	21.00

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

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
9/15/2022 7:50 am

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

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

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part I
Date/Time Prepared:
9/15/2022 7:50 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	155	56,575	0	7,092	23,352	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	155	56,575	0	7,092	23,352	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	16,430	46,874	0	311	277	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	16,430	46,874	0	311	277	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	577	1,165	0.00	22.80	84.30	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	577	1,165	0.00	22.80	84.30	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	40.24	0	364	117	619	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	40.24	0	364	117	619	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	1,100	143.78	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	1,100	143.78	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part II
Date/Time Prepared:
9/15/2022 7:50 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	10,945,881	0	10,945,881	299,072.00	36.60
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	10,945,881	0	10,945,881	299,072.00	36.60
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	10,945,881	0	10,945,881	299,072.00	36.60
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	564,250	0	564,250	12,691.00	44.46
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	701,544	0	701,544	12,856.71	54.57
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	2,148,577	0	2,148,577		
18.00	Wage-related costs other (See Part IV)	109,767	0	109,767		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	2,258,344	0	2,258,344		

SNF WAGE INDEX INFORMATION

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part III
Date/Time Prepared:
9/15/2022 7:50 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	1,114,210	441	1,114,651	31,157.00	35.78	1.00
2.00 Administrative & General	823,263	11,039	834,302	21,690.00	38.46	2.00
3.00 Plant Operation, Maintenance & Repairs	117,105	0	117,105	3,714.00	31.53	3.00
4.00 Laundry & Linen Service	31,779	351	32,130	1,886.00	17.04	4.00
5.00 Housekeeping	400,627	2,906	403,533	21,617.00	18.67	5.00
6.00 Dietary	638,163	2,960	641,123	26,413.00	24.27	6.00
7.00 Nursing Administration	671,365	2,415	673,780	11,950.00	56.38	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	62,447	0	62,447	1,898.00	32.90	10.00
11.00 Social Service	254,131	2,638	256,769	8,847.00	29.02	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	4,113,090	22,750	4,135,840	129,172.00	32.02	14.00

SNF WAGE RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part IV
Date/Time Prepared:
9/15/2022 7:50 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	133,007	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	796,460	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	43,927	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,684	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	340,161	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	630,600	17.00
18.00	Medicare Taxes - Employers Portion Only	158,715	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	44,023	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	2,148,577	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	80,595	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	9,638	25.04
25.05	EMPLOYEE UNIFORMS	18,682	25.05
25.06	EMPLOYEE APPRECIATION	852	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part V
Date/Time Prepared:
9/15/2022 7:50 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	2,395,132	493,710	2,888,842	45,897.00	62.94	1.00
2.00	Licensed Practical Nurses (LPNs)	1,325,933	273,315	1,599,248	30,725.00	52.05	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,397,386	494,592	2,891,978	124,824.00	23.17	3.00
4.00	Total Nursing (sum of lines 1 through 3)	6,118,451	1,261,617	7,380,068	201,446.00	36.64	4.00
5.00	Physical Therapists	663,002	134,435	797,437	14,190.00	56.20	5.00
6.00	Physical Therapy Assistants	94,577	19,407	113,984	3,113.00	36.62	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	348,797	70,879	419,676	7,781.00	53.94	8.00
9.00	Occupational Therapy Assistants	111,009	21,965	132,974	3,242.00	41.02	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	148,773	30,475	179,248	3,114.00	57.56	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	66,595	13,463	80,058	2,520.00	31.77	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	47,551		47,551	780.00	60.96	14.00
15.00	Licensed Practical Nurses (LPNs)	245,905		245,905	5,465.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	160,567		160,567	5,180.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	454,023		454,023	11,425.00	39.74	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	108,407		108,407	1,245.00	87.07	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	1,820		1,820	21.00	86.67	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
9/15/2022 7:50 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
9/15/2022 7:50 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES				Provider No. : 555446	Period: From 06/01/2021 To 05/31/2022	Worksheet A Date/Time Prepared: 9/15/2022 7:50 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)
			1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		290,521	290,521	47,748	338,269
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		337,968	337,968	0	337,968
3.00	00300	EMPLOYEE BENEFITS	1,114,210	2,258,344	3,372,554	441	3,372,995
4.00	00400	ADMINISTRATIVE & GENERAL	823,263	3,621,075	4,444,338	-36,709	4,407,629
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	117,105	556,864	673,969	0	673,969
6.00	00600	LAUNDRY & LINEN SERVICE	31,779	39,778	71,557	351	71,908
7.00	00700	HOUSEKEEPING	400,627	47,875	448,502	2,906	451,408
8.00	00800	DIETARY	638,163	527,416	1,165,579	2,960	1,168,539
9.00	00900	NURSING ADMINISTRATION	671,365	0	671,365	2,415	673,780
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	62,447	74	62,521	0	62,521
13.00	01300	SOCIAL SERVICE	162,813	0	162,813	420	163,233
13.01	01301	ACTIVITIES	91,318	6,498	97,816	2,218	100,034
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	5,562,048	2,951,761	8,513,809	-44,456	8,469,353
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	34,560	34,560	0	34,560
41.00	04100	LABORATORY	0	73,582	73,582	0	73,582
42.00	04200	INTRAVENOUS THERAPY	0	106,224	106,224	0	106,224
43.00	04300	OXYGEN (INHALATION) THERAPY	0	19,134	19,134	0	19,134
44.00	04400	PHYSICAL THERAPY	670,695	37,623	708,318	12,502	720,820
45.00	04500	OCCUPATIONAL THERAPY	405,534	109,241	514,775	9,204	523,979
46.00	04600	SPEECH PATHOLOGY	134,309	437	134,746	0	134,746
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,205	189,095	249,300	0	249,300
49.00	04900	DRUGS CHARGED TO PATIENTS	0	579,035	579,035	0	579,035
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0
81.00	08100	INTEREST EXPENSE		3,114,852	3,114,852	0	3,114,852
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	10,945,881	14,901,957	25,847,838	0	25,847,838
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	6,549	6,549	0	6,549
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
100.00		TOTAL	10,945,881	14,908,506	25,854,387	0	25,854,387

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet A

Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	0	338,269	1.00
2.00	00200 CAP REL COSTS - MOVEABLE EQUIPMENT	0	337,968	2.00
3.00	00300 EMPLOYEE BENEFITS	0	3,372,995	3.00
4.00	00400 ADMINISTRATIVE & GENERAL	-944,633	3,462,996	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	673,969	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	0	71,908	6.00
7.00	00700 HOUSEKEEPING	0	451,408	7.00
8.00	00800 DIETARY	0	1,168,539	8.00
9.00	00900 NURSING ADMINISTRATION	0	673,780	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100 PHARMACY	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	62,521	12.00
13.00	01300 SOCIAL SERVICE	0	163,233	13.00
13.01	01301 ACTIVITIES	0	100,034	13.01
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500 OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 SKILLED NURSING FACILITY	0	8,469,353	30.00
31.00	03100 NURSING FACILITY	0	0	31.00
32.00	03200 ICF/IID	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000 RADIOLOGY	0	34,560	40.00
41.00	04100 LABORATORY	0	73,582	41.00
42.00	04200 INTRAVENOUS THERAPY	0	106,224	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	19,134	43.00
44.00	04400 PHYSICAL THERAPY	0	720,820	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	523,979	45.00
46.00	04600 SPEECH PATHOLOGY	0	134,746	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	249,300	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	579,035	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000 CLINIC	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	61.00
62.00	06200 FOHC	0	0	62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000 HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100 AMBULANCE	0	0	71.00
72.00	07200 CORF I	0	0	72.00
73.00	07300 CMHC I	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100 INTEREST EXPENSE	-3,114,852	0	81.00
82.00	08200 UTILIZATION REVIEW	0	0	82.00
83.00	08300 HOSPICE	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	-4,059,485	21,788,353	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	6,549	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	93.00
94.00	09400 PATIENTS LAUNDRY	0	0	94.00
95.00	09500 OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00	TOTAL	-4,059,485	21,794,902	100.00

RECLASSIFICATIONS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
9/15/2022 7:50 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	36,143	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	11,605	2.00
	(1) D - COVID WAGES					
3.00		EMPLOYEE BENEFITS	3.00	441	0	3.00
4.00		ADMINISTRATIVE & GENERAL	4.00	11,039	0	4.00
5.00		LAUNDRY & LINEN SERVICE	6.00	351	0	5.00
6.00		HOUSEKEEPING	7.00	2,906	0	6.00
7.00		DIETARY	8.00	2,960	0	7.00
8.00		NURSING ADMINISTRATION	9.00	2,415	0	8.00
9.00		SOCIAL SERVICE	13.00	420	0	9.00
10.00		ACTIVITIES	13.01	2,218	0	10.00
11.00		PHYSICAL THERAPY	44.00	12,502	0	11.00
12.00		OCCUPATIONAL THERAPY	45.00	9,204	0	12.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		44,456	47,748	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.10.174.0

RECLASSIFICATIONS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
9/15/2022 7:50 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	36,143	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	11,605	2.00
	(1) D - COVID WAGES					
3.00		SKILLED NURSING FACILITY	30.00	44,456	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
	TOTALS					
100.00				44,456	47,748	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.10.174.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-7

Date/Time Prepared:
9/15/2022 7:50 am

Description		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	0	0	0	0	0	3.00	
4.00	Building Improvements	232,279	72,916	0	72,916	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	791,510	28,300	0	28,300	0	6.00	
7.00	Subtotal (sum of lines 1-6)	1,023,789	101,216	0	101,216	0	7.00	
8.00	Reconciling Items	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	1,023,789	101,216	0	101,216	0	9.00	
Description		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0					1.00
2.00	Land Improvements	0	0					
3.00	Buildings and Fixtures	0	0					3.00
4.00	Building Improvements	305,195	0					
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	819,810	0					
7.00	Subtotal (sum of lines 1-6)	1,125,005	0					7.00
8.00	Reconciling Items	0	0					
9.00	Total (line 7 minus line 8)	1,125,005	0					9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-8

Date/Time Prepared:
9/15/2022 7:50 am

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-88,092			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-314	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A		OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A		OCAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-276,367	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-271,763	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-200,461	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-3,774	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-3,114,852	INTEREST EXPENSE	81.00	25.04
25.05	PURCH SERV DENTISTRY	A	-9,645	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06	PURCH SERV PSYCH SERVICES	A	-600	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	PURCH SERV PHYS CARE	A	-92,959	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08	PENALTIES - STATE AND FED	A	-658	ADMINISTRATIVE & GENERAL	4.00	25.08
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-4,059,485			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/15/2022 7:50 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		772,035	860,127	-88,092	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	772,035	860,127	-88,092	10.00

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

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
9/15/2022 7:50 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
9/15/2022 7:50 am

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	338,269	338,269		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	337,968	337,968		2.00
3.00	00300	EMPLOYEE BENEFITS	3,372,995	4,735	4,731	3,382,461
4.00	00400	ADMINISTRATIVE & GENERAL	3,462,996	8,822	8,814	287,044
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	673,969	12,678	12,667	40,290
6.00	00600	LAUNDRY & LINEN SERVICE	71,908	11,227	11,217	11,054
7.00	00700	HOUSEKEEPING	451,408	4,467	4,463	138,837
8.00	00800	DIETARY	1,168,539	49,240	49,196	220,580
9.00	00900	NURSING ADMINISTRATION	673,780	6,120	6,114	231,816
10.00	01000	CENTRAL SERVICES & SUPPLY	0	6,350	6,345	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	62,521	0	0	21,485
13.00	01300	SOCIAL SERVICE	163,233	1,645	1,644	56,161
13.01	01301	ACTIVITIES	100,034	6,537	6,531	32,181
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	8,469,353	215,407	215,216	1,898,342
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	34,560	0	0	0
41.00	04100	LABORATORY	73,582	0	0	0
42.00	04200	INTRAVENOUS THERAPY	106,224	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	19,134	0	0	0
44.00	04400	PHYSICAL THERAPY	720,820	7,832	7,825	235,056
45.00	04500	OCCUPATIONAL THERAPY	523,979	0	0	142,692
46.00	04600	SPEECH PATHOLOGY	134,746	0	0	46,209
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	249,300	1,876	1,874	20,714
49.00	04900	DRUGS CHARGED TO PATIENTS	579,035	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	21,788,353	336,936	336,637	3,382,461
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	6,549	1,333	1,331	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	21,794,902	338,269	337,968	3,382,461

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,767,676				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	160,685	900,289			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	22,900	32,392	160,698		6.00
7.00	00700	HOUSEKEEPING	130,176	12,888	0	742,239	7.00
8.00	00800	DIETARY	323,183	142,068	0	13,179	1,965,985
9.00	00900	NURSING ADMINISTRATION	199,406	17,657	0	18,056	0
10.00	01000	CENTRAL SERVICES & SUPPLY	2,758	18,322	0	18,737	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	18,251	0	0	0	0
13.00	01300	SOCIAL SERVICE	48,380	4,747	0	4,854	0
13.01	01301	ACTIVITIES	31,564	18,859	0	19,286	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,346,016	621,501	160,698	635,552	1,965,985
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	7,508	0	0	0	0
41.00	04100	LABORATORY	15,986	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	4,157	0	0	0	0
44.00	04400	PHYSICAL THERAPY	211,073	22,597	0	23,108	0
45.00	04500	OCCUPATIONAL THERAPY	144,840	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	39,314	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,477	5,413	0	5,535	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	3,765,674	896,444	160,698	738,307	1,965,985
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	2,002	3,845	0	3,932	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	3,767,676	900,289	160,698	742,239	1,965,985

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,152,949					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	52,512				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	102,257		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	280,664	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,152,949	52,512	0	102,257	280,664	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,152,949	52,512	0	102,257	280,664	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,152,949	52,512	0	102,257	280,664	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	214,992					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	214,992	0	0	18,331,444	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	42,068	0	40.00
41.00	04100	LABORATORY	0	0	0	89,568	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	106,224	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	23,291	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,228,311	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	811,511	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	220,269	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	344,189	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	579,035	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	214,992	0	0	21,775,910	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	18,992	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	214,992	0	0	21,794,902	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	18,331,444
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	42,068
41.00	04100	LABORATORY	89,568
42.00	04200	INTRAVENOUS THERAPY	106,224
43.00	04300	OXYGEN (INHALATION) THERAPY	23,291
44.00	04400	PHYSICAL THERAPY	1,228,311
45.00	04500	OCCUPATIONAL THERAPY	811,511
46.00	04600	SPEECH PATHOLOGY	220,269
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	344,189
49.00	04900	DRUGS CHARGED TO PATIENTS	579,035
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	21,775,910
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	18,992
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	21,794,902

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	4,735	4,731	9,466	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	8,822	8,814	17,636	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	12,678	12,667	25,345	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	11,227	11,217	22,444	6.00
7.00	00700	HOUSEKEEPING	0	4,467	4,463	8,930	7.00
8.00	00800	DIETARY	0	49,240	49,196	98,436	8.00
9.00	00900	NURSING ADMINISTRATION	0	6,120	6,114	12,234	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	6,350	6,345	12,695	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	1,645	1,644	3,289	13.00
13.01	01301	ACTIVITIES	0	6,537	6,531	13,068	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	215,407	215,216	430,623	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	7,832	7,825	15,657	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,876	1,874	3,750	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	336,936	336,637	673,573	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,333	1,331	2,664	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	338,269	337,968	676,237	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	18,439				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	786	26,244			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	112	944	23,531		6.00
7.00	00700	HOUSEKEEPING	637	376	0	10,332	7.00
8.00	00800	DIETARY	1,581	4,141	0	183	8.00
9.00	00900	NURSING ADMINISTRATION	976	515	0	251	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	13	534	0	261	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	89	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	237	138	0	68	13.00
13.01	01301	ACTIVITIES	154	550	0	268	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	11,484	18,117	23,531	8,847	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	37	0	0	0	40.00
41.00	04100	LABORATORY	78	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	20	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,033	659	0	322	44.00
45.00	04500	OCCUPATIONAL THERAPY	709	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	192	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	291	158	0	77	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	18,429	26,132	23,531	10,277	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	10	112	0	55	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	18,439	26,244	23,531	10,332	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	14,625					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	13,503				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	149		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	3,889	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	14,625	13,503	0	149	3,889	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	14,625	13,503	0	149	3,889	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	14,625	13,503	0	149	3,889	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	14,130					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	14,130	0	0	649,169	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	37	0	40.00
41.00	04100	LABORATORY	0	0	0	78	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	20	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	18,329	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	1,108	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	321	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,334	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	14,130	0	0	673,396	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	2,841	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	14,130	0	0	676,237	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/15/2022 7:50 am

CAPITAL RELATED COSTS								
Cost Center Description			BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	45,437					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		45,437				2.00
3.00	00300	EMPLOYEE BENEFITS	636	636	9,831,230			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,185	1,185	834,302	-3,767,676	17,341,967	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,703	1,703	117,105	0	739,604	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,508	1,508	32,130	0	105,406	6.00
7.00	00700	HOUSEKEEPING	600	600	403,533	0	599,175	7.00
8.00	00800	DIETARY	6,614	6,614	641,123	0	1,487,555	8.00
9.00	00900	NURSING ADMINISTRATION	822	822	673,780	0	917,830	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	853	853	0	0	12,695	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	62,447	0	84,006	12.00
13.00	01300	SOCIAL SERVICE	221	221	163,233	0	222,683	13.00
13.01	01301	ACTIVITIES	878	878	93,536	0	145,283	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	28,934	28,934	5,517,592	0	10,798,318	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	34,560	40.00
41.00	04100	LABORATORY	0	0	0	0	73,582	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-106,224	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	19,134	43.00
44.00	04400	PHYSICAL THERAPY	1,052	1,052	683,197	0	971,533	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	414,738	0	666,671	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	134,309	0	180,955	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	252	252	60,205	0	273,764	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-579,035	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	45,258	45,258	9,831,230	-4,452,935	17,332,754	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	179	179	0	0	9,213	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	338,269	337,968	3,382,461		3,767,676	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	7.444792	7.438167	0.344053		0.217258	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			9,466		18,439	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000963		0.001063	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	41,913					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,508	46,874				6.00
7.00	00700	HOUSEKEEPING	600	0	33,791			7.00
8.00	00800	DIETARY	6,614	0	600	140,622		8.00
9.00	00900	NURSING ADMINISTRATION	822	0	822	0	46,874	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	853	0	853	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	221	0	221	0	0	13.00
13.01	01301	ACTIVITIES	878	0	878	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	28,934	46,874	28,934	140,622	46,874	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,052	0	1,052	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	252	0	252	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	41,734	46,874	33,612	140,622	46,874	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	179	0	179	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	900,289	160,698	742,239	1,965,985	1,152,949	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	21.479947	3.428297	21.965583	13.980636	24.596770	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	26,244	23,531	10,332	104,958	14,625	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.626154	0.502005	0.305762	0.746384	0.312007	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	46,874				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	46,874		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	46,874	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	46,874	0	46,874	46,874	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	46,874	0	46,874	46,874	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	52,512	0	102,257	280,664	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.120280	0.000000	2.181529	5.987626	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	13,503	0	149	3,889	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.288070	0.000000	0.003179	0.082967	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FQHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet C

Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	42,068	68,265	0.616246	40.00
41.00	04100	LABORATORY	89,568	127,754	0.701097	41.00
42.00	04200	INTRAVENOUS THERAPY	106,224	196,901	0.539479	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	23,291	44,726	0.520749	43.00
44.00	04400	PHYSICAL THERAPY	1,228,311	2,063,265	0.595324	44.00
45.00	04500	OCCUPATIONAL THERAPY	811,511	1,540,574	0.526759	45.00
46.00	04600	SPEECH PATHOLOGY	220,269	184,407	1.194472	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	344,189	357,369	0.963119	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	579,035	1,147,938	0.504413	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	2,079	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,444,466	5,733,278		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet D
Part I
Date/Time Prepared:
9/15/2022 7:50 am

Title XVIII (1)

Skilled Nursing
Facility

PPS

			Health Care Program Charges		Health Care Program Cost			
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)		
								Ratio of Cost to Charges (Fr. Wkst. C Column 3)
			1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0.616246	30,863	0	19,019	0	40.00
41.00	04100	LABORATORY	0.701097	51,623	0	36,193	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.539479	64,185	0	34,626	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.520749	8,162	0	4,250	0	43.00
44.00	04400	PHYSICAL THERAPY	0.595324	832,175	0	495,414	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.526759	638,450	0	336,309	0	45.00
46.00	04600	SPEECH PATHOLOGY	1.194472	89,200	0	106,547	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.963119	73,069	0	70,374	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.504413	514,218	0	259,378	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000		0			71.00
100.00		Total (Sum of lines 40 - 71)		2,301,945	0	1,362,110	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555446		Period: From 06/01/2021 To 05/31/2022		Worksheet D Parts II-III Date/Time Prepared: 9/15/2022 7:50 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)						0.504413	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)						0	3.00
Cost Center Description				Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
				1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	42,068	0	0.000000	19,019	0	40.00	
41.00	04100	LABORATORY	89,568	0	0.000000	36,193	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	106,224	0	0.000000	34,626	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	23,291	0	0.000000	4,250	0	43.00	
44.00	04400	PHYSICAL THERAPY	1,228,311	0	0.000000	495,414	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	811,511	0	0.000000	336,309	0	45.00	
46.00	04600	SPEECH PATHOLOGY	220,269	0	0.000000	106,547	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	344,189	0	0.000000	70,374	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	579,035	0	0.000000	259,378	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00	
100.00		Total (Sum of lines 40 - 52)	3,444,466	0		1,362,110	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555446	Period: From 06/01/2021 To 05/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 9/15/2022 7:50 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		46,874	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		7,092	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		18,331,444	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		24,697,068	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.742252	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		18,331,444	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		391.08	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,773,539	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		2,773,539	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		649,169	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		13.85	21.00
22.00	Program capital related cost (Line 3 times line 21)		98,224	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		2,675,315	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		2,675,315	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		46,874	1.00
2.00	Program inpatient days (see instructions)		7,092	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.151299	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet E

Part I
Date/Time Prepared:
9/15/2022 7:50 am

Title XVIII

Skilled Nursing
Facility

PPS

1.00

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1.00	Inpatient PPS amount (See Instructions)	1,279,003	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	1,279,003	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	500,837	5.00
6.00	Allowable bad debts (From your records)	7,040	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	4,576	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	782,742	11.00
12.00	Interim payments (See instructions)	785,548	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	8	14.75
14.99	Sequestration amount (see instructions)	1,300	14.99
15.00	Balance due provider/program (see Instructions)	-4,114	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555446	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 9/15/2022 7:50 am
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555446	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 9/15/2022 7:50 am
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet E-1

Date/Time Prepared:
9/15/2022 7:50 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		785,548		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		785,548		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		4,114		0	6.02
7.00	Total Medicare program liability (see instructions)		781,434		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet G

Date/Time Prepared:
9/15/2022 7:50 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-9,911	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,899,397	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-406,711	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	158,906	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,641,681	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	10,887	0	0	0	15.00
16.00 Less: Accumulated depreciation	-554	0	0	0	16.00
17.00 Leasehold improvements	294,308	0	0	0	17.00
18.00 Less: Accumulated Amortization	-107,225	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	819,810	0	0	0	23.00
24.00 Less: Accumulated depreciation	-600,748	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	2,023,812	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	2,440,290	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	0	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	5,081,971	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	-3,824	0	0	0	35.00
36.00 Salaries, wages, and fees payable	1,384,746	0	0	0	36.00
37.00 Payroll taxes payable	164,829	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	483,492	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,029,243	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	2,029,243	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	3,052,728				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	3,052,728	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	5,081,971	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-1

Date/Time Prepared:
9/15/2022 7:50 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		667,394		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-1,279,244				2.00
3.00	Total (sum of line 1 and line 2)		-611,850		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		3,664,578		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		3,664,578		0		10.00
11.00	Subtotal (line 3 plus line 10)		3,052,728		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		3,052,728		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022Worksheet G-2
Parts I-II
Date/Time Prepared:
9/15/2022 7:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	24,697,068		24,697,068	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	24,697,068		24,697,068	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	5,733,278	0	5,733,278	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	30,430,346	0	30,430,346	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			25,854,387	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			25,854,387	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555446

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-3

Date/Time Prepared:
9/15/2022 7:50 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	30,430,346	1.00
2.00	Less: contractual allowances and discounts on patients accounts	5,863,767	2.00
3.00	Net patient revenues (Line 1 minus line 2)	24,566,579	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	25,854,387	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-1,287,808	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	2,640	20.00
21.00	Rental of vending machines	314	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	5,610	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	8,564	25.00
26.00	Total (Line 5 plus line 25)	-1,279,244	26.00
27.00	OTHER EXPENSE	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,279,244	31.00

Exhibit 15 to Section 999.5(d)(5)(C)

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 555444 Period: From 06/01/2019 To 05/31/2020 Worksheet S Parts I, II & III Date/Time Prepared: 10/13/2020 1:54 pm

PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Sunnyvale CA, LLC (555444) for the cost reporting period beginning 06/01/2019 and ending 05/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) MARTIN D. ALLEN
 Chief Financial Officer or Administrator of Provider(s)
 DIRECTOR
 Title
 10/13/2020 01:54:45 PM
 Date

Cost Center Description		Title V 1.00	Title XVII		Title XIX 4.00	
			Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	17,393	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	17,393	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555444		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/13/2020 1:54 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street: 1150 TILTON DRIVE	PO Box:						1.00
2.00	City: SUNNYVALE	State: CA	Zip Code: 94087					2.00
3.00	County: SANTA CLARA	CBSA Code: 41940	Urban/Rural: U					3.00
3.01		CBSA Code:						3.01
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
					V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	
SNF and SNF-Based Component Identification:								
4.00	SNF	Manor Care of Sunnyvale CA, LLC	555444	12/17/1990	P	P	P	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00
				From:	To:			
				1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)			06/01/2019	05/31/2020		14.00	
15.00	Type of Control (See Instructions)			2501(C)(3)			15.00	
				Y/N				
				1.00				
Type of Freestanding Skilled Nursing Facility								
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						Y	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.						Y	18.00
Miscellaneous Cost Reporting Information								
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.								
20.00	Straight Line						286,319	20.00
21.00	Declining Balance						0	21.00
22.00	Sum of the Year's Digits						0	22.00
23.00	Sum of line 20 through 22						286,319	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.						0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N	28.00
				Part A	Part B	Other		
				1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.								
29.00	Skilled Nursing Facility						N	29.00
30.00	Nursing Facility						N	30.00
31.00	ICF/IID						N	31.00
32.00	SNF-Based HHA						N	32.00
33.00	SNF-Based RHC						N	33.00
34.00	SNF-Based FQHC						N	34.00
35.00	SNF-Based CMHC						N	35.00
36.00	SNF-Based OLTC							36.00
				Y/N				
				1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			Y			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N			38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.						39.00	
			Premiums	Paid Losses	Self Insurance			
			1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:			25,253	11,459	71,654	41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555444	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part I Date/Time Prepared: 10/13/2020 1:54 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 555444	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part II Date/Time Prepared: 10/13/2020 1:54 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Y/N	Date	Y/N	
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y	18.00

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

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
10/13/2020 1:54 pm

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00

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

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/13/2020 1:54 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	140	51,240	0	5,984	22,298	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	140	51,240	0	5,984	22,298	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	12,787	41,069	0	277	203	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	12,787	41,069	0	277	203	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	338	818	0.00	21.60	109.84	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC I	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF I	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	338	818	0.00	21.60	109.84	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	50.21	0	307	106	349	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF I	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	50.21	0	307	106	349	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	762	134.25	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I	0	0.00	0.00			6.00
6.10	SNF-Based CORF I	0	0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	762	134.25	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part II
Date/Time Prepared:
10/13/2020 1:54 pm

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES							
SALARIES							
1.00	Total salaries (See Instructions)	9,230,808	0	9,230,808	280,012.00	32.97	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	9,230,808	0	9,230,808	280,012.00	32.97	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC I	0	0	0	0.00	0.00	9.00
9.10	CORF I						9.10
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,230,808	0	9,230,808	280,012.00	32.97	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	122,208	0	122,208	2,012.00	60.74	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	394,780	0	394,780	6,092.92	64.79	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	1,418,929	0	1,418,929			17.00
18.00	Wage-related costs other (See Part IV)	9,240	0	9,240			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,428,169	0	1,428,169			22.00

SNF WAGE INDEX INFORMATION

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part III
Date/Time Prepared:
10/13/2020 1:54 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	911,044	2,157	913,201	27,241.00	33.52	1.00
2.00 Administrative & General	694,042	0	694,042	23,849.00	29.10	2.00
3.00 Plant Operation, Maintenance & Repairs	91,137	0	91,137	3,647.00	24.99	3.00
4.00 Laundry & Linen Service	100,231	0	100,231	5,727.00	17.50	4.00
5.00 Housekeeping	239,902	0	239,902	12,747.00	18.82	5.00
6.00 Dietary	580,095	0	580,095	24,458.00	23.72	6.00
7.00 Nursing Administration	663,775	0	663,775	12,781.00	51.93	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	76,141	0	76,141	2,037.00	37.38	10.00
11.00 Social Service	333,425	0	333,425	12,922.00	25.80	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,689,792	2,157	3,691,949	125,409.00	29.44	14.00

SNF WAGE RELATED COSTS		Provider No. : 555444	Period: From 06/01/2019 To 05/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 10/13/2020 1:54 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		75,073	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		502,449	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		28,862	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,841	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		133,479	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		541,463	17.00
18.00	Medicare Taxes - Employers Portion Only		133,847	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		1,915	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,418,929	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		3,420	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		0	25.04
25.05	EMPLOYEE UNIFORMS		4,438	25.05
25.06	EMPLOYEE APPRECIATION		1,382	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part V
Date/Time Prepared:
10/13/2020 1:54 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,750,765	270,040	2,020,805	37,999.00	53.18	1.00
2.00	Licensed Practical Nurses (LPNs)	1,050,707	162,062	1,212,769	26,974.00	44.96	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,284,027	352,290	2,636,317	108,948.00	24.20	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,085,499	784,392	5,869,891	173,921.00	33.75	4.00
5.00	Physical Therapists	369,006	56,911	425,917	8,449.00	50.41	5.00
6.00	Physical Therapy Assistants	141,627	21,740	163,367	4,601.00	35.51	6.00
7.00	Physical Therapy Aides	334	52	386	10.00	38.60	7.00
8.00	Occupational Therapists	387,931	55,468	443,399	8,264.00	53.65	8.00
9.00	Occupational Therapy Assistants	389	56	445	11.00	40.45	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	46,070	6,848	52,918	954.00	55.47	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	43,969	6,747	50,716	1,898.00	26.72	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	13,683		13,683	441.00	31.03	16.00
17.00	Total Nursing (sum of lines 14 through 16)	13,683		13,683	441.00	31.03	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	39,631		39,631	513.00	77.25	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	863		863	11.00	78.45	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/13/2020 1:54 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	12	1.00
2.00		RUL	33	2.00
3.00		RVX	0	3.00
4.00		RVL	7	4.00
5.00		RHX	0	5.00
6.00		RHL	0	6.00
7.00		RMX	0	7.00
8.00		RML	0	8.00
9.00		RLX	0	9.00
10.00		RUC	616	10.00
11.00		RUB	839	11.00
12.00		RUA	173	12.00
13.00		RVC	86	13.00
14.00		RVB	131	14.00
15.00		RVA	29	15.00
16.00		RHC	2	16.00
17.00		RHB	0	17.00
18.00		RHA	3	18.00
19.00		RMC	0	19.00
20.00		RMB	0	20.00
21.00		RMA	0	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	5	26.00
27.00		HE2	0	27.00
28.00		HE1	0	28.00
29.00		HD2	0	29.00
30.00		HD1	0	30.00
31.00		HC2	0	31.00
32.00		HC1	62	32.00
33.00		HB2	0	33.00
34.00		HB1	10	34.00
35.00		LE2	0	35.00
36.00		LE1	13	36.00
37.00		LD2	0	37.00
38.00		LD1	15	38.00
39.00		LC2	0	39.00
40.00		LC1	33	40.00
41.00		LB2	0	41.00
42.00		LB1	0	42.00
43.00		CE2	0	43.00
44.00		CE1	0	44.00
45.00		CD2	0	45.00
46.00		CD1	15	46.00
47.00		CC2	0	47.00
48.00		CC1	0	48.00
49.00		CB2	0	49.00
50.00		CB1	61	50.00
51.00		CA2	0	51.00
52.00		CA1	1	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	0	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	1	68.00
69.00		PD2	0	69.00
70.00		PD1	1	70.00
71.00		PC2	0	71.00
72.00		PC1	0	72.00
73.00		PB2	0	73.00
74.00		PB1	7	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/13/2020 1:54 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	0	76.00
99.00		AAA	3,829	99.00
100.00	TOTAL		5,984	100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	4,904,828	26.52	Y	101.00
102.00	Recruitment	-4,900	-0.03	N	102.00
103.00	Retention of employees	1,428,235	7.72	N	103.00
104.00	Training	227	0.00	N	104.00
105.00	OTHER (SPECIFY)	0	0.00		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		18,497,764		106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555444	Period: From 06/01/2019 To 05/31/2020	Worksheet A Date/Time Prepared: 10/13/2020 1:54 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		213,415	213,415	28,299	241,714	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		241,117	241,117	0	241,117	2.00
3.00	00300	EMPLOYEE BENEFITS	911,044	1,428,168	2,339,212	2,157	2,341,369	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	694,042	2,739,493	3,433,535	-28,299	3,405,236	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	91,137	612,002	703,139	0	703,139	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	100,231	20,292	120,523	0	120,523	6.00
7.00	00700	HOUSEKEEPING	239,902	31,310	271,212	0	271,212	7.00
8.00	00800	DIETARY	580,095	353,308	933,403	0	933,403	8.00
9.00	00900	NURSING ADMINISTRATION	663,775	0	663,775	0	663,775	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	76,141	-50	76,091	0	76,091	12.00
13.00	01300	SOCIAL SERVICE	241,565	510	242,075	0	242,075	13.00
13.01	01301	ACTIVITIES	91,860	13,084	104,944	0	104,944	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,623,174	262,122	4,885,296	-3,669	4,881,627	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	46,036	46,036	0	46,036	40.00
41.00	04100	LABORATORY	0	68,567	68,567	0	68,567	41.00
42.00	04200	INTRAVENOUS THERAPY	0	194,960	194,960	0	194,960	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	2,269	2,269	0	2,269	43.00
44.00	04400	PHYSICAL THERAPY	480,547	31,265	511,812	1,512	513,324	44.00
45.00	04500	OCCUPATIONAL THERAPY	355,334	40,090	395,424	0	395,424	45.00
46.00	04600	SPEECH PATHOLOGY	42,001	863	42,864	0	42,864	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,960	72,135	112,095	0	112,095	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	417,422	417,422	0	417,422	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		2,264,117	2,264,117	0	2,264,117	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	9,230,808	9,052,495	18,283,303	0	18,283,303	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,359	1,359	0	1,359	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	9,230,808	9,053,854	18,284,662	0	18,284,662	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	123,701	365,415
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-453	240,664
3.00	00300	EMPLOYEE BENEFITS	-43,386	2,297,983
4.00	00400	ADMINISTRATIVE & GENERAL	-784,995	2,620,241
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	648	703,787
6.00	00600	LAUNDRY & LINEN SERVICE	2,370	122,893
7.00	00700	HOUSEKEEPING	912	272,124
8.00	00800	DIETARY	-202	933,201
9.00	00900	NURSING ADMINISTRATION	2,336	666,111
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	76,091
13.00	01300	SOCIAL SERVICE	1,187	243,262
13.01	01301	ACTIVITIES	0	104,944
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	34,164	4,915,791
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	46,036
41.00	04100	LABORATORY	0	68,567
42.00	04200	INTRAVENOUS THERAPY	0	194,960
43.00	04300	OXYGEN (INHALATION) THERAPY	0	2,269
44.00	04400	PHYSICAL THERAPY	1,699	515,023
45.00	04500	OCCUPATIONAL THERAPY	998	396,422
46.00	04600	SPEECH PATHOLOGY	50	42,914
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	112,095
49.00	04900	DRUGS CHARGED TO PATIENTS	0	417,422
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-2,264,117	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-2,925,088	15,358,215
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	1,359
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-2,925,088	15,359,574

RECLASSIFICATIONS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/13/2020 1:54 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	33,005	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	4,620	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	86	3.00
	(1) D - COVID WAGES					
4.00		EMPLOYEE BENEFITS	3.00	2,157	0	4.00
5.00		PHYSICAL THERAPY	44.00	1,512	0	5.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		3,669	37,711	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 9.6.168.2

RECLASSIFICATIONS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/13/2020 1:54 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	33,005	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	4,620	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	86	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	3,669	0	4.00
5.00			0.00	0	0	5.00
	TOTALS					
100.00				3,669	37,711	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-7

Date/Time Prepared:
10/13/2020 1:54 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,149,804	0	0	0	0	1.00
2.00	Land Improvements	475,541	0	0	0	0	2.00
3.00	Buildings and Fixtures	8,748,359	0	0	0	0	3.00
4.00	Building Improvements	3,938,674	164,454	0	164,454	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,335,984	100,156	0	100,156	0	6.00
7.00	Subtotal (sum of lines 1-6)	19,648,362	264,610	0	264,610	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	19,648,362	264,610	0	264,610	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,149,804	0				1.00
2.00	Land Improvements	475,541	423,375				2.00
3.00	Buildings and Fixtures	8,748,359	7,559,894				3.00
4.00	Building Improvements	4,103,128	2,998,316				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	4,436,140	3,867,457				6.00
7.00	Subtotal (sum of lines 1-6)	19,912,972	14,849,042				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	19,912,972	14,849,042				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/13/2020 1:54 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
1.00			2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-530	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-103,593			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals	B	-700	DIETARY	8.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	123,701	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	-453	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-203,536	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-385,942	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-86,302	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,491	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-2,264,117	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2019	A	-43,386	EMPLOYEE BENEFITS	3.00	25.05
25.06	PPE NURSING	A	34,164	SKILLED NURSING FACILITY	30.00	25.06
25.07	PPE NURSING ADMINISTRATION	A	2,336	NURSING ADMINISTRATION	9.00	25.07
25.08	PPE PT	A	1,699	PHYSICAL THERAPY	44.00	25.08
25.09	PPE OT	A	998	OCCUPATIONAL THERAPY	45.00	25.09
25.10	PPE ST	A	50	SPEECH PATHOLOGY	46.00	25.10
25.11	PURCHASE SERVICE DENTISTRY	A	-1,726	ADMINISTRATIVE & GENERAL	4.00	25.11
25.12	PPE MAINTENANCE	A	648	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.12
25.13	PPE DIETARY	A	498	DIETARY	8.00	25.13
25.14	PPE LAUNDRY	A	2,370	LAUNDRY & LINEN SERVICE	6.00	25.14
25.15	PPE HOUSEKEEPING	A	912	HOUSEKEEPING	7.00	25.15
25.16	PPE SOCIAL SERVICE	A	1,187	SOCIAL SERVICE	13.00	25.16
25.17	PPE ADMINISTRATION	A	252	ADMINISTRATIVE & GENERAL	4.00	25.17
25.18	PENALTIES STATE AND FED	A	-1,127	ADMINISTRATIVE & GENERAL	4.00	25.18
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,925,088			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2020 1:54 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		569,623	673,216	-103,593	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	569,623	673,216	-103,593	10.00

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

Provider No.: 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2020 1:54 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 1:54 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	365,415	365,415		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	240,664	240,664		2.00
3.00	00300	EMPLOYEE BENEFITS	2,297,983	3,553	2,340	2,303,876
4.00	00400	ADMINISTRATIVE & GENERAL	2,620,241	9,694	6,385	192,241
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	703,787	20,841	13,726	25,244
6.00	00600	LAUNDRY & LINEN SERVICE	122,893	8,172	5,382	27,763
7.00	00700	HOUSEKEEPING	272,124	2,954	1,946	66,450
8.00	00800	DIETARY	933,201	51,751	34,084	160,679
9.00	00900	NURSING ADMINISTRATION	666,111	1,919	1,264	183,858
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,238	2,133	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	76,091	0	0	21,090
13.00	01300	SOCIAL SERVICE	243,262	914	602	66,911
13.01	01301	ACTIVITIES	104,944	9,481	6,244	25,444
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,915,791	234,382	154,362	1,279,546
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	46,036	0	0	0
41.00	04100	LABORATORY	68,567	0	0	0
42.00	04200	INTRAVENOUS THERAPY	194,960	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	2,269	0	0	0
44.00	04400	PHYSICAL THERAPY	515,023	10,537	6,940	133,525
45.00	04500	OCCUPATIONAL THERAPY	396,422	3,238	2,133	98,423
46.00	04600	SPEECH PATHOLOGY	42,914	873	575	11,634
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	112,095	1,949	1,284	11,068
49.00	04900	DRUGS CHARGED TO PATIENTS	417,422	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	15,358,215	363,496	239,400	2,303,876
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,359	1,919	1,264	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	15,359,574	365,415	240,664	2,303,876

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,828,561				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	181,219	944,817			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	38,971	23,303	226,484		6.00
7.00	00700	HOUSEKEEPING	81,514	8,424	0	433,412	7.00
8.00	00800	DIETARY	279,974	147,574	0	70,048	1,677,311
9.00	00900	NURSING ADMINISTRATION	202,473	5,471	0	2,597	0
10.00	01000	CENTRAL SERVICES & SUPPLY	1,275	9,234	0	4,383	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	23,063	0	0	0	0
13.00	01300	SOCIAL SERVICE	73,971	2,605	0	1,237	0
13.01	01301	ACTIVITIES	34,676	27,037	0	12,833	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,562,549	668,370	226,484	317,252	1,677,311
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	10,925	0	0	0	0
41.00	04100	LABORATORY	16,273	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	538	0	0	0	0
44.00	04400	PHYSICAL THERAPY	158,063	30,047	0	14,262	0
45.00	04500	OCCUPATIONAL THERAPY	118,713	9,234	0	4,383	0
46.00	04600	SPEECH PATHOLOGY	13,289	2,489	0	1,182	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,997	5,558	0	2,638	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	2,827,483	939,346	226,484	430,815	1,677,311
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,078	5,471	0	2,597	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	2,828,561	944,817	226,484	433,412	1,677,311

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,063,693					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	20,263				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	120,244		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	389,502	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,063,693	20,263	0	120,244	389,502	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,063,693	20,263	0	120,244	389,502	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,063,693	20,263	0	120,244	389,502	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	220,659					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	220,659	0	0	12,850,408	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	56,961	0	40.00
41.00	04100	LABORATORY	0	0	0	84,840	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	194,960	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	2,807	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	868,397	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	632,546	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	72,956	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	164,589	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	417,422	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	220,659	0	0	15,345,886	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	13,688	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	220,659	0	0	15,359,574	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	12,850,408
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	56,961
41.00	04100	LABORATORY	84,840
42.00	04200	INTRAVENOUS THERAPY	194,960
43.00	04300	OXYGEN (INHALATION) THERAPY	2,807
44.00	04400	PHYSICAL THERAPY	868,397
45.00	04500	OCCUPATIONAL THERAPY	632,546
46.00	04600	SPEECH PATHOLOGY	72,956
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,589
49.00	04900	DRUGS CHARGED TO PATIENTS	417,422
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	15,345,886
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	13,688
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	15,359,574

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	3,553	2,340	5,893	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	9,694	6,385	16,079	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	20,841	13,726	34,567	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	8,172	5,382	13,554	6.00
7.00	00700	HOUSEKEEPING	0	2,954	1,946	4,900	7.00
8.00	00800	DIETARY	0	51,751	34,084	85,835	8.00
9.00	00900	NURSING ADMINISTRATION	0	1,919	1,264	3,183	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,238	2,133	5,371	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	914	602	1,516	13.00
13.01	01301	ACTIVITIES	0	9,481	6,244	15,725	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	234,382	154,362	388,744	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	10,537	6,940	17,477	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	3,238	2,133	5,371	45.00
46.00	04600	SPEECH PATHOLOGY	0	873	575	1,448	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,949	1,284	3,233	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	363,496	239,400	602,896	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,919	1,264	3,183	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	365,415	240,664	606,079	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	16,570				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,061	35,693			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	228	880	14,733		6.00
7.00	00700	HOUSEKEEPING	477	318	0	5,865	7.00
8.00	00800	DIETARY	1,640	5,575	0	948	8.00
9.00	00900	NURSING ADMINISTRATION	1,186	207	0	35	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	7	349	0	59	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	135	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	433	98	0	17	13.00
13.01	01301	ACTIVITIES	203	1,021	0	174	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	9,157	25,250	14,733	4,293	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	64	0	0	0	40.00
41.00	04100	LABORATORY	95	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	3	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	926	1,135	0	193	44.00
45.00	04500	OCCUPATIONAL THERAPY	695	349	0	59	45.00
46.00	04600	SPEECH PATHOLOGY	78	94	0	16	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	176	210	0	36	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	16,564	35,486	14,733	5,830	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	6	207	0	35	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	16,570	35,693	14,733	5,865	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	5,081				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,786			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	189	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	5,081	5,786	0	189	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	5,081	5,786	0	189	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	5,081	5,786	0	189	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	17,188					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	17,188	0	0	570,339	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	64	0	40.00
41.00	04100	LABORATORY	0	0	0	95	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	3	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	20,072	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	6,726	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,666	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,683	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	17,188	0	0	602,648	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,431	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	17,188	0	0	606,079	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part II
Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:54 pm

CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	35,997				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		35,997			2.00
3.00	00300	EMPLOYEE BENEFITS	350	350	8,317,607		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	955	955	694,042	-2,828,561	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	2,053	2,053	91,137	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	805	805	100,231	0	6.00
7.00	00700	HOUSEKEEPING	291	291	239,902	0	7.00
8.00	00800	DIETARY	5,098	5,098	580,095	0	8.00
9.00	00900	NURSING ADMINISTRATION	189	189	663,775	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	319	319	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	76,141	0	12.00
13.00	01300	SOCIAL SERVICE	90	90	241,565	0	13.00
13.01	01301	ACTIVITIES	934	934	91,860	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	23,089	23,089	4,619,505	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-194,960	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,038	1,038	482,059	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	319	319	355,334	0	45.00
46.00	04600	SPEECH PATHOLOGY	86	86	42,001	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	192	192	39,960	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-417,422	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	35,808	35,808	8,317,607	-3,440,943	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	189	189	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	365,415	240,664	2,303,876	2,828,561	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	10.151263	6.685668	0.276988	0.237323	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			5,893	16,570	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000708	0.001390	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	32,639					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	805	41,069				6.00
7.00	00700	HOUSEKEEPING	291	0	31,543			7.00
8.00	00800	DIETARY	5,098	0	5,098	123,207		8.00
9.00	00900	NURSING ADMINISTRATION	189	0	189	0	41,069	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	319	0	319	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	90	0	90	0	0	13.00
13.01	01301	ACTIVITIES	934	0	934	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	23,089	41,069	23,089	123,207	41,069	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,038	0	1,038	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	319	0	319	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	86	0	86	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	192	0	192	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	32,450	41,069	31,354	123,207	41,069	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	189	0	189	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	944,817	226,484	433,412	1,677,311	1,063,693	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	28.947486	5.514719	13.740354	13.613764	25.900144	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	35,693	14,733	5,865	94,409	5,081	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	1.093569	0.358738	0.185937	0.766263	0.123719	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	41,069				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	41,069		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	41,069	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	41,069	0	41,069	41,069	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	41,069	0	41,069	41,069	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	20,263	0	120,244	389,502	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.493389	0.000000	2.927853	9.484088	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	5,786	0	189	2,235	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.140885	0.000000	0.004602	0.054421	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet C

Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	56,961	51,875	1.098043	40.00
41.00	04100	LABORATORY	84,840	125,743	0.674710	41.00
42.00	04200	INTRAVENOUS THERAPY	194,960	398,391	0.489368	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	2,807	21,648	0.129666	43.00
44.00	04400	PHYSICAL THERAPY	868,397	1,551,279	0.559794	44.00
45.00	04500	OCCUPATIONAL THERAPY	632,546	1,320,279	0.479100	45.00
46.00	04600	SPEECH PATHOLOGY	72,956	48,300	1.510476	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,589	184,686	0.891183	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	417,422	1,064,766	0.392032	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	2,750	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,495,478	4,769,717		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part I
Date/Time Prepared:
10/13/2020 1:54 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

Health Care Program Charges

Health Care Program Cost

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	1.098043	49,185	0	54,007	0	40.00
41.00	04100 LABORATORY	0.674710	74,482	0	50,254	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.489368	193,769	0	94,824	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.129666	6,897	0	894	0	43.00
44.00	04400 PHYSICAL THERAPY	0.559794	843,300	0	472,074	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.479100	746,600	0	357,696	0	45.00
46.00	04600 SPEECH PATHOLOGY	1.510476	25,100	0	37,913	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.891183	48,290	0	43,035	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.392032	656,099	0	257,212	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0.000000	54	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FOHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		2,643,776	0	1,367,909	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Parts II-III
Date/Time Prepared:
10/13/2020 1:54 pm

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.392032	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	56,961	0	0.000000	54,007	0 40.00
41.00	04100	LABORATORY	84,840	0	0.000000	50,254	0 41.00
42.00	04200	INTRAVENOUS THERAPY	194,960	0	0.000000	94,824	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	2,807	0	0.000000	894	0 43.00
44.00	04400	PHYSICAL THERAPY	868,397	0	0.000000	472,074	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	632,546	0	0.000000	357,696	0 45.00
46.00	04600	SPEECH PATHOLOGY	72,956	0	0.000000	37,913	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	164,589	0	0.000000	43,035	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	417,422	0	0.000000	257,212	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	2,495,478	0		1,367,909	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555444	Period: From 06/01/2019 To 05/31/2020	Worksheet D-1 Parts I-II Date/Time Prepared: 10/13/2020 1:54 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		41,069	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		5,984	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		12,850,408	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		18,497,764	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.694701	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		12,850,408	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		312.90	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,872,394	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,872,394	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		570,339	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		13.89	21.00
22.00	Program capital related cost (Line 3 times line 21)		83,118	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,789,276	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,789,276	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		41,069	1.00
2.00	Program inpatient days (see instructions)		5,984	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.145706	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555444	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part I Date/Time Prepared: 10/13/2020 1:54 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		1,963,606	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		1,963,606	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		362,962	5.00
6.00	Allowable bad debts (From your records)		27,258	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		17,718	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		1,618,362	11.00
12.00	Interim payments (See instructions)		1,571,344	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		324	14.75
14.99	Sequestration amount (see instructions)		29,301	14.99
15.00	Balance due provider/program (see Instructions)		17,393	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555444	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/13/2020 1:54 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555444	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/13/2020 1:54 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet E-1

Date/Time Prepared:
10/13/2020 1:54 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,571,344		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,571,344		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		17,393		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,588,737		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet G

Date/Time Prepared:
10/13/2020 1:54 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	-51,648	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,392,448	0	0	0	4.00
5.00 Other receivables	181,721	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-574,033	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	106,325	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,054,813	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	249,667	0	0	0	17.00
18.00 Less: Accumulated Amortization	-41,511	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	503,819	0	0	0	23.00
24.00 Less: Accumulated depreciation	-192,374	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	252,784	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	772,385	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	17,365	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	17,365	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,844,563	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	164,318	0	0	0	35.00
36.00 Salaries, wages, and fees payable	916,407	0	0	0	36.00
37.00 Payroll taxes payable	41,109	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	191,567	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,313,401	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,313,401	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,531,162				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	1,531,162	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,844,563	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-1

Date/Time Prepared:
10/13/2020 1:54 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,014,595		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		1,131,853				2.00
3.00	Total (sum of line 1 and line 2)		2,146,448		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,146,448		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		615,286		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		615,286		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		1,531,162		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020Worksheet G-2
Parts I-II
Date/Time Prepared:
10/13/2020 1:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	18,497,764		18,497,764	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	18,497,764		18,497,764	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	4,769,717	0	4,769,717	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	23,267,481	0	23,267,481	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			18,284,662	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			18,284,662	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555444

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-3

Date/Time Prepared:
10/13/2020 1:54 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	23,267,481	1.00
2.00	Less: contractual allowances and discounts on patients accounts	4,732,230	2.00
3.00	Net patient revenues (Line 1 minus line 2)	18,535,251	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	18,284,662	4.00
5.00	Net income from service to patients (Line 3 minus 4)	250,589	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	530	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	366	13.00
14.00	Revenue from meals sold to employees and guests	700	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	989	24.00
24.01	COVID-19 PHE PR	878,679	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	881,264	25.00
26.00	Total (Line 5 plus line 25)	1,131,853	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	1,131,853	31.00

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED

OMB NO. 0938-0463

Expires: 12/31/2021

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

Provider CCN: 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet S
Parts I, II & III
Date/Time Prepared:
10/13/2021 8:05 am

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 10/13/2021 Time: 8:05 am
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Sunnyvale CA, LLC (555444) for the cost reporting period beginning 06/01/2020 and ending 05/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin d. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin d. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	10/13/2021 08:05:44 AM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1. 00	2. 00	3. 00	4. 00	
	PART III - SETTLEMENT SUMMARY					
1. 00	SKILLED NURSING FACILITY	0	1,487	0	0	1. 00
2. 00	NURSING FACILITY	0			0	2. 00
3. 00	ICF/IID				0	3. 00
4. 00	SNF - BASED HHA I	0	0	0		4. 00
5. 00	SNF - BASED RHC I	0		0		5. 00
6. 00	SNF - BASED FQHC I	0		0		6. 00
7. 00	SNF - BASED CMHC I	0		0		7. 00
7. 10	SNF - BASED CORF I	0		0		7. 10
100. 00	TOTAL	0	1,487	0	0	100. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No. : 555444		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 10/13/2021 8:05 am			
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:											
1.00	Street: 1150 TILTON DRIVE		PO Box:		Zip Code: 94087				1.00		
2.00	City: SUNNYVALE		State: CA						2.00		
3.00	County: SANTA CLARA		CBSA Code: 41940		Urban/Rural: U				3.00		
3.01			CBSA Code:						3.01		
			Component Name		Provider CCN	Date Certified	Payment System (P, 0, or N)				
							V XVIII XIX				
			1.00		2.00	3.00	4.00 5.00 6.00				
SNF and SNF-Based Component Identification:											
4.00	SNF		Manor Care of Sunnyvale CA, LLC		555444	12/17/1990	P	P	P	4.00	
5.00	Nursing Facility									5.00	
6.00	ICF/IID									6.00	
7.00	SNF-Based HHA									7.00	
8.00	SNF-Based RHC									8.00	
9.00	SNF-Based FQHC									9.00	
10.00	SNF-Based CMHC									10.00	
11.00	SNF-Based OLTC									11.00	
12.00	SNF-Based HOSPICE									12.00	
13.00	SNF-Based CORF									13.00	
						From:	To:				
						1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2020		05/31/2021		14.00	
15.00	Type of Control (See Instructions)							2501(C)(3)		15.00	
								Y/N			
								1.00			
Type of Freestanding Skilled Nursing Facility											
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y		18.00	
Miscellaneous Cost Reporting Information											
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.											
20.00	Straight Line							248,906		20.00	
21.00	Declining Balance							0		21.00	
22.00	Sum of the Year's Digits							0		22.00	
23.00	Sum of line 20 through 22							248,906		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N		28.00	
						Part A	Part B	Other			
						1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.											
29.00	Skilled Nursing Facility							N	N	N	29.00
30.00	Nursing Facility										30.00
31.00	ICF/IID										31.00
32.00	SNF-Based HHA							N	N		32.00
33.00	SNF-Based RHC										33.00
34.00	SNF-Based FQHC								N		34.00
35.00	SNF-Based CMHC								N		35.00
36.00	SNF-Based OLTC										36.00
						Y/N					
						1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y				37.00	
38.00	Are you legally required to carry malpractice insurance? (Y/N)					N				38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.									39.00	
					Premiums	Paid Losses	Self Insurance				
					1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:					28,041	12,724	79,565		41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555444	Period: From 06/01/2020 To 05/31/2021	Worksheet S-2 Part I Date/Time Prepared: 10/13/2021 8:05 am
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No.: 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
10/13/2021 8:05 am

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

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

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
10/13/2021 8:05 am

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HOLLY	BENNETT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419-254-5388	HOLLY.BENNETT@PROMEDI CA. ORG	21.00

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

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
10/13/2021 8:05 am

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

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

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
10/13/2021 8:05 am

Component		Number of Beds		Bed Days Available		Inpatient Days/Visits			
						Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00			
1.00	SKILLED NURSING FACILITY	140	51,100	0	3,191	22,174	1.00		
2.00	NURSING FACILITY	0	0	0		0	2.00		
3.00	ICF/IID	0	0			0	3.00		
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00		
5.00	Other Long Term Care	0	0				5.00		
6.00	SNF-Based CMHC I						6.00		
6.10	SNF-Based CORF I						6.10		
7.00	HOSPICE	0	0	0	0	0	7.00		
8.00	Total (Sum of lines 1-7)	140	51,100	0	3,191	22,174	8.00		
Component		Inpatient Days/Visits		Discharges					
		Other	Total	Title V	Title XVIII	Title XIX			
		6.00	7.00	8.00	9.00	10.00			
1.00	SKILLED NURSING FACILITY	8,680	34,045	0	123	138	1.00		
2.00	NURSING FACILITY	0	0	0		0	2.00		
3.00	ICF/IID	0	0			0	3.00		
4.00	HOME HEALTH AGENCY COST	0	0				4.00		
5.00	Other Long Term Care	0	0				5.00		
6.00	SNF-Based CMHC I						6.00		
6.10	SNF-Based CORF I						6.10		
7.00	HOSPICE	0	0	0	0	0	7.00		
8.00	Total (Sum of lines 1-7)	8,680	34,045	0	123	138	8.00		
Component		Discharges		Average Length of Stay					
		Other	Total	Title V	Title XVIII	Title XIX			
		11.00	12.00	13.00	14.00	15.00			
1.00	SKILLED NURSING FACILITY	140	401	0.00	25.94	160.68	1.00		
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00		
3.00	ICF/IID	0	0			0.00	3.00		
4.00	HOME HEALTH AGENCY COST						4.00		
5.00	Other Long Term Care	0	0				5.00		
6.00	SNF-Based CMHC I						6.00		
6.10	SNF-Based CORF I						6.10		
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00		
8.00	Total (Sum of lines 1-7)	140	401	0.00	25.94	160.68	8.00		
Component		Average Length of Stay	Admissions						
		Total	Title V	Title XVIII	Title XIX			Other	
		16.00	17.00	18.00	19.00	20.00			
1.00	SKILLED NURSING FACILITY	84.90	0	159	71	140	1.00		
2.00	NURSING FACILITY	0.00	0		0	0	2.00		
3.00	ICF/IID	0.00			0	0	3.00		
4.00	HOME HEALTH AGENCY COST						4.00		
5.00	Other Long Term Care	0.00				0	5.00		
6.00	SNF-Based CMHC I						6.00		
6.10	SNF-Based CORF I						6.10		
7.00	HOSPICE	0.00	0	0	0	0	7.00		
8.00	Total (Sum of lines 1-7)	84.90	0	159	71	140	8.00		
Component		Admissions	Full Time Equivalent						
		Total	Employees on Payroll	Nonpaid Workers					
		21.00	22.00	23.00					
1.00	SKILLED NURSING FACILITY	370	119.11	0.00				1.00	
2.00	NURSING FACILITY	0	0.00	0.00				2.00	
3.00	ICF/IID	0	0.00	0.00				3.00	
4.00	HOME HEALTH AGENCY COST		0.00	0.00				4.00	
5.00	Other Long Term Care	0	0.00	0.00				5.00	
6.00	SNF-Based CMHC I		0.00	0.00				6.00	
6.10	SNF-Based CORF I		0.00	0.00				6.10	
7.00	HOSPICE	0	0.00	0.00				7.00	
8.00	Total (Sum of lines 1-7)	370	119.11	0.00				8.00	

SNF WAGE INDEX INFORMATION

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
10/13/2021 8:05 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	8,458,903	0	8,458,903	247,746.00	34.14 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	8,458,903	0	8,458,903	247,746.00	34.14 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00 8.00
9.00	CMHC I	0	0	0	0.00	0.00 9.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	0	0	0	0.00	0.00 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,458,903	0	8,458,903	247,746.00	34.14 13.00
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	2,907	0	2,907	87.00	33.41 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	422,693	0	422,693	6,862.01	61.60 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,323,362	0	1,323,362		
18.00	Wage-related costs other (See Part IV)	50,732	0	50,732		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,374,094	0	1,374,094		

SNF WAGE INDEX INFORMATION

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part III
Date/Time Prepared:
10/13/2021 8:05 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	847,707	223	847,930	24,454.00	34.67	1.00
2.00 Administrative & General	720,771	7,407	728,178	22,136.00	32.90	2.00
3.00 Plant Operation, Maintenance & Repairs	66,448	709	67,157	2,079.00	32.30	3.00
4.00 Laundry & Linen Service	100,663	2,052	102,715	5,373.00	19.12	4.00
5.00 Housekeeping	239,038	3,281	242,319	12,783.00	18.96	5.00
6.00 Dietary	540,763	5,886	546,649	23,188.00	23.57	6.00
7.00 Nursing Administration	641,978	1,340	643,318	11,883.00	54.14	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	69,980	1,481	71,461	1,931.00	37.01	10.00
11.00 Social Service	260,609	2,010	262,619	10,623.00	24.72	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,487,957	24,389	3,512,346	114,450.00	30.69	14.00

SNF WAGE RELATED COSTS		Provider No. : 555444	Period: From 06/01/2020 To 05/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 10/13/2021 8:05 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		66,737	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		493,043	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		28,017	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		644	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		72,418	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		490,512	17.00
18.00	Medicare Taxes - Employers Portion Only		122,654	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		49,337	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,323,362	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		31,666	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		11,817	25.04
25.05	EMPLOYEE UNIFORMS		6,394	25.05
25.06	EMPLOYEE APPRECIATION		855	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part V
Date/Time Prepared:
10/13/2021 8:05 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,618,347	255,402	1,873,749	35,827.00	52.30	1.00
2.00	Licensed Practical Nurses (LPNs)	754,153	119,018	873,171	19,293.00	45.26	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,229,214	351,807	2,581,021	99,260.00	26.00	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,601,714	726,227	5,327,941	154,380.00	34.51	4.00
5.00	Physical Therapists	261,878	40,619	302,497	5,905.00	51.23	5.00
6.00	Physical Therapy Assistants	91,613	14,261	105,874	3,002.00	35.27	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	283,638	43,849	327,487	6,183.00	52.97	8.00
9.00	Occupational Therapy Assistants	17,305	2,662	19,967	532.00	37.53	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	59,666	8,971	68,637	1,238.00	55.44	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	53,722	8,419	62,141	2,337.00	26.59	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,548		2,548	82.00	31.07	16.00
17.00	Total Nursing (sum of lines 14 through 16)	2,548		2,548	82.00	31.07	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	359		359	5.00	71.80	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
10/13/2021 8:05 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
10/13/2021 8:05 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		258,803	258,803	35,696	294,499	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		244,131	244,131	0	244,131	2.00
3.00	00300	EMPLOYEE BENEFITS	847,707	1,374,094	2,221,801	223	2,222,024	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	720,771	2,342,459	3,063,230	-28,289	3,034,941	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	66,448	606,582	673,030	709	673,739	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	100,663	17,288	117,951	2,052	120,003	6.00
7.00	00700	HOUSEKEEPING	239,038	27,775	266,813	3,281	270,094	7.00
8.00	00800	DIETARY	540,763	321,166	861,929	5,886	867,815	8.00
9.00	00900	NURSING ADMINISTRATION	641,978	0	641,978	1,340	643,318	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	69,980	391	70,371	1,481	71,852	12.00
13.00	01300	SOCIAL SERVICE	155,201	0	155,201	893	156,094	13.00
13.01	01301	ACTIVITIES	105,408	7,071	112,479	1,117	113,596	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,276,761	254,642	4,531,403	-32,924	4,498,479	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	10,801	10,801	0	10,801	40.00
41.00	04100	LABORATORY	0	66,462	66,462	0	66,462	41.00
42.00	04200	INTRAVENOUS THERAPY	0	64,721	64,721	0	64,721	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	2,180	2,180	0	2,180	43.00
44.00	04400	PHYSICAL THERAPY	324,490	34,198	358,688	2,185	360,873	44.00
45.00	04500	OCCUPATIONAL THERAPY	270,585	115	270,700	2,692	273,392	45.00
46.00	04600	SPEECH PATHOLOGY	50,853	359	51,212	3,197	54,409	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,257	82,983	131,240	461	131,701	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	248,515	248,515	0	248,515	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		2,253,117	2,253,117	0	2,253,117	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,458,903	8,217,853	16,676,756	0	16,676,756	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	600	600	0	600	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	8,458,903	8,218,453	16,677,356	0	16,677,356	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	102,626	397,125
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-29,906	214,225
3.00	00300	EMPLOYEE BENEFITS	-23,817	2,198,207
4.00	00400	ADMINISTRATIVE & GENERAL	-490,831	2,544,110
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	673,739
6.00	00600	LAUNDRY & LINEN SERVICE	0	120,003
7.00	00700	HOUSEKEEPING	0	270,094
8.00	00800	DIETARY	0	867,815
9.00	00900	NURSING ADMINISTRATION	0	643,318
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	71,852
13.00	01300	SOCIAL SERVICE	0	156,094
13.01	01301	ACTIVITIES	0	113,596
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	4,498,479
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	10,801
41.00	04100	LABORATORY	0	66,462
42.00	04200	INTRAVENOUS THERAPY	0	64,721
43.00	04300	OXYGEN (INHALATION) THERAPY	0	2,180
44.00	04400	PHYSICAL THERAPY	0	360,873
45.00	04500	OCCUPATIONAL THERAPY	0	273,392
46.00	04600	SPEECH PATHOLOGY	0	54,409
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	131,701
49.00	04900	DRUGS CHARGED TO PATIENTS	0	248,515
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-2,253,117	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-2,695,045	13,981,711
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	600
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-2,695,045	13,982,311

RECLASSIFICATIONS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/13/2021 8:05 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	32,537	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	3,087	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	72	3.00
	(1) D - COVID WAGES					
4.00		EMPLOYEE BENEFITS	3.00	223	0	4.00
5.00		ADMINISTRATIVE & GENERAL	4.00	7,407	0	5.00
6.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	709	0	6.00
7.00		LAUNDRY & LINEN SERVICE	6.00	2,052	0	7.00
8.00		HOUSEKEEPING	7.00	3,281	0	8.00
9.00		DIETARY	8.00	5,886	0	9.00
10.00		NURSING ADMINISTRATION	9.00	1,340	0	10.00
11.00		MEDICAL RECORDS & LIBRARY	12.00	1,481	0	11.00
12.00		SOCIAL SERVICE	13.00	893	0	12.00
13.00		ACTIVITIES	13.01	1,117	0	13.00
14.00		PHYSICAL THERAPY	44.00	2,185	0	14.00
15.00		OCCUPATIONAL THERAPY	45.00	2,692	0	15.00
16.00		SPEECH PATHOLOGY	46.00	3,197	0	16.00
17.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	461	0	17.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		32,924	35,696	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECLASSIFICATIONS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/13/2021 8:05 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	32,537	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	3,087	2.00
	(1) C - DIRECTLY ASSIGNED INTEREST EXPENSE					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	72	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	32,924	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
16.00			0.00	0	0	16.00
17.00			0.00	0	0	17.00
	TOTALS					
100.00				32,924	35,696	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-7

Date/Time Prepared:
10/13/2021 8:05 am

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,149,804	0	0	0	0	1.00
2.00	Land Improvements	475,541	0	0	0	0	2.00
3.00	Buildings and Fixtures	8,748,359	0	0	0	0	3.00
4.00	Building Improvements	4,103,128	68,820	0	68,820	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,436,140	43,661	0	43,661	0	6.00
7.00	Subtotal (sum of lines 1-6)	19,912,972	112,481	0	112,481	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	19,912,972	112,481	0	112,481	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
				6.00	7.00		
		ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	2,149,804	0				1.00
2.00	Land Improvements	475,541	423,375				2.00
3.00	Buildings and Fixtures	8,748,359	7,559,894				3.00
4.00	Building Improvements	4,171,948	3,065,196				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	4,479,801	3,923,920				6.00
7.00	Subtotal (sum of lines 1-6)	20,025,453	14,972,385				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	20,025,453	14,972,385				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
10/13/2021 8:05 am

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	85,171			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	102,626	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	-29,906	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-151,048	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-369,022	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-52,991	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,291	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-2,253,117	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2020	A	-23,817	EMPLOYEE BENEFITS	3.00	25.05
25.06	PENALTIES STATE AND FED	A	-650	ADMINISTRATIVE & GENERAL	4.00	25.06
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,695,045			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2021 8:05 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		612,740	527,569	85,171	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	612,740	527,569	85,171	10.00

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

Provider No.: 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2021 8:05 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/13/2021 8:05 am

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	397,125	397,125		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	214,225	214,225		2.00
3.00	00300	EMPLOYEE BENEFITS	2,198,207	3,861	2,083	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,544,110	10,536	5,683	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	673,739	22,649	12,218	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	120,003	8,881	4,791	6.00
7.00	00700	HOUSEKEEPING	270,094	3,210	1,732	7.00
8.00	00800	DIETARY	867,815	56,242	30,339	8.00
9.00	00900	NURSING ADMINISTRATION	643,318	2,085	1,125	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,519	1,898	10.00
11.00	01100	PHARMACY	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	71,852	0	0	12.00
13.00	01300	SOCIAL SERVICE	156,094	993	536	13.00
13.01	01301	ACTIVITIES	113,596	10,304	5,558	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,498,479	254,723	137,407	30.00
31.00	03100	NURSING FACILITY	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	10,801	0	0	40.00
41.00	04100	LABORATORY	66,462	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	64,721	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	2,180	0	0	43.00
44.00	04400	PHYSICAL THERAPY	360,873	11,451	6,177	44.00
45.00	04500	OCCUPATIONAL THERAPY	273,392	3,519	1,898	45.00
46.00	04600	SPEECH PATHOLOGY	54,409	949	512	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	131,701	2,118	1,143	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	248,515	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00	06200	FOHC	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	71.00
72.00	07200	CORF I	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	08100	INTEREST EXPENSE				81.00
82.00	08200	UTILIZATION REVIEW				82.00
83.00	08300	HOSPICE	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	13,981,711	395,040	213,100	89.00
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	600	2,085	1,125	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	99.00
100.00		TOTAL	13,982,311	397,125	214,225	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,771,211				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	185,136	913,191			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	41,556	22,523	227,500		6.00
7.00	00700	HOUSEKEEPING	87,784	8,142	0	441,138	7.00
8.00	00800	DIETARY	282,949	142,635	0	71,297	1,609,588
9.00	00900	NURSING ADMINISTRATION	211,781	5,288	0	2,643	0
10.00	01000	CENTRAL SERVICES & SUPPLY	1,377	8,925	0	4,461	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	23,534	0	0	0	0
13.00	01300	SOCIAL SERVICE	51,577	2,518	0	1,259	0
13.01	01301	ACTIVITIES	40,765	26,132	0	13,062	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,556,157	645,995	227,500	322,907	1,609,588
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	2,747	0	0	0	0
41.00	04100	LABORATORY	16,901	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	554	0	0	0	0
44.00	04400	PHYSICAL THERAPY	120,306	29,042	0	14,517	0
45.00	04500	OCCUPATIONAL THERAPY	91,023	8,925	0	4,461	0
46.00	04600	SPEECH PATHOLOGY	18,188	2,406	0	1,203	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,907	5,372	0	2,685	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	2,770,242	907,903	227,500	438,495	1,609,588
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	969	5,288	0	2,643	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	2,771,211	913,191	227,500	441,138	1,609,588

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,052,546					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	20,180				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	116,081		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	258,182	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,052,546	20,180	0	116,081	258,182	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,052,546	20,180	0	116,081	258,182	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,052,546	20,180	0	116,081	258,182	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	240,267					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	240,267	0	0	12,169,033	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	13,548	0	40.00
41.00	04100	LABORATORY	0	0	0	83,363	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	64,721	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	2,734	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	636,972	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	462,360	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	93,320	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	195,035	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	248,515	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	240,267	0	0	13,969,601	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	12,710	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	240,267	0	0	13,982,311	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	12,169,033
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	13,548
41.00	04100	LABORATORY	83,363
42.00	04200	INTRAVENOUS THERAPY	64,721
43.00	04300	OXYGEN (INHALATION) THERAPY	2,734
44.00	04400	PHYSICAL THERAPY	636,972
45.00	04500	OCCUPATIONAL THERAPY	462,360
46.00	04600	SPEECH PATHOLOGY	93,320
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,035
49.00	04900	DRUGS CHARGED TO PATIENTS	248,515
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	13,969,601
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	12,710
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	13,982,311

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
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10/13/2021 8:05 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	3,861	2,083	5,944	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	10,536	5,683	16,219	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	22,649	12,218	34,867	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	8,881	4,791	13,672	6.00
7.00	00700	HOUSEKEEPING	0	3,210	1,732	4,942	7.00
8.00	00800	DIETARY	0	56,242	30,339	86,581	8.00
9.00	00900	NURSING ADMINISTRATION	0	2,085	1,125	3,210	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	3,519	1,898	5,417	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	993	536	1,529	13.00
13.01	01301	ACTIVITIES	0	10,304	5,558	15,862	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	254,723	137,407	392,130	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	11,451	6,177	17,628	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	3,519	1,898	5,417	45.00
46.00	04600	SPEECH PATHOLOGY	0	949	512	1,461	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,118	1,143	3,261	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	395,040	213,100	608,140	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,085	1,125	3,210	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	397,125	214,225	611,350	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	16,788				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,121	36,040			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	252	889	14,893		6.00
7.00	00700	HOUSEKEEPING	532	321	0	5,984	7.00
8.00	00800	DIETARY	1,714	5,629	0	967	8.00
9.00	00900	NURSING ADMINISTRATION	1,283	209	0	36	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	8	352	0	61	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	143	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	312	99	0	17	13.00
13.01	01301	ACTIVITIES	247	1,031	0	177	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	9,428	25,496	14,893	4,380	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	17	0	0	0	40.00
41.00	04100	LABORATORY	102	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	3	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	729	1,146	0	197	44.00
45.00	04500	OCCUPATIONAL THERAPY	551	352	0	61	45.00
46.00	04600	SPEECH PATHOLOGY	110	95	0	16	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	230	212	0	36	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	16,782	35,831	14,893	5,948	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	6	209	0	36	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	16,788	36,040	14,893	5,984	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	5,240				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,838			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	199		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	2,079	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	5,240	5,838	0	199	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	5,240	5,838	0	199	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	5,240	5,838	0	199	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	17,400					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	17,400	0	0	575,717	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	17	0	40.00
41.00	04100	LABORATORY	0	0	0	102	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	3	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	19,955	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	6,594	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,724	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,777	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	17,400	0	0	607,889	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,461	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	17,400	0	0	611,350	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
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CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	35,997				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		35,997			2.00
3.00	00300	EMPLOYEE BENEFITS	350	350	7,610,973		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	955	955	728,178	-2,771,211	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	2,053	2,053	67,157	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	805	805	102,715	0	6.00
7.00	00700	HOUSEKEEPING	291	291	242,319	0	7.00
8.00	00800	DIETARY	5,098	5,098	546,649	0	8.00
9.00	00900	NURSING ADMINISTRATION	189	189	643,318	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	319	319	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	71,461	0	12.00
13.00	01300	SOCIAL SERVICE	90	90	156,094	0	13.00
13.01	01301	ACTIVITIES	934	934	106,525	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	23,089	23,089	4,243,837	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-64,721	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,038	1,038	326,675	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	319	319	273,277	0	45.00
46.00	04600	SPEECH PATHOLOGY	86	86	54,050	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	192	192	48,718	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-248,515	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	35,808	35,808	7,610,973	-3,084,447	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	189	189	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	397,125	214,225	2,204,151	2,771,211	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	11.032169	5.951190	0.289602	0.254289	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			5,944	16,788	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000781	0.001540	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	32,639					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	805	34,045				6.00
7.00	00700	HOUSEKEEPING	291	0	31,543			7.00
8.00	00800	DIETARY	5,098	0	5,098	102,135		8.00
9.00	00900	NURSING ADMINISTRATION	189	0	189	0	34,045	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	319	0	319	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	90	0	90	0	0	13.00
13.01	01301	ACTIVITIES	934	0	934	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	23,089	34,045	23,089	102,135	34,045	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,038	0	1,038	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	319	0	319	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	86	0	86	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	192	0	192	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	32,450	34,045	31,354	102,135	34,045	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	189	0	189	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	913,191	227,500	441,138	1,609,588	1,052,546	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	27.978523	6.682332	13.985290	15.759416	30.916317	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	36,040	14,893	5,984	95,318	5,240	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	1.104200	0.437450	0.189709	0.933255	0.153914	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	34,045				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	34,045		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	34,045	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	34,045	0	34,045	34,045	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	34,045	0	34,045	34,045	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	20,180	0	116,081	258,182	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.592745	0.000000	3.409634	7.583551	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	5,838	0	199	2,079	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.171479	0.000000	0.005845	0.061066	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet C

Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	13,548	15,028	0.901517	40.00
41.00	04100	LABORATORY	83,363	61,010	1.366383	41.00
42.00	04200	INTRAVENOUS THERAPY	64,721	123,312	0.524856	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	2,734	13,508	0.202399	43.00
44.00	04400	PHYSICAL THERAPY	636,972	999,944	0.637008	44.00
45.00	04500	OCCUPATIONAL THERAPY	462,360	880,827	0.524916	45.00
46.00	04600	SPEECH PATHOLOGY	93,320	89,060	1.047833	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,035	194,623	1.002117	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	248,515	531,877	0.467241	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	402	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	1,800,568	2,909,591		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Part I
Date/Time Prepared:
10/13/2021 8:05 am

Title XVIII (1)

Skilled Nursing
Facility

PPS

Health Care Program Charges

Health Care Program Cost

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0.901517	14,738	0	13,287	0	40.00
41.00	04100 LABORATORY	1.366383	28,086	0	38,376	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.524856	60,347	0	31,673	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0.202399	1,082	0	219	0	43.00
44.00	04400 PHYSICAL THERAPY	0.637008	479,400	0	305,382	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.524916	440,750	0	231,357	0	45.00
46.00	04600 SPEECH PATHOLOGY	1.047833	43,050	0	45,109	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.002117	46,927	0	47,026	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.467241	267,535	0	125,003	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FOHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000		0			71.00
100.00	Total (Sum of lines 40 - 71)		1,381,915	0	837,432	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No.: 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet D
Parts II-III
Date/Time Prepared:
10/13/2021 8:05 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.467241	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	13,548	0	0.000000	13,287	0 40.00
41.00	04100	LABORATORY	83,363	0	0.000000	38,376	0 41.00
42.00	04200	INTRAVENOUS THERAPY	64,721	0	0.000000	31,673	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	2,734	0	0.000000	219	0 43.00
44.00	04400	PHYSICAL THERAPY	636,972	0	0.000000	305,382	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	462,360	0	0.000000	231,357	0 45.00
46.00	04600	SPEECH PATHOLOGY	93,320	0	0.000000	45,109	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,035	0	0.000000	47,026	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	248,515	0	0.000000	125,003	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	1,800,568	0		837,432	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555444	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 10/13/2021 8:05 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		34,045	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		3,191	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		12,169,033	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		14,410,862	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.844435	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		12,169,033	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		357.44	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,140,591	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,140,591	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		575,717	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		16.91	21.00
22.00	Program capital related cost (Line 3 times line 21)		53,960	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,086,631	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,086,631	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		34,045	1.00
2.00	Program inpatient days (see instructions)		3,191	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.093729	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part I
Date/Time Prepared:
10/13/2021 8:05 am

Title XVIII

Skilled Nursing
Facility

PPS

		1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
1.00	Inpatient PPS amount (See Instructions)	3,948,325	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	3,948,325	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	231,391	5.00
6.00	Allowable bad debts (From your records)	2,288	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	1,487	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	3,718,421	11.00
12.00	Interim payments (See instructions)	3,716,934	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	1,487	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555444	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 10/13/2021 8:05 am
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555444	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 10/13/2021 8:05 am
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet E-1

Date/Time Prepared:
10/13/2021 8:05 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		3,716,934		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		3,716,934		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		1,487		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,718,421		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet G

Date/Time Prepared:
10/13/2021 8:05 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	132,179	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,913,592	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-506,430	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	115,257	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,654,598	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	318,486	0	0	0	17.00
18.00 Less: Accumulated Amortization	-80,149	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	537,632	0	0	0	23.00
24.00 Less: Accumulated depreciation	-329,921	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	520,839	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	966,887	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	1,487	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1,487	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,622,972	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	134,290	0	0	0	35.00
36.00 Salaries, wages, and fees payable	1,028,154	0	0	0	36.00
37.00 Payroll taxes payable	17,244	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	100,971	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,280,659	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,280,659	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,342,313	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	1,342,313	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,622,972	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-1

Date/Time Prepared:
10/13/2021 8:05 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,531,162		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-1,785,718				2.00
3.00	Total (sum of line 1 and line 2)		-254,556		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		1,596,869		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		1,596,869		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,342,313		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		1,342,313		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021Worksheet G-2
Parts I-II
Date/Time Prepared:
10/13/2021 8:05 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	14,410,862		14,410,862	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	14,410,862		14,410,862	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	2,909,591	0	2,909,591	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	17,320,453	0	17,320,453	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			16,677,356	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			16,677,356	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555444

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-3

Date/Time Prepared:
10/13/2021 8:05 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	17,320,453	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,844,837	2.00
3.00	Net patient revenues (Line 1 minus line 2)	14,475,616	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	16,677,356	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,201,740	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-1,316	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	30	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	120	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	417,188	24.50
25.00	Total other income (Sum of lines 6 - 24)	416,022	25.00
26.00	Total (Line 5 plus line 25)	-1,785,718	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,785,718	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555444	Period: From 06/01/2021 To 05/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 10/5/2022 11:39 am
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____
	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care of Sunnyvale CA, LLC (555444) for the cost reporting period beginning 06/01/2021 and ending 05/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin D. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin D. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	10/05/2022 11:39:50 AM		4

Cost Center Description		Title V		Title XVIII		Title XIX	
		1.00	2.00	3.00	4.00		
PART III - SETTLEMENT SUMMARY							
1.00	SKILLED NURSING FACILITY	0	0	0	0	0	1.00
2.00	NURSING FACILITY	0				0	2.00
3.00	ICF/IID					0	3.00
4.00	SNF - BASED HHA I	0	0	0			4.00
5.00	SNF - BASED RHC I	0		0			5.00
6.00	SNF - BASED FQHC I	0		0			6.00
7.00	SNF - BASED CMHC I	0		0			7.00
7.10	SNF - BASED CORF I	0		0			7.10
100.00	TOTAL	0	0	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Health Financial Systems		Manor Care of Sunnyvale CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555444		Period: From 06/01/2021 To 05/31/2022		Worksheet S-2 Part I Date/Time Prepared: 10/5/2022 11:39 am		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1150 TILTON DRIVE	PO Box:	1.00						
2.00	City: SUNNYVALE	State: CA	2.00						
3.00	County: SANTA CLARA	CBSA Code: 41940	3.00						
3.01		CBSA Code:	3.01						
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care of Sunnyvale CA, LLC	555444	12/17/1990	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			06/01/2021	05/31/2022		14.00		
15.00	Type of Control (See Instructions)			2501(C)(3)		15.00			
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					Y		16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line					151,710		20.00	
21.00	Declining Balance					0		21.00	
22.00	Sum of the Year's Digits					0		22.00	
23.00	Sum of line 20 through 22					151,710		23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00	
					Part A	Part B	Other		
					1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility					N	N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID								31.00
32.00	SNF-Based HHA					N	N		32.00
33.00	SNF-Based RHC								33.00
34.00	SNF-Based FQHC						N		34.00
35.00	SNF-Based CMHC						N		35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00	2.00				
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			Y			37.00		
38.00	Are you legally required to carry malpractice insurance? (Y/N)			N			38.00		
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.						39.00		
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:			30,840	13,994	87,506		41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555444	Period: From 06/01/2021 To 05/31/2022	Worksheet S-2 Part I Date/Time Prepared: 10/5/2022 11:39 am
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 555444	Period: From 06/01/2021 To 05/31/2022	Worksheet S-2 Part II Date/Time Prepared: 10/5/2022 11:39 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Y/N	Date	Y/N	
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y	18.00

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

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
10/5/2022 11:39 am

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HOLLY	BENNETT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419-254-5388	HOLLY.BENNETT@PROMEDICA.ORG	21.00

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

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
10/5/2022 11:39 am

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

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

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part I
Date/Time Prepared:
10/5/2022 11:39 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	140	51,100	0	3,011	18,936	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	140	51,100	0	3,011	18,936	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	10,830	32,777	0	142	170	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0	0	0	0	0	6.00
6.10	SNF-Based CORF I	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	10,830	32,777	0	142	170	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	180	492	0.00	21.20	111.39	1.00
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00
3.00	ICF/IID	0	0	0.00	0.00	0.00	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00
6.00	SNF-Based CMHC I	0	0	0.00	0.00	0.00	6.00
6.10	SNF-Based CORF I	0	0	0.00	0.00	0.00	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	180	492	0.00	21.20	111.39	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	66.62	0	181	73	211	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC I	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF I	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	66.62	0	181	73	211	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	465	111.13	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I	0	0.00	0.00			6.00
6.10	SNF-Based CORF I	0	0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	465	111.13	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part II
Date/Time Prepared:
10/5/2022 11:39 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	8,393,963	0	8,393,963	231,141.00	36.32 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	8,393,963	0	8,393,963	231,141.00	36.32 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00 8.00
9.00	CMHC I	0	0	0	0.00	0.00 9.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	0	0	0	0.00	0.00 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,393,963	0	8,393,963	231,141.00	36.32 13.00
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	334,436	0	334,436	8,678.00	38.54 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	497,945	0	497,945	9,125.50	54.57 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,360,053	0	1,360,053		
18.00	Wage-related costs other (See Part IV)	39,962	0	39,962		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,400,015	0	1,400,015		

SNF WAGE INDEX INFORMATION

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part III
Date/Time Prepared:
10/5/2022 11:39 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	855,998	0	855,998	24,364.00	35.13	1.00
2.00 Administrative & General	602,957	536	603,493	16,252.00	37.13	2.00
3.00 Plant Operation, Maintenance & Repairs	72,526	0	72,526	2,001.00	36.24	3.00
4.00 Laundry & Linen Service	98,575	0	98,575	5,298.00	18.61	4.00
5.00 Housekeeping	260,782	572	261,354	13,508.00	19.35	5.00
6.00 Dietary	575,534	1,175	576,709	23,592.00	24.45	6.00
7.00 Nursing Administration	626,902	354	627,256	11,071.00	56.66	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	75,861	0	75,861	1,997.00	37.99	10.00
11.00 Social Service	321,352	715	322,067	11,169.00	28.84	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,490,487	3,352	3,493,839	109,252.00	31.98	14.00

SNF WAGE RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part IV
Date/Time Prepared:
10/5/2022 11:39 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	83,448	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	579,570	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	28,512	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	591	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	36,896	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	485,823	17.00
18.00	Medicare Taxes - Employers Portion Only	121,712	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	23,501	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,360,053	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
25.01	PENSION	0	25.01
25.02	OTHER EMPLOYEE BENEFITS	17,425	25.02
25.03	DISABILITY PAYMENTS	0	25.03
25.04	EMPLOYEE VACCINATIONS	16,601	25.04
25.05	EMPLOYEE UNIFORMS	5,936	25.05
25.06	EMPLOYEE APPRECIATION	0	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part V
Date/Time Prepared:
10/5/2022 11:39 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,350,375	224,638	1,575,013	26,807.00	58.75	1.00
2.00	Licensed Practical Nurses (LPNs)	1,118,164	186,009	1,304,173	25,882.00	50.39	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,188,775	365,316	2,554,091	88,549.00	28.84	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,657,314	775,963	5,433,277	141,238.00	38.47	4.00
5.00	Physical Therapists	218,427	36,657	255,084	4,806.00	53.08	5.00
6.00	Physical Therapy Assistants	83,845	13,990	97,835	2,604.00	37.57	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	247,640	41,359	288,999	4,998.00	57.82	8.00
9.00	Occupational Therapy Assistants	34,411	5,696	40,107	1,025.00	39.13	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	62,331	10,153	72,484	1,234.00	58.74	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	51,666	8,511	60,177	2,388.00	25.20	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	73,020		73,020	1,197.00	61.00	14.00
15.00	Licensed Practical Nurses (LPNs)	94,778		94,778	2,106.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	166,638		166,638	5,375.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	334,436		334,436	8,678.00	38.54	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
10/5/2022 11:39 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
10/5/2022 11:39 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555444	Period: From 06/01/2021 To 05/31/2022	Worksheet A Date/Time Prepared: 10/5/2022 11:39 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		268,385	268,385	33,891	302,276	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		252,092	252,092	0	252,092	2.00
3.00	00300	EMPLOYEE BENEFITS	855,998	1,400,015	2,256,013	0	2,256,013	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	602,957	1,843,053	2,446,010	-33,355	2,412,655	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	72,526	741,317	813,843	0	813,843	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	98,575	22,217	120,792	0	120,792	6.00
7.00	00700	HOUSEKEEPING	260,782	20,799	281,581	572	282,153	7.00
8.00	00800	DIETARY	575,534	350,175	925,709	1,175	926,884	8.00
9.00	00900	NURSING ADMINISTRATION	626,902	0	626,902	354	627,256	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	75,861	-453	75,408	0	75,408	12.00
13.00	01300	SOCIAL SERVICE	219,819	4,714	224,533	715	225,248	13.00
13.01	01301	ACTIVITIES	101,533	3,942	105,475	0	105,475	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,271,993	543,129	4,815,122	-5,050	4,810,072	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	16,099	16,099	0	16,099	40.00
41.00	04100	LABORATORY	0	45,008	45,008	0	45,008	41.00
42.00	04200	INTRAVENOUS THERAPY	0	60,833	60,833	0	60,833	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	5,957	5,957	0	5,957	43.00
44.00	04400	PHYSICAL THERAPY	273,603	30,132	303,735	357	304,092	44.00
45.00	04500	OCCUPATIONAL THERAPY	254,302	407	254,709	1,341	256,050	45.00
46.00	04600	SPEECH PATHOLOGY	56,663	0	56,663	0	56,663	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	46,915	81,889	128,804	0	128,804	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	260,343	260,343	0	260,343	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		2,350,675	2,350,675	0	2,350,675	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,393,963	8,300,728	16,694,691	0	16,694,691	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,654	2,654	0	2,654	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	8,393,963	8,303,382	16,697,345	0	16,697,345	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet A

Date/Time Prepared:
10/5/2022 11:39 am

Cost Center Description			Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	302,276	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	0	252,092	2.00
3.00	00300	EMPLOYEE BENEFITS	0	2,256,013	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-9,430	2,403,225	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	813,843	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	120,792	6.00
7.00	00700	HOUSEKEEPING	0	282,153	7.00
8.00	00800	DIETARY	0	926,884	8.00
9.00	00900	NURSING ADMINISTRATION	0	627,256	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	75,408	12.00
13.00	01300	SOCIAL SERVICE	0	225,248	13.00
13.01	01301	ACTIVITIES	0	105,475	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	4,810,072	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	16,099	40.00
41.00	04100	LABORATORY	0	45,008	41.00
42.00	04200	INTRAVENOUS THERAPY	0	60,833	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	5,957	43.00
44.00	04400	PHYSICAL THERAPY	0	304,092	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	256,050	45.00
46.00	04600	SPEECH PATHOLOGY	0	56,663	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	128,804	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	260,343	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF I	0	0	72.00
73.00	07300	CMHC I	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	-2,350,675	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-2,360,105	14,334,586	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,654	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00		TOTAL	-2,360,105	14,337,240	100.00

RECLASSIFICATIONS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
10/5/2022 11:39 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	25,654	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	8,237	2.00
	(1) D - COVID WAGES					
3.00		ADMINISTRATIVE & GENERAL	4.00	536	0	3.00
4.00		HOUSEKEEPING	7.00	572	0	4.00
5.00		DIETARY	8.00	1,175	0	5.00
6.00		NURSING ADMINISTRATION	9.00	354	0	6.00
7.00		SOCIAL SERVICE	13.00	715	0	7.00
8.00		PHYSICAL THERAPY	44.00	357	0	8.00
9.00		OCCUPATIONAL THERAPY	45.00	1,341	0	9.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		5,050	33,891	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECLASSIFICATIONS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
10/5/2022 11:39 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	25,654	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	8,237	2.00
	(1) D - COVID WAGES					
3.00		SKILLED NURSING FACILITY	30.00	5,050	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
	TOTALS					
100.00				5,050	33,891	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-7

Date/Time Prepared:
10/5/2022 11:39 am

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
2.00	Land	0	0	0	0	0	1.00
3.00	Land Improvements	0	0	0	0	0	2.00
4.00	Buildings and Fixtures	0	0	0	0	0	3.00
5.00	Building Improvements	318,486	12,993	0	12,993	0	4.00
6.00	Fixed Equipment	0	0	0	0	0	5.00
7.00	Movable Equipment	537,632	34,199	0	34,199	0	6.00
8.00	Subtotal (sum of lines 1-6)	856,118	47,192	0	47,192	0	7.00
9.00	Reconciling Items	0	0	0	0	0	8.00
	Total (line 7 minus line 8)	856,118	47,192	0	47,192	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
2.00	Land	0	0				1.00
3.00	Land Improvements	0	0				2.00
4.00	Buildings and Fixtures	0	0				3.00
5.00	Building Improvements	331,479	0				4.00
6.00	Fixed Equipment	0	0				5.00
7.00	Movable Equipment	571,831	0				6.00
8.00	Subtotal (sum of lines 1-6)	903,310	0				7.00
9.00	Reconciling Items	0	0				8.00
	Total (line 7 minus line 8)	903,310	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-8

Date/Time Prepared:
10/5/2022 11:39 am

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
	1.00	2.00	3.00	4.00	
1.00 Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	43,820			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests		0		0.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines		0		0.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00 Depreciation--buildings and fixtures	A		OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment	A		OCAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00 NON-ALLOWABLE ADVERTISING	A	-108,379	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01 BAD DEBT EXPENSE	A	83,462	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 MEDICAL TRANSPORTATION	A	-18,639	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,023	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04 WELL TOWER LEASE EXPENSE	A	-2,350,675	INTEREST EXPENSE	81.00	25.04
25.05 PURCH SERV PODIATRY	A	-830	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06 PURCH SERV PHYS CARE	A	-6,841	ADMINISTRATIVE & GENERAL	4.00	25.06
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,360,105			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/5/2022 11:39 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		547,978	504,158	43,820	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	547,978	504,158	43,820	10.00

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

Provider No.: 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/5/2022 11:39 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/5/2022 11:39 am

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	302,276	302,276		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	252,092	252,092		2.00
3.00	00300	EMPLOYEE BENEFITS	2,256,013	2,939	2,451	2,261,403
4.00	00400	ADMINISTRATIVE & GENERAL	2,403,225	8,019	6,688	181,049
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	813,843	17,240	14,377	21,758
6.00	00600	LAUNDRY & LINEN SERVICE	120,792	6,760	5,638	29,573
7.00	00700	HOUSEKEEPING	282,153	2,444	2,038	78,407
8.00	00800	DIETARY	926,884	42,809	35,702	173,014
9.00	00900	NURSING ADMINISTRATION	627,256	1,587	1,324	188,178
10.00	01000	CENTRAL SERVICES & SUPPLY	0	2,679	2,234	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	75,408	0	0	22,758
13.00	01300	SOCIAL SERVICE	225,248	756	630	66,161
13.01	01301	ACTIVITIES	105,475	7,843	6,541	30,460
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	4,810,072	193,884	161,695	1,280,089
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	16,099	0	0	16,099
41.00	04100	LABORATORY	45,008	0	0	45,008
42.00	04200	INTRAVENOUS THERAPY	60,833	0	0	60,833
43.00	04300	OXYGEN (INHALATION) THERAPY	5,957	0	0	5,957
44.00	04400	PHYSICAL THERAPY	304,092	8,716	7,269	82,189
45.00	04500	OCCUPATIONAL THERAPY	256,050	2,679	2,234	76,693
46.00	04600	SPEECH PATHOLOGY	56,663	722	602	16,999
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,804	1,612	1,345	14,075
49.00	04900	DRUGS CHARGED TO PATIENTS	260,343	0	0	260,343
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	14,334,586	300,689	250,768	2,261,403
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	2,654	1,587	1,324	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	14,337,240	302,276	252,092	2,261,403

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,598,981				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	197,414	1,064,632			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	37,051	26,258	226,072		6.00
7.00	00700	HOUSEKEEPING	83,098	9,492	0	457,632	7.00
8.00	00800	DIETARY	268,253	166,289	0	4,981	1,617,932
9.00	00900	NURSING ADMINISTRATION	186,288	6,165	0	3,235	0
10.00	01000	CENTRAL SERVICES & SUPPLY	1,118	10,405	0	5,460	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	22,347	0	0	0	0
13.00	01300	SOCIAL SERVICE	66,652	2,936	0	1,541	0
13.01	01301	ACTIVITIES	34,219	30,466	0	15,987	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,467,303	753,125	226,072	395,208	1,617,932
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	3,665	0	0	0	0
41.00	04100	LABORATORY	10,246	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	1,356	0	0	0	0
44.00	04400	PHYSICAL THERAPY	91,572	33,858	0	17,767	0
45.00	04500	OCCUPATIONAL THERAPY	76,864	10,405	0	5,460	0
46.00	04600	SPEECH PATHOLOGY	17,070	2,805	0	1,472	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,198	6,263	0	3,286	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	2,597,714	1,058,467	226,072	454,397	1,617,932
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	1,267	6,165	0	3,235	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	2,598,981	1,064,632	226,072	457,632	1,617,932

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	1,014,033					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	21,896				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	120,513		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	363,924	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	1,014,033	21,896	0	120,513	363,924	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	1,014,033	21,896	0	120,513	363,924	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	1,014,033	21,896	0	120,513	363,924	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

Period:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	230,991					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	230,991	0	0	12,656,737	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	19,764	0	40.00
41.00	04100	LABORATORY	0	0	0	55,254	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	60,833	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	7,313	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	545,463	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	430,385	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	96,333	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	188,583	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	260,343	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	230,991	0	0	14,321,008	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	16,232	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	230,991	0	0	14,337,240	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555444

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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	12,656,737
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	19,764
41.00	04100	LABORATORY	55,254
42.00	04200	INTRAVENOUS THERAPY	60,833
43.00	04300	OXYGEN (INHALATION) THERAPY	7,313
44.00	04400	PHYSICAL THERAPY	545,463
45.00	04500	OCCUPATIONAL THERAPY	430,385
46.00	04600	SPEECH PATHOLOGY	96,333
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	188,583
49.00	04900	DRUGS CHARGED TO PATIENTS	260,343
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	14,321,008
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	16,232
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	14,337,240

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2021
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	2,939	2,451	5,390	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	8,019	6,688	14,707	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	17,240	14,377	31,617	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	6,760	5,638	12,398	6.00
7.00	00700	HOUSEKEEPING	0	2,444	2,038	4,482	7.00
8.00	00800	DIETARY	0	42,809	35,702	78,511	8.00
9.00	00900	NURSING ADMINISTRATION	0	1,587	1,324	2,911	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	2,679	2,234	4,913	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	756	630	1,386	13.00
13.01	01301	ACTIVITIES	0	7,843	6,541	14,384	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	193,884	161,695	355,579	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	8,716	7,269	15,985	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	2,679	2,234	4,913	45.00
46.00	04600	SPEECH PATHOLOGY	0	722	602	1,324	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,612	1,345	2,957	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	300,689	250,768	551,457	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,587	1,324	2,911	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	302,276	252,092	554,368	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	15,138				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,150	32,819			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	216	809	13,493		6.00
7.00	00700	HOUSEKEEPING	484	293	0	5,446	7.00
8.00	00800	DIETARY	1,563	5,126	0	59	8.00
9.00	00900	NURSING ADMINISTRATION	1,085	190	0	38	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	7	321	0	65	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	130	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	388	90	0	18	13.00
13.01	01301	ACTIVITIES	199	939	0	190	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	8,547	23,217	13,493	4,705	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	21	0	0	0	40.00
41.00	04100	LABORATORY	60	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	8	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	533	1,044	0	211	44.00
45.00	04500	OCCUPATIONAL THERAPY	448	321	0	65	45.00
46.00	04600	SPEECH PATHOLOGY	99	86	0	18	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	193	193	0	39	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	15,131	32,629	13,493	5,408	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	7	190	0	38	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	15,138	32,819	13,493	5,446	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	4,672					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	5,306				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	184		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	2,040	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,672	5,306	0	184	2,040	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	4,672	5,306	0	184	2,040	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	4,672	5,306	0	184	2,040	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	15,785					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	15,785	0	0	522,250	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	21	0	40.00
41.00	04100	LABORATORY	0	0	0	60	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	8	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	17,969	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	5,930	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	1,568	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,416	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	15,785	0	0	551,222	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	3,146	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	15,785	0	0	554,368	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555444

Period:
From 06/01/2021
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

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Date/Time Prepared:
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CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	35,997				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		35,997			2.00
3.00	00300	EMPLOYEE BENEFITS	350	350	7,537,965		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	955	955	603,493	-2,598,981	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	2,053	2,053	72,526	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	805	805	98,575	0	6.00
7.00	00700	HOUSEKEEPING	291	291	261,354	0	7.00
8.00	00800	DIETARY	5,098	5,098	576,709	0	8.00
9.00	00900	NURSING ADMINISTRATION	189	189	627,256	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	319	319	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	75,861	0	12.00
13.00	01300	SOCIAL SERVICE	90	90	220,534	0	13.00
13.01	01301	ACTIVITIES	934	934	101,533	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	23,089	23,089	4,266,943	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-60,833	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,038	1,038	273,960	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	319	319	255,643	0	45.00
46.00	04600	SPEECH PATHOLOGY	86	86	56,663	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	192	192	46,915	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-260,343	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	35,808	35,808	7,537,965	-2,920,157	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	189	189	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	302,276	252,092	2,261,403	2,598,981	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	8.397255	7.003139	0.300002	0.227640	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			5,390	15,138	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.000715	0.001326	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	32,639					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	805	32,777				6.00
7.00	00700	HOUSEKEEPING	291	0	26,736			7.00
8.00	00800	DIETARY	5,098	0	291	98,331		8.00
9.00	00900	NURSING ADMINISTRATION	189	0	189	0	32,777	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	319	0	319	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	90	0	90	0	0	13.00
13.01	01301	ACTIVITIES	934	0	934	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	23,089	32,777	23,089	98,331	32,777	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,038	0	1,038	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	319	0	319	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	86	0	86	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	192	0	192	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	32,450	32,777	26,547	98,331	32,777	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	189	0	189	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	1,064,632	226,072	457,632	1,617,932	1,014,033	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	32.618401	6.897276	17.116697	16.453936	30.937334	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	32,819	13,493	5,446	85,671	4,672	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	1.005515	0.411661	0.203695	0.871251	0.142539	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/5/2022 11:39 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	32,777				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	32,777		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	32,777	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	32,777	0	32,777	32,777	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	32,777	0	32,777	32,777	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	21,896	0	120,513	363,924	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.668029	0.000000	3.676755	11.103030	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	5,306	0	184	2,040	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.161882	0.000000	0.005614	0.062239	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/5/2022 11:39 am

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet C

Date/Time Prepared:
10/5/2022 11:39 am

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	19,764	22,540	0.876841	40.00
41.00	04100	LABORATORY	55,254	37,456	1.475171	41.00
42.00	04200	INTRAVENOUS THERAPY	60,833	69,338	0.877340	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	7,313	29,128	0.251064	43.00
44.00	04400	PHYSICAL THERAPY	545,463	807,488	0.675506	44.00
45.00	04500	OCCUPATIONAL THERAPY	430,385	826,421	0.520782	45.00
46.00	04600	SPEECH PATHOLOGY	96,333	145,877	0.660371	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	188,583	201,297	0.936840	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	260,343	533,032	0.488419	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	3,167	0.000000	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	1,664,271	2,675,744		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet D
Part I
Date/Time Prepared:
10/5/2022 11:39 am

Title XVIII (1)

Skilled Nursing
Facility

PPS

			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
	PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
	ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0.876841	20,150	0	17,668	0	40.00
41.00	04100	LABORATORY	1.475171	21,278	0	31,389	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.877340	34,555	0	30,316	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.251064	3,177	0	798	0	43.00
44.00	04400	PHYSICAL THERAPY	0.675506	366,725	0	247,725	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.520782	396,000	0	206,230	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.660371	59,150	0	39,061	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.936840	43,264	0	40,531	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.488419	252,825	0	123,485	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0.000000	98	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00
100.00		Total (Sum of lines 40 - 71)		1,197,222	0	737,203	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet D
Parts II-III
Date/Time Prepared:
10/5/2022 11:39 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.488419	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	19,764	0	0.000000	17,668	0 40.00
41.00	04100	LABORATORY	55,254	0	0.000000	31,389	0 41.00
42.00	04200	INTRAVENOUS THERAPY	60,833	0	0.000000	30,316	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	7,313	0	0.000000	798	0 43.00
44.00	04400	PHYSICAL THERAPY	545,463	0	0.000000	247,725	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	430,385	0	0.000000	206,230	0 45.00
46.00	04600	SPEECH PATHOLOGY	96,333	0	0.000000	39,061	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	188,583	0	0.000000	40,531	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	260,343	0	0.000000	123,485	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	1,664,271	0		737,203	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555444	Period: From 06/01/2021 To 05/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 10/5/2022 11:39 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		32,777	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		3,011	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		12,656,737	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		14,502,209	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.872745	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		12,656,737	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		386.15	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,162,698	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,162,698	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		522,250	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		15.93	21.00
22.00	Program capital related cost (Line 3 times line 21)		47,965	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,114,733	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,114,733	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		32,777	1.00
2.00	Program inpatient days (see instructions)		3,011	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.091863	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555444	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part I Date/Time Prepared: 10/5/2022 11:39 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		3,068,790	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		3,068,790	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		182,880	5.00
6.00	Allowable bad debts (From your records)		0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		0	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		2,885,910	11.00
12.00	Interim payments (See instructions)		2,881,087	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		0	14.75
14.99	Sequestration amount (see instructions)		4,823	14.99
15.00	Balance due provider/program (see Instructions)		0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555444	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 10/5/2022 11:39 am
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555444	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 10/5/2022 11:39 am
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet E-1

Date/Time Prepared:
10/5/2022 11:39 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,881,087		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,881,087		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,881,087		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet G

Date/Time Prepared:
10/5/2022 11:39 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	21,900	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,109,642	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-251,570	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	123,734	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,003,706	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	2,655	0	0	0	15.00
16.00 Less: Accumulated depreciation	-248	0	0	0	16.00
17.00 Leasehold improvements	328,824	0	0	0	17.00
18.00 Less: Accumulated Amortization	-120,341	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	571,831	0	0	0	23.00
24.00 Less: Accumulated depreciation	-441,193	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	1,245,089	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	1,586,617	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	0	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	3,590,323	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	13,784	0	0	0	35.00
36.00 Salaries, wages, and fees payable	1,099,836	0	0	0	36.00
37.00 Payroll taxes payable	102,318	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	371,758	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,587,696	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,587,696	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	2,002,627				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	2,002,627	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	3,590,323	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-1

Date/Time Prepared:
10/5/2022 11:39 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,342,313		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-2,292,356				2.00
3.00	Total (sum of line 1 and line 2)		-950,043		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		2,952,670		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		2,952,670		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,002,627		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		2,002,627		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022Worksheet G-2
Parts I-II
Date/Time Prepared:
10/5/2022 11:39 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	14,502,209		14,502,209	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	14,502,209		14,502,209	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	2,675,744	0	2,675,744	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	17,177,953	0	17,177,953	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			16,697,345	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			16,697,345	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555444

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-3

Date/Time Prepared:
10/5/2022 11:39 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	17,177,953	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,773,189	2.00
3.00	Net patient revenues (Line 1 minus line 2)	14,404,764	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	16,697,345	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,292,581	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	225	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	225	25.00
26.00	Total (Line 5 plus line 25)	-2,292,356	26.00
27.00	OTHER EXPENSE	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-2,292,356	31.00

Exhibit 16 to Section 999.5(d)(5)(C)

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

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

Provider CCN: 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet S
Parts I, II & III
Date/Time Prepared:
10/13/2020 1:52 pm

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		Date: 10/13/2020 Time: 1:52 pm
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	5. Date Received: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care-Tice Valley CA, LLC (555710) for the cost reporting period beginning 06/01/2019 and ending 05/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) MARTIN D. ALLEN
Chief Financial Officer or Administrator of Provider(s)
DIRECTOR
Title
10/13/2020 01:52:56 PM
Date

Cost Center Description		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1. 00	2. 00	3. 00	4. 00	
	PART III - SETTLEMENT SUMMARY					
1. 00	SKILLED NURSING FACILITY	0	16,748	0	0	1. 00
2. 00	NURSING FACILITY	0			0	2. 00
3. 00	ICF/IID				0	3. 00
4. 00	SNF - BASED HHA I	0	0	0		4. 00
5. 00	SNF - BASED RHC I	0		0		5. 00
6. 00	SNF - BASED FQHC I	0		0		6. 00
7. 00	SNF - BASED CMHC I	0		0		7. 00
7. 10	SNF - BASED CORF I	0		0		7. 10
100. 00	TOTAL	0	16,748	0	0	100. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

Health Financial Systems		Manor Care-Tice Valley CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555710		Period: From 06/01/2019 To 05/31/2020		Worksheet S-2 Part I Date/Time Prepared: 10/13/2020 1:52 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1975 TICE VALLEY BOULEVARD	PO Box:	1.00						
2.00	City: WALNUT CREEK	State: CA	Zip Code: 94595	2.00					
3.00	County: CONTRA COSTA	CBSA Code: 36084	Urban/Rural: U	3.00					
3.01		CBSA Code:		3.01					
		Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care-Tice Valley CA, LLC	555710	08/07/1997	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			06/01/2019	05/31/2020			14.00	
15.00	Type of Control (See Instructions)			2501(C)(3)			15.00		
				Y/N					
				1.00					
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						Y	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N	17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.						Y	18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line						576,436	20.00	
21.00	Declining Balance						0	21.00	
22.00	Sum of the Year's Digits						0	22.00	
23.00	Sum of line 20 through 22						576,436	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.						0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N	28.00	
				Part A	Part B	Other			
				1.00	2.00	3.00			
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility						N	N	29.00
30.00	Nursing Facility								30.00
31.00	ICF/IID							N	31.00
32.00	SNF-Based HHA						N	N	32.00
33.00	SNF-Based RHC							N	33.00
34.00	SNF-Based FQHC							N	34.00
35.00	SNF-Based CMHC							N	35.00
36.00	SNF-Based OLTC								36.00
				Y/N					
				1.00		2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)			Y		37.00			
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N		38.00			
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.					39.00			
			Premiums	Paid Losses	Self Insurance				
			1.00	2.00	3.00				
41.00	List malpractice premiums and paid losses:		18,110	8,217	448,684		41.00		

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part I Date/Time Prepared: 10/13/2020 1:52 pm
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0362 44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201 45.00	
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086	46.00	
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet S-2 Part II Date/Time Prepared: 10/13/2020 1:52 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
Approved Educational Activities					
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
Bad Debts					
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00
Bed Complement					
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
		Y/N	Date	Y/N	
		0	1.00	2.00	3.00
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	N		N	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N	15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N	16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N	17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	Y		Y	18.00

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

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
10/13/2020 1:52 pm

		Part B	
		Date	
		4.00	
PS&R Data			
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00

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

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part I
Date/Time Prepared:
10/13/2020 1:52 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	120	43,920	0	4,109	20,284	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	120	43,920	0	4,109	20,284	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	14,857	39,250	0	203	189	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	14,857	39,250	0	203	189	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	878	1,270	0.00	20.24	107.32	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	878	1,270	0.00	20.24	107.32	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	30.91	0	207	88	862	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	30.91	0	207	88	862	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	1,157	140.71	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	1,157	140.71	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part II
Date/Time Prepared:
10/13/2020 1:52 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	9,291,114	0	9,291,114	293,489.00	31.66
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	9,291,114	0	9,291,114	293,489.00	31.66
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,291,114	0	9,291,114	293,489.00	31.66
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	301,883	0	301,883	6,223.00	48.51
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	420,211	0	420,211	6,485.41	64.79
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,252,569	0	1,252,569		
18.00	Wage-related costs other (See Part IV)	135,949	0	135,949		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,388,518	0	1,388,518		

SNF WAGE INDEX INFORMATION

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part III
Date/Time Prepared:
10/13/2020 1:52 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	822,480	0	822,480	25,521.00	32.23	1.00
2.00 Administrative & General	564,133	0	564,133	17,510.00	32.22	2.00
3.00 Plant Operation, Maintenance & Repairs	46,910	0	46,910	1,915.00	24.50	3.00
4.00 Laundry & Linen Service	54,749	0	54,749	2,951.00	18.55	4.00
5.00 Housekeeping	260,863	0	260,863	16,581.00	15.73	5.00
6.00 Dietary	507,761	0	507,761	23,994.00	21.16	6.00
7.00 Nursing Administration	459,904	0	459,904	8,935.00	51.47	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	39,182	0	39,182	1,543.00	25.39	10.00
11.00 Social Service	320,983	200	321,183	12,837.00	25.02	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,076,965	200	3,077,165	111,787.00	27.53	14.00

SNF WAGE RELATED COSTS		Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 10/13/2020 1:52 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		51,764	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Retirement Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		436,998	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		28,145	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		2,919	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		39,425	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		552,853	17.00
18.00	Medicare Taxes - Employers Portion Only		134,721	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		5,744	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,252,569	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		108,545	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		10,832	25.04
25.05	EMPLOYEE UNIFORMS		13,444	25.05
25.06	EMPLOYEE APPRECIATION		3,128	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet S-3
Part V
Date/Time Prepared:
10/13/2020 1:52 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,900,068	285,830	2,185,898	40,900.00	53.44	1.00
2.00	Licensed Practical Nurses (LPNs)	1,282,647	192,950	1,475,597	40,999.00	35.99	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,165,371	325,220	2,490,591	116,666.00	21.35	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,348,086	804,000	6,152,086	198,565.00	30.98	4.00
5.00	Physical Therapists	470,286	69,366	539,652	10,516.00	51.32	5.00
6.00	Physical Therapy Assistants	238,577	35,343	273,920	6,603.00	41.48	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	580,976	87,165	668,141	14,037.00	47.60	8.00
9.00	Occupational Therapy Assistants	4,693	704	5,397	120.00	44.98	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	82,767	13,653	96,420	1,901.00	50.72	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	42,369	6,743	49,112	2,038.00	24.10	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	43,659		43,659	716.00	60.98	14.00
15.00	Licensed Practical Nurses (LPNs)	71,997		71,997	1,600.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	67,609		67,609	2,181.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	183,265		183,265	4,497.00	40.75	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	19,459		19,459	250.00	77.84	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	18,024		18,024	232.00	77.69	24.00
25.00	Respiratory Therapists	1,550		1,550	20.00	77.50	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/13/2020 1:52 pm

		Group	Days	
		1.00	2.00	
1.00		RUX	14	1.00
2.00		RUL	0	2.00
3.00		RVX	0	3.00
4.00		RVL	0	4.00
5.00		RHX	0	5.00
6.00		RHL	13	6.00
7.00		RMX	0	7.00
8.00		RML	1	8.00
9.00		RLX	0	9.00
10.00		RUC	252	10.00
11.00		RUB	193	11.00
12.00		RUA	153	12.00
13.00		RVC	67	13.00
14.00		RVB	177	14.00
15.00		RVA	89	15.00
16.00		RHC	10	16.00
17.00		RHB	17	17.00
18.00		RHA	5	18.00
19.00		RMC	7	19.00
20.00		RMB	0	20.00
21.00		RMA	2	21.00
22.00		RLB	0	22.00
23.00		RLA	0	23.00
24.00		ES3	0	24.00
25.00		ES2	0	25.00
26.00		ES1	0	26.00
27.00		HE2	0	27.00
28.00		HE1	0	28.00
29.00		HD2	0	29.00
30.00		HD1	4	30.00
31.00		HC2	0	31.00
32.00		HC1	0	32.00
33.00		HB2	0	33.00
34.00		HB1	0	34.00
35.00		LE2	0	35.00
36.00		LE1	0	36.00
37.00		LD2	0	37.00
38.00		LD1	39	38.00
39.00		LC2	0	39.00
40.00		LC1	14	40.00
41.00		LB2	0	41.00
42.00		LB1	0	42.00
43.00		CE2	0	43.00
44.00		CE1	0	44.00
45.00		CD2	0	45.00
46.00		CD1	0	46.00
47.00		CC2	0	47.00
48.00		CC1	4	48.00
49.00		CB2	0	49.00
50.00		CB1	0	50.00
51.00		CA2	0	51.00
52.00		CA1	0	52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2	0	63.00
64.00		BB1	0	64.00
65.00		BA2	0	65.00
66.00		BA1	0	66.00
67.00		PE2	0	67.00
68.00		PE1	0	68.00
69.00		PD2	0	69.00
70.00		PD1	0	70.00
71.00		PC2	0	71.00
72.00		PC1	6	72.00
73.00		PB2	0	73.00
74.00		PB1	2	74.00
75.00		PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet S-7

Date/Time Prepared:
10/13/2020 1:52 pm

		Group	Days	
		1.00	2.00	
76.00		PA1	0	76.00
99.00		AAA	3,040	99.00
100.00	TOTAL		4,109	100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	5,328,482	29.60	N	101.00
102.00	Recruitment	0	0.00		102.00
103.00	Retention of employees	1,368,148	7.60	Y	103.00
104.00	Training	49,109	0.27	Y	104.00
105.00	OTHER (SPECIFY)	0	0.00		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		18,001,960		106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet A Date/Time Prepared: 10/13/2020 1:52 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		381,249	381,249	30,213	411,462	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		286,821	286,821	0	286,821	2.00
3.00	00300	EMPLOYEE BENEFITS	822,480	1,388,518	2,210,998	0	2,210,998	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	564,133	2,734,314	3,298,447	-30,213	3,268,234	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	46,910	465,549	512,459	0	512,459	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	54,749	29,299	84,048	0	84,048	6.00
7.00	00700	HOUSEKEEPING	260,863	31,321	292,184	0	292,184	7.00
8.00	00800	DIETARY	507,761	484,685	992,446	0	992,446	8.00
9.00	00900	NURSING ADMINISTRATION	459,904	0	459,904	0	459,904	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	39,182	22	39,204	0	39,204	12.00
13.00	01300	SOCIAL SERVICE	221,591	0	221,591	200	221,791	13.00
13.01	01301	ACTIVITIES	99,392	22,478	121,870	0	121,870	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,898,544	510,191	5,408,735	-2,348	5,406,387	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	1,500	1,500	0	1,500	40.00
41.00	04100	LABORATORY	0	120,959	120,959	0	120,959	41.00
42.00	04200	INTRAVENOUS THERAPY	0	124,352	124,352	0	124,352	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	24,015	24,015	0	24,015	43.00
44.00	04400	PHYSICAL THERAPY	665,657	30,507	696,164	2,148	698,312	44.00
45.00	04500	OCCUPATIONAL THERAPY	536,277	19,646	555,923	0	555,923	45.00
46.00	04600	SPEECH PATHOLOGY	75,092	18,674	93,766	0	93,766	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,579	139,834	178,413	0	178,413	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	655,231	655,231	0	655,231	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	17,201	17,201	0	17,201	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,904,099	1,904,099	0	1,904,099	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	9,291,114	9,390,465	18,681,579	0	18,681,579	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	19,885	19,885	0	19,885	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	9,291,114	9,410,350	18,701,464	0	18,701,464	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet A

Date/Time Prepared:
10/13/2020 1:52 pm

Cost Center Description			Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	345,614	757,076	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	57,257	344,078	2.00
3.00	00300	EMPLOYEE BENEFITS	-10,894	2,200,104	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-440,326	2,827,908	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	165	512,624	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,454	85,502	6.00
7.00	00700	HOUSEKEEPING	266	292,450	7.00
8.00	00800	DIETARY	676	993,122	8.00
9.00	00900	NURSING ADMINISTRATION	821	460,725	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	39,204	12.00
13.00	01300	SOCIAL SERVICE	655	222,446	13.00
13.01	01301	ACTIVITIES	0	121,870	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	18,986	5,425,373	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	1,500	40.00
41.00	04100	LABORATORY	0	120,959	41.00
42.00	04200	INTRAVENOUS THERAPY	0	124,352	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	24,015	43.00
44.00	04400	PHYSICAL THERAPY	1,086	699,398	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,026	556,949	45.00
46.00	04600	SPEECH PATHOLOGY	74	93,840	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,413	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	655,231	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	17,201	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF I	0	0	72.00
73.00	07300	CMHC I	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	-1,904,099	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-1,927,239	16,754,340	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	19,885	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00		TOTAL	-1,927,239	16,774,225	100.00

RECLASSIFICATIONS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/13/2020 1:52 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	35,131	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	4,918	2.00
	(1) D - COVID WAGES					
3.00		SOCIAL SERVICE	13.00	200	0	3.00
4.00		PHYSICAL THERAPY	44.00	2,148	0	4.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		2,348	40,049	100.00

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

May 12, 2023

MCRI F32 - 9.6.168.2

RECLASSIFICATIONS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-6

Date/Time Prepared:
10/13/2020 1:52 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	35,131	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	4,918	2.00
	(1) D - COVID WAGES					
3.00		SKILLED NURSING FACILITY	30.00	2,348	0	3.00
4.00			0.00	0	0	4.00
	TOTALS					
100.00				2,348	40,049	100.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-7

Date/Time Prepared:
10/13/2020 1:52 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,798,040	0	0	0	0	1.00
2.00	Land Improvements	974,611	0	0	0	0	2.00
3.00	Buildings and Fixtures	9,466,678	0	0	0	0	3.00
4.00	Building Improvements	2,066,148	43,975	0	43,975	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	3,549,796	182,598	0	182,598	0	6.00
7.00	Subtotal (sum of lines 1-6)	17,855,273	226,573	0	226,573	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	17,855,273	226,573	0	226,573	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,798,040	0				1.00
2.00	Land Improvements	974,611	126,099				2.00
3.00	Buildings and Fixtures	9,466,678	280,738				3.00
4.00	Building Improvements	2,110,123	1,255,388				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	3,732,394	2,913,840				6.00
7.00	Subtotal (sum of lines 1-6)	18,081,846	4,576,065				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	18,081,846	4,576,065				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet A-8

Date/Time Prepared:
10/13/2020 1:52 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-487	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-41,535			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-773	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	345,614	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	57,257	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-171,379	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-134,947	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-78,508	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-2,118	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,904,099	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2019	A	-10,894	EMPLOYEE BENEFITS	3.00	25.05
25.06	PPE NURSING	A	18,986	SKILLED NURSING FACILITY	30.00	25.06
25.07	PPE NURSING ADMINISTRATION	A	821	NURSING ADMINISTRATION	9.00	25.07
25.08	PPE PT	A	1,086	PHYSICAL THERAPY	44.00	25.08
25.09	PPE OT	A	1,026	OCCUPATIONAL THERAPY	45.00	25.09
25.10	PPE ST	A	74	SPEECH PATHOLOGY	46.00	25.10
25.11	PURCHASE SERVICE DENTISTRY	A	-11,051	ADMINISTRATIVE & GENERAL	4.00	25.11
25.12	PPE MAINTENANCE	A	165	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.12
25.13	PPE DIETARY	A	676	DIETARY	8.00	25.13
25.14	PPE LAUNDRY	A	1,454	LAUNDRY & LINEN SERVICE	6.00	25.14
25.15	PPE HOUSEKEEPING	A	266	HOUSEKEEPING	7.00	25.15
25.16	PPE SOCIAL SERVICE	A	655	SOCIAL SERVICE	13.00	25.16
25.17	PPE ADMINISTRATION	A	472	ADMINISTRATIVE & GENERAL	4.00	25.17
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,927,239			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2020 1:52 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		606,409	647,944	-41,535	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	606,409	647,944	-41,535	10.00

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

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/13/2020 1:52 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE SERVICES, LLC	0.00	LONG TERM CARE	1.00
2.00		0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
10/13/2020 1:52 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	757,076	757,076		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	344,078	344,078		2.00
3.00	00300	EMPLOYEE BENEFITS	2,200,104	24,332	11,058	2,235,494
4.00	00400	ADMINISTRATIVE & GENERAL	2,827,908	38,232	17,376	148,916
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	512,624	19,558	8,889	12,383
6.00	00600	LAUNDRY & LINEN SERVICE	85,502	22,144	10,064	14,452
7.00	00700	HOUSEKEEPING	292,450	1,409	640	68,861
8.00	00800	DIETARY	993,122	95,307	43,316	134,035
9.00	00900	NURSING ADMINISTRATION	460,725	9,968	4,530	121,402
10.00	01000	CENTRAL SERVICES & SUPPLY	0	21,009	9,548	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	39,204	0	0	10,343
13.00	01300	SOCIAL SERVICE	222,446	0	0	58,547
13.01	01301	ACTIVITIES	121,870	9,758	4,435	26,237
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	5,425,373	477,715	217,114	1,292,467
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	1,500	0	0	1,500
41.00	04100	LABORATORY	120,959	0	0	120,959
42.00	04200	INTRAVENOUS THERAPY	124,352	0	0	124,352
43.00	04300	OXYGEN (INHALATION) THERAPY	24,015	0	0	24,015
44.00	04400	PHYSICAL THERAPY	699,398	19,642	8,927	176,282
45.00	04500	OCCUPATIONAL THERAPY	556,949	8,938	4,062	141,563
46.00	04600	SPEECH PATHOLOGY	93,840	0	0	19,822
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	178,413	4,269	1,940	10,184
49.00	04900	DRUGS CHARGED TO PATIENTS	655,231	0	0	655,231
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	17,201	0	0	17,201
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	16,754,340	752,281	341,899	2,235,494
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	19,885	4,795	2,179	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	16,774,225	757,076	344,078	2,235,494

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,032,432				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	129,477	682,931			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	30,919	22,406	185,487		6.00
7.00	00700	HOUSEKEEPING	85,006	1,426	0	449,792	7.00
8.00	00800	DIETARY	296,122	96,434	0	65,810	1,724,146
9.00	00900	NURSING ADMINISTRATION	139,577	10,086	0	6,883	0
10.00	01000	CENTRAL SERVICES & SUPPLY	7,149	21,257	0	14,507	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	11,591	0	0	0	0
13.00	01300	SOCIAL SERVICE	65,737	0	0	0	0
13.01	01301	ACTIVITIES	37,969	9,873	0	6,738	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,734,147	483,361	185,487	329,861	1,724,146
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	351	0	0	0	0
41.00	04100	LABORATORY	28,298	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	5,618	0	0	0	0
44.00	04400	PHYSICAL THERAPY	211,544	19,874	0	13,563	0
45.00	04500	OCCUPATIONAL THERAPY	166,454	9,043	0	6,171	0
46.00	04600	SPEECH PATHOLOGY	26,591	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	45,574	4,320	0	2,948	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	4,024	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	3,026,148	678,080	185,487	446,481	1,724,146
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	6,284	4,851	0	3,311	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	3,032,432	682,931	185,487	449,792	1,724,146

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	753,171					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	73,470				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	61,138		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	346,730	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	753,171	73,470	0	61,138	346,730	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	753,171	73,470	0	61,138	346,730	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	753,171	73,470	0	61,138	346,730	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	216,880					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	216,880	0	0	13,321,060	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	1,851	0	40.00
41.00	04100	LABORATORY	0	0	0	149,257	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	124,352	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	29,633	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	1,149,230	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	893,180	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	140,253	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	247,648	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	655,231	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	21,225	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	216,880	0	0	16,732,920	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	41,305	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	216,880	0	0	16,774,225	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	24,332	11,058	35,390	35,390
4.00	00400	ADMINISTRATIVE & GENERAL	0	38,232	17,376	55,608	2,358
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	19,558	8,889	28,447	196
6.00	00600	LAUNDRY & LINEN SERVICE	0	22,144	10,064	32,208	229
7.00	00700	HOUSEKEEPING	0	1,409	640	2,049	1,090
8.00	00800	DIETARY	0	95,307	43,316	138,623	2,122
9.00	00900	NURSING ADMINISTRATION	0	9,968	4,530	14,498	1,922
10.00	01000	CENTRAL SERVICES & SUPPLY	0	21,009	9,548	30,557	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	164
13.00	01300	SOCIAL SERVICE	0	0	0	0	927
13.01	01301	ACTIVITIES	0	9,758	4,435	14,193	415
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	477,715	217,114	694,829	20,460
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	0	19,642	8,927	28,569	2,791
45.00	04500	OCCUPATIONAL THERAPY	0	8,938	4,062	13,000	2,241
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	314
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,269	1,940	6,209	161
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	0	752,281	341,899	1,094,180	35,390
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	4,795	2,179	6,974	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	757,076	344,078	1,101,154	35,390

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	57,966				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	2,475	31,118			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	591	1,021	34,049		6.00
7.00	00700	HOUSEKEEPING	1,625	65	0	4,829	7.00
8.00	00800	DIETARY	5,661	4,394	0	707	8.00
9.00	00900	NURSING ADMINISTRATION	2,668	460	0	74	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	137	969	0	156	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	222	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	1,257	0	0	0	13.00
13.01	01301	ACTIVITIES	726	450	0	72	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	33,147	22,023	34,049	3,540	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	7	0	0	0	40.00
41.00	04100	LABORATORY	541	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	107	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	4,044	906	0	146	44.00
45.00	04500	OCCUPATIONAL THERAPY	3,182	412	0	66	45.00
46.00	04600	SPEECH PATHOLOGY	508	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	871	197	0	32	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	77	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	57,846	30,897	34,049	4,793	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	120	221	0	36	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	57,966	31,118	34,049	4,829	100.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	19,622					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	31,819				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	386		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	2,184	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	19,622	31,819	0	386	2,184	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	19,622	31,819	0	386	2,184	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	19,622	31,819	0	386	2,184	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2019
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	15,856					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	15,856	0	0	1,029,422	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	7	0	40.00
41.00	04100	LABORATORY	0	0	0	541	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	107	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	36,456	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	18,901	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	822	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,470	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	77	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	15,856	0	0	1,093,803	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	7,351	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	15,856	0	0	1,101,154	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet B
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	1,029,422
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	7
41.00	04100	LABORATORY	541
42.00	04200	INTRAVENOUS THERAPY	0
43.00	04300	OXYGEN (INHALATION) THERAPY	107
44.00	04400	PHYSICAL THERAPY	36,456
45.00	04500	OCCUPATIONAL THERAPY	18,901
46.00	04600	SPEECH PATHOLOGY	822
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,470
49.00	04900	DRUGS CHARGED TO PATIENTS	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	77
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	1,093,803
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	7,351
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	1,101,154

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
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CAPITAL RELATED COSTS							
Cost Center Description		BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	36,000				1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		36,000			2.00
3.00	00300	EMPLOYEE BENEFITS	1,157	1,157	8,468,634		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,818	1,818	564,133	-3,032,432	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	930	930	46,910	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,053	1,053	54,749	0	6.00
7.00	00700	HOUSEKEEPING	67	67	260,863	0	7.00
8.00	00800	DIETARY	4,532	4,532	507,761	0	8.00
9.00	00900	NURSING ADMINISTRATION	474	474	459,904	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	999	999	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	39,182	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	221,791	0	13.00
13.01	01301	ACTIVITIES	464	464	99,392	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	22,716	22,716	4,896,196	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-124,352	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	934	934	667,805	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	425	425	536,277	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	75,092	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	203	203	38,579	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-655,231	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	35,772	35,772	8,468,634	-3,812,015	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	228	228	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	757,076	344,078	2,235,494	3,032,432	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	21.029889	9.557722	0.263973	0.233944	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			35,390	57,966	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.004179	0.004472	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	32,095					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,053	39,250				6.00
7.00	00700	HOUSEKEEPING	67	0	30,975			7.00
8.00	00800	DIETARY	4,532	0	4,532	117,750		8.00
9.00	00900	NURSING ADMINISTRATION	474	0	474	0	39,250	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	999	0	999	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
13.01	01301	ACTIVITIES	464	0	464	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	22,716	39,250	22,716	117,750	39,250	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	934	0	934	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	425	0	425	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	203	0	203	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	31,867	39,250	30,747	117,750	39,250	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	228	0	228	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	682,931	185,487	449,792	1,724,146	753,171	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	21.278423	4.725783	14.521130	14.642429	19.189070	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	31,118	34,049	4,829	151,507	19,622	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.969559	0.867490	0.155900	1.286684	0.499924	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:52 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	39,250				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	39,250		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	39,250	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	39,250	0	39,250	39,250	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	39,250	0	39,250	39,250	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	73,470	0	61,138	346,730	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.871847	0.000000	1.557656	8.833885	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	31,819	0	386	2,184	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.810675	0.000000	0.009834	0.055643	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet B-1

Date/Time Prepared:
10/13/2020 1:52 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet C

Date/Time Prepared:
10/13/2020 1:52 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	1,851	67,507	0.027419	40.00
41.00	04100	LABORATORY	149,257	151,641	0.984279	41.00
42.00	04200	INTRAVENOUS THERAPY	124,352	222,663	0.558476	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	29,633	23,760	1.247180	43.00
44.00	04400	PHYSICAL THERAPY	1,149,230	2,008,793	0.572100	44.00
45.00	04500	OCCUPATIONAL THERAPY	893,180	1,545,872	0.577784	45.00
46.00	04600	SPEECH PATHOLOGY	140,253	142,295	0.985650	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	247,648	241,428	1.025763	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	655,231	1,407,900	0.465396	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	21,225	341	62.243402	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FQHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	3,411,860	5,812,200		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet D
Part I
Date/Time Prepared:
10/13/2020 1:52 pm

Title XVIII (1)

Skilled Nursing
Facility

PPS

Health Care Program Charges

Health Care Program Cost

Cost Center Description		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLOGY	0.027419	15,938	0	437	0	40.00
41.00	04100 LABORATORY	0.984279	31,983	0	31,480	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.558476	35,284	0	19,705	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	1.247180	1,749	0	2,181	0	43.00
44.00	04400 PHYSICAL THERAPY	0.572100	544,150	0	311,308	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.577784	409,700	0	236,718	0	45.00
46.00	04600 SPEECH PATHOLOGY	0.985650	44,050	0	43,418	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.025763	31,051	0	31,851	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0.465396	330,857	0	153,980	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	62.243402	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC						61.00
62.00	06200 FOHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000		0			71.00
100.00	Total (Sum of lines 40 - 71)		1,444,762	0	831,078	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet D Parts II-III Date/Time Prepared: 10/13/2020 1:52 pm	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						1.00	
PART II - APPORTIONMENT OF VACCINE COST							
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.465396	1.00
2.00		Program vaccine charges (From your records, or the PS&R)				0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0	3.00
Cost Center Description			Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
			1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	1,851	0	0.000000	437	0 40.00
41.00	04100	LABORATORY	149,257	0	0.000000	31,480	0 41.00
42.00	04200	INTRAVENOUS THERAPY	124,352	0	0.000000	19,705	0 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	29,633	0	0.000000	2,181	0 43.00
44.00	04400	PHYSICAL THERAPY	1,149,230	0	0.000000	311,308	0 44.00
45.00	04500	OCCUPATIONAL THERAPY	893,180	0	0.000000	236,718	0 45.00
46.00	04600	SPEECH PATHOLOGY	140,253	0	0.000000	43,418	0 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	247,648	0	0.000000	31,851	0 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	655,231	0	0.000000	153,980	0 49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0 50.00
51.00	05100	SUPPORT SURFACES	21,225	0	0.000000	0	0 51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0 52.00
100.00		Total (Sum of lines 40 - 52)	3,411,860	0		831,078	0 100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet D-1 Parts I-II Date/Time Prepared: 10/13/2020 1:52 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		39,250	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		4,109	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		13,321,060	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		18,001,960	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.739978	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		13,321,060	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		339.39	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,394,554	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,394,554	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		1,029,422	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		26.23	21.00
22.00	Program capital related cost (Line 3 times line 21)		107,779	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,286,775	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,286,775	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
				1.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		39,250	1.00
2.00	Program inpatient days (see instructions)		4,109	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.104688	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part I Date/Time Prepared: 10/13/2020 1:52 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		882,129	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		882,129	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		250,608	5.00
6.00	Allowable bad debts (From your records)		26,247	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		17,061	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		648,582	11.00
12.00	Interim payments (See instructions)		619,961	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		312	14.75
14.99	Sequestration amount (see instructions)		11,561	14.99
15.00	Balance due provider/program (see Instructions)		16,748	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/13/2020 1:52 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555710	Period: From 06/01/2019 To 05/31/2020	Worksheet E Part II Date/Time Prepared: 10/13/2020 1:52 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet E-1

Date/Time Prepared:
10/13/2020 1:52 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		619,961		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		619,961		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		16,748		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		636,709		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet G

Date/Time Prepared:
10/13/2020 1:52 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	20,633	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,943,264	0	0	0	4.00
5.00 Other receivables	164,284	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-331,669	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	83,373	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,879,885	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	121,991	0	0	0	17.00
18.00 Less: Accumulated Amortization	-24,548	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	729,930	0	0	0	23.00
24.00 Less: Accumulated depreciation	-241,321	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	59,802	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	645,854	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-845,826	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-845,826	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	1,679,913	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	188,916	0	0	0	35.00
36.00 Salaries, wages, and fees payable	760,352	0	0	0	36.00
37.00 Payroll taxes payable	44,708	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	264,634	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,258,610	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,258,610	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	421,303				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	421,303	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1,679,913	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-1

Date/Time Prepared:
10/13/2020 1:52 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,367,032		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-24,472				2.00
3.00	Total (sum of line 1 and line 2)		1,342,560		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,342,560		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		921,257		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		921,257		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		421,303		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020Worksheet G-2
Parts I-II
Date/Time Prepared:
10/13/2020 1:52 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	18,001,960		18,001,960	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	18,001,960		18,001,960	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	5,812,200	0	5,812,200	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	23,814,160	0	23,814,160	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			18,701,464	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			18,701,464	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555710

Period:
From 06/01/2019
To 05/31/2020

Worksheet G-3

Date/Time Prepared:
10/13/2020 1:52 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	23,814,160	1.00
2.00	Less: contractual allowances and discounts on patients accounts	5,891,740	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,922,420	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	18,701,464	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-779,044	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	487	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	773	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	17,018	24.00
24.01	COVID-19 PHE PR	736,294	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	754,572	25.00
26.00	Total (Line 5 plus line 25)	-24,472	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-24,472	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555710	Period: From 06/01/2020 To 05/31/2021	Worksheet S Parts I, II & III Date/Time Prepared: 10/8/2021 4:11 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____		
	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.		

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care-Tice Valley CA, LLC (555710) for the cost reporting period beginning 06/01/2020 and ending 05/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin d. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name		Martin d. Allen	2
3	Signatory Title		DIRECTOR	3
4	Date		10/08/2021 04:11:45 PM	4

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	10,968	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0		4.00
5.00 SNF - BASED RHC I	0		0		5.00
6.00 SNF - BASED FQHC I	0		0		6.00
7.00 SNF - BASED CMHC I	0		0		7.00
7.10 SNF - BASED CORF I	0		0		7.10
100.00 TOTAL	0	10,968	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Health Financial Systems		Manor Care-Tice Valley CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555710		Period: From 06/01/2020 To 05/31/2021		Worksheet S-2 Part I Date/Time Prepared: 10/8/2021 4:11 pm		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1975 TICE VALLEY BOULEVARD	PO Box:					1.00		
2.00	City: WALNUT CREEK	State: CA	Zip Code: 94595				2.00		
3.00	County: CONTRA COSTA	CBSA Code: 36084	Urban/Rural: U				3.00		
3.01		CBSA Code:					3.01		
			Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)			
						V	XVIII	XIX	
			1.00	2.00	3.00	4.00	5.00	6.00	
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care-Tice Valley CA, LLC	555710	08/07/1997	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
					From:	To:			
					1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)				06/01/2020	05/31/2021		14.00	
15.00	Type of Control (See Instructions)				2501(C)(3)			15.00	
					Y/N				
					1.00				
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						Y	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N	17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.						Y	18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line						475,931	20.00	
21.00	Declining Balance						0	21.00	
22.00	Sum of the Year's Digits						0	22.00	
23.00	Sum of line 20 through 22						475,931	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.						0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N	28.00	
							Part A	Part B	Other
							1.00	2.00	3.00
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility						N	N	N
30.00	Nursing Facility								
31.00	ICF/IID								
32.00	SNF-Based HHA						N	N	
33.00	SNF-Based RHC								
34.00	SNF-Based FQHC							N	
35.00	SNF-Based CMHC							N	
36.00	SNF-Based OLTC								
					Y/N				
					1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)				Y			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)				N			38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							39.00	
				Premiums	Paid Losses	Self Insurance			
				1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:				41,053	18,628	1,017,132	41.00	

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

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part I
Date/Time Prepared:
10/8/2021 4:11 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
10/8/2021 4:11 pm

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

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

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
10/8/2021 4:11 pm

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HOLLY	BENNETT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419-254-5388	HOLLY.BENNETT@PROMEDICA.ORG	21.00

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

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet S-2
Part II
Date/Time Prepared:
10/8/2021 4:11 pm

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

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

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part I
Date/Time Prepared:
10/8/2021 4:11 pm

Component		Number of Beds		Bed Days Available		Inpatient Days/Visits			
						Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00			
1.00	SKILLED NURSING FACILITY	120	43,800	0	2,510	18,388	1.00		
2.00	NURSING FACILITY	0	0	0		0	2.00		
3.00	ICF/IID	0	0			0	3.00		
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00		
5.00	Other Long Term Care	0	0				5.00		
6.00	SNF-Based CMHC I						6.00		
6.10	SNF-Based CORF I						6.10		
7.00	HOSPICE	0	0	0	0	0	7.00		
8.00	Total (Sum of lines 1-7)	120	43,800	0	2,510	18,388	8.00		
Component		Inpatient Days/Visits		Discharges					
		Other	Total	Title V	Title XVIII	Title XIX			
		6.00	7.00	8.00	9.00	10.00			
1.00	SKILLED NURSING FACILITY	10,408	31,306	0	87	177	1.00		
2.00	NURSING FACILITY	0	0	0		0	2.00		
3.00	ICF/IID	0	0			0	3.00		
4.00	HOME HEALTH AGENCY COST	0	0				4.00		
5.00	Other Long Term Care	0	0				5.00		
6.00	SNF-Based CMHC I						6.00		
6.10	SNF-Based CORF I						6.10		
7.00	HOSPICE	0	0	0	0	0	7.00		
8.00	Total (Sum of lines 1-7)	10,408	31,306	0	87	177	8.00		
Component		Discharges		Average Length of Stay					
		Other	Total	Title V	Title XVIII	Title XIX			
		11.00	12.00	13.00	14.00	15.00			
1.00	SKILLED NURSING FACILITY	490	754	0.00	28.85	103.89	1.00		
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00		
3.00	ICF/IID	0	0			0.00	3.00		
4.00	HOME HEALTH AGENCY COST						4.00		
5.00	Other Long Term Care	0	0				5.00		
6.00	SNF-Based CMHC I						6.00		
6.10	SNF-Based CORF I						6.10		
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00		
8.00	Total (Sum of lines 1-7)	490	754	0.00	28.85	103.89	8.00		
Component		Average Length of Stay		Admissions					
		Total	Title V	Title XVIII	Title XIX	Other			
		16.00	17.00	18.00	19.00	20.00			
1.00	SKILLED NURSING FACILITY	41.52	0	105	88	519	1.00		
2.00	NURSING FACILITY	0.00	0		0	0	2.00		
3.00	ICF/IID	0.00			0	0	3.00		
4.00	HOME HEALTH AGENCY COST						4.00		
5.00	Other Long Term Care	0.00				0	5.00		
6.00	SNF-Based CMHC I						6.00		
6.10	SNF-Based CORF I						6.10		
7.00	HOSPICE	0.00	0	0	0	0	7.00		
8.00	Total (Sum of lines 1-7)	41.52	0	105	88	519	8.00		
Component		Admissions		Full Time Equivalent					
		Total	Employees on Payroll	Nonpaid Workers					
		21.00	22.00	23.00					
1.00	SKILLED NURSING FACILITY	712	112.17	0.00			1.00		
2.00	NURSING FACILITY	0	0.00	0.00			2.00		
3.00	ICF/IID	0	0.00	0.00			3.00		
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00		
5.00	Other Long Term Care	0	0.00	0.00			5.00		
6.00	SNF-Based CMHC I		0.00	0.00			6.00		
6.10	SNF-Based CORF I		0.00	0.00			6.10		
7.00	HOSPICE	0	0.00	0.00			7.00		
8.00	Total (Sum of lines 1-7)	712	112.17	0.00			8.00		

SNF WAGE INDEX INFORMATION

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part II
Date/Time Prepared:
10/8/2021 4:11 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	7,997,937	0	7,997,937	233,315.00	34.28 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	7,997,937	0	7,997,937	233,315.00	34.28 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00 8.00
9.00	CMHC I	0	0	0	0.00	0.00 9.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	0	0	0	0.00	0.00 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7,997,937	0	7,997,937	233,315.00	34.28 13.00
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	954,640	0	954,640	24,888.00	38.36 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	462,888	0	462,888	7,514.53	61.60 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,318,130	0	1,318,130		
18.00	Wage-related costs other (See Part IV)	168,491	0	168,491		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,486,621	0	1,486,621		

SNF WAGE INDEX INFORMATION

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part III
Date/Time Prepared:
10/8/2021 4:11 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	680,940	0	680,940	21,463.00	31.73	1.00
2.00 Administrative & General	817,554	5,701	823,255	20,363.00	40.43	2.00
3.00 Plant Operation, Maintenance & Repairs	52,866	570	53,436	2,143.00	24.94	3.00
4.00 Laundry & Linen Service	91,344	3,738	95,082	3,539.00	26.87	4.00
5.00 Housekeeping	235,287	10,428	245,715	13,044.00	18.84	5.00
6.00 Dietary	493,979	3,090	497,069	20,796.00	23.90	6.00
7.00 Nursing Administration	432,732	8,424	441,156	7,879.00	55.99	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	46,199	403	46,602	1,776.00	26.24	10.00
11.00 Social Service	305,738	5,043	310,781	12,395.00	25.07	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,156,639	37,397	3,194,036	103,398.00	30.89	14.00

SNF WAGE RELATED COSTS		Provider No. : 555710	Period: From 06/01/2020 To 05/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 10/8/2021 4:11 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		48,342	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		414,825	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		30,093	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,251	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		128,814	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		475,295	17.00
18.00	Medicare Taxes - Employers Portion Only		115,970	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		103,540	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,318,130	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		137,547	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		9,444	25.04
25.05	EMPLOYEE UNIFORMS		19,752	25.05
25.06	EMPLOYEE APPRECIATION		1,748	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet S-3
Part V
Date/Time Prepared:
10/8/2021 4:11 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,715,717	294,035	2,009,752	34,927.00	57.54	1.00
2.00	Licensed Practical Nurses (LPNs)	965,891	165,532	1,131,423	31,298.00	36.15	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,689,499	289,663	1,979,162	84,994.00	23.29	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,371,107	749,230	5,120,337	151,219.00	33.86	4.00
5.00	Physical Therapists	237,578	37,699	275,277	5,169.00	53.26	5.00
6.00	Physical Therapy Assistants	164,214	26,849	191,063	4,598.00	41.55	6.00
7.00	Physical Therapy Aides	588	100	688	18.00	38.22	7.00
8.00	Occupational Therapists	349,577	57,972	407,549	7,983.00	51.05	8.00
9.00	Occupational Therapy Assistants	20,478	3,413	23,891	629.00	37.98	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	34,513	5,740	40,253	891.00	45.18	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	46,972	7,484	54,456	2,390.00	22.78	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	86,631		86,631	1,420.00	61.01	14.00
15.00	Licensed Practical Nurses (LPNs)	326,942		326,942	7,265.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	469,811		469,811	15,155.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	883,384		883,384	23,840.00	37.05	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	15,713		15,713	195.00	80.58	24.00
25.00	Respiratory Therapists	620		620	8.00	77.50	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
10/8/2021 4:11 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet S-7

Date/Time Prepared:
10/8/2021 4:11 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet A

Date/Time Prepared:
10/8/2021 4:11 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Recl assi fi cati ons Increase/Decre ase (Fr Wkst A-6)	Recl assi fi ed Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		286,648	286,648	39,012	325,660	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		297,101	297,101	0	297,101	2.00
3.00	00300	EMPLOYEE BENEFITS	680,940	1,486,621	2,167,561	0	2,167,561	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	817,554	3,367,218	4,184,772	-33,311	4,151,461	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	52,866	479,457	532,323	570	532,893	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	91,344	31,613	122,957	3,738	126,695	6.00
7.00	00700	HOUSEKEEPING	235,287	25,470	260,757	10,428	271,185	7.00
8.00	00800	DIETARY	493,979	353,963	847,942	3,090	851,032	8.00
9.00	00900	NURSING ADMINISTRATION	432,732	0	432,732	8,424	441,156	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	46,199	14	46,213	403	46,616	12.00
13.00	01300	SOCIAL SERVICE	197,069	0	197,069	3,681	200,750	13.00
13.01	01301	ACTIVITIES	108,669	6,741	115,410	1,362	116,772	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,082,995	1,747,738	5,830,733	-69,449	5,761,284	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	13,131	13,131	0	13,131	40.00
41.00	04100	LABORATORY	0	92,611	92,611	0	92,611	41.00
42.00	04200	INTRAVENOUS THERAPY	0	86,895	86,895	0	86,895	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	23,261	23,261	0	23,261	43.00
44.00	04400	PHYSICAL THERAPY	354,091	31,732	385,823	21,280	407,103	44.00
45.00	04500	OCCUPATIONAL THERAPY	332,792	155	332,947	7,323	340,270	45.00
46.00	04600	SPEECH PATHOLOGY	31,014	15,713	46,727	698	47,425	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,406	225,756	266,162	2,751	268,913	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	383,283	383,283	0	383,283	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	5,700	5,700	0	5,700	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,894,848	1,894,848	0	1,894,848	81.00
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,997,937	10,855,669	18,853,606	0	18,853,606	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	3,147	3,147	0	3,147	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	7,997,937	10,858,816	18,856,753	0	18,856,753	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet A
Date/Time Prepared:
10/8/2021 4:11 pm

Cost Center Description			Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	332,845	658,505	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	-54,278	242,823	2.00
3.00	00300	EMPLOYEE BENEFITS	-7,196	2,160,365	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-499,284	3,652,177	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	532,893	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	126,695	6.00
7.00	00700	HOUSEKEEPING	0	271,185	7.00
8.00	00800	DIETARY	0	851,032	8.00
9.00	00900	NURSING ADMINISTRATION	0	441,156	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	46,616	12.00
13.00	01300	SOCIAL SERVICE	0	200,750	13.00
13.01	01301	ACTIVITIES	0	116,772	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	0	5,761,284	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	0	13,131	40.00
41.00	04100	LABORATORY	0	92,611	41.00
42.00	04200	INTRAVENOUS THERAPY	0	86,895	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	23,261	43.00
44.00	04400	PHYSICAL THERAPY	0	407,103	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	340,270	45.00
46.00	04600	SPEECH PATHOLOGY	0	47,425	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	268,913	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	383,283	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	5,700	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	0	71.00
72.00	07200	CORF I	0	0	72.00
73.00	07300	CMHC I	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	-1,894,848	0	81.00
82.00	08200	UTILIZATION REVIEW	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	-2,122,761	16,730,845	89.00
NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	3,147	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00		TOTAL	-2,122,761	16,733,992	100.00

RECLASSIFICATIONS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/8/2021 4:11 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	35,631	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	3,381	2.00
	(1) D - COVID WAGES					
3.00		ADMINISTRATIVE & GENERAL	4.00	5,701	0	3.00
4.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	570	0	4.00
5.00		LAUNDRY & LINEN SERVICE	6.00	3,738	0	5.00
6.00		HOUSEKEEPING	7.00	10,428	0	6.00
7.00		DIETARY	8.00	3,090	0	7.00
8.00		NURSING ADMINISTRATION	9.00	8,424	0	8.00
9.00		MEDICAL RECORDS & LIBRARY	12.00	403	0	9.00
10.00		SOCIAL SERVICE	13.00	3,681	0	10.00
11.00		ACTIVITIES	13.01	1,362	0	11.00
12.00		PHYSICAL THERAPY	44.00	21,280	0	12.00
13.00		OCCUPATIONAL THERAPY	45.00	7,323	0	13.00
14.00		SPEECH PATHOLOGY	46.00	698	0	14.00
15.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	2,751	0	15.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		69,449	39,012	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECLASSIFICATIONS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-6

Date/Time Prepared:
10/8/2021 4:11 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	35,631	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	3,381	2.00
	(1) D - COVID WAGES					
3.00		SKILLED NURSING FACILITY	30.00	69,449	0	3.00
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
	TOTALS					
100.00				69,449	39,012	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.3.172.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-7

Date/Time Prepared:
10/8/2021 4:11 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
		2.00	5.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,798,040	0	0	0	0	1.00
2.00	Land Improvements	974,611	0	0	0	0	2.00
3.00	Buildings and Fixtures	9,466,678	0	0	0	0	3.00
4.00	Building Improvements	2,110,123	25,488	0	25,488	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	3,732,394	25,960	0	25,960	0	6.00
7.00	Subtotal (sum of lines 1-6)	18,081,846	51,448	0	51,448	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	18,081,846	51,448	0	51,448	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,798,040	0				1.00
2.00	Land Improvements	974,611	126,099				2.00
3.00	Buildings and Fixtures	9,466,678	280,738				3.00
4.00	Building Improvements	2,135,611	1,380,171				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	3,758,354	3,040,048				6.00
7.00	Subtotal (sum of lines 1-6)	18,133,294	4,827,056				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	18,133,294	4,827,056				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet A-8

Date/Time Prepared:
10/8/2021 4:11 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)	B	-494	ADMINISTRATIVE & GENERAL	4.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	138,499			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines	B	-788	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures	A	332,845	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment	A	-54,278	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00	NON-ALLOWABLE ADVERTISING	A	-229,488	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	BAD DEBT EXPENSE	A	-303,958	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MEDICAL TRANSPORTATION	A	-95,527	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	NON-DEDUCTIBLE ASSOCIATION DUES	A	-1,948	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	WELL TOWER LEASE EXPENSE	A	-1,894,848	INTEREST EXPENSE	81.00	25.04
25.05	WORKERS COMP ADJ FY 2020	A	-7,196	EMPLOYEE BENEFITS	3.00	25.05
25.06	PURCH SERV - DENTISTRY	A	-5,580	ADMINISTRATIVE & GENERAL	4.00	25.06
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,122,761			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/8/2021 4:11 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		670,926	532,427	138,499	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	670,926	532,427	138,499	10.00

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

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/8/2021 4:11 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

1.00	HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00	SERVICES, LLC	0.00		2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/8/2021 4:11 pm

CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	658,505	658,505		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	242,823	242,823		2.00
3.00	00300	EMPLOYEE BENEFITS	2,160,365	21,164	7,804	2,189,333
4.00	00400	ADMINISTRATIVE & GENERAL	3,652,177	33,255	12,263	246,328
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	532,893	17,011	6,273	15,989
6.00	00600	LAUNDRY & LINEN SERVICE	126,695	19,261	7,103	28,450
7.00	00700	HOUSEKEEPING	271,185	1,226	452	73,521
8.00	00800	DIETARY	851,032	82,898	30,569	148,729
9.00	00900	NURSING ADMINISTRATION	441,156	8,670	3,197	131,999
10.00	01000	CENTRAL SERVICES & SUPPLY	0	18,274	6,738	0
11.00	01100	PHARMACY	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	46,616	0	0	13,944
13.00	01300	SOCIAL SERVICE	200,750	0	0	60,067
13.01	01301	ACTIVITIES	116,772	8,487	3,130	32,923
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	5,761,284	415,516	153,220	1,200,899
31.00	03100	NURSING FACILITY	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	13,131	0	0	0
41.00	04100	LABORATORY	92,611	0	0	0
42.00	04200	INTRAVENOUS THERAPY	86,895	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	23,261	0	0	0
44.00	04400	PHYSICAL THERAPY	407,103	17,085	6,300	112,316
45.00	04500	OCCUPATIONAL THERAPY	340,270	7,774	2,867	101,766
46.00	04600	SPEECH PATHOLOGY	47,425	0	0	9,489
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	268,913	3,713	1,369	12,913
49.00	04900	DRUGS CHARGED TO PATIENTS	383,283	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00	05100	SUPPORT SURFACES	5,700	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0
62.00	06200	FOHC	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0
72.00	07200	CORF I	0	0	0	0
73.00	07300	CMHC I	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				
81.00	08100	INTEREST EXPENSE				
82.00	08200	UTILIZATION REVIEW				
83.00	08300	HOSPICE	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	16,730,845	654,334	241,285	2,189,333
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	3,147	4,171	1,538	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0
100.00		TOTAL	16,733,992	658,505	242,823	2,189,333

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part I
Date/Time Prepared:
10/8/2021 4:11 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,944,023				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	183,172	755,338			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	58,108	24,782	264,399		6.00
7.00	00700	HOUSEKEEPING	110,890	1,577	0	458,851	7.00
8.00	00800	DIETARY	356,385	106,658	0	67,135	1,643,406
9.00	00900	NURSING ADMINISTRATION	187,287	11,155	0	7,022	0
10.00	01000	CENTRAL SERVICES & SUPPLY	8,007	23,511	0	14,799	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	19,387	0	0	0	0
13.00	01300	SOCIAL SERVICE	83,497	0	0	0	0
13.01	01301	ACTIVITIES	51,642	10,920	0	6,874	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,410,928	534,609	264,399	336,505	1,643,406
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	4,204	0	0	0	0
41.00	04100	LABORATORY	29,648	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	7,447	0	0	0	0
44.00	04400	PHYSICAL THERAPY	173,772	21,981	0	13,836	0
45.00	04500	OCCUPATIONAL THERAPY	144,919	10,002	0	6,296	0
46.00	04600	SPEECH PATHOLOGY	18,220	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	91,850	4,777	0	3,007	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	1,825	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	3,941,188	749,972	264,399	455,474	1,643,406
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	2,835	5,366	0	3,377	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	3,944,023	755,338	264,399	458,851	1,643,406

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	790,486					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	71,329				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	79,947		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	344,314	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	790,486	71,329	0	79,947	344,314	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	790,486	71,329	0	79,947	344,314	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0				98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	790,486	71,329	0	79,947	344,314	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2020
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	230,748					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	230,748	0	0	14,237,590	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	17,335	0	40.00
41.00	04100	LABORATORY	0	0	0	122,259	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	86,895	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	30,708	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	752,393	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	613,894	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	75,134	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	386,542	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	383,283	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	7,525	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	230,748	0	0	16,713,558	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	20,434	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	230,748	0	0	16,733,992	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	14,237,590
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	17,335
41.00	04100	LABORATORY	122,259
42.00	04200	INTRAVENOUS THERAPY	86,895
43.00	04300	OXYGEN (INHALATION) THERAPY	30,708
44.00	04400	PHYSICAL THERAPY	752,393
45.00	04500	OCCUPATIONAL THERAPY	613,894
46.00	04600	SPEECH PATHOLOGY	75,134
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	386,542
49.00	04900	DRUGS CHARGED TO PATIENTS	383,283
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	7,525
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	16,713,558
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	20,434
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	16,733,992

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	21,164	7,804	28,968	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	33,255	12,263	45,518	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	17,011	6,273	23,284	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	19,261	7,103	26,364	6.00
7.00	00700	HOUSEKEEPING	0	1,226	452	1,678	7.00
8.00	00800	DIETARY	0	82,898	30,569	113,467	8.00
9.00	00900	NURSING ADMINISTRATION	0	8,670	3,197	11,867	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	18,274	6,738	25,012	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	8,487	3,130	11,617	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	415,516	153,220	568,736	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	17,085	6,300	23,385	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	7,774	2,867	10,641	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,713	1,369	5,082	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	654,334	241,285	895,619	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	4,171	1,538	5,709	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	658,505	242,823	901,328	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	48,777				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	2,265	25,761			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	719	845	28,304		6.00
7.00	00700	HOUSEKEEPING	1,371	54	0	4,076	7.00
8.00	00800	DIETARY	4,407	3,638	0	596	8.00
9.00	00900	NURSING ADMINISTRATION	2,316	380	0	62	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	99	802	0	131	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	240	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	1,033	0	0	0	13.00
13.01	01301	ACTIVITIES	639	372	0	61	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	29,817	18,233	28,304	2,990	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	52	0	0	0	40.00
41.00	04100	LABORATORY	367	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	92	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,149	750	0	123	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,792	341	0	56	45.00
46.00	04600	SPEECH PATHOLOGY	225	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,136	163	0	27	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	23	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	48,742	25,578	28,304	4,046	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	35	183	0	30	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	48,777	25,761	28,304	4,076	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet B
Part II
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	16,372				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	26,044			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	424	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	16,372	26,044	0	424	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	16,372	26,044	0	424	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	16,372	26,044	0	424	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2020
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	13,125					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	13,125	0	0	845,837	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	52	0	40.00
41.00	04100	LABORATORY	0	0	0	367	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	92	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	27,893	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	14,177	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	351	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,579	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	23	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	13,125	0	0	895,371	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	5,957	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	13,125	0	0	901,328	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2020
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
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CAPITAL RELATED COSTS								
Cost Center Description			BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	36,000					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		36,000				2.00
3.00	00300	EMPLOYEE BENEFITS	1,157	1,157	7,316,997			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,818	1,818	823,255	-3,944,023	12,319,791	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	930	930	53,436	0	572,166	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,053	1,053	95,082	0	181,509	6.00
7.00	00700	HOUSEKEEPING	67	67	245,715	0	346,384	7.00
8.00	00800	DIETARY	4,532	4,532	497,069	0	1,113,228	8.00
9.00	00900	NURSING ADMINISTRATION	474	474	441,156	0	585,022	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	999	999	0	0	25,012	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	46,602	0	60,560	12.00
13.00	01300	SOCIAL SERVICE	0	0	200,750	0	260,817	13.00
13.01	01301	ACTIVITIES	464	464	110,031	0	161,312	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	22,716	22,716	4,013,546	0	7,530,919	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	13,131	40.00
41.00	04100	LABORATORY	0	0	0	0	92,611	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-86,895	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	23,261	43.00
44.00	04400	PHYSICAL THERAPY	934	934	375,371	0	542,804	44.00
45.00	04500	OCCUPATIONAL THERAPY	425	425	340,115	0	452,677	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	31,712	0	56,914	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	203	203	43,157	0	286,908	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-383,283	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	5,700	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	35,772	35,772	7,316,997	-4,414,201	12,310,935	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	228	228	0	0	8,856	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	658,505	242,823	2,189,333		3,944,023	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	18.291806	6.745083	0.299212		0.320137	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			28,968		48,777	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.003959		0.003959	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/8/2021 4:11 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	32,095				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,053	31,306			6.00
7.00	00700	HOUSEKEEPING	67	0	30,975		7.00
8.00	00800	DIETARY	4,532	0	4,532	93,918	8.00
9.00	00900	NURSING ADMINISTRATION	474	0	474	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	999	0	999	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	464	0	464	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	22,716	31,306	22,716	93,918	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	934	0	934	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	425	0	425	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	203	0	203	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	31,867	31,306	30,747	93,918	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	228	0	228	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	755,338	264,399	458,851	1,643,406	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	23.534445	8.445633	14.813592	17.498307	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	25,761	28,304	4,076	124,076	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.802648	0.904108	0.131590	1.321110	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/8/2021 4:11 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	31,306				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	31,306		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	31,306	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	31,306	0	31,306	31,306	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	31,306	0	31,306	31,306	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	71,329	0	79,947	344,314	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	2.278445	0.000000	2.553728	10.998339	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	26,044	0	424	1,828	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.831917	0.000000	0.013544	0.058391	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet B-1

Date/Time Prepared:
10/8/2021 4:11 pm

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet C

Date/Time Prepared:
10/8/2021 4:11 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	17,335	56,269	0.308074	40.00
41.00	04100	LABORATORY	122,259	105,786	1.155720	41.00
42.00	04200	INTRAVENOUS THERAPY	86,895	142,238	0.610913	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	30,708	70,387	0.436274	43.00
44.00	04400	PHYSICAL THERAPY	752,393	1,135,843	0.662409	44.00
45.00	04500	OCCUPATIONAL THERAPY	613,894	831,558	0.738246	45.00
46.00	04600	SPEECH PATHOLOGY	75,134	97,458	0.770937	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	386,542	275,817	1.401444	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	383,283	789,576	0.485429	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	7,525	615	12.235772	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,475,968	3,505,547		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555710	Period: From 06/01/2020 To 05/31/2021	Worksheet D Part I Date/Time Prepared: 10/8/2021 4:11 pm		
				Title XVIII (1)	Skilled Nursing Facility	PPS		
Health Care Program Charges				Health Care Program Cost				
Cost Center Description			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0.308074	10,975	0	3,381	0	40.00
41.00	04100	LABORATORY	1.155720	21,041	0	24,318	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.610913	20,370	0	12,444	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.436274	3,641	0	1,588	0	43.00
44.00	04400	PHYSICAL THERAPY	0.662409	254,825	0	168,798	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.738246	194,025	0	143,238	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.770937	22,650	0	17,462	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.401444	31,414	0	44,025	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.485429	176,844	0	85,845	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	12.235772	37	0	453	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FOHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000		0			71.00
100.00		Total (Sum of lines 40 - 71)		735,822	0	501,552	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555710	Period: From 06/01/2020 To 05/31/2021	Worksheet D Parts II-III Date/Time Prepared: 10/8/2021 4:11 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description						1.00
PART II - APPORTIONMENT OF VACCINE COST						
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				0.485429
2.00		Program vaccine charges (From your records, or the PS&R)				0
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				0
Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
		1.00	2.00	3.00	4.00	5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH						
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	17,335	0	0.000000	3,381
41.00	04100	LABORATORY	122,259	0	0.000000	24,318
42.00	04200	INTRAVENOUS THERAPY	86,895	0	0.000000	12,444
43.00	04300	OXYGEN (INHALATION) THERAPY	30,708	0	0.000000	1,588
44.00	04400	PHYSICAL THERAPY	752,393	0	0.000000	168,798
45.00	04500	OCCUPATIONAL THERAPY	613,894	0	0.000000	143,238
46.00	04600	SPEECH PATHOLOGY	75,134	0	0.000000	17,462
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	386,542	0	0.000000	44,025
49.00	04900	DRUGS CHARGED TO PATIENTS	383,283	0	0.000000	85,845
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0
51.00	05100	SUPPORT SURFACES	7,525	0	0.000000	453
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0
100.00		Total (Sum of lines 40 - 52)	2,475,968	0		501,552

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555710	Period: From 06/01/2020 To 05/31/2021	Worksheet D-1 Parts I-II Date/Time Prepared: 10/8/2021 4:11 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		31,306	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		2,510	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		14,237,590	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		14,894,473	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.955898	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		14,237,590	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		454.79	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,141,523	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,141,523	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		845,837	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		27.02	21.00
22.00	Program capital related cost (Line 3 times line 21)		67,820	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,073,703	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,073,703	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		31,306	1.00
2.00	Program inpatient days (see instructions)		2,510	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.080176	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet E
Part I
Date/Time Prepared:
10/8/2021 4:11 pm

Title XVIII

Skilled Nursing
Facility

PPS

1.00

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1.00	Inpatient PPS amount (See Instructions)	3,235,113	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	3,235,113	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	227,938	5.00
6.00	Allowable bad debts (From your records)	16,874	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	10,968	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	3,018,143	11.00
12.00	Interim payments (See instructions)	3,007,175	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	0	14.99
15.00	Balance due provider/program (see Instructions)	10,968	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555710	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 10/8/2021 4:11 pm
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555710	Period: From 06/01/2020 To 05/31/2021	Worksheet E Part II Date/Time Prepared: 10/8/2021 4:11 pm
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet E-1

Date/Time Prepared:
10/8/2021 4:11 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		3,007,175		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		3,007,175		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		10,968		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,018,143		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet G

Date/Time Prepared:
10/8/2021 4:11 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	250	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,137,421	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-254,096	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	89,949	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,973,524	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Less: Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	147,480	0	0	0	17.00
18.00 Less: Accumulated Amortization	-48,113	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	755,890	0	0	0	23.00
24.00 Less: Accumulated depreciation	-415,120	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	60,972	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	501,109	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	-784,906	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-784,906	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	1,689,727	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	179,302	0	0	0	35.00
36.00 Salaries, wages, and fees payable	781,122	0	0	0	36.00
37.00 Payroll taxes payable	-22,073	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	523,628	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,461,979	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	1,461,979	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	227,748	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	227,748	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1,689,727	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-1

Date/Time Prepared:
10/8/2021 4:11 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		421,303		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-3,808,851				2.00
3.00	Total (sum of line 1 and line 2)		-3,387,548		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		3,615,296		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		3,615,296		0		10.00
11.00	Subtotal (line 3 plus line 10)		227,748		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		227,748		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021Worksheet G-2
Parts I-II
Date/Time Prepared:
10/8/2021 4:11 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	14,894,473		14,894,473	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	14,894,473		14,894,473	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	3,505,547	0	3,505,547	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	18,400,020	0	18,400,020	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			18,856,753	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			18,856,753	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555710

Period:
From 06/01/2020
To 05/31/2021

Worksheet G-3

Date/Time Prepared:
10/8/2021 4:11 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	18,400,020	1.00
2.00	Less: contractual allowances and discounts on patients accounts	3,652,073	2.00
3.00	Net patient revenues (Line 1 minus line 2)	14,747,947	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	18,856,753	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-4,108,806	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	494	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	788	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	3,315	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	295,358	24.50
25.00	Total other income (Sum of lines 6 - 24)	299,955	25.00
26.00	Total (Line 5 plus line 25)	-3,808,851	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-3,808,851	31.00

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

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 555710	Period: From 06/01/2021 To 05/31/2022	Worksheet S Parts I, II & III Date/Time Prepared: 10/5/2022 11:37 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 10/5/2022 Time: 11:37 am
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code <u>4</u> 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Manor Care-Tice Valley CA, LLC (555710) for the cost reporting period beginning 06/01/2021 and ending 05/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Martin D. Allen	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Martin D. Allen		2
3	Signatory Title	DIRECTOR		3
4	Date	10/05/2022 11:37:22 AM		4

Cost Center Description		Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY						
1.00	SKILLED NURSING FACILITY	0	7,881	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	0	7,881	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Health Financial Systems		Manor Care-Tice Valley CA, LLC		In Lieu of Form CMS-2540-10					
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider No. : 555710		Period: From 06/01/2021 To 05/31/2022		Worksheet S-2 Part I Date/Time Prepared: 10/5/2022 11:37 am		
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street: 1975 TICE VALLEY BOULEVARD	PO Box:					1.00		
2.00	City: WALNUT CREEK	State: CA	Zip Code: 94595				2.00		
3.00	County: CONTRA COSTA	CBSA Code: 36084	Urban/Rural: U				3.00		
3.01		CBSA Code:					3.01		
			Component Name	Provider CCN	Date Certified	Payment System (P, 0, or N)			
						V	XVIII	XIX	
			1.00	2.00	3.00	4.00	5.00	6.00	
SNF and SNF-Based Component Identification:									
4.00	SNF	Manor Care-Tice Valley CA, LLC	555710	08/07/1997	P	P	P	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
					From:	To:			
					1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)				06/01/2021	05/31/2022		14.00	
15.00	Type of Control (See Instructions)				2501(C)(3)			15.00	
					Y/N				
					1.00				
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						Y	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N	17.00	
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.						Y	18.00	
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line						182,237	20.00	
21.00	Declining Balance						0	21.00	
22.00	Sum of the Year's Digits						0	22.00	
23.00	Sum of line 20 through 22						182,237	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.						0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N	28.00	
							Part A	Part B	Other
							1.00	2.00	3.00
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility						N	N	N
30.00	Nursing Facility								
31.00	ICF/IID								
32.00	SNF-Based HHA						N	N	
33.00	SNF-Based RHC								
34.00	SNF-Based FQHC							N	
35.00	SNF-Based CMHC							N	
36.00	SNF-Based OLTC								
					Y/N				
					1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)				Y			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)				N			38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							39.00	
				Premiums	Paid Losses	Self Insurance			
				1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:			55,255	25,072	1,368,994		41.00	

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

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part I
Date/Time Prepared:
10/5/2022 11:37 am

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		Y	43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.		HB0362	44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name: HCR MANOR CARE SERVICES, LLC	Contractor's Name: CGS ADMINISTRATORS, LLC	Contractor's Number: 15201	45.00
46.00	Street: 333 N. SUMMIT ST.	PO Box: 10086		46.00
47.00	City: TOLEDO	State: OH	Zip Code: 43699-0086	47.00

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

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part II
Date/Time Prepared:
10/5/2022 11:37 am

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

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

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-2
Part II
Date/Time Prepared:
10/5/2022 11:37 am

		1.00	2.00	
Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HOLLY	BENNETT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HCR MANOR CARE SERVICES, LLC		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	419-254-5388	HOLLY.BENNETT@PROMEDI CA. ORG	21.00

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

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet S-2
Part II
Date/Time Prepared:
10/5/2022 11:37 am

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

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

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part I
Date/Time Prepared:
10/5/2022 11:37 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	120	43,800	0	2,324	22,227	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	120	43,800	0	2,324	22,227	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	13,268	37,819	0	100	220	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	13,268	37,819	0	100	220	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	579	899	0.00	23.24	101.03	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	579	899	0.00	23.24	101.03	8.00
Component		Average Length of Stay		Admissions			
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	42.07	0	110	117	593	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC I						6.00
6.10	SNF-Based CORF I						6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	42.07	0	110	117	593	8.00
Component		Admissions		Full Time Equivalent			
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	820	106.12	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST		0.00	0.00			4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC I		0.00	0.00			6.00
6.10	SNF-Based CORF I		0.00	0.00			6.10
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	820	106.12	0.00			8.00

SNF WAGE INDEX INFORMATION

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part II
Date/Time Prepared:
10/5/2022 11:37 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						
SALARIES						
1.00	Total salaries (See Instructions)	8,393,212	0	8,393,212	220,727.00	38.03
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	8,393,212	0	8,393,212	220,727.00	38.03
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00
9.00	CMHC I	0	0	0	0.00	0.00
9.10	CORF I					
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,393,212	0	8,393,212	220,727.00	38.03
OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	3,780,212	0	3,780,212	101,032.00	37.42
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	678,985	0	678,985	12,443.28	54.57
WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,525,538	0	1,525,538		
18.00	Wage-related costs other (See Part IV)	160,826	0	160,826		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,686,364	0	1,686,364		

SNF WAGE INDEX INFORMATION

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part III
Date/Time Prepared:
10/5/2022 11:37 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - OVERHEAD COST - DIRECT SALARIES						
1.00 Employee Benefits	737,945	199	738,144	20,614.00	35.81	1.00
2.00 Administrative & General	801,824	8,732	810,556	21,287.00	38.08	2.00
3.00 Plant Operation, Maintenance & Repairs	49,510	149	49,659	1,975.00	25.14	3.00
4.00 Laundry & Linen Service	86,594	690	87,284	3,322.00	26.27	4.00
5.00 Housekeeping	277,564	12,562	290,126	13,908.00	20.86	5.00
6.00 Dietary	535,183	2,775	537,958	21,522.00	25.00	6.00
7.00 Nursing Administration	443,586	6,963	450,549	7,124.00	63.24	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	48,880	0	48,880	1,807.00	27.05	10.00
11.00 Social Service	328,463	4,593	333,056	12,669.00	26.29	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	0	0	0	0.00	0.00	13.00
14.00 Total (sum lines 1 thru 13)	3,309,549	36,663	3,346,212	104,228.00	32.10	14.00

SNF WAGE RELATED COSTS		Provider No. : 555710	Period: From 06/01/2021 To 05/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 10/5/2022 11:37 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		77,413	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		549,045	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		29,849	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,443	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	Workers' Compensation Insurance		186,022	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		485,987	17.00
18.00	Medicare Taxes - Employers Portion Only		121,702	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		74,077	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		1,525,538	24.00
			Amount Reported	
			1.00	
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00
25.01	PENSION		0	25.01
25.02	OTHER EMPLOYEE BENEFITS		137,201	25.02
25.03	DISABILITY PAYMENTS		0	25.03
25.04	EMPLOYEE VACCINATIONS		16,718	25.04
25.05	EMPLOYEE UNIFORMS		6,907	25.05
25.06	EMPLOYEE APPRECIATION		0	25.06

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet S-3
Part V
Date/Time Prepared:
10/5/2022 11:37 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,548,499	309,228	1,857,727	25,794.00	72.02	1.00
2.00	Licensed Practical Nurses (LPNs)	1,276,993	255,010	1,532,003	32,389.00	47.30	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,606,025	324,621	1,930,646	72,709.00	26.55	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,431,517	888,859	5,320,376	130,892.00	40.65	4.00
5.00	Physical Therapists	272,629	51,940	324,569	5,939.00	54.65	5.00
6.00	Physical Therapy Assistants	232,988	43,901	276,889	6,548.00	42.29	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	361,982	68,468	430,450	8,207.00	52.45	8.00
9.00	Occupational Therapy Assistants	48,834	9,088	57,922	1,669.00	34.70	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	101,943	19,065	121,008	2,330.00	51.93	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	41,801	8,335	50,136	2,372.00	21.14	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	768,393		768,393	12,597.00	61.00	14.00
15.00	Licensed Practical Nurses (LPNs)	787,144		787,144	17,492.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,183,385		2,183,385	70,432.00	31.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	3,738,922		3,738,922	100,521.00	37.20	17.00
18.00	Physical Therapists	2,153		2,153	27.00	79.74	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	38,937		38,937	482.00	80.78	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	200		200	2.00	100.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
10/5/2022 11:37 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet S-7

Date/Time Prepared:
10/5/2022 11:37 am

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet A

Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		324,470	324,470	46,213	370,683	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		303,363	303,363	0	303,363	2.00
3.00	00300	EMPLOYEE BENEFITS	737,945	1,686,364	2,424,309	199	2,424,508	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	801,824	4,128,526	4,930,350	-17,621	4,912,729	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	49,510	618,364	667,874	149	668,023	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	86,594	33,094	119,688	690	120,378	6.00
7.00	00700	HOUSEKEEPING	277,564	41,663	319,227	12,562	331,789	7.00
8.00	00800	DIETARY	535,183	483,085	1,018,268	2,775	1,021,043	8.00
9.00	00900	NURSING ADMINISTRATION	443,586	0	443,586	6,963	450,549	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	48,880	107	48,987	0	48,987	12.00
13.00	01300	SOCIAL SERVICE	211,902	0	211,902	3,749	215,651	13.00
13.01	01301	ACTIVITIES	116,561	10,984	127,545	844	128,389	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	4,155,633	4,294,417	8,450,050	-83,518	8,366,532	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	38,372	38,372	0	38,372	40.00
41.00	04100	LABORATORY	0	76,705	76,705	0	76,705	41.00
42.00	04200	INTRAVENOUS THERAPY	0	91,569	91,569	0	91,569	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	17,671	17,671	0	17,671	43.00
44.00	04400	PHYSICAL THERAPY	443,949	25,598	469,547	21,077	490,624	44.00
45.00	04500	OCCUPATIONAL THERAPY	356,473	39,003	395,476	21,124	416,600	45.00
46.00	04600	SPEECH PATHOLOGY	89,394	730	90,124	4,456	94,580	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,214	243,960	282,174	198	282,372	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	459,749	459,749	0	459,749	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	5,825	5,825	0	5,825	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		1,976,893	1,976,893	0	1,976,893	81.00
82.00	08200	UTILIZATION REVIEW	0	19,860	19,860	-19,860	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	8,393,212	14,920,372	23,313,584	0	23,313,584	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	15,978	15,978	0	15,978	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
100.00		TOTAL	8,393,212	14,936,350	23,329,562	0	23,329,562	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet A

Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	370,683
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	0	303,363
3.00	00300	EMPLOYEE BENEFITS	0	2,424,508
4.00	00400	ADMINISTRATIVE & GENERAL	-664,019	4,248,710
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	668,023
6.00	00600	LAUNDRY & LINEN SERVICE	0	120,378
7.00	00700	HOUSEKEEPING	0	331,789
8.00	00800	DIETARY	0	1,021,043
9.00	00900	NURSING ADMINISTRATION	0	450,549
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0
11.00	01100	PHARMACY	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	48,987
13.00	01300	SOCIAL SERVICE	0	215,651
13.01	01301	ACTIVITIES	0	128,389
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	8,366,532
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	38,372
41.00	04100	LABORATORY	0	76,705
42.00	04200	INTRAVENOUS THERAPY	0	91,569
43.00	04300	OXYGEN (INHALATION) THERAPY	0	17,671
44.00	04400	PHYSICAL THERAPY	0	490,624
45.00	04500	OCCUPATIONAL THERAPY	0	416,600
46.00	04600	SPEECH PATHOLOGY	0	94,580
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	282,372
49.00	04900	DRUGS CHARGED TO PATIENTS	0	459,749
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0
51.00	05100	SUPPORT SURFACES	0	5,825
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0
62.00	06200	FOHC	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	0
71.00	07100	AMBULANCE	0	0
72.00	07200	CORF I	0	0
73.00	07300	CMHC I	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	-1,976,893	0
82.00	08200	UTILIZATION REVIEW	0	0
83.00	08300	HOSPICE	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-2,640,912	20,672,672
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	15,978
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0
100.00		TOTAL	-2,640,912	20,688,650

RECLASSIFICATIONS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
10/5/2022 11:37 am

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	34,981	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		CAP REL COSTS - BLDGS & FIXTURES	1.00	0	11,232	2.00
	(1) C - UTILIZATION REVIEW					
3.00		ADMINISTRATIVE & GENERAL	4.00	0	19,860	3.00
	(1) D - COVID WAGES					
4.00		EMPLOYEE BENEFITS	3.00	199	0	4.00
5.00		ADMINISTRATIVE & GENERAL	4.00	8,732	0	5.00
6.00		PLANT OPERATION, MAINT. & REPAIRS	5.00	149	0	6.00
7.00		LAUNDRY & LINEN SERVICE	6.00	690	0	7.00
8.00		HOUSEKEEPING	7.00	12,562	0	8.00
9.00		DIETARY	8.00	2,775	0	9.00
10.00		NURSING ADMINISTRATION	9.00	6,963	0	10.00
11.00		SOCIAL SERVICE	13.00	3,749	0	11.00
12.00		ACTIVITIES	13.01	844	0	12.00
13.00		PHYSICAL THERAPY	44.00	21,077	0	13.00
14.00		OCCUPATIONAL THERAPY	45.00	21,124	0	14.00
15.00		SPEECH PATHOLOGY	46.00	4,456	0	15.00
16.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	198	0	16.00
	TOTALS					
100.00		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		83,518	66,073	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECLASSIFICATIONS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-6

Date/Time Prepared:
10/5/2022 11:37 am

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - HOME OFFICE CAPITAL COSTS					
1.00		ADMINISTRATIVE & GENERAL	4.00	0	34,981	1.00
	(1) B - ALLOCATED POOLED INTEREST EXPENSE					
2.00		ADMINISTRATIVE & GENERAL	4.00	0	11,232	2.00
	(1) C - UTILIZATION REVIEW					
3.00		UTILIZATION REVIEW	82.00	0	19,860	3.00
	(1) D - COVID WAGES					
4.00		SKILLED NURSING FACILITY	30.00	83,518	0	4.00
5.00			0.00	0	0	5.00
6.00			0.00	0	0	6.00
7.00			0.00	0	0	7.00
8.00			0.00	0	0	8.00
9.00			0.00	0	0	9.00
10.00			0.00	0	0	10.00
11.00			0.00	0	0	11.00
12.00			0.00	0	0	12.00
13.00			0.00	0	0	13.00
14.00			0.00	0	0	14.00
15.00			0.00	0	0	15.00
16.00			0.00	0	0	16.00
	TOTALS					
100.00				83,518	66,073	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Worksheet A, col. 5, line as appropriate.

May 12, 2023

MCRI F32 - 10.11.175.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-7

Date/Time Prepared:
10/5/2022 11:37 am

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
2.00	Land	0	0	0	0	0	1.00
3.00	Land Improvements	0	0	0	0	0	2.00
4.00	Buildings and Fixtures	0	0	0	0	0	3.00
5.00	Building Improvements	147,480	70,570	0	70,570	0	4.00
6.00	Fixed Equipment	0	0	0	0	0	5.00
7.00	Movable Equipment	755,890	21,595	0	21,595	0	6.00
8.00	Subtotal (sum of lines 1-6)	903,370	92,165	0	92,165	0	7.00
9.00	Reconciling Items	0	0	0	0	0	8.00
	Total (line 7 minus line 8)	903,370	92,165	0	92,165	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
1.00	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
2.00	Land	0	0				1.00
3.00	Land Improvements	0	0				2.00
4.00	Buildings and Fixtures	0	0				3.00
5.00	Building Improvements	218,050	0				4.00
6.00	Fixed Equipment	0	0				5.00
7.00	Movable Equipment	777,485	0				6.00
8.00	Subtotal (sum of lines 1-6)	995,535	0				7.00
9.00	Reconciling Items	0	0				8.00
	Total (line 7 minus line 8)	995,535	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet A-8

Date/Time Prepared:
10/5/2022 11:37 am

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line No.	
	1.00	2.00	3.00	4.00	
1.00 Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00 Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00 Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00 Television and radio service (chapter 21)		0		0.00	6.00
7.00 Parking lot (chapter 21)		0		0.00	7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0		0.00	9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	105,229			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Revenue - Employee meals		0		0.00	14.00
15.00 Cost of meals - Guests		0		0.00	15.00
16.00 Sale of medical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Vending machines	B	-536	ADMINISTRATIVE & GENERAL	4.00	19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW	82.00	22.00
23.00 Depreciation--buildings and fixtures	A		OCAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00 Depreciation--movable equipment	A		OCAP REL COSTS - MOVEABLE EQUIPMENT	2.00	24.00
25.00 NON-ALLOWABLE ADVERTISING	A	-207,888	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01 BAD DEBT EXPENSE	A	-360,372	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02 MEDICAL TRANSPORTATION	A	-177,967	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03 NON-DEDUCTIBLE ASSOCIATION DUES	A	-1,722	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04 WELL TOWER LEASE EXPENSE	A	-1,976,893	INTEREST EXPENSE	81.00	25.04
25.05 PURCH SERV DENTISTRY	A	-11,307	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06 PURCH SERV - PODIATRY	A	-9,100	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07 PURCH SERV PHYS CARE	A	302	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08 PENALTIES STATE AND FED	A	-658	ADMINISTRATIVE & GENERAL	4.00	25.08
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,640,912			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/5/2022 11:37 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		747,209	641,980	105,229	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	747,209	641,980	105,229	10.00

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

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet A-8-1
Parts I-II
Date/Time Prepared:
10/5/2022 11:37 am

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

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

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

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

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

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

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

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

1.00		HCR MANOR CARE	0.00	LONG TERM CARE	1.00
2.00		SERVICES, LLC	0.00		2.00
3.00			0.00		3.00
4.00			0.00		4.00
5.00			0.00		5.00
6.00			0.00		6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:		0.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/5/2022 11:37 am

		CAPITAL RELATED COSTS						
Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal		
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	370,683	370,683			1.00	
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	303,363	303,363			2.00	
3.00	00300	EMPLOYEE BENEFITS	2,424,508	11,913	9,750	2,446,171	3.00	
4.00	00400	ADMINISTRATIVE & GENERAL	4,248,710	18,719	15,320	259,012	4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	668,023	9,576	7,837	15,868	5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	120,378	10,842	8,873	27,892	6.00	
7.00	00700	HOUSEKEEPING	331,789	690	565	92,709	7.00	
8.00	00800	DIETARY	1,021,043	46,665	38,190	171,904	8.00	
9.00	00900	NURSING ADMINISTRATION	450,549	4,881	3,994	143,972	9.00	
10.00	01000	CENTRAL SERVICES & SUPPLY	0	10,286	8,418	0	10.00	
11.00	01100	PHARMACY	0	0	0	0	11.00	
12.00	01200	MEDICAL RECORDS & LIBRARY	48,987	0	0	15,620	12.00	
13.00	01300	SOCIAL SERVICE	215,651	0	0	68,911	13.00	
13.01	01301	ACTIVITIES	128,389	4,778	3,910	37,517	13.01	
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00	
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	8,366,532	233,902	191,422	1,301,241	30.00	
31.00	03100	NURSING FACILITY	0	0	0	0	31.00	
32.00	03200	ICF/IID	0	0	0	0	32.00	
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00	
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	38,372	0	0	0	40.00	
41.00	04100	LABORATORY	76,705	0	0	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	91,569	0	0	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	17,671	0	0	0	43.00	
44.00	04400	PHYSICAL THERAPY	490,624	9,617	7,871	148,599	44.00	
45.00	04500	OCCUPATIONAL THERAPY	416,600	4,376	3,581	120,661	45.00	
46.00	04600	SPEECH PATHOLOGY	94,580	0	0	29,990	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	282,372	2,090	1,711	12,275	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	459,749	0	0	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00	
51.00	05100	SUPPORT SURFACES	5,825	0	0	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00	
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	60.00	
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00	
62.00	06200	FOHC	0	0	0	0	62.00	
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00	
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00	
71.00	07100	AMBULANCE	0	0	0	0	71.00	
72.00	07200	CORF I	0	0	0	0	72.00	
73.00	07300	CMHC I	0	0	0	0	73.00	
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00	
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00	
81.00	08100	INTEREST EXPENSE					81.00	
82.00	08200	UTILIZATION REVIEW					82.00	
83.00	08300	HOSPICE	0	0	0	0	83.00	
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00	
89.00		SUBTOTALS (sum of lines 1-84)	20,672,672	368,335	301,442	2,446,171	89.00	
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00	
91.00	09100	BARBER AND BEAUTY SHOP	15,978	2,348	1,921	0	91.00	
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00	
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00	
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00	
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00	
98.00		Cross Foot Adjustments	0	0	0	0	98.00	
99.00		Negative Cost Centers	0	0	0	0	99.00	
100.00		TOTAL	20,688,650	370,683	303,363	2,446,171	100.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part I
Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4,541,761				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	204,234	905,538			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	48,921	29,710	246,616		6.00
7.00	00700	HOUSEKEEPING	123,988	1,890	0	551,631	7.00
8.00	00800	DIETARY	372,123	127,867	0	1,394	1,779,186
9.00	00900	NURSING ADMINISTRATION	175,722	13,374	0	9,863	0
10.00	01000	CENTRAL SERVICES & SUPPLY	5,447	28,186	0	20,788	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	18,815	0	0	0	0
13.00	01300	SOCIAL SERVICE	82,870	0	0	0	0
13.01	01301	ACTIVITIES	50,845	13,091	0	9,655	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	2,939,327	640,916	246,616	472,684	1,779,186
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	11,175	0	0	0	0
41.00	04100	LABORATORY	22,338	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	5,146	0	0	0	0
44.00	04400	PHYSICAL THERAPY	191,248	26,352	0	19,435	0
45.00	04500	OCCUPATIONAL THERAPY	158,779	11,991	0	8,844	0
46.00	04600	SPEECH PATHOLOGY	36,277	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,914	5,728	0	4,224	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	1,696	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FOHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF I	0	0	0	0	0
73.00	07300	CMHC I	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	4,535,865	899,105	246,616	546,887	1,779,186
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	5,896	6,433	0	4,744	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	4,541,761	905,538	246,616	551,631	1,779,186

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION	802,355				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	73,125			10.00
11.00	01100	PHARMACY	0	0	0		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	83,422		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	367,432	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	802,355	73,125	0	83,422	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC					62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	802,355	73,125	0	83,422	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0			98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	802,355	73,125	0	83,422	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

Period:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	248,185					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	248,185	0	0	17,746,345	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	49,547	0	40.00
41.00	04100	LABORATORY	0	0	0	99,043	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	91,569	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	22,817	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	893,746	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	724,832	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	160,847	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	395,314	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	459,749	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	7,521	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	248,185	0	0	20,651,330	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	37,320	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	248,185	0	0	20,688,650	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 555710

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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	17,746,345
31.00	03100	NURSING FACILITY	0
32.00	03200	ICF/IID	0
33.00	03300	OTHER LONG TERM CARE	0
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	49,547
41.00	04100	LABORATORY	99,043
42.00	04200	INTRAVENOUS THERAPY	91,569
43.00	04300	OXYGEN (INHALATION) THERAPY	22,817
44.00	04400	PHYSICAL THERAPY	893,746
45.00	04500	OCCUPATIONAL THERAPY	724,832
46.00	04600	SPEECH PATHOLOGY	160,847
47.00	04700	ELECTROCARDIOLOGY	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	395,314
49.00	04900	DRUGS CHARGED TO PATIENTS	459,749
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0
51.00	05100	SUPPORT SURFACES	7,521
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	0
61.00	06100	RURAL HEALTH CLINIC	0
62.00	06200	FOHC	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	0
71.00	07100	AMBULANCE	0
72.00	07200	CORF I	0
73.00	07300	CMHC I	0
74.00	07400	OTHER REIMBURSABLE COST	0
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0
81.00	08100	INTEREST EXPENSE	0
82.00	08200	UTILIZATION REVIEW	0
83.00	08300	HOSPICE	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0
89.00		SUBTOTALS (sum of lines 1-84)	20,651,330
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91.00	09100	BARBER AND BEAUTY SHOP	37,320
92.00	09200	PHYSICIANS PRIVATE OFFICES	0
93.00	09300	NONPAID WORKERS	0
94.00	09400	PATIENTS LAUNDRY	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0
98.00		Cross Foot Adjustments	0
99.00		Negative Cost Centers	0
100.00		TOTAL	20,688,650

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		
			0	1.00	2.00	2A	3.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	11,913	9,750	21,663	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	18,719	15,320	34,039	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	9,576	7,837	17,413	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	10,842	8,873	19,715	6.00
7.00	00700	HOUSEKEEPING	0	690	565	1,255	7.00
8.00	00800	DIETARY	0	46,665	38,190	84,855	8.00
9.00	00900	NURSING ADMINISTRATION	0	4,881	3,994	8,875	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	10,286	8,418	18,704	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
13.01	01301	ACTIVITIES	0	4,778	3,910	8,688	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0	233,902	191,422	425,324	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	9,617	7,871	17,488	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	4,376	3,581	7,957	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,090	1,711	3,801	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	368,335	301,442	669,777	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	2,348	1,921	4,269	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
100.00		TOTAL	0	370,683	303,363	674,046	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

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Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	36,333				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,634	19,188			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	391	630	20,983		6.00
7.00	00700	HOUSEKEEPING	992	40	0	3,108	7.00
8.00	00800	DIETARY	2,977	2,709	0	8	8.00
9.00	00900	NURSING ADMINISTRATION	1,406	283	0	56	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	44	597	0	117	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	151	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	663	0	0	0	13.00
13.01	01301	ACTIVITIES	407	277	0	54	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	23,513	13,583	20,983	2,662	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	89	0	0	0	40.00
41.00	04100	LABORATORY	179	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	41	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,530	558	0	110	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,270	254	0	50	45.00
46.00	04600	SPEECH PATHOLOGY	290	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	695	121	0	24	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	14	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	36,286	19,052	20,983	3,081	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	47	136	0	27	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	36,333	19,188	20,983	3,108	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION	11,895					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	19,462				10.00
11.00	01100	PHARMACY	0	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	289		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	1,273	13.00
13.01	01301	ACTIVITIES	0	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	11,895	19,462	0	289	1,273	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	11,895	19,462	0	289	1,273	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	11,895	19,462	0	289	1,273	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ACTIVITIES	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	
			13.01	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00	00700	HOUSEKEEPING						7.00
8.00	00800	DIETARY						8.00
9.00	00900	NURSING ADMINISTRATION						9.00
10.00	01000	CENTRAL SERVICES & SUPPLY						10.00
11.00	01100	PHARMACY						11.00
12.00	01200	MEDICAL RECORDS & LIBRARY						12.00
13.00	01300	SOCIAL SERVICE						13.00
13.01	01301	ACTIVITIES	9,758					13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0				14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	9,758	0	0	632,336	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	89	0	40.00
41.00	04100	LABORATORY	0	0	0	179	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	41	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	21,002	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	10,600	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	556	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,750	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	14	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	9,758	0	0	669,567	0	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	4,479	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments		0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	0	99.00
100.00		TOTAL	9,758	0	0	674,046	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT	2.00
3.00	00300	EMPLOYEE BENEFITS	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6.00
7.00	00700	HOUSEKEEPING	7.00
8.00	00800	DIETARY	8.00
9.00	00900	NURSING ADMINISTRATION	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	10.00
11.00	01100	PHARMACY	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	12.00
13.00	01300	SOCIAL SERVICE	13.00
13.01	01301	ACTIVITIES	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	SKILLED NURSING FACILITY	30.00
31.00	03100	NURSING FACILITY	31.00
32.00	03200	ICF/IID	32.00
33.00	03300	OTHER LONG TERM CARE	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	04000	RADIOLOGY	40.00
41.00	04100	LABORATORY	41.00
42.00	04200	INTRAVENOUS THERAPY	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	43.00
44.00	04400	PHYSICAL THERAPY	44.00
45.00	04500	OCCUPATIONAL THERAPY	45.00
46.00	04600	SPEECH PATHOLOGY	46.00
47.00	04700	ELECTROCARDIOLOGY	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	50.00
51.00	05100	SUPPORT SURFACES	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	52.00
OUTPATIENT SERVICE COST CENTERS			
60.00	06000	CLINIC	60.00
61.00	06100	RURAL HEALTH CLINIC	61.00
62.00	06200	FOHC	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	63.00
OTHER REIMBURSABLE COST CENTERS			
70.00	07000	HOME HEALTH AGENCY COST	70.00
71.00	07100	AMBULANCE	71.00
72.00	07200	CORF I	72.00
73.00	07300	CMHC I	73.00
74.00	07400	OTHER REIMBURSABLE COST	74.00
SPECIAL PURPOSE COST CENTERS			
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	80.00
81.00	08100	INTEREST EXPENSE	81.00
82.00	08200	UTILIZATION REVIEW	82.00
83.00	08300	HOSPICE	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	84.00
89.00		SUBTOTALS (sum of lines 1-84)	89.00
NONREIMBURSABLE COST CENTERS			
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	90.00
91.00	09100	BARBER AND BEAUTY SHOP	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	92.00
93.00	09300	NONPAID WORKERS	93.00
94.00	09400	PATIENTS LAUNDRY	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	95.00
98.00		Cross Foot Adjustments	98.00
99.00		Negative Cost Centers	99.00
100.00		TOTAL	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/5/2022 11:37 am

CAPITAL RELATED COSTS								
Cost Center Description			BLDGS & FIXTURES (SQUARE FEET)	MOVEABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	36,000					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		36,000				2.00
3.00	00300	EMPLOYEE BENEFITS	1,157	1,157	7,655,068			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,818	1,818	810,556	-4,541,761	15,595,571	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	930	930	49,659	0	701,304	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,053	1,053	87,284	0	167,985	6.00
7.00	00700	HOUSEKEEPING	67	67	290,126	0	425,753	7.00
8.00	00800	DIETARY	4,532	4,532	537,958	0	1,277,802	8.00
9.00	00900	NURSING ADMINISTRATION	474	474	450,549	0	603,396	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	999	999	0	0	18,704	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	48,880	0	64,607	12.00
13.00	01300	SOCIAL SERVICE	0	0	215,651	0	284,562	13.00
13.01	01301	ACTIVITIES	464	464	117,405	0	174,594	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	22,716	22,716	4,072,115	0	10,093,097	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	38,372	40.00
41.00	04100	LABORATORY	0	0	0	0	76,705	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	-91,569	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	17,671	43.00
44.00	04400	PHYSICAL THERAPY	934	934	465,026	0	656,711	44.00
45.00	04500	OCCUPATIONAL THERAPY	425	425	377,597	0	545,218	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	93,850	0	124,570	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	203	203	38,412	0	298,448	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	-459,749	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	5,825	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	35,772	35,772	7,655,068	-5,093,079	15,575,324	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	228	228	0	0	20,247	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	370,683	303,363	2,446,171		4,541,761	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	10.296750	8.426750	0.319549		0.291221	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)			21,663		36,333	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)			0.002830		0.002330	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEAL SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT						2.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	32,095					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,053	37,819				6.00
7.00	00700	HOUSEKEEPING	67	0	26,510			7.00
8.00	00800	DIETARY	4,532	0	67	113,457		8.00
9.00	00900	NURSING ADMINISTRATION	474	0	474	0	37,819	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	999	0	999	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	13.00
13.01	01301	ACTIVITIES	464	0	464	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	22,716	37,819	22,716	113,457	37,819	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	934	0	934	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	425	0	425	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	203	0	203	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	31,867	37,819	26,282	113,457	37,819	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	228	0	228	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	905,538	246,616	551,631	1,779,186	802,355	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	28.214301	6.520955	20.808412	15.681589	21.215659	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	19,188	20,983	3,108	92,071	11,895	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.597850	0.554827	0.117239	0.811506	0.314524	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	ACTIVITIES (PATIENT DAYS)	
		10.00	11.00	12.00	13.00	13.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	37,819				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	37,819		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	37,819	13.00
13.01	01301	ACTIVITIES	0	0	0	0	13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	37,819	0	37,819	37,819	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF I	0	0	0	0	72.00
73.00	07300	CMHC I	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	37,819	0	37,819	37,819	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	73,125	0	83,422	367,432	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	1.933552	0.000000	2.205822	9.715540	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	19,462	0	289	1,273	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.514609	0.000000	0.007642	0.033660	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet B-1

Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description		NURSING AND ALLIED HEALTH EDUCATION (PATIENT DAYS) 14.00	OTHER GENERAL SERVICE COST CENTERS (PATIENT DAYS) 15.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	00200	CAP REL COSTS - MOVEABLE EQUIPMENT		2.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
11.00	01100	PHARMACY		11.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
13.01	01301	ACTIVITIES		13.01
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	04000	RADIOLOGY	0	40.00
41.00	04100	LABORATORY	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	04400	PHYSICAL THERAPY	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	05100	SUPPORT SURFACES	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000	HOME HEALTH AGENCY COST	0	70.00
71.00	07100	AMBULANCE	0	71.00
72.00	07200	CORF I	0	72.00
73.00	07300	CMHC I	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		82.00
83.00	08300	HOSPICE	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	0	89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet C

Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	49,547	84,611	0.585586	40.00
41.00	04100	LABORATORY	99,043	115,351	0.858623	41.00
42.00	04200	INTRAVENOUS THERAPY	91,569	149,014	0.614499	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	22,817	33,616	0.678754	43.00
44.00	04400	PHYSICAL THERAPY	893,746	1,423,305	0.627937	44.00
45.00	04500	OCCUPATIONAL THERAPY	724,832	1,064,999	0.680594	45.00
46.00	04600	SPEECH PATHOLOGY	160,847	271,330	0.592809	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	395,314	202,454	1.952611	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	459,749	877,381	0.524002	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	7,521	249	30.204819	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FOHC				62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,904,985	4,222,310		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet D
Part I
Date/Time Prepared:
10/5/2022 11:37 am

Title XVIII (1)

Skilled Nursing
Facility

PPS

			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
	PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
	ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0.585586	13,969	0	8,180	0	40.00
41.00	04100	LABORATORY	0.858623	19,957	0	17,136	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.614499	7,721	0	4,745	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.678754	781	0	530	0	43.00
44.00	04400	PHYSICAL THERAPY	0.627937	272,450	0	171,081	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.680594	201,600	0	137,208	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.592809	41,825	0	24,794	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.952611	11,265	0	21,996	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0.524002	127,089	0	66,595	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	05100	SUPPORT SURFACES	30.204819	15	0	453	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
	OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00
100.00		Total (Sum of lines 40 - 71)		696,672	0	452,718	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No. : 555710		Period: From 06/01/2021 To 05/31/2022		Worksheet D Parts II-III Date/Time Prepared: 10/5/2022 11:37 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)						0.524002	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						0	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)						0	3.00
Cost Center Description				Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
				1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	49,547	0	0.000000	8,180	0	40.00	
41.00	04100	LABORATORY	99,043	0	0.000000	17,136	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	91,569	0	0.000000	4,745	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	22,817	0	0.000000	530	0	43.00	
44.00	04400	PHYSICAL THERAPY	893,746	0	0.000000	171,081	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	724,832	0	0.000000	137,208	0	45.00	
46.00	04600	SPEECH PATHOLOGY	160,847	0	0.000000	24,794	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	395,314	0	0.000000	21,996	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	459,749	0	0.000000	66,595	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	7,521	0	0.000000	453	0	51.00	
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00	
100.00		Total (Sum of lines 40 - 52)	2,904,985	0		452,718	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No. : 555710	Period: From 06/01/2021 To 05/31/2022	Worksheet D-1 Parts I-II Date/Time Prepared: 10/5/2022 11:37 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
INPATIENT DAYS				
1.00	Inpatient days including private room days		37,819	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		2,324	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		17,746,345	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		18,476,499	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.960482	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		17,746,345	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		469.24	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,090,514	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,090,514	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		632,336	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		16.72	21.00
22.00	Program capital related cost (Line 3 times line 21)		38,857	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,051,657	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		1,051,657	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
				1.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH				
1.00	Total SNF inpatient days		37,819	1.00
2.00	Program inpatient days (see instructions)		2,324	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.061451	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No. : 555710	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part I Date/Time Prepared: 10/5/2022 11:37 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		2,291,172	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		2,291,172	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinurance		182,049	5.00
6.00	Allowable bad debts (From your records)		12,144	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		7,894	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		2,117,017	11.00
12.00	Interim payments (See instructions)		2,105,598	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		13	14.75
14.99	Sequestration amount (see instructions)		3,525	14.99
15.00	Balance due provider/program (see Instructions)		7,881	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555710	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 10/5/2022 11:37 am
		Title XIX	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 555710	Period: From 06/01/2021 To 05/31/2022	Worksheet E Part II Date/Time Prepared: 10/5/2022 11:37 am
		Title V	Skilled Nursing Facility	PPS
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet E-1

Date/Time Prepared:
10/5/2022 11:37 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,105,598		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,105,598		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		7,881		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,113,479		0	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet G

Date/Time Prepared:
10/5/2022 11:37 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
Assets					
CURRENT ASSETS					
1.00 Cash on hand and in banks	10,076	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	2,644,884	0	0	0	4.00
5.00 Other receivables	0	0	0	0	5.00
6.00 Less: allowances for uncollectible notes and accounts receivable	-454,032	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	97,549	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,298,477	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Less: Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	13,838	0	0	0	15.00
16.00 Less: Accumulated depreciation	-923	0	0	0	16.00
17.00 Leasehold improvements	204,212	0	0	0	17.00
18.00 Less: Accumulated Amortization	-74,158	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Less: Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Less: Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	777,485	0	0	0	23.00
24.00 Less: Accumulated depreciation	-570,388	0	0	0	24.00
25.00 Minor equipment - Depreciable	0	0	0	0	25.00
26.00 Minor equipment nondepreciable	0	0	0	0	26.00
27.00 Other fixed assets	528,421	0	0	0	27.00
28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)	878,487	0	0	0	28.00
OTHER ASSETS					
29.00 Investments	0	0	0	0	29.00
30.00 Deposits on leases	0	0	0	0	30.00
31.00 Due from owners/officers	0	0	0	0	31.00
32.00 Other assets	0	0	0	0	32.00
33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)	3,176,964	0	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00 Accounts payable	21,706	0	0	0	35.00
36.00 Salaries, wages, and fees payable	878,456	0	0	0	36.00
37.00 Payroll taxes payable	109,787	0	0	0	37.00
38.00 Notes & loans payable (Short term)	0	0	0	0	38.00
39.00 Deferred income	0	0	0	0	39.00
40.00 Accelerated payments	0	0	0	0	40.00
41.00 Due to other funds	0	0	0	0	41.00
42.00 Other current liabilities	1,172,119	0	0	0	42.00
43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,182,068	0	0	0	43.00
LONG TERM LIABILITIES					
44.00 Mortgage payable	0	0	0	0	44.00
45.00 Notes payable	0	0	0	0	45.00
46.00 Unsecured loans	0	0	0	0	46.00
47.00 Loans from owners:	0	0	0	0	47.00
48.00 Other long term liabilities	0	0	0	0	48.00
49.00 OTHER (SPECIFY)	0	0	0	0	49.00
50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00 TOTAL LIABILITIES (Sum of lines 43 and 50)	2,182,068	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	994,896				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 TOTAL FUND BALANCES (Sum of lines 52 thru 58)	994,896	0	0	0	59.00
60.00 TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	3,176,964	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-1

Date/Time Prepared:
10/5/2022 11:37 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		227,748		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-4,987,213				2.00
3.00	Total (sum of line 1 and line 2)		-4,759,465		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		5,754,361		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		5,754,361		0		10.00
11.00	Subtotal (line 3 plus line 10)		994,896		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		994,896		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022Worksheet G-2
Parts I-II
Date/Time Prepared:
10/5/2022 11:37 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	18,476,499		18,476,499	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	18,476,499		18,476,499	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	4,222,310	0	4,222,310	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC I		0	0	11.00
11.10	CORF I		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	22,698,809	0	22,698,809	14.00
Cost Center Description					
		1.00	2.00		
PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			23,329,562	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			23,329,562	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 555710

Period:
From 06/01/2021
To 05/31/2022

Worksheet G-3

Date/Time Prepared:
10/5/2022 11:37 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	22,698,809	1.00
2.00	Less: contractual allowances and discounts on patients accounts	4,367,913	2.00
3.00	Net patient revenues (Line 1 minus line 2)	18,330,896	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	23,329,562	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-4,998,666	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	536	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER & BEAUTY	10,917	24.00
24.01	OTHER	0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	11,453	25.00
26.00	Total (Line 5 plus line 25)	-4,987,213	26.00
27.00	OTHER EXPENSE	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-4,987,213	31.00

11 Cal. Code Reg. Section 999.5(d)(5)(D)

A DESCRIPTION OF ANY COMMUNITY BENEFIT PROGRAM PROVIDED BY THE HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE DURING THE PAST FIVE YEARS WITH AN ANNUAL COST OF AT LEAST \$10,000 AND THE ANNUAL COST OF EACH PROGRAM FOR THE PAST FIVE YEARS.

Please refer to the response for Section 999.5(d)(1)(A). ProMedica facilities, including the Facilities, contributed an aggregate \$28,510,000 in community benefit expenditures in CY 2021. The Facilities do not specifically track community benefit expenditures.

FOR EACH HEALTH FACILITY THAT IS THE SUBJECT OF THE AGREEMENT OR TRANSACTION, A DESCRIPTION OF THE CURRENT POLICIES AND PROCEDURES ON STAFFING FOR PATIENT CARE AREAS; EMPLOYEE INPUT ON HEALTH QUALITY AND STAFFING ISSUES; AND EMPLOYEE WAGES, SALARIES, BENEFITS, WORKING CONDITIONS AND EMPLOYMENT PROTECTIONS

Each Applicant has established policies and procedures to ensure that its patient care teams provide appropriate care that is planned along a continuum of care. Each Facility maintains a staffing plan, which is designed to meet all applicable legal requirements and consistently provide an adequate number of prepared employees to provide quality care based on patient acuity and to ensure patient and personnel safety.

Each Applicant has the following policies and procedures relating to employee input on health quality and staffing issues: Communication – Communication Meetings; Communicating Vital Information; Open Door Policy; Care Line; Small Group Meetings; CEC - Continuous Employee Communications; Employee Complaint Procedure; Bulletin Boards; Use of Electronic Devices and Communication Tools; Employee Surveys.

Each Applicant has the following human resource policies and procedures that address employee wages, salaries, benefits, working conditions and employment protections:

Employment – Equal Employment Opportunity; Discrimination and Harassment; Sexual Harassment; Anniversary Date and Seniority; Immigration; Your Social Security Number; Criminal and Other Background Checks; Employee Health Review; Orientation Period; Your Supervisor; License Verification; Personnel Records; Service Awards; Hiring of Family Members; Employee Relationships; Verification of Employment • **Compensation** - Heartland Employment Services, LLC; Employment and Pay Classifications; Changing Your Classification; Work Schedules; Timekeeping Methods; Overtime; Meal and Rest Breaks; Wages; Payday; Payroll Deduction; Paid and Unpaid Training; Premiums • **Communication** – Communication Meetings; Communicating Vital Information; Open Door Policy; Care Line; Small Group Meetings; CEC - Continuous Employee Communications; Employee Complaint Procedure; Bulletin Boards; Use of Electronic Devices and Communication Tools; Employee Surveys • **Benefits** – Medical Plans; Dental; Vision; Life Insurance; Flexible Spending Account; Legal Plan; Education Assistance; Employee Assistance Program; Time Off With Pay; Jury Duty; Funeral Pay; Retirement Savings; Credit Union; Workers' Compensation; Rehabilitative Duty; COBRA; Leaves of Absence; Types of Leaves of Absence; Family and Medical Leave Act (FMLA); Other Types of Leaves of Absence; Personal Leave, Educational Leave, Uniformed Services Leave; Time-Off With Pay; Vacation – California; Sick – California; Paid Time-Off; Paid Days Off; Holidays; Personal Holidays; Media Inquiries; Voice Mail • **Compliance with Policies and Procedures** – Corporate Compliance and Standards of Conduct; Compliance with Laws; Arrest, Charge, Indictment or Conviction; Attendance; Workplace Confidentiality and Privacy; Solicitation and Distribution; Access Rule; Your Appearance; Language Policy; Patient/Resident Rights; Patient/Resident and Customer Relations; Security Inspections; Smoking; Substance Abuse Control; Parking Policy; Telephone Calls; Tips, Gratuities and Work; Visitors; Zero Tolerance for Violence and Weapons; Requests for Disability Accommodation; Conducting Investigations; Records Management; Requests for Religious Accommodation; Biometric Information • **Health and Safety** – Accident Prevention; Safety Rules; Safety Management; Severe Weather & Other Emergency; Safety and Wellness Committee; Tobacco Usage; Safety Programs; Immunizations • **Employee Development** – Performance Appraisal; In-Service Training; Transfers/Promotions/Career Advancement • **Your Conduct As An Employee** – Performance Improvement; Behavior Changes; Progressive Discipline; Work Rules – Minor/Type C; Work Rules – Major/Type B; Work Rules – Critical/Type A; Suspension • **Separation of Employment** – Voluntary Resignation; Termination; Reduction in Work Force; Exit Interviews; Final Pay; Employment-At-Will.

No Applicant is party to any collective bargaining agreements.

11 Cal. Code Reg. Section 999.5(d)(5)(F)

FOR EACH HEALTH FACILITY THAT IS THE SUBJECT OF THE AGREEMENT OR TRANSACTION, ALL EXISTING DOCUMENTS SETTING FORTH ANY GUARANTEES MADE BY ANY ENTITY THAT WOULD BE TAKING OVER OPERATION OR CONTROL OF THE HEALTH FACILITIES SUBJECT TO THE TRANSACTION RELATING TO EMPLOYEE JOB SECURITY AND RETRAINING, OR THE CONTINUATION OF CURRENT STAFFING LEVELS AND POLICIES, EMPLOYEE WAGES, SALARIES, BENEFITS, WORKING CONDITIONS AND EMPLOYMENT PROTECTIONS

Each Existing Operator and corresponding New Operator intend that the applicable Facility staff will remain substantially the same immediately before and after the closing of the Transaction. Specifically, and as discussed above, the OTA requires that New Operators offer to employ Facility employees as of the closing date with wages, benefits and other terms and conditions of employment that are reasonably acceptable to New Operators, recognize for each hired employee his or her original hire date, grant credit for service with Existing Operators under all benefit policies maintained by New Operators for the benefit of the hired employees for the purposes of participation and benefits accrual to the extent allowed by each New Operator's benefit policies, and will continue to employ each such employee for a period of no less than ninety (90) days following the closing date except as otherwise provided in the OTA.

Other than as described in the OTA, there are no other agreements containing guarantees related to job security, retraining, retention of current staffing levels and policies, wages/salaries, benefits, working conditions and employment protections.

11 Cal. Code Reg. Section 999.5(d)(5)(G)

IF THE AGREEMENT OR TRANSACTION WILL HAVE ANY IMPACT ON REPRODUCTIVE HEALTH CARE SERVICES PROVIDED BY ANY FACILITY THAT IS THE SUBJECT OF THE AGREEMENT OR TRANSACTION, OR ANY IMPACT ON THE AVAILABILITY OR ACCESSIBILITY OF REPRODUCTIVE HEALTH CARE SERVICES, A DESCRIPTION OF ALL REPRODUCTIVE HEALTH CARE SERVICES PROVIDED IN THE LAST FIVE YEARS BY EACH HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE THAT IS THE SUBJECT OF THE AGREEMENT OR TRANSACTION

This Section is not applicable because the Applicants do not provide reproductive health care services. Accordingly, there will be no impact on the availability or accessibility of reproductive health care services in connection with the Transaction.

11 Cal. Code Reg. Section 999.5(d)(5)(H)

A STATEMENT DESCRIBING ALL EFFECTS THAT THE PROPOSED AGREEMENT OR TRANSACTION MAY HAVE ON HEALTH CARE SERVICES PROVIDED BY EACH FACILITY PROPOSED TO BE TRANSFERRED INCLUDING, BUT NOT LIMITED TO, ANY CHANGES IN THE TYPES OR LEVELS OF MEDICAL SERVICES THAT MAY BE PROVIDED AT THE HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE AND A STATEMENT OF HOW THE PROPOSED TRANSACTION MAY AFFECT THE AVAILABILITY AND ACCESSIBILITY OF HEALTH CARE IN THE AFFECTED COMMUNITIES

The Transaction is expected to have a positive effect on the delivery of skilled nursing services at the Facilities for the benefit of the surrounding community. The primary purpose of the Transaction is to continue the health care services being provided at the Facilities by transitioning operations of the Facilities to an experienced skilled nursing care provider. New Operators are expected to be committed to building upon the high quality of care and the variety of programs currently offered at the Facilities. The Facilities will add to PGI's existing portfolio in California and will further enhance their desire and ability to offer high quality skilled nursing services to the community and surrounding region. The day-to-day services and programming at each Facility will not be materially impacted by the Transaction. The existing Medicare and Medi-Cal certifications will remain in place, and New Operators have no plans to reduce the number of beds at any Facility. Without limiting the foregoing, a list of improvements identified to be made by New Operators within twelve (12) months following transition of operational responsibility is attached to this Section 999.5(d)(5)(H) as **Exhibit 1**.

Exhibit 1 to Section 999.5(d)(5)(H)

Projected Improvements by New Operators

Facility Name	Projected First Year Capital Improvements	Budget for First Year Capital Improvements
<i>ManorCare of Palm Desert</i>	<ul style="list-style-type: none"> • Replace ceiling tiles • Replace carpet and flooring • Replace steamer • Replace convection oven • Replace roof walk in freezer units • Replace water tank storage • Repair cracks in roof • Replace all dryers • Replace dish washer • Replace refrigerator • Redo soiled utility rooms • Replace boiler • Replace AC unit 	\$80,100.00
<i>ManorCare Health Services-Fountain Valley</i>	<ul style="list-style-type: none"> • Steam table and steamer broken • Oven broken • AC unit broken • Possible septic backup in janitor closet • Needs new flooring • Replace ceiling tiles • Repair leaks in roof 	\$67,950.00
<i>ManorCare Health Services–Citrus Heights</i>	<ul style="list-style-type: none"> • Needs new flooring and refresh • Dining room window replacement • Replace roof in very near future • Fill potholes in parking lot • New fencing around perimeter 	\$72,900.00
<i>ManorCare Health Services-Hemet</i>	<ul style="list-style-type: none"> • Replace refrigerator • Insulate walk in freezer • Replace ice machine • Replace ceiling tiles • Replace one of two water tank storage • Repair leaks in roof 	\$80,100.00
<i>ManorCare Health Services-Sunnyvale</i>	<ul style="list-style-type: none"> • HVAC not reaching necessary temps • Roof had leaks during recent storms • Replace main plumbing line 	\$63,000.00
<i>ProMedica Skilled Nursing and Rehabilitation (Rossmoor)</i>	<ul style="list-style-type: none"> • Generator needs to be replaced • Boilers need to be replaced • Roof needs to be replaced • Kitchen grease trap needs to be replaced • Landry washing machine is not working • Elevator needs fixing 	\$69,750.00
<i>ProMedica Skilled Nursing and Rehabilitation (Tice Valley)</i>	<ul style="list-style-type: none"> • Roof has leaking issues • Landry washing machine needs to be replaced • Laundry dryer needs to be replaced 	\$54,000.00

11 Cal. Code Reg. Section 999.5(d)(5)(I)

DESCRIPTION AND COPY OF ALL CURRENT CONTRACTS BETWEEN THE APPLICANT AND THE CITY IN WHICH THE APPLICANT IS LOCATED AND CURRENT CONTRACTS BETWEEN THE APPLICANT AND THE COUNTY IN WHICH THE APPLICANT IS LOCATED FOR EACH HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE THAT ARE THE SUBJECT OF THE AGREEMENT OR TRANSACTION

This Section is not applicable because no Applicant is party to any contracts with local cities or counties in the State of California concerning the provision of health care services.

11 Cal. Code Reg. Section 999.5(d)(5)(J)

DESCRIPTION OF COMPLIANCE WITH THE ALFRED E. ALQUIST HOSPITAL FACILITIES SEISMIC SAFETY ACT OF 1983, AS AMENDED BY THE CALIFORNIA HOSPITAL FACILITIES SEISMIC SAFETY ACT (HEALTH & SAF. CODE, § 129675-130070), FOR EACH HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE THAT IS THE SUBJECT OF THE AGREEMENT OR TRANSACTION, INCLUDING THE CERTIFIED STRUCTURAL PERFORMANCE CATEGORY OF EVERY BUILDING AFFECTED BY THE AGREEMENT OR TRANSACTION AND A COPY OF EVERY FINAL DETERMINATION LETTER RECEIVED FROM THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FOR EVERY BUILDING AFFECTED BY THE AGREEMENT OR TRANSACTION

This Section is not applicable because Applicants are not required to comply with the Alfred E. Alquist Hospital Facilities Safety Act of 1983, as amended by the California Hospital Facilities Seismic Safety Act (Health & Safety Code, §§ 129675-130070).

A DESCRIPTION OF EACH MEASURE PROPOSED BY THE APPLICANT TO MITIGATE OR ELIMINATE ANY POTENTIAL ADVERSE EFFECT ON THE AVAILABILITY OR ACCESSIBILITY OF HEALTH CARE SERVICES TO THE AFFECTED COMMUNITY THAT MAY RESULT FROM THE AGREEMENT OR TRANSACTION

Applicants do not expect that the Transaction will have any adverse effect on the availability or accessibility of skilled nursing services in the community. As described in Section (d)(5)(H), the Transaction is expected to have a positive effect on the delivery of such services by continuing the availability and accessibility of skilled nursing services for the community served by each Facility.

11 Cal. Code Reg. Section 999.5(d)(5)(L)

A LIST OF THE PRIMARY LANGUAGES SPOKEN AT THE HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE AND THE THRESHOLD LANGUAGES FOR MEDICAL BENEFICIARIES, AS DETERMINED BY THE STATE DEPARTMENT OF HEALTH CARE SERVICES FOR THE COUNTY IN WHICH THE HEALTH FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE IS LOCATED

The primary languages spoken at the Facilities are English and Spanish (through Spanish speaking staff). The threshold languages as determined by Department of Health Care Services are English and Spanish.

11 Cal. Code Reg. Section 999.5(d)(6)

POSSIBLE EFFECT ON COMPETITION

11 Cal. Code Reg. Section 999.5(d)(6)(A)

FOR ANY AGREEMENT OR TRANSACTION FOR WHICH A PREMERGER NOTIFICATION AND REPORT FORM IS REQUIRED TO BE SUBMITTED TO THE FEDERAL TRADE COMMISSION UNDER THE HART-SCOTT-RODINO ANTITRUST IMPROVEMENTS ACT OF 1976, A BRIEF ANALYSIS OF THE POSSIBLE EFFECT OF ANY PROPOSED MERGER OR ACQUISITION OF EACH HEALTH CARE FACILITY OR FACILITY THAT PROVIDES SIMILAR HEALTH CARE THAT IS THE SUBJECT OF THE AGREEMENT OR TRANSACTION ON COMPETITION AND MARKET SHARE IN ANY RELEVANT PRODUCT OR GEOGRAPHIC MARKET

A Premerger Notification and Report Form is not required to be submitted under the Hart-Scott-Rodino Antitrust Improvements Act of 1976 for the Transaction or any definitive agreement pertaining thereto.

11 Cal. Code Reg. Section 999.5(d)(6)(B)

COPY OF THE PREMERGER NOTIFICATION AND REPORT FORM AND ANY ATTACHMENTS THERETO AS FILED WITH THE FEDERAL TRADE COMMISSION PURSUANT TO THE HART-SCOTT-RODINO ANTITRUST IMPROVEMENTS ACT OF 1976 AND 16 C.F.R. PARTS 801-803

A Premerger Notification and Report Form is not required to be submitted under the Hart-Scott-Rodino Antitrust Improvements Act of 1976 for the Transaction or any definitive agreement pertaining thereto.

11 Cal. Code Reg. Section 999.5(d)(7)

OTHER PUBLIC INTEREST FACTORS

OTHER PUBLIC INTEREST FACTORS

Applicants believe that all relevant public interest factors are described in this Notice and that the Transaction is in the best interest of the public, and in particular, of the communities served by the Facilities. New Operators are expected to be committed to building upon the high quality of care and the variety of health care services and programs currently offered at the Facilities and to retaining and attracting high quality staff to serve the skilled nursing care needs of the communities served by the Facilities.

11 Cal. Code Reg. Section 999.5(d)(8)

BOARD RESOLUTION AUTHORIZING FILING OF NOTICE

RESOLUTION OF THE BOARD OF DIRECTORS OF THE APPLICANT AUTHORIZING THE FILING OF THE WRITTEN NOTICE AND A STATEMENT BY THE CHAIR OF THE BOARD THAT THE CONTENTS OF THE WRITTEN NOTICE ARE TRUE, ACCURATE AND COMPLETE

1. Attached to this Section 999.5(d)(8) as **Exhibit 1** is a copy of the board resolutions of each Applicant authorizing the filing of this Notice.
2. Attached to this Section 999.5(d)(8) as **Exhibit 2** is the statement of the Sole Director of each Applicant that the contents of the written notice are true, accurate, and complete.

Exhibit 1 to Section 999.5(d)(8)

**WRITTEN CONSENT
OF THE SOLE DIRECTOR OF
MANOR CARE OF PALM DESERT CA, LLC
IN LIEU OF A MEETING**

The undersigned, being the sole Director (the “Director”) of MANOR CARE OF PALM DESERT CA, LLC, a Delaware limited liability company (the “Company”), hereby consents to and takes the actions set forth below, which actions shall have the same force and effect as if taken by the affirmative vote of the Director at a meeting at which he was present and voting. By signing hereunder, the undersigned expressly waives all notice of a meeting at which the following resolutions would have been submitted to him for action and directs that this Written Consent be filed with the minutes and proceedings of the Company.

WHEREAS, the Company is the current operator of that certain skilled nursing facility known as “*Manor Care of Palm Desert*” and located at 74-350 Country Club Drive, Palm Desert, CA 92260 (the “Facility”);

WHEREAS, it is proposed that the Company file a Notice of Proposed Submission and Request for Consent with the Office of the Attorney General, California Department of Justice, Charities Trust Division, in substantially the form previously presented to the Director for review and approval (the “Notice”);

WHEREAS, the Director has determined that it is advisable and in the best interests of the Company to file the Notice; and

WHEREAS, the Director wishes to ratify all actions heretofore taken on behalf of the Company, and to approve future actions to be taken on behalf of the Company, in each case as applicable and in connection with the Notice.

NOW, THEREFORE, BE IT RESOLVED, that the Director hereby authorizes and approves the filing of the Notice, subject to the terms and conditions set forth below;

FURTHER RESOLVED, that the Director hereby authorizes, ratifies and approves the execution and delivery in the name and on behalf of the Company of, and the performance by the Company of its obligations under, the Notice, with such changes, additions and modifications as are deemed necessary or appropriate by the Director or appropriate officers of the Company;

FURTHER RESOLVED, that the officers of the Company, are, and each of them acting singly hereby is, with full authority to act without the others, authorized to execute and deliver in the name and on behalf of the Company any and all other contracts, agreements, instruments and documents necessary or appropriate in connection with and related to the Notice, and to take any and all action and to do all acts and things whatsoever which may be necessary, desirable, convenient or proper to carry out the foregoing resolutions; and

FURTHER RESOLVED, that any and all actions heretofore or hereafter taken by the officers or management of the Company or by others acting pursuant to authority granted to them by the officers or management of the Company within the terms of the foregoing resolutions are hereby ratified and confirmed as authorized and approved by the Director.

This Written Consent may be executed and delivered, including by facsimile transmission or by electronic transmission in Adobe portable document format (or a “PDF File”), and to the extent so executed and delivered shall be deemed an original for all purposes.

IN WITNESS WHEREOF, the undersigned has caused this Written Consent to be executed and delivered as of the 6th day of May, 2023.



Name: Martin D. Allen

Title: Sole Director

**WRITTEN CONSENT
OF THE SOLE DIRECTOR OF
MANOR CARE OF FOUNTAIN VALLEY CA, LLC
IN LIEU OF A MEETING**

The undersigned, being the sole Director (the “Director”) of MANOR CARE OF FOUNTAIN VALLEY CA, LLC, a Delaware limited liability company (the “Company”), hereby consents to and takes the actions set forth below, which actions shall have the same force and effect as if taken by the affirmative vote of the Director at a meeting at which he was present and voting. By signing hereunder, the undersigned expressly waives all notice of a meeting at which the following resolutions would have been submitted to him for action and directs that this Written Consent be filed with the minutes and proceedings of the Company.

WHEREAS, the Company is the current operator of that certain skilled nursing facility known as “*ManorCare Health Services – Fountain Valley*” and located at 11680 Warner Avenue, Fountain Valley, CA 92708 (the “Facility”);

WHEREAS, it is proposed that the Company file a Notice of Proposed Submission and Request for Consent with the Office of the Attorney General, California Department of Justice, Charities Trust Division, in substantially the form previously presented to the Director for review and approval (the “Notice”);

WHEREAS, the Director has determined that it is advisable and in the best interests of the Company to file the Notice; and

WHEREAS, the Director wishes to ratify all actions heretofore taken on behalf of the Company, and to approve future actions to be taken on behalf of the Company, in each case as applicable and in connection with the Notice.

NOW, THEREFORE, BE IT RESOLVED, that the Director hereby authorizes and approves the filing of the Notice, subject to the terms and conditions set forth below;

FURTHER RESOLVED, that the Director hereby authorizes, ratifies and approves the execution and delivery in the name and on behalf of the Company of, and the performance by the Company of its obligations under, the Notice, with such changes, additions and modifications as are deemed necessary or appropriate by the Director or appropriate officers of the Company;

FURTHER RESOLVED, that the officers of the Company, are, and each of them acting singly hereby is, with full authority to act without the others, authorized to execute and deliver in the name and on behalf of the Company any and all other contracts, agreements, instruments and documents necessary or appropriate in connection with and related to the Notice, and to take any and all action and to do all acts and things whatsoever which may be necessary, desirable, convenient or proper to carry out the foregoing resolutions; and

FURTHER RESOLVED, that any and all actions heretofore or hereafter taken by the officers or management of the Company or by others acting pursuant to authority granted to them by the officers or management of the Company within the terms of the foregoing resolutions are hereby ratified and confirmed as authorized and approved by the Director.

This Written Consent may be executed and delivered, including by facsimile transmission or by electronic transmission in Adobe portable document format (or a “PDF File”), and to the extent so executed and delivered shall be deemed an original for all purposes.

May 12, 2023

IN WITNESS WHEREOF, the undersigned has caused this Written Consent to be executed and delivered as of the 6th day of May, 2023.



Name: Martin D. Allen

Title: Sole Director

**WRITTEN CONSENT
OF THE SOLE DIRECTOR OF
MANOR CARE OF HEMET CA, LLC
IN LIEU OF A MEETING**

The undersigned, being the sole Director (the “Director”) of MANOR CARE OF HEMET CA, LLC, a Delaware limited liability company (the “Company”), hereby consents to and takes the actions set forth below, which actions shall have the same force and effect as if taken by the affirmative vote of the Director at a meeting at which he was present and voting. By signing hereunder, the undersigned expressly waives all notice of a meeting at which the following resolutions would have been submitted to him for action and directs that this Written Consent be filed with the minutes and proceedings of the Company.

WHEREAS, the Company is the current operator of that certain skilled nursing facility known as “*ManorCare Health Services - Hemet*” and located at 1717 West Stetson Avenue, Hemet, CA 92545 (the “Facility”);

WHEREAS, it is proposed that the Company file a Notice of Proposed Submission and Request for Consent with the Office of the Attorney General, California Department of Justice, Charities Trust Division, in substantially the form previously presented to the Director for review and approval (the “Notice”);

WHEREAS, the Director has determined that it is advisable and in the best interests of the Company to file the Notice; and

WHEREAS, the Director wishes to ratify all actions heretofore taken on behalf of the Company, and to approve future actions to be taken on behalf of the Company, in each case as applicable and in connection with the Notice.

NOW, THEREFORE, BE IT RESOLVED, that the Director hereby authorizes and approves the filing of the Notice, subject to the terms and conditions set forth below;

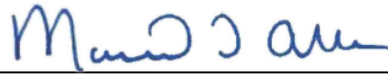
FURTHER RESOLVED, that the Director hereby authorizes, ratifies and approves the execution and delivery in the name and on behalf of the Company of, and the performance by the Company of its obligations under, the Notice, with such changes, additions and modifications as are deemed necessary or appropriate by the Director or appropriate officers of the Company;

FURTHER RESOLVED, that the officers of the Company, are, and each of them acting singly hereby is, with full authority to act without the others, authorized to execute and deliver in the name and on behalf of the Company any and all other contracts, agreements, instruments and documents necessary or appropriate in connection with and related to the Notice, and to take any and all action and to do all acts and things whatsoever which may be necessary, desirable, convenient or proper to carry out the foregoing resolutions; and

FURTHER RESOLVED, that any and all actions heretofore or hereafter taken by the officers or management of the Company or by others acting pursuant to authority granted to them by the officers or management of the Company within the terms of the foregoing resolutions are hereby ratified and confirmed as authorized and approved by the Director.

This Written Consent may be executed and delivered, including by facsimile transmission or by electronic transmission in Adobe portable document format (or a “PDF File”), and to the extent so executed and delivered shall be deemed an original for all purposes.

IN WITNESS WHEREOF, the undersigned has caused this Written Consent to be executed and delivered as of the 6th day of May, 2023.



Name: Martin D. Allen

Title: Sole Director

**WRITTEN CONSENT
OF THE SOLE DIRECTOR OF
MANOR CARE OF CITRUS HEIGHTS CA, LLC
IN LIEU OF A MEETING**

The undersigned, being the sole Director (the “Director”) of MANOR CARE OF CITRUS HEIGHTS CA, LLC, a Delaware limited liability company (the “Company”), hereby consents to and takes the actions set forth below, which actions shall have the same force and effect as if taken by the affirmative vote of the Director at a meeting at which he was present and voting. By signing hereunder, the undersigned expressly waives all notice of a meeting at which the following resolutions would have been submitted to him for action and directs that this Written Consent be filed with the minutes and proceedings of the Company.

WHEREAS, the Company is the current operator of that certain skilled nursing facility known as “*ManorCare Health Services – Citrus Heights*” and located at 7807 Upland Way, Citrus Heights, CA 95610 (the “Facility”);

WHEREAS, it is proposed that the Company file a Notice of Proposed Submission and Request for Consent with the Office of the Attorney General, California Department of Justice, Charities Trust Division, in substantially the form previously presented to the Director for review and approval (the “Notice”);

WHEREAS, the Director has determined that it is advisable and in the best interests of the Company to file the Notice; and

WHEREAS, the Director wishes to ratify all actions heretofore taken on behalf of the Company, and to approve future actions to be taken on behalf of the Company, in each case as applicable and in connection with the Notice.

NOW, THEREFORE, BE IT RESOLVED, that the Director hereby authorizes and approves the filing of the Notice, subject to the terms and conditions set forth below;

FURTHER RESOLVED, that the Director hereby authorizes, ratifies and approves the execution and delivery in the name and on behalf of the Company of, and the performance by the Company of its obligations under, the Notice, with such changes, additions and modifications as are deemed necessary or appropriate by the Director or appropriate officers of the Company;

FURTHER RESOLVED, that the officers of the Company, are, and each of them acting singly hereby is, with full authority to act without the others, authorized to execute and deliver in the name and on behalf of the Company any and all other contracts, agreements, instruments and documents necessary or appropriate in connection with and related to the Notice, and to take any and all action and to do all acts and things whatsoever which may be necessary, desirable, convenient or proper to carry out the foregoing resolutions; and

FURTHER RESOLVED, that any and all actions heretofore or hereafter taken by the officers or management of the Company or by others acting pursuant to authority granted to them by the officers or management of the Company within the terms of the foregoing resolutions are hereby ratified and confirmed as authorized and approved by the Director.

This Written Consent may be executed and delivered, including by facsimile transmission or by electronic transmission in Adobe portable document format (or a “PDF File”), and to the extent so executed and delivered shall be deemed an original for all purposes.

May 12, 2023

IN WITNESS WHEREOF, the undersigned has caused this Written Consent to be executed and delivered as of the 6th day of May, 2023.



Name: Martin D. Allen

Title: Sole Director

**WRITTEN CONSENT
OF THE SOLE DIRECTOR OF
MANOR CARE OF SUNNYVALE CA, LLC
IN LIEU OF A MEETING**

The undersigned, being the sole Director (the “Director”) of MANOR CARE OF SUNNYVALE CA, LLC, a Delaware limited liability company (the “Company”), hereby consents to and takes the actions set forth below, which actions shall have the same force and effect as if taken by the affirmative vote of the Director at a meeting at which he was present and voting. By signing hereunder, the undersigned expressly waives all notice of a meeting at which the following resolutions would have been submitted to him for action and directs that this Written Consent be filed with the minutes and proceedings of the Company.

WHEREAS, the Company is the current operator of that certain skilled nursing facility known as “*ManorCare Health Services - Sunnyvale*” and located at 1150 Tilton Drive, Sunnyvale, CA 94087 (the “Facility”);

WHEREAS, it is proposed that the Company file a Notice of Proposed Submission and Request for Consent with the Office of the Attorney General, California Department of Justice, Charities Trust Division, in substantially the form previously presented to the Director for review and approval (the “Notice”);

WHEREAS, the Director has determined that it is advisable and in the best interests of the Company to file the Notice; and

WHEREAS, the Director wishes to ratify all actions heretofore taken on behalf of the Company, and to approve future actions to be taken on behalf of the Company, in each case as applicable and in connection with the Notice.

NOW, THEREFORE, BE IT RESOLVED, that the Director hereby authorizes and approves the filing of the Notice, subject to the terms and conditions set forth below;

FURTHER RESOLVED, that the Director hereby authorizes, ratifies and approves the execution and delivery in the name and on behalf of the Company of, and the performance by the Company of its obligations under, the Notice, with such changes, additions and modifications as are deemed necessary or appropriate by the Director or appropriate officers of the Company;

FURTHER RESOLVED, that the officers of the Company, are, and each of them acting singly hereby is, with full authority to act without the others, authorized to execute and deliver in the name and on behalf of the Company any and all other contracts, agreements, instruments and documents necessary or appropriate in connection with and related to the Notice, and to take any and all action and to do all acts and things whatsoever which may be necessary, desirable, convenient or proper to carry out the foregoing resolutions; and

FURTHER RESOLVED, that any and all actions heretofore or hereafter taken by the officers or management of the Company or by others acting pursuant to authority granted to them by the officers or management of the Company within the terms of the foregoing resolutions are hereby ratified and confirmed as authorized and approved by the Director.

This Written Consent may be executed and delivered, including by facsimile transmission or by electronic transmission in Adobe portable document format (or a “PDF File”), and to the extent so executed and delivered shall be deemed an original for all purposes.

IN WITNESS WHEREOF, the undersigned has caused this Written Consent to be executed and delivered as of the 6th day of May, 2023.



Name: Martin D. Allen

Title: Sole Director

**WRITTEN CONSENT
OF THE SOLE DIRECTOR OF
MANOR CARE-TICE VALLEY CA, LLC
IN LIEU OF A MEETING**

The undersigned, being the sole Director (the “Director”) of MANOR CARE-TICE VALLEY CA, LLC, a Delaware limited liability company (the “Company”), hereby consents to and takes the actions set forth below, which actions shall have the same force and effect as if taken by the affirmative vote of the Director at a meeting at which he was present and voting. By signing hereunder, the undersigned expressly waives all notice of a meeting at which the following resolutions would have been submitted to him for action and directs that this Written Consent be filed with the minutes and proceedings of the Company.

WHEREAS, the Company is the current operator of that certain skilled nursing facility known as “*ProMedica Skilled Nursing and Rehabilitation (Tice Valley)*” and located at 1975 Tice Valley Boulevard, Walnut Creek, CA 94595 (the “Facility”);

WHEREAS, it is proposed that the Company file a Notice of Proposed Submission and Request for Consent with the Office of the Attorney General, California Department of Justice, Charities Trust Division, in substantially the form previously presented to the Director for review and approval (the “Notice”);

WHEREAS, the Director has determined that it is advisable and in the best interests of the Company to file the Notice; and

WHEREAS, the Director wishes to ratify all actions heretofore taken on behalf of the Company, and to approve future actions to be taken on behalf of the Company, in each case as applicable and in connection with the Notice.

NOW, THEREFORE, BE IT RESOLVED, that the Director hereby authorizes and approves the filing of the Notice, subject to the terms and conditions set forth below;

FURTHER RESOLVED, that the Director hereby authorizes, ratifies and approves the execution and delivery in the name and on behalf of the Company of, and the performance by the Company of its obligations under, the Notice, with such changes, additions and modifications as are deemed necessary or appropriate by the Director or appropriate officers of the Company;

FURTHER RESOLVED, that the officers of the Company, are, and each of them acting singly hereby is, with full authority to act without the others, authorized to execute and deliver in the name and on behalf of the Company any and all other contracts, agreements, instruments and documents necessary or appropriate in connection with and related to the Notice, and to take any and all action and to do all acts and things whatsoever which may be necessary, desirable, convenient or proper to carry out the foregoing resolutions; and

FURTHER RESOLVED, that any and all actions heretofore or hereafter taken by the officers or management of the Company or by others acting pursuant to authority granted to them by the officers or management of the Company within the terms of the foregoing resolutions are hereby ratified and confirmed as authorized and approved by the Director.

This Written Consent may be executed and delivered, including by facsimile transmission or by electronic transmission in Adobe portable document format (or a “PDF File”), and to the extent so executed and delivered shall be deemed an original for all purposes.

IN WITNESS WHEREOF, the undersigned has caused this Written Consent to be executed and delivered as of the 6th day of May, 2023.



Name: Martin D. Allen

Title: Sole Director

**WRITTEN CONSENT
OF THE SOLE DIRECTOR OF
MANOR CARE OF WALNUT CREEK CA, LLC
IN LIEU OF A MEETING**

The undersigned, being the sole Director (the “Director”) of MANOR CARE OF WALNUT CREEK CA, LLC, a Delaware limited liability company (the “Company”), hereby consents to and takes the actions set forth below, which actions shall have the same force and effect as if taken by the affirmative vote of the Director at a meeting at which he was present and voting. By signing hereunder, the undersigned expressly waives all notice of a meeting at which the following resolutions would have been submitted to him for action and directs that this Written Consent be filed with the minutes and proceedings of the Company.

WHEREAS, the Company is the current operator of that certain skilled nursing facility known as “*ProMedica Skilled Nursing and Rehabilitation (Rossmoor)*” and located at 1226 Rossmoor Parkway, Walnut Creek, CA 94595 (the “Facility”);

WHEREAS, it is proposed that the Company file a Notice of Proposed Submission and Request for Consent with the Office of the Attorney General, California Department of Justice, Charities Trust Division, in substantially the form previously presented to the Director for review and approval (the “Notice”);

WHEREAS, the Director has determined that it is advisable and in the best interests of the Company to file the Notice; and

WHEREAS, the Director wishes to ratify all actions heretofore taken on behalf of the Company, and to approve future actions to be taken on behalf of the Company, in each case as applicable and in connection with the Notice.

NOW, THEREFORE, BE IT RESOLVED, that the Director hereby authorizes and approves the filing of the Notice, subject to the terms and conditions set forth below;

FURTHER RESOLVED, that the Director hereby authorizes, ratifies and approves the execution and delivery in the name and on behalf of the Company of, and the performance by the Company of its obligations under, the Notice, with such changes, additions and modifications as are deemed necessary or appropriate by the Director or appropriate officers of the Company;

FURTHER RESOLVED, that the officers of the Company, are, and each of them acting singly hereby is, with full authority to act without the others, authorized to execute and deliver in the name and on behalf of the Company any and all other contracts, agreements, instruments and documents necessary or appropriate in connection with and related to the Notice, and to take any and all action and to do all acts and things whatsoever which may be necessary, desirable, convenient or proper to carry out the foregoing resolutions; and

FURTHER RESOLVED, that any and all actions heretofore or hereafter taken by the officers or management of the Company or by others acting pursuant to authority granted to them by the officers or management of the Company within the terms of the foregoing resolutions are hereby ratified and confirmed as authorized and approved by the Director.

This Written Consent may be executed and delivered, including by facsimile transmission or by electronic transmission in Adobe portable document format (or a “PDF File”), and to the extent so executed and delivered shall be deemed an original for all purposes.

May 12, 2023

IN WITNESS WHEREOF, the undersigned has caused this Written Consent to be executed and delivered as of the 6th day of May, 2023.




Name: Martin D. Allen

Title: Sole Director

Exhibit 2 to Section 999.5(d)(8)

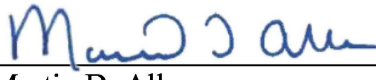
SOLE DIRECTOR'S STATEMENT

I, Martin D. Allen, the sole director of the Board of Directors of Manor Care of Palm Desert CA, LLC (the "LLC"), confirm that I believe the contents of the written notice from the LLC to the California Attorney General under California Corporations Code Section 5920 are true, accurate and complete.

By: 
Martin D. Allen
Sole Director


SOLE DIRECTOR'S STATEMENT

I, Martin D. Allen, the sole director of the Board of Directors of Manor Care of Fountain Valley CA, LLC (the "LLC"), confirm that I believe the contents of the written notice from the LLC to the California Attorney General under California Corporations Code Section 5920 are true, accurate and complete.

By: 
Martin D. Allen
Sole Director


SOLE DIRECTOR'S STATEMENT

I, Martin D. Allen, the sole director of the Board of Directors of Manor Care of Citrus Heights CA, LLC (the "LLC"), confirm that I believe the contents of the written notice from the LLC to the California Attorney General under California Corporations Code Section 5920 are true, accurate and complete.

By: 
Martin D. Allen
Sole Director


SOLE DIRECTOR'S STATEMENT

I, Martin D. Allen, the sole director of the Board of Directors of Manor Care of Hemet CA, LLC (the "LLC"), confirm that I believe the contents of the written notice from the LLC to the California Attorney General under California Corporations Code Section 5920 are true, accurate and complete.

By: 
Martin D. Allen
Sole Director

SOLE DIRECTOR'S STATEMENT

I, Martin D. Allen, the sole director of the Board of Directors of Manor Care of Sunnyvale CA, LLC (the "LLC"), confirm that I believe the contents of the written notice from the LLC to the California Attorney General under California Corporations Code Section 5920 are true, accurate and complete.

By: 
Martin D. Allen
Sole Director

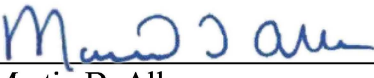
SOLE DIRECTOR'S STATEMENT

I, Martin D. Allen, the sole director of the Board of Directors of Manor Care of Walnut Creek CA, LLC (the "LLC"), confirm that I believe the contents of the written notice from the LLC to the California Attorney General under California Corporations Code Section 5920 are true, accurate and complete.

By: Martin D. Allen
Martin D. Allen
Sole Director

SOLE DIRECTOR'S STATEMENT

I, Martin D. Allen, the sole director of the Board of Directors of Manor Care-Tice Valley CA, LLC (the "LLC"), confirm that I believe the contents of the written notice from the LLC to the California Attorney General under California Corporations Code Section 5920 are true, accurate and complete.

By: 
Martin D. Allen
Sole Director

11 Cal. Code Reg. Section 999.5(d)(9)

TRANSFeree INFORMATION

11 Cal. Code Reg. Section 999.5(d)(9)

LIST OF OFFICERS AND DIRECTORS OF THE TRANSFEREE, THE MOST RECENT AUDITED FINANCIAL STATEMENTS, TRANSFEREE'S GOVERNANCE DOCUMENTS, AND A DESCRIPTION OF THE TRANSFEREE'S POLICIES, PROCEDURES, AND ELIGIBILITY REQUIREMENTS FOR THE PROVISION OF CHARITY CARE

Each New Operator is a manager-managed limited liability company. The managers of each New Operator are Jason Murray and Mark Hancock. The officers of each New Operator are as follows:

Officer Name	Officer Position
<i>Jason Murray</i>	<i>Chief Executive Officer and President</i>
<i>Mark Hancock</i>	<i>Chief Financial Officer, Treasurer, and Secretary</i>
<i>Derick Apt</i>	<i>Assistant Treasurer</i>
<i>Peter Sanford</i>	<i>Assistant Treasurer</i>
<i>John Mitchell</i>	<i>Assistant Secretary</i>

Each New Operator is a newly formed entity. As such, there are no recent audited financial statements available. In addition, the New Operators do not have formal Policies, Procedures or Eligibility Requirements for the provision of Charity Care. Rather, the provision of Charity Care is approached on a case-by-case basis and does not represent a material portion of each New Operator's business.

1. Attached to this Section 999.5(d)(9) as **Exhibit 1** is a copy of each New Operator's Articles of Organization issued by the Secretary of State of the State of California, as amended.
2. Attached to this Section 999.5(d)(9) as **Exhibit 2** is a copy of each New Operator's Operating Agreement, as amended.
3. Attached to this Section 999.5(d)(9) as **Exhibit 3** is a copy of each New Operator's Form CP-575 issued by the U.S. Internal Revenue Service.

Exhibit 1 to Section 999.5(d)(9)



California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies
Entity Name: PALM DESERT COMMUNITY
HEALTHCARE, LLC
Formed In: CALIFORNIA
Entity No.: 202355613290
Entity Type: Limited Liability Company - CA

Issuance Date: 03/10/2023
Copies Requested: 1
Receipt No.: 003731713
Certificate No.: 089833941

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B1576-6454	03/10/2023	Initial Filing	1

** **** ***** ***** End of list ***** ***** **** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on March 10, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



202355613290



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: 202355613290

Date Filed: 3/10/2023

B1576-6454 03/10/2023 10:50 AM Received by California Secretary of State

Limited Liability Company Name	
Limited Liability Company Name	PALM DESERT COMMUNITY HEALTHCARE, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	1770 IOWA AVE STE 200 RIVERSIDE, CA 92507
Initial Mailing Address of LLC	
Mailing Address	262 N UNIVERSITY AVE FARMINGTON, UT 84025
Attention	
Agent for Service of Process	
California Registered Corporate Agent (1505)	CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERV Registered Corporate 1505 Agent
Purpose Statement	
The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.	
Management Structure	
The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
MARK HANCOCK	03/10/2023
Organizer Signature	Date

May 12, 2023



California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies
Entity Name: FOUNTAIN VALLEY COMMUNITY
HEALTHCARE, LLC
Formed In: CALIFORNIA
Entity No.: 202355613255
Entity Type: Limited Liability Company - CA

Issuance Date: 03/10/2023
Copies Requested: 1
Receipt No.: 003731713
Certificate No.: 089832333

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B1576-6448	03/10/2023	Initial Filing	1

** **** ***** ***** End of list ***** ***** **** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on March 10, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



202355613255



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: 202355613255

Date Filed: 3/10/2023

B1576-6448 03/10/2023 10:49 AM Received by California Secretary of State

Limited Liability Company Name	
Limited Liability Company Name	FOUNTAIN VALLEY COMMUNITY HEALTHCARE, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	1770 IOWA AVE STE 200 RIVERSIDE, CA 92507
Initial Mailing Address of LLC	
Mailing Address	262 N UNIVERSITY AVE FARMINGTON, UT 84025
Attention	
Agent for Service of Process	
California Registered Corporate Agent (1505)	CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERV Registered Corporate 1505 Agent
Purpose Statement	
The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.	
Management Structure	
The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
MARK HANCOCK	03/10/2023
Organizer Signature	Date

May 12, 2023



California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies
Entity Name: HEMET COMMUNITY
HEALTHCARE, LLC
Formed In: CALIFORNIA
Entity No.: 202355613278
Entity Type: Limited Liability Company - CA

Issuance Date: 03/10/2023
Copies Requested: 1
Receipt No.: 003731713
Certificate No.: 089833234

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B1576-6449	03/10/2023	Initial Filing	1

** **** ***** ***** End of list ***** ***** **** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on March 10, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



202355613278



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: 202355613278

Date Filed: 3/10/2023

B1576-6449 03/10/2023 10:49 AM Received by California Secretary of State

Limited Liability Company Name	HEMET COMMUNITY HEALTHCARE, LLC
Initial Street Address of Principal Office of LLC Principal Address	1770 IOWA AVE STE 200 RIVERSIDE, CA 92507
Initial Mailing Address of LLC Mailing Address	262 N UNIVERSITY AVE FARMINGTON, UT 84025
Attention	
Agent for Service of Process California Registered Corporate Agent (1505)	CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERV Registered Corporate 1505 Agent
Purpose Statement	The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.
Management Structure The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
MARK HANCOCK	03/10/2023
Organizer Signature	Date

May 12, 2023



California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies
Entity Name: CITRUS HEIGHTS COMMUNITY
HEALTHCARE, LLC
Formed In: CALIFORNIA
Entity No.: 202355613228
Entity Type: Limited Liability Company - CA

Issuance Date: 03/10/2023
Copies Requested: 1
Receipt No.: 003731713
Certificate No.: 089831836

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B1576-6447	03/10/2023	Initial Filing	1

** **** ***** ***** End of list ***** ***** **** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on March 10, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



202355613228



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: 202355613228

Date Filed: 3/10/2023

B1576-6447 03/10/2023 10:49 AM Received by California Secretary of State

Limited Liability Company Name	CITRUS HEIGHTS COMMUNITY HEALTHCARE, LLC
Initial Street Address of Principal Office of LLC Principal Address	1770 IOWA AVE STE 200 RIVERSIDE, CA 92507
Initial Mailing Address of LLC Mailing Address	262 N UNIVERSITY AVE FARMINGTON, UT 84025
Attention	
Agent for Service of Process California Registered Corporate Agent (1505)	CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERV Registered Corporate 1505 Agent
Purpose Statement	The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.
Management Structure The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
MARK HANCOCK	03/10/2023
Organizer Signature	Date

May 12, 2023



California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies
Entity Name: SUNNYVALE COMMUNITY
HEALTHCARE, LLC
Formed In: CALIFORNIA
Entity No.: 202355613298
Entity Type: Limited Liability Company - CA

Issuance Date: 03/10/2023
Copies Requested: 1
Receipt No.: 003731713
Certificate No.: 089834034

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B1576-6455	03/10/2023	Initial Filing	1

** **** ***** ***** End of list ***** ***** **** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on March 10, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



202355613298



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY
California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: 202355613298

Date Filed: 3/10/2023

B1576-6455 03/10/2023 10:50 AM Received by California Secretary of State

Limited Liability Company Name	SUNNYVALE COMMUNITY HEALTHCARE, LLC
Initial Street Address of Principal Office of LLC Principal Address	1770 IOWA AVE STE 200 RIVERSIDE, CA 92507
Initial Mailing Address of LLC Mailing Address	262 N UNIVERSITY AVE FARMINGTON, UT 84025
Attention	
Agent for Service of Process California Registered Corporate Agent (1505)	CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERV Registered Corporate 1505 Agent
Purpose Statement	The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.
Management Structure The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
MARK HANCOCK	03/10/2023
Organizer Signature	Date

May 12, 2023



California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies
Entity Name: TICE VALLEY COMMUNITY
HEALTHCARE, LLC
Formed In: CALIFORNIA
Entity No.: 202355613321
Entity Type: Limited Liability Company - CA

Issuance Date: 03/10/2023
Copies Requested: 1
Receipt No.: 003731713
Certificate No.: 089835330

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B1576-6468	03/10/2023	Initial Filing	1

** **** ***** ***** End of list ***** ***** **** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



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certificate and affix the Great Seal of the
State of California on March 10, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

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202355613321



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: 202355613321

Date Filed: 3/10/2023

B1576-6468 03/10/2023 10:50 AM Received by California Secretary of State

Limited Liability Company Name	
Limited Liability Company Name	TICE VALLEY COMMUNITY HEALTHCARE, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	1770 IOWA AVE STE 200 RIVERSIDE, CA 92507
Initial Mailing Address of LLC	
Mailing Address	262 N UNIVERSITY AVE FARMINGTON, UT 84025
Attention	
Agent for Service of Process	
California Registered Corporate Agent (1505)	CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERV Registered Corporate 1505 Agent
Purpose Statement	
The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.	
Management Structure	
The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
MARK HANCOCK	03/10/2023
Organizer Signature	Date

May 12, 2023



California Secretary of State

Business Programs Division
1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies
Entity Name: WALNUT CREEK COMMUNITY
HEALTHCARE, LLC
Formed In: CALIFORNIA
Entity No.: 202355613307
Entity Type: Limited Liability Company - CA

Issuance Date: 03/10/2023
Copies Requested: 1
Receipt No.: 003731713
Certificate No.: 089834337

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B1576-6463	03/10/2023	Initial Filing	1

** **** ***** ***** End of list ***** ***** **** **

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on March 10, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



202355613307



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: 202355613307

Date Filed: 3/10/2023

B1576-6463 03/10/2023 10:50 AM Received by California Secretary of State

Limited Liability Company Name	
Limited Liability Company Name	WALNUT CREEK COMMUNITY HEALTHCARE, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	1770 IOWA AVE STE 200 RIVERSIDE, CA 92507
Initial Mailing Address of LLC	
Mailing Address	262 N UNIVERSITY AVE FARMINGTON, UT 84025
Attention	
Agent for Service of Process	
California Registered Corporate Agent (1505)	CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERV Registered Corporate 1505 Agent
Purpose Statement	
The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.	
Management Structure	
The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
MARK HANCOCK	03/10/2023
Organizer Signature	Date

May 12, 2023

Exhibit 2 to Section 999.5(d)(9)

**OPERATING AGREEMENT of
PALM DESERT COMMUNITY HEALTHCARE, LLC**
a California limited liability company

This Limited Liability Company Operating Agreement (this “Operating Agreement”) is entered into effective as of March 10, 2023, by Providence Group, Inc., a California corporation (referred to as the “Sole Member”) with reference to the following facts:

A. Palm Desert Community Healthcare, LLC (the “Company”) was formed under the California Revised Uniform Limited Liability Company Act (the “Act”).

B. The Sole Member desires to execute this Operating Agreement in order to provide for the governance of the Company and the conduct of its business.

Now, therefore, the Sole Member declares the following to be the Operating Agreement of the Company:

ARTICLE I: ARTICLES OF ORGANIZATION

1.1. The Sole Member caused the Company’s Articles of Organization to be filed with the California Secretary of State on March 10, 2023.

1.2. The name of the Company shall be Palm Desert Community Healthcare, LLC.

1.3. The principal executive office and mailing address of the Company shall be at 262 N. University Ave., Farmington, Utah 84025 or any other place or places determined by the Managers from time to time.

1.4. The Company’s designated agent for service of process shall be Corporation Service Company Which Will Do Business in California as CSC-Lawyers Incorporating Service, whose address is 2710 Gateway Oaks Drive, Suite 150N, Sacramento, CA 95833-3505. The Sole Member may from time to time change the Company’s agent for service of process.

1.5. The Company shall be formed for the purposes of engaging in any lawful act or activity for which a limited liability company may be organized under the Act.

1.6. The term of existence of the Company shall commence on the effective date of filing of its Articles of Organization and shall continue until terminated by the provisions of this Agreement or as provided by law.

1.7. The Company shall be managed by two (2) Managers. Jason Murray and Mark Hancock shall serve as the initial Managers of the Company, each to serve until his death, resignation or removal, or until their respective successors are duly appointed and qualified.

ARTICLE II: CAPITALIZATION

2.1. The Sole Member may from time to time and at any time contribute cash or property to the Company as the Sole Member may determine.

2.2. The Sole Member shall not be bound by, or be personally liable for, the expenses, liabilities, or obligations of the Company except as otherwise provided in the Act or in this Agreement.

2.3. As of the date hereof, the Sole Member is record and beneficial owner of 100% of the outstanding membership interests in the Company. The member(s) and their respective ownership interest percentages, as the same may change from time to time, shall be reflected on Exhibit A hereto. Information regarding the capital contributions of the member(s) shall be kept in the books and records of the Company.

ARTICLE III: ALLOCATIONS AND DISTRIBUTIONS

3.1. If any membership interest, or part of an interest, is transferred during any fiscal year in compliance with the provisions of this Article III, profits, losses, each item thereof, and all other items attributable to the membership interest for that fiscal year shall be divided and allocated between the transferor and the transferee by taking into account their varying membership interests during the period in accordance with Internal Revenue Code §706(d), using any convention permitted by law selected by the Sole Member. All distributions on or before the date of the transfer shall be made to the transferor, and all distributions thereafter shall be made to the transferee. Solely for purposes of making the allocations and distributions, the Company shall recognize the transfer not later than the end of the calendar month during which the transfer occurs. Neither the Company nor the Sole Member shall incur any liability for making allocations and distributions in accordance with the provisions of this Section 3.1.

3.2. All cash resulting from the operations of the Company shall be distributed to the Sole Member at such times as the Sole Member deems appropriate.

ARTICLE IV: MANAGEMENT

4.1. The business of the Company shall be managed by the Managers. The Managers may appoint one or more nonmembers as co-managers or either may resign as a Manager at any time and the Sole Member may appoint a nonmember as the Manager of the Company on such terms and conditions as the Sole Member and the Manager may agree.

4.2. The Company may have a President who may, but need not, be a Manager. The Manager may provide for additional officers of the Company and may alter the powers, duties, and compensation of the President and of any other officer. The following shall serve as the initial officers of the Company, each to serve until his death, resignation or removal, or until his respective successor is duly appointed and qualified: (i) Jason Murray shall serve as President and Chief Executive Officer; (ii) Mark Hancock shall serve as Vice President, Chief Financial Officer, Treasurer, and Secretary.

4.3. All Company assets, whether real or personal, shall be held in the name of the Company.

4.4. All Company funds shall be deposited in one or more accounts with one or more recognized financial institutions in the name of the Company, at locations determined by the Manager. Withdrawal from those accounts shall require the signature of the person or persons designated by the Manager.

ARTICLE V: ACCOUNTS AND RECORDS

5.1. Complete books of account of the Company's business, in which each Company transaction shall be fully and accurately entered, shall be kept at the Company's principal executive office.

5.2. Financial books and records of the Company shall be kept on the cash method of accounting. A balance sheet and income statement of the Company shall be prepared promptly following the close of each fiscal year in a manner appropriate to and adequate for the Company's business and for carrying out the provisions of this Agreement. The fiscal year of the Company shall be January 1 through December 31.

5.3. At all times during the Company's term of existence, and beyond that term if the Sole Member deems it necessary, the Sole Member shall keep or cause to be kept the books of account referred to in Section 5.2, and the following:

- (a) A current list of the full name and last known business or residence address of the Sole Member, together with the capital contributions and the share in profits and losses of the Sole Member;

- (b) A copy of the Articles of Organization, as amended;

- (c) Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six most recent taxable years;

- (d) Executed counterparts of this Agreement and all amendments thereto;

- (e) Any powers of attorney under which the Articles of Organization or any amendments to them were executed;

- (f) Financial statements of the Company, if any, for the six most recent fiscal years;
and

- (g) The books and records of the Company as they relate to the Company's internal affairs for the current and past four fiscal years.

ARTICLE VI: DISSOLUTION AND WINDING UP

6.1. The Company shall be dissolved on the first to occur of the following events:

- (a) The decision of the Sole Member to dissolve the Company.
- (b) The sale or other disposition of substantially all of the Company's assets.
- (c) The passage of ninety (90) consecutive days during which the Company has no Members, except on the death of a natural person who is the Sole Member of the Company, the status of the Member, including a Membership Interest, may pass to the heirs, successors, and assigns of the Member by will or applicable law. The heir, successor, or assign of the Member's interest becomes a substituted Member pursuant to applicable law, subject to administration as provided by applicable law, without the permission or consent of the heirs, successors, or assigns or, those administering the estate of the deceased member.
- (d) Entry of a decree of judicial dissolution under applicable law.

6.2. On the dissolution of the Company, it shall engage in no further business other than that necessary to wind up its business and affairs. The Sole Member shall wind up the affairs of the Company and give written Notice of the commencement of winding up by mail to all known creditors and claimants against the Company whose addresses appear in the records of the Company. After paying or adequately providing for the payment of all known debts of the Company (except debts owing to the Sole Member), the remaining assets of the Company shall be distributed or applied in the following order of priority:

- (a) To pay the expenses of liquidation.
- (b) To repay outstanding loans to the Sole Member.
- (c) To the Sole Member.

ARTICLE VII: GENERAL PROVISIONS

7.1. This Agreement constitutes the whole and entire agreement with respect to the subject matter of this Agreement.

7.2. This Agreement shall be construed and enforced in accordance with the laws of the state of California. If any provision of this Agreement is determined by any court of competent jurisdiction or duly authorized arbitrator(s) to be invalid, illegal, or unenforceable to any extent, that provision shall, if possible, be construed as though more narrowly drawn, if a narrower construction would avoid that invalidity, illegality, or unenforceability or, if that is not possible, that provision shall, to the extent of that invalidity, illegality, or unenforceability, be severed, and the remaining provisions of this Agreement shall remain in effect.

7.3. The article, section, and subsection titles and headings in this Agreement are inserted as a matter of convenience and for ease of reference only and shall be disregarded for all other purposes, including the construction or enforcement of this Agreement or any of its provisions.

7.4. This Agreement may be altered, amended, or repealed only by a writing signed by the Sole Member.

7.5. Time is of the essence for every provision of this Agreement that specifies a time for performance.

7.6. This Agreement is made solely for the benefit of the Sole Member and the Sole Member's permitted successors and assigns, and no other person or entity shall have or acquire any right by virtue of this Agreement.

7.7. The Sole Member intends the Company to be a limited liability company under the Act.

[Signatures on following page]

The Sole Member hereby executes or causes to be executed this Operating Agreement of the Company on the date set forth above.

"Sole Member"

PROVIDENCE GROUP, INC.

a California corporation

By:



Name: Mark Hancock

Its: Chief Financial Officer

EXHIBIT A

Member Information

<i>Member Name</i>	<i>Address</i>	<i>Percentage Interest</i>
Providence Group, Inc.	262 N. University Ave. Farmington, UT 84025	100%

**OPERATING AGREEMENT of
FOUNTAIN VALLEY COMMUNITY HEALTHCARE, LLC**
a California limited liability company

This Limited Liability Company Operating Agreement (this “Operating Agreement”) is entered into effective as of March 10, 2023, by Providence Group, Inc., a California corporation (referred to as the “Sole Member”) with reference to the following facts:

A. Fountain Valley Community Healthcare, LLC (the “Company”) was formed under the California Revised Uniform Limited Liability Company Act (the “Act”).

B. The Sole Member desires to execute this Operating Agreement in order to provide for the governance of the Company and the conduct of its business.

Now, therefore, the Sole Member declares the following to be the Operating Agreement of the Company:

ARTICLE I: ARTICLES OF ORGANIZATION

1.1. The Sole Member caused the Company’s Articles of Organization to be filed with the California Secretary of State on March 10, 2023.

1.2. The name of the Company shall be Fountain Valley Community Healthcare, LLC.

1.3. The principal executive office and mailing address of the Company shall be at 262 N. University Ave., Farmington, Utah 84025 or any other place or places determined by the Managers from time to time.

1.4. The Company’s designated agent for service of process shall be Corporation Service Company Which Will Do Business in California as CSC-Lawyers Incorporating Service, whose address is 2710 Gateway Oaks Drive, Suite 150N, Sacramento, CA 95833-3505. The Sole Member may from time to time change the Company’s agent for service of process.

1.5. The Company shall be formed for the purposes of engaging in any lawful act or activity for which a limited liability company may be organized under the Act.

1.6. The term of existence of the Company shall commence on the effective date of filing of its Articles of Organization and shall continue until terminated by the provisions of this Agreement or as provided by law.

1.7. The Company shall be managed by two (2) Managers. Jason Murray and Mark Hancock shall serve as the initial Managers of the Company, each to serve until his death, resignation or removal, or until their respective successors are duly appointed and qualified.

ARTICLE II: CAPITALIZATION

2.1. The Sole Member may from time to time and at any time contribute cash or property to the Company as the Sole Member may determine.

2.2. The Sole Member shall not be bound by, or be personally liable for, the expenses, liabilities, or obligations of the Company except as otherwise provided in the Act or in this Agreement.

2.3. As of the date hereof, the Sole Member is record and beneficial owner of 100% of the outstanding membership interests in the Company. The member(s) and their respective ownership interest percentages, as the same may change from time to time, shall be reflected on Exhibit A hereto. Information regarding the capital contributions of the member(s) shall be kept in the books and records of the Company.

ARTICLE III: ALLOCATIONS AND DISTRIBUTIONS

3.1. If any membership interest, or part of an interest, is transferred during any fiscal year in compliance with the provisions of this Article III, profits, losses, each item thereof, and all other items attributable to the membership interest for that fiscal year shall be divided and allocated between the transferor and the transferee by taking into account their varying membership interests during the period in accordance with Internal Revenue Code §706(d), using any convention permitted by law selected by the Sole Member. All distributions on or before the date of the transfer shall be made to the transferor, and all distributions thereafter shall be made to the transferee. Solely for purposes of making the allocations and distributions, the Company shall recognize the transfer not later than the end of the calendar month during which the transfer occurs. Neither the Company nor the Sole Member shall incur any liability for making allocations and distributions in accordance with the provisions of this Section 3.1.

3.2. All cash resulting from the operations of the Company shall be distributed to the Sole Member at such times as the Sole Member deems appropriate.

ARTICLE IV: MANAGEMENT

4.1. The business of the Company shall be managed by the Managers. The Managers may appoint one or more nonmembers as co-managers or either may resign as a Manager at any time and the Sole Member may appoint a nonmember as the Manager of the Company on such terms and conditions as the Sole Member and the Manager may agree.

4.2. The Company may have a President who may, but need not, be a Manager. The Manager may provide for additional officers of the Company and may alter the powers, duties, and compensation of the President and of any other officer. The following shall serve as the initial officers of the Company, each to serve until his death, resignation or removal, or until his respective successor is duly appointed and qualified: (i) Jason Murray shall serve as President and Chief Executive Officer; (ii) Mark Hancock shall serve as Vice President, Chief Financial Officer, Treasurer, and Secretary.

4.3. All Company assets, whether real or personal, shall be held in the name of the Company.

4.4. All Company funds shall be deposited in one or more accounts with one or more recognized financial institutions in the name of the Company, at locations determined by the Manager. Withdrawal from those accounts shall require the signature of the person or persons designated by the Manager.

ARTICLE V: ACCOUNTS AND RECORDS

5.1. Complete books of account of the Company's business, in which each Company transaction shall be fully and accurately entered, shall be kept at the Company's principal executive office.

5.2. Financial books and records of the Company shall be kept on the cash method of accounting. A balance sheet and income statement of the Company shall be prepared promptly following the close of each fiscal year in a manner appropriate to and adequate for the Company's business and for carrying out the provisions of this Agreement. The fiscal year of the Company shall be January 1 through December 31.

5.3. At all times during the Company's term of existence, and beyond that term if the Sole Member deems it necessary, the Sole Member shall keep or cause to be kept the books of account referred to in Section 5.2, and the following:

- (a) A current list of the full name and last known business or residence address of the Sole Member, together with the capital contributions and the share in profits and losses of the Sole Member;

- (b) A copy of the Articles of Organization, as amended;

- (c) Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six most recent taxable years;

- (d) Executed counterparts of this Agreement and all amendments thereto;

- (e) Any powers of attorney under which the Articles of Organization or any amendments to them were executed;

- (f) Financial statements of the Company, if any, for the six most recent fiscal years;
and

- (g) The books and records of the Company as they relate to the Company's internal affairs for the current and past four fiscal years.

ARTICLE VI: DISSOLUTION AND WINDING UP

6.1. The Company shall be dissolved on the first to occur of the following events:

- (a) The decision of the Sole Member to dissolve the Company.
- (b) The sale or other disposition of substantially all of the Company's assets.
- (c) The passage of ninety (90) consecutive days during which the Company has no Members, except on the death of a natural person who is the Sole Member of the Company, the status of the Member, including a Membership Interest, may pass to the heirs, successors, and assigns of the Member by will or applicable law. The heir, successor, or assign of the Member's interest becomes a substituted Member pursuant to applicable law, subject to administration as provided by applicable law, without the permission or consent of the heirs, successors, or assigns or, those administering the estate of the deceased member.
- (d) Entry of a decree of judicial dissolution under applicable law.

6.2. On the dissolution of the Company, it shall engage in no further business other than that necessary to wind up its business and affairs. The Sole Member shall wind up the affairs of the Company and give written Notice of the commencement of winding up by mail to all known creditors and claimants against the Company whose addresses appear in the records of the Company. After paying or adequately providing for the payment of all known debts of the Company (except debts owing to the Sole Member), the remaining assets of the Company shall be distributed or applied in the following order of priority:

- (a) To pay the expenses of liquidation.
- (b) To repay outstanding loans to the Sole Member.
- (c) To the Sole Member.

ARTICLE VII: GENERAL PROVISIONS

7.1. This Agreement constitutes the whole and entire agreement with respect to the subject matter of this Agreement.

7.2. This Agreement shall be construed and enforced in accordance with the laws of the state of California. If any provision of this Agreement is determined by any court of competent jurisdiction or duly authorized arbitrator(s) to be invalid, illegal, or unenforceable to any extent, that provision shall, if possible, be construed as though more narrowly drawn, if a narrower construction would avoid that invalidity, illegality, or unenforceability or, if that is not possible, that provision shall, to the extent of that invalidity, illegality, or unenforceability, be severed, and the remaining provisions of this Agreement shall remain in effect.

7.3. The article, section, and subsection titles and headings in this Agreement are inserted as a matter of convenience and for ease of reference only and shall be disregarded for all other purposes, including the construction or enforcement of this Agreement or any of its provisions.

7.4. This Agreement may be altered, amended, or repealed only by a writing signed by the Sole Member.

7.5. Time is of the essence for every provision of this Agreement that specifies a time for performance.

7.6. This Agreement is made solely for the benefit of the Sole Member and the Sole Member's permitted successors and assigns, and no other person or entity shall have or acquire any right by virtue of this Agreement.

7.7. The Sole Member intends the Company to be a limited liability company under the Act.

[Signatures on following page]

The Sole Member hereby executes or causes to be executed this Operating Agreement of the Company on the date set forth above.

"Sole Member"

PROVIDENCE GROUP, INC.

a California corporation

By:



Name: Mark Hancock

Its: Chief Financial Officer

EXHIBIT A

Member Information

<i>Member Name</i>	<i>Address</i>	<i>Percentage Interest</i>
Providence Group, Inc.	262 N. University Ave. Farmington, UT 84025	100%

**OPERATING AGREEMENT of
HEMET COMMUNITY HEALTHCARE, LLC**
a California limited liability company

This Limited Liability Company Operating Agreement (this “Operating Agreement”) is entered into effective as of March 10, 2023, by Providence Group, Inc., a California corporation (referred to as the “Sole Member”) with reference to the following facts:

A. Hemet Community Healthcare, LLC (the “Company”) was formed under the California Revised Uniform Limited Liability Company Act (the “Act”).

B. The Sole Member desires to execute this Operating Agreement in order to provide for the governance of the Company and the conduct of its business.

Now, therefore, the Sole Member declares the following to be the Operating Agreement of the Company:

ARTICLE I: ARTICLES OF ORGANIZATION

1.1. The Sole Member caused the Company’s Articles of Organization to be filed with the California Secretary of State on March 10, 2023.

1.2. The name of the Company shall be Hemet Community Healthcare, LLC.

1.3. The principal executive office and mailing address of the Company shall be at 262 N. University Ave., Farmington, Utah 84025 or any other place or places determined by the Managers from time to time.

1.4. The Company’s designated agent for service of process shall be Corporation Service Company Which Will Do Business in California as CSC-Lawyers Incorporating Service, whose address is 2710 Gateway Oaks Drive, Suite 150N, Sacramento, CA 95833-3505. The Sole Member may from time to time change the Company’s agent for service of process.

1.5. The Company shall be formed for the purposes of engaging in any lawful act or activity for which a limited liability company may be organized under the Act.

1.6. The term of existence of the Company shall commence on the effective date of filing of its Articles of Organization and shall continue until terminated by the provisions of this Agreement or as provided by law.

1.7. The Company shall be managed by two (2) Managers. Jason Murray and Mark Hancock shall serve as the initial Managers of the Company, each to serve until his death, resignation or removal, or until their respective successors are duly appointed and qualified.

ARTICLE II: CAPITALIZATION

2.1. The Sole Member may from time to time and at any time contribute cash or property to the Company as the Sole Member may determine.

2.2. The Sole Member shall not be bound by, or be personally liable for, the expenses, liabilities, or obligations of the Company except as otherwise provided in the Act or in this Agreement.

2.3. As of the date hereof, the Sole Member is record and beneficial owner of 100% of the outstanding membership interests in the Company. The member(s) and their respective ownership interest percentages, as the same may change from time to time, shall be reflected on Exhibit A hereto. Information regarding the capital contributions of the member(s) shall be kept in the books and records of the Company.

ARTICLE III: ALLOCATIONS AND DISTRIBUTIONS

3.1. If any membership interest, or part of an interest, is transferred during any fiscal year in compliance with the provisions of this Article III, profits, losses, each item thereof, and all other items attributable to the membership interest for that fiscal year shall be divided and allocated between the transferor and the transferee by taking into account their varying membership interests during the period in accordance with Internal Revenue Code §706(d), using any convention permitted by law selected by the Sole Member. All distributions on or before the date of the transfer shall be made to the transferor, and all distributions thereafter shall be made to the transferee. Solely for purposes of making the allocations and distributions, the Company shall recognize the transfer not later than the end of the calendar month during which the transfer occurs. Neither the Company nor the Sole Member shall incur any liability for making allocations and distributions in accordance with the provisions of this Section 3.1.

3.2. All cash resulting from the operations of the Company shall be distributed to the Sole Member at such times as the Sole Member deems appropriate.

ARTICLE IV: MANAGEMENT

4.1. The business of the Company shall be managed by the Managers. The Managers may appoint one or more nonmembers as co-managers or either may resign as a Manager at any time and the Sole Member may appoint a nonmember as the Manager of the Company on such terms and conditions as the Sole Member and the Manager may agree.

4.2. The Company may have a President who may, but need not, be a Manager. The Manager may provide for additional officers of the Company and may alter the powers, duties, and compensation of the President and of any other officer. The following shall serve as the initial officers of the Company, each to serve until his death, resignation or removal, or until his respective successor is duly appointed and qualified: (i) Jason Murray shall serve as President and Chief Executive Officer; (ii) Mark Hancock shall serve as Vice President, Chief Financial Officer, Treasurer, and Secretary.

4.3. All Company assets, whether real or personal, shall be held in the name of the Company.

4.4. All Company funds shall be deposited in one or more accounts with one or more recognized financial institutions in the name of the Company, at locations determined by the Manager. Withdrawal from those accounts shall require the signature of the person or persons designated by the Manager.

ARTICLE V: ACCOUNTS AND RECORDS

5.1. Complete books of account of the Company's business, in which each Company transaction shall be fully and accurately entered, shall be kept at the Company's principal executive office.

5.2. Financial books and records of the Company shall be kept on the cash method of accounting. A balance sheet and income statement of the Company shall be prepared promptly following the close of each fiscal year in a manner appropriate to and adequate for the Company's business and for carrying out the provisions of this Agreement. The fiscal year of the Company shall be January 1 through December 31.

5.3. At all times during the Company's term of existence, and beyond that term if the Sole Member deems it necessary, the Sole Member shall keep or cause to be kept the books of account referred to in Section 5.2, and the following:

- (a) A current list of the full name and last known business or residence address of the Sole Member, together with the capital contributions and the share in profits and losses of the Sole Member;

- (b) A copy of the Articles of Organization, as amended;

- (c) Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six most recent taxable years;

- (d) Executed counterparts of this Agreement and all amendments thereto;

- (e) Any powers of attorney under which the Articles of Organization or any amendments to them were executed;

- (f) Financial statements of the Company, if any, for the six most recent fiscal years;
and

- (g) The books and records of the Company as they relate to the Company's internal affairs for the current and past four fiscal years.

ARTICLE VI: DISSOLUTION AND WINDING UP

6.1. The Company shall be dissolved on the first to occur of the following events:

- (a) The decision of the Sole Member to dissolve the Company.
- (b) The sale or other disposition of substantially all of the Company's assets.
- (c) The passage of ninety (90) consecutive days during which the Company has no Members, except on the death of a natural person who is the Sole Member of the Company, the status of the Member, including a Membership Interest, may pass to the heirs, successors, and assigns of the Member by will or applicable law. The heir, successor, or assign of the Member's interest becomes a substituted Member pursuant to applicable law, subject to administration as provided by applicable law, without the permission or consent of the heirs, successors, or assigns or, those administering the estate of the deceased member.
- (d) Entry of a decree of judicial dissolution under applicable law.

6.2. On the dissolution of the Company, it shall engage in no further business other than that necessary to wind up its business and affairs. The Sole Member shall wind up the affairs of the Company and give written Notice of the commencement of winding up by mail to all known creditors and claimants against the Company whose addresses appear in the records of the Company. After paying or adequately providing for the payment of all known debts of the Company (except debts owing to the Sole Member), the remaining assets of the Company shall be distributed or applied in the following order of priority:

- (a) To pay the expenses of liquidation.
- (b) To repay outstanding loans to the Sole Member.
- (c) To the Sole Member.

ARTICLE VII: GENERAL PROVISIONS

7.1. This Agreement constitutes the whole and entire agreement with respect to the subject matter of this Agreement.

7.2. This Agreement shall be construed and enforced in accordance with the laws of the state of California. If any provision of this Agreement is determined by any court of competent jurisdiction or duly authorized arbitrator(s) to be invalid, illegal, or unenforceable to any extent, that provision shall, if possible, be construed as though more narrowly drawn, if a narrower construction would avoid that invalidity, illegality, or unenforceability or, if that is not possible, that provision shall, to the extent of that invalidity, illegality, or unenforceability, be severed, and the remaining provisions of this Agreement shall remain in effect.

7.3. The article, section, and subsection titles and headings in this Agreement are inserted as a matter of convenience and for ease of reference only and shall be disregarded for all other purposes, including the construction or enforcement of this Agreement or any of its provisions.

7.4. This Agreement may be altered, amended, or repealed only by a writing signed by the Sole Member.

7.5. Time is of the essence for every provision of this Agreement that specifies a time for performance.

7.6. This Agreement is made solely for the benefit of the Sole Member and the Sole Member's permitted successors and assigns, and no other person or entity shall have or acquire any right by virtue of this Agreement.

7.7. The Sole Member intends the Company to be a limited liability company under the Act.

[Signatures on following page]

The Sole Member hereby executes or causes to be executed this Operating Agreement of the Company on the date set forth above.

"Sole Member"

PROVIDENCE GROUP, INC.

a California corporation

By:



Name: Mark Hancock

Its: Chief Financial Officer

EXHIBIT A

Member Information

<i>Member Name</i>	<i>Address</i>	<i>Percentage Interest</i>
Providence Group, Inc.	262 N. University Ave. Farmington, UT 84025	100%

**OPERATING AGREEMENT of
CITRUS HEIGHTS COMMUNITY HEALTHCARE, LLC**
a California limited liability company

This Limited Liability Company Operating Agreement (this “Operating Agreement”) is entered into effective as of March 10, 2023, by Providence Group, Inc., a California corporation (referred to as the “Sole Member”) with reference to the following facts:

A. Citrus Heights Community Healthcare, LLC (the “Company”) was formed under the California Revised Uniform Limited Liability Company Act (the “Act”).

B. The Sole Member desires to execute this Operating Agreement in order to provide for the governance of the Company and the conduct of its business.

Now, therefore, the Sole Member declares the following to be the Operating Agreement of the Company:

ARTICLE I: ARTICLES OF ORGANIZATION

1.1. The Sole Member caused the Company’s Articles of Organization to be filed with the California Secretary of State on March 10, 2023.

1.2. The name of the Company shall be Citrus Heights Community Healthcare, LLC.

1.3. The principal executive office and mailing address of the Company shall be at 262 N. University Ave., Farmington, Utah 84025 or any other place or places determined by the Managers from time to time.

1.4. The Company’s designated agent for service of process shall be Corporation Service Company Which Will Do Business in California as CSC-Lawyers Incorporating Service, whose address is 2710 Gateway Oaks Drive, Suite 150N, Sacramento, CA 95833-3505. The Sole Member may from time to time change the Company’s agent for service of process.

1.5. The Company shall be formed for the purposes of engaging in any lawful act or activity for which a limited liability company may be organized under the Act.

1.6. The term of existence of the Company shall commence on the effective date of filing of its Articles of Organization and shall continue until terminated by the provisions of this Agreement or as provided by law.

1.7. The Company shall be managed by two (2) Managers. Jason Murray and Mark Hancock shall serve as the initial Managers of the Company, each to serve until his death, resignation or removal, or until their respective successors are duly appointed and qualified.

ARTICLE II: CAPITALIZATION

2.1. The Sole Member may from time to time and at any time contribute cash or property to the Company as the Sole Member may determine.

2.2. The Sole Member shall not be bound by, or be personally liable for, the expenses, liabilities, or obligations of the Company except as otherwise provided in the Act or in this Agreement.

2.3. As of the date hereof, the Sole Member is record and beneficial owner of 100% of the outstanding membership interests in the Company. The member(s) and their respective ownership interest percentages, as the same may change from time to time, shall be reflected on Exhibit A hereto. Information regarding the capital contributions of the member(s) shall be kept in the books and records of the Company.

ARTICLE III: ALLOCATIONS AND DISTRIBUTIONS

3.1. If any membership interest, or part of an interest, is transferred during any fiscal year in compliance with the provisions of this Article III, profits, losses, each item thereof, and all other items attributable to the membership interest for that fiscal year shall be divided and allocated between the transferor and the transferee by taking into account their varying membership interests during the period in accordance with Internal Revenue Code §706(d), using any convention permitted by law selected by the Sole Member. All distributions on or before the date of the transfer shall be made to the transferor, and all distributions thereafter shall be made to the transferee. Solely for purposes of making the allocations and distributions, the Company shall recognize the transfer not later than the end of the calendar month during which the transfer occurs. Neither the Company nor the Sole Member shall incur any liability for making allocations and distributions in accordance with the provisions of this Section 3.1.

3.2. All cash resulting from the operations of the Company shall be distributed to the Sole Member at such times as the Sole Member deems appropriate.

ARTICLE IV: MANAGEMENT

4.1. The business of the Company shall be managed by the Managers. The Managers may appoint one or more nonmembers as co-managers or either may resign as a Manager at any time and the Sole Member may appoint a nonmember as the Manager of the Company on such terms and conditions as the Sole Member and the Manager may agree.

4.2. The Company may have a President who may, but need not, be a Manager. The Manager may provide for additional officers of the Company and may alter the powers, duties, and compensation of the President and of any other officer. The following shall serve as the initial officers of the Company, each to serve until his death, resignation or removal, or until his respective successor is duly appointed and qualified: (i) Jason Murray shall serve as President and Chief Executive Officer; (ii) Mark Hancock shall serve as Vice President, Chief Financial Officer, Treasurer, and Secretary.

4.3. All Company assets, whether real or personal, shall be held in the name of the Company.

4.4. All Company funds shall be deposited in one or more accounts with one or more recognized financial institutions in the name of the Company, at locations determined by the Manager. Withdrawal from those accounts shall require the signature of the person or persons designated by the Manager.

ARTICLE V: ACCOUNTS AND RECORDS

5.1. Complete books of account of the Company's business, in which each Company transaction shall be fully and accurately entered, shall be kept at the Company's principal executive office.

5.2. Financial books and records of the Company shall be kept on the cash method of accounting. A balance sheet and income statement of the Company shall be prepared promptly following the close of each fiscal year in a manner appropriate to and adequate for the Company's business and for carrying out the provisions of this Agreement. The fiscal year of the Company shall be January 1 through December 31.

5.3. At all times during the Company's term of existence, and beyond that term if the Sole Member deems it necessary, the Sole Member shall keep or cause to be kept the books of account referred to in Section 5.2, and the following:

(a) A current list of the full name and last known business or residence address of the Sole Member, together with the capital contributions and the share in profits and losses of the Sole Member;

(b) A copy of the Articles of Organization, as amended;

(c) Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six most recent taxable years;

(d) Executed counterparts of this Agreement and all amendments thereto;

(e) Any powers of attorney under which the Articles of Organization or any amendments to them were executed;

(f) Financial statements of the Company, if any, for the six most recent fiscal years;
and

(g) The books and records of the Company as they relate to the Company's internal affairs for the current and past four fiscal years.

ARTICLE VI: DISSOLUTION AND WINDING UP

6.1. The Company shall be dissolved on the first to occur of the following events:

- (a) The decision of the Sole Member to dissolve the Company.
- (b) The sale or other disposition of substantially all of the Company's assets.
- (c) The passage of ninety (90) consecutive days during which the Company has no Members, except on the death of a natural person who is the Sole Member of the Company, the status of the Member, including a Membership Interest, may pass to the heirs, successors, and assigns of the Member by will or applicable law. The heir, successor, or assign of the Member's interest becomes a substituted Member pursuant to applicable law, subject to administration as provided by applicable law, without the permission or consent of the heirs, successors, or assigns or, those administering the estate of the deceased member.
- (d) Entry of a decree of judicial dissolution under applicable law.

6.2. On the dissolution of the Company, it shall engage in no further business other than that necessary to wind up its business and affairs. The Sole Member shall wind up the affairs of the Company and give written Notice of the commencement of winding up by mail to all known creditors and claimants against the Company whose addresses appear in the records of the Company. After paying or adequately providing for the payment of all known debts of the Company (except debts owing to the Sole Member), the remaining assets of the Company shall be distributed or applied in the following order of priority:

- (a) To pay the expenses of liquidation.
- (b) To repay outstanding loans to the Sole Member.
- (c) To the Sole Member.

ARTICLE VII: GENERAL PROVISIONS

7.1. This Agreement constitutes the whole and entire agreement with respect to the subject matter of this Agreement.

7.2. This Agreement shall be construed and enforced in accordance with the laws of the state of California. If any provision of this Agreement is determined by any court of competent jurisdiction or duly authorized arbitrator(s) to be invalid, illegal, or unenforceable to any extent, that provision shall, if possible, be construed as though more narrowly drawn, if a narrower construction would avoid that invalidity, illegality, or unenforceability or, if that is not possible, that provision shall, to the extent of that invalidity, illegality, or unenforceability, be severed, and the remaining provisions of this Agreement shall remain in effect.

7.3. The article, section, and subsection titles and headings in this Agreement are inserted as a matter of convenience and for ease of reference only and shall be disregarded for all other purposes, including the construction or enforcement of this Agreement or any of its provisions.

7.4. This Agreement may be altered, amended, or repealed only by a writing signed by the Sole Member.

7.5. Time is of the essence for every provision of this Agreement that specifies a time for performance.

7.6. This Agreement is made solely for the benefit of the Sole Member and the Sole Member's permitted successors and assigns, and no other person or entity shall have or acquire any right by virtue of this Agreement.

7.7. The Sole Member intends the Company to be a limited liability company under the Act.

[Signatures on following page]

The Sole Member hereby executes or causes to be executed this Operating Agreement of the Company on the date set forth above.

"Sole Member"

PROVIDENCE GROUP, INC.

a California corporation

By:



Name: Mark Hancock

Its: Chief Financial Officer

EXHIBIT A

Member Information

<i>Member Name</i>	<i>Address</i>	<i>Percentage Interest</i>
Providence Group, Inc.	262 N. University Ave. Farmington, UT 84025	100%

**OPERATING AGREEMENT of
SUNNYVALE COMMUNITY HEALTHCARE, LLC**
a California limited liability company

This Limited Liability Company Operating Agreement (this “Operating Agreement”) is entered into effective as of March 10, 2023, by Providence Group, Inc., a California corporation (referred to as the “Sole Member”) with reference to the following facts:

A. Sunnyvale Community Healthcare, LLC (the “Company”) was formed under the California Revised Uniform Limited Liability Company Act (the “Act”).

B. The Sole Member desires to execute this Operating Agreement in order to provide for the governance of the Company and the conduct of its business.

Now, therefore, the Sole Member declares the following to be the Operating Agreement of the Company:

ARTICLE I: ARTICLES OF ORGANIZATION

1.1. The Sole Member caused the Company’s Articles of Organization to be filed with the California Secretary of State on March 10, 2023.

1.2. The name of the Company shall be Sunnyvale Community Healthcare, LLC.

1.3. The principal executive office and mailing address of the Company shall be at 262 N. University Ave., Farmington, Utah 84025 or any other place or places determined by the Managers from time to time.

1.4. The Company’s designated agent for service of process shall be Corporation Service Company Which Will Do Business in California as CSC-Lawyers Incorporating Service, whose address is 2710 Gateway Oaks Drive, Suite 150N, Sacramento, CA 95833-3505. The Sole Member may from time to time change the Company’s agent for service of process.

1.5. The Company shall be formed for the purposes of engaging in any lawful act or activity for which a limited liability company may be organized under the Act.

1.6. The term of existence of the Company shall commence on the effective date of filing of its Articles of Organization and shall continue until terminated by the provisions of this Agreement or as provided by law.

1.7. The Company shall be managed by two (2) Managers. Jason Murray and Mark Hancock shall serve as the initial Managers of the Company, each to serve until his death, resignation or removal, or until their respective successors are duly appointed and qualified.

ARTICLE II: CAPITALIZATION

2.1. The Sole Member may from time to time and at any time contribute cash or property to the Company as the Sole Member may determine.

2.2. The Sole Member shall not be bound by, or be personally liable for, the expenses, liabilities, or obligations of the Company except as otherwise provided in the Act or in this Agreement.

2.3. As of the date hereof, the Sole Member is record and beneficial owner of 100% of the outstanding membership interests in the Company. The member(s) and their respective ownership interest percentages, as the same may change from time to time, shall be reflected on Exhibit A hereto. Information regarding the capital contributions of the member(s) shall be kept in the books and records of the Company.

ARTICLE III: ALLOCATIONS AND DISTRIBUTIONS

3.1. If any membership interest, or part of an interest, is transferred during any fiscal year in compliance with the provisions of this Article III, profits, losses, each item thereof, and all other items attributable to the membership interest for that fiscal year shall be divided and allocated between the transferor and the transferee by taking into account their varying membership interests during the period in accordance with Internal Revenue Code §706(d), using any convention permitted by law selected by the Sole Member. All distributions on or before the date of the transfer shall be made to the transferor, and all distributions thereafter shall be made to the transferee. Solely for purposes of making the allocations and distributions, the Company shall recognize the transfer not later than the end of the calendar month during which the transfer occurs. Neither the Company nor the Sole Member shall incur any liability for making allocations and distributions in accordance with the provisions of this Section 3.1.

3.2. All cash resulting from the operations of the Company shall be distributed to the Sole Member at such times as the Sole Member deems appropriate.

ARTICLE IV: MANAGEMENT

4.1. The business of the Company shall be managed by the Managers. The Managers may appoint one or more nonmembers as co-managers or either may resign as a Manager at any time and the Sole Member may appoint a nonmember as the Manager of the Company on such terms and conditions as the Sole Member and the Manager may agree.

4.2. The Company may have a President who may, but need not, be a Manager. The Manager may provide for additional officers of the Company and may alter the powers, duties, and compensation of the President and of any other officer. The following shall serve as the initial officers of the Company, each to serve until his death, resignation or removal, or until his respective successor is duly appointed and qualified: (i) Jason Murray shall serve as President and Chief Executive Officer; (ii) Mark Hancock shall serve as Vice President, Chief Financial Officer, Treasurer, and Secretary.

4.3. All Company assets, whether real or personal, shall be held in the name of the Company.

4.4. All Company funds shall be deposited in one or more accounts with one or more recognized financial institutions in the name of the Company, at locations determined by the Manager. Withdrawal from those accounts shall require the signature of the person or persons designated by the Manager.

ARTICLE V: ACCOUNTS AND RECORDS

5.1. Complete books of account of the Company's business, in which each Company transaction shall be fully and accurately entered, shall be kept at the Company's principal executive office.

5.2. Financial books and records of the Company shall be kept on the cash method of accounting. A balance sheet and income statement of the Company shall be prepared promptly following the close of each fiscal year in a manner appropriate to and adequate for the Company's business and for carrying out the provisions of this Agreement. The fiscal year of the Company shall be January 1 through December 31.

5.3. At all times during the Company's term of existence, and beyond that term if the Sole Member deems it necessary, the Sole Member shall keep or cause to be kept the books of account referred to in Section 5.2, and the following:

(a) A current list of the full name and last known business or residence address of the Sole Member, together with the capital contributions and the share in profits and losses of the Sole Member;

(b) A copy of the Articles of Organization, as amended;

(c) Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six most recent taxable years;

(d) Executed counterparts of this Agreement and all amendments thereto;

(e) Any powers of attorney under which the Articles of Organization or any amendments to them were executed;

(f) Financial statements of the Company, if any, for the six most recent fiscal years;
and

(g) The books and records of the Company as they relate to the Company's internal affairs for the current and past four fiscal years.

ARTICLE VI: DISSOLUTION AND WINDING UP

6.1. The Company shall be dissolved on the first to occur of the following events:

- (a) The decision of the Sole Member to dissolve the Company.
- (b) The sale or other disposition of substantially all of the Company's assets.
- (c) The passage of ninety (90) consecutive days during which the Company has no Members, except on the death of a natural person who is the Sole Member of the Company, the status of the Member, including a Membership Interest, may pass to the heirs, successors, and assigns of the Member by will or applicable law. The heir, successor, or assign of the Member's interest becomes a substituted Member pursuant to applicable law, subject to administration as provided by applicable law, without the permission or consent of the heirs, successors, or assigns or, those administering the estate of the deceased member.
- (d) Entry of a decree of judicial dissolution under applicable law.

6.2. On the dissolution of the Company, it shall engage in no further business other than that necessary to wind up its business and affairs. The Sole Member shall wind up the affairs of the Company and give written Notice of the commencement of winding up by mail to all known creditors and claimants against the Company whose addresses appear in the records of the Company. After paying or adequately providing for the payment of all known debts of the Company (except debts owing to the Sole Member), the remaining assets of the Company shall be distributed or applied in the following order of priority:

- (a) To pay the expenses of liquidation.
- (b) To repay outstanding loans to the Sole Member.
- (c) To the Sole Member.

ARTICLE VII: GENERAL PROVISIONS

7.1. This Agreement constitutes the whole and entire agreement with respect to the subject matter of this Agreement.

7.2. This Agreement shall be construed and enforced in accordance with the laws of the state of California. If any provision of this Agreement is determined by any court of competent jurisdiction or duly authorized arbitrator(s) to be invalid, illegal, or unenforceable to any extent, that provision shall, if possible, be construed as though more narrowly drawn, if a narrower construction would avoid that invalidity, illegality, or unenforceability or, if that is not possible, that provision shall, to the extent of that invalidity, illegality, or unenforceability, be severed, and the remaining provisions of this Agreement shall remain in effect.

7.3. The article, section, and subsection titles and headings in this Agreement are inserted as a matter of convenience and for ease of reference only and shall be disregarded for all other purposes, including the construction or enforcement of this Agreement or any of its provisions.

7.4. This Agreement may be altered, amended, or repealed only by a writing signed by the Sole Member.

7.5. Time is of the essence for every provision of this Agreement that specifies a time for performance.

7.6. This Agreement is made solely for the benefit of the Sole Member and the Sole Member's permitted successors and assigns, and no other person or entity shall have or acquire any right by virtue of this Agreement.

7.7. The Sole Member intends the Company to be a limited liability company under the Act.

[Signatures on following page]

The Sole Member hereby executes or causes to be executed this Operating Agreement of the Company on the date set forth above.

“Sole Member”

PROVIDENCE GROUP, INC.

a California corporation

By:



Name: Mark Hancock

Its: Chief Financial Officer

EXHIBIT A

Member Information

<i>Member Name</i>	<i>Address</i>	<i>Percentage Interest</i>
Providence Group, Inc.	262 N. University Ave. Farmington, UT 84025	100%

**OPERATING AGREEMENT of
TICE VALLEY COMMUNITY HEALTHCARE, LLC**
a California limited liability company

This Limited Liability Company Operating Agreement (this “Operating Agreement”) is entered into effective as of March 10, 2023, by Providence Group, Inc., a California corporation (referred to as the “Sole Member”) with reference to the following facts:

A. Tice Valley Community Healthcare, LLC (the “Company”) was formed under the California Revised Uniform Limited Liability Company Act (the “Act”).

B. The Sole Member desires to execute this Operating Agreement in order to provide for the governance of the Company and the conduct of its business.

Now, therefore, the Sole Member declares the following to be the Operating Agreement of the Company:

ARTICLE I: ARTICLES OF ORGANIZATION

1.1. The Sole Member caused the Company’s Articles of Organization to be filed with the California Secretary of State on March 10, 2023.

1.2. The name of the Company shall be Tice Valley Community Healthcare, LLC.

1.3. The principal executive office and mailing address of the Company shall be at 262 N. University Ave., Farmington, Utah 84025 or any other place or places determined by the Managers from time to time.

1.4. The Company’s designated agent for service of process shall be Corporation Service Company Which Will Do Business in California as CSC-Lawyers Incorporating Service, whose address is 2710 Gateway Oaks Drive, Suite 150N, Sacramento, CA 95833-3505. The Sole Member may from time to time change the Company’s agent for service of process.

1.5. The Company shall be formed for the purposes of engaging in any lawful act or activity for which a limited liability company may be organized under the Act.

1.6. The term of existence of the Company shall commence on the effective date of filing of its Articles of Organization and shall continue until terminated by the provisions of this Agreement or as provided by law.

1.7. The Company shall be managed by two (2) Managers. Jason Murray and Mark Hancock shall serve as the initial Managers of the Company, each to serve until his death, resignation or removal, or until their respective successors are duly appointed and qualified.

ARTICLE II: CAPITALIZATION

2.1. The Sole Member may from time to time and at any time contribute cash or property to the Company as the Sole Member may determine.

2.2. The Sole Member shall not be bound by, or be personally liable for, the expenses, liabilities, or obligations of the Company except as otherwise provided in the Act or in this Agreement.

2.3. As of the date hereof, the Sole Member is record and beneficial owner of 100% of the outstanding membership interests in the Company. The member(s) and their respective ownership interest percentages, as the same may change from time to time, shall be reflected on Exhibit A hereto. Information regarding the capital contributions of the member(s) shall be kept in the books and records of the Company.

ARTICLE III: ALLOCATIONS AND DISTRIBUTIONS

3.1. If any membership interest, or part of an interest, is transferred during any fiscal year in compliance with the provisions of this Article III, profits, losses, each item thereof, and all other items attributable to the membership interest for that fiscal year shall be divided and allocated between the transferor and the transferee by taking into account their varying membership interests during the period in accordance with Internal Revenue Code §706(d), using any convention permitted by law selected by the Sole Member. All distributions on or before the date of the transfer shall be made to the transferor, and all distributions thereafter shall be made to the transferee. Solely for purposes of making the allocations and distributions, the Company shall recognize the transfer not later than the end of the calendar month during which the transfer occurs. Neither the Company nor the Sole Member shall incur any liability for making allocations and distributions in accordance with the provisions of this Section 3.1.

3.2. All cash resulting from the operations of the Company shall be distributed to the Sole Member at such times as the Sole Member deems appropriate.

ARTICLE IV: MANAGEMENT

4.1. The business of the Company shall be managed by the Managers. The Managers may appoint one or more nonmembers as co-managers or either may resign as a Manager at any time and the Sole Member may appoint a nonmember as the Manager of the Company on such terms and conditions as the Sole Member and the Manager may agree.

4.2. The Company may have a President who may, but need not, be a Manager. The Manager may provide for additional officers of the Company and may alter the powers, duties, and compensation of the President and of any other officer. The following shall serve as the initial officers of the Company, each to serve until his death, resignation or removal, or until his respective successor is duly appointed and qualified: (i) Jason Murray shall serve as President and Chief Executive Officer; (ii) Mark Hancock shall serve as Vice President, Chief Financial Officer, Treasurer, and Secretary.

4.3. All Company assets, whether real or personal, shall be held in the name of the Company.

4.4. All Company funds shall be deposited in one or more accounts with one or more recognized financial institutions in the name of the Company, at locations determined by the Manager. Withdrawal from those accounts shall require the signature of the person or persons designated by the Manager.

ARTICLE V: ACCOUNTS AND RECORDS

5.1. Complete books of account of the Company's business, in which each Company transaction shall be fully and accurately entered, shall be kept at the Company's principal executive office.

5.2. Financial books and records of the Company shall be kept on the cash method of accounting. A balance sheet and income statement of the Company shall be prepared promptly following the close of each fiscal year in a manner appropriate to and adequate for the Company's business and for carrying out the provisions of this Agreement. The fiscal year of the Company shall be January 1 through December 31.

5.3. At all times during the Company's term of existence, and beyond that term if the Sole Member deems it necessary, the Sole Member shall keep or cause to be kept the books of account referred to in Section 5.2, and the following:

(a) A current list of the full name and last known business or residence address of the Sole Member, together with the capital contributions and the share in profits and losses of the Sole Member;

(b) A copy of the Articles of Organization, as amended;

(c) Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six most recent taxable years;

(d) Executed counterparts of this Agreement and all amendments thereto;

(e) Any powers of attorney under which the Articles of Organization or any amendments to them were executed;

(f) Financial statements of the Company, if any, for the six most recent fiscal years;
and

(g) The books and records of the Company as they relate to the Company's internal affairs for the current and past four fiscal years.

ARTICLE VI: DISSOLUTION AND WINDING UP

6.1. The Company shall be dissolved on the first to occur of the following events:

- (a) The decision of the Sole Member to dissolve the Company.
- (b) The sale or other disposition of substantially all of the Company's assets.
- (c) The passage of ninety (90) consecutive days during which the Company has no Members, except on the death of a natural person who is the Sole Member of the Company, the status of the Member, including a Membership Interest, may pass to the heirs, successors, and assigns of the Member by will or applicable law. The heir, successor, or assign of the Member's interest becomes a substituted Member pursuant to applicable law, subject to administration as provided by applicable law, without the permission or consent of the heirs, successors, or assigns or, those administering the estate of the deceased member.
- (d) Entry of a decree of judicial dissolution under applicable law.

6.2. On the dissolution of the Company, it shall engage in no further business other than that necessary to wind up its business and affairs. The Sole Member shall wind up the affairs of the Company and give written Notice of the commencement of winding up by mail to all known creditors and claimants against the Company whose addresses appear in the records of the Company. After paying or adequately providing for the payment of all known debts of the Company (except debts owing to the Sole Member), the remaining assets of the Company shall be distributed or applied in the following order of priority:

- (a) To pay the expenses of liquidation.
- (b) To repay outstanding loans to the Sole Member.
- (c) To the Sole Member.

ARTICLE VII: GENERAL PROVISIONS

7.1. This Agreement constitutes the whole and entire agreement with respect to the subject matter of this Agreement.

7.2. This Agreement shall be construed and enforced in accordance with the laws of the state of California. If any provision of this Agreement is determined by any court of competent jurisdiction or duly authorized arbitrator(s) to be invalid, illegal, or unenforceable to any extent, that provision shall, if possible, be construed as though more narrowly drawn, if a narrower construction would avoid that invalidity, illegality, or unenforceability or, if that is not possible, that provision shall, to the extent of that invalidity, illegality, or unenforceability, be severed, and the remaining provisions of this Agreement shall remain in effect.

7.3. The article, section, and subsection titles and headings in this Agreement are inserted as a matter of convenience and for ease of reference only and shall be disregarded for all other purposes, including the construction or enforcement of this Agreement or any of its provisions.

7.4. This Agreement may be altered, amended, or repealed only by a writing signed by the Sole Member.

7.5. Time is of the essence for every provision of this Agreement that specifies a time for performance.

7.6. This Agreement is made solely for the benefit of the Sole Member and the Sole Member's permitted successors and assigns, and no other person or entity shall have or acquire any right by virtue of this Agreement.

7.7. The Sole Member intends the Company to be a limited liability company under the Act.

[Signatures on following page]

The Sole Member hereby executes or causes to be executed this Operating Agreement of the Company on the date set forth above.

"Sole Member"

PROVIDENCE GROUP, INC.

a California corporation

By:



Name: Mark Hancock

Its: Chief Financial Officer

EXHIBIT A

Member Information

<i>Member Name</i>	<i>Address</i>	<i>Percentage Interest</i>
Providence Group, Inc.	262 N. University Ave. Farmington, UT 84025	100%

**OPERATING AGREEMENT of
WALNUT CREEK COMMUNITY HEALTHCARE, LLC**
a California limited liability company

This Limited Liability Company Operating Agreement (this “Operating Agreement”) is entered into effective as of March 10, 2023, by Providence Group, Inc., a California corporation (referred to as the “Sole Member”) with reference to the following facts:

A. Walnut Creek Community Healthcare, LLC (the “Company”) was formed under the California Revised Uniform Limited Liability Company Act (the “Act”).

B. The Sole Member desires to execute this Operating Agreement in order to provide for the governance of the Company and the conduct of its business.

Now, therefore, the Sole Member declares the following to be the Operating Agreement of the Company:

ARTICLE I: ARTICLES OF ORGANIZATION

1.1. The Sole Member caused the Company’s Articles of Organization to be filed with the California Secretary of State on March 10, 2023.

1.2. The name of the Company shall be Walnut Creek Community Healthcare, LLC.

1.3. The principal executive office and mailing address of the Company shall be at 262 N. University Ave., Farmington, Utah 84025 or any other place or places determined by the Managers from time to time.

1.4. The Company’s designated agent for service of process shall be Corporation Service Company Which Will Do Business in California as CSC-Lawyers Incorporating Service, whose address is 2710 Gateway Oaks Drive, Suite 150N, Sacramento, CA 95833-3505. The Sole Member may from time to time change the Company’s agent for service of process.

1.5. The Company shall be formed for the purposes of engaging in any lawful act or activity for which a limited liability company may be organized under the Act.

1.6. The term of existence of the Company shall commence on the effective date of filing of its Articles of Organization and shall continue until terminated by the provisions of this Agreement or as provided by law.

1.7. The Company shall be managed by two (2) Managers. Jason Murray and Mark Hancock shall serve as the initial Managers of the Company, each to serve until his death, resignation or removal, or until their respective successors are duly appointed and qualified.

ARTICLE II: CAPITALIZATION

2.1. The Sole Member may from time to time and at any time contribute cash or property to the Company as the Sole Member may determine.

2.2. The Sole Member shall not be bound by, or be personally liable for, the expenses, liabilities, or obligations of the Company except as otherwise provided in the Act or in this Agreement.

2.3. As of the date hereof, the Sole Member is record and beneficial owner of 100% of the outstanding membership interests in the Company. The member(s) and their respective ownership interest percentages, as the same may change from time to time, shall be reflected on Exhibit A hereto. Information regarding the capital contributions of the member(s) shall be kept in the books and records of the Company.

ARTICLE III: ALLOCATIONS AND DISTRIBUTIONS

3.1. If any membership interest, or part of an interest, is transferred during any fiscal year in compliance with the provisions of this Article III, profits, losses, each item thereof, and all other items attributable to the membership interest for that fiscal year shall be divided and allocated between the transferor and the transferee by taking into account their varying membership interests during the period in accordance with Internal Revenue Code §706(d), using any convention permitted by law selected by the Sole Member. All distributions on or before the date of the transfer shall be made to the transferor, and all distributions thereafter shall be made to the transferee. Solely for purposes of making the allocations and distributions, the Company shall recognize the transfer not later than the end of the calendar month during which the transfer occurs. Neither the Company nor the Sole Member shall incur any liability for making allocations and distributions in accordance with the provisions of this Section 3.1.

3.2. All cash resulting from the operations of the Company shall be distributed to the Sole Member at such times as the Sole Member deems appropriate.

ARTICLE IV: MANAGEMENT

4.1. The business of the Company shall be managed by the Managers. The Managers may appoint one or more nonmembers as co-managers or either may resign as a Manager at any time and the Sole Member may appoint a nonmember as the Manager of the Company on such terms and conditions as the Sole Member and the Manager may agree.

4.2. The Company may have a President who may, but need not, be a Manager. The Manager may provide for additional officers of the Company and may alter the powers, duties, and compensation of the President and of any other officer. The following shall serve as the initial officers of the Company, each to serve until his death, resignation or removal, or until his respective successor is duly appointed and qualified: (i) Jason Murray shall serve as President and Chief Executive Officer; (ii) Mark Hancock shall serve as Vice President, Chief Financial Officer, Treasurer, and Secretary.

4.3. All Company assets, whether real or personal, shall be held in the name of the Company.

4.4. All Company funds shall be deposited in one or more accounts with one or more recognized financial institutions in the name of the Company, at locations determined by the Manager. Withdrawal from those accounts shall require the signature of the person or persons designated by the Manager.

ARTICLE V: ACCOUNTS AND RECORDS

5.1. Complete books of account of the Company's business, in which each Company transaction shall be fully and accurately entered, shall be kept at the Company's principal executive office.

5.2. Financial books and records of the Company shall be kept on the cash method of accounting. A balance sheet and income statement of the Company shall be prepared promptly following the close of each fiscal year in a manner appropriate to and adequate for the Company's business and for carrying out the provisions of this Agreement. The fiscal year of the Company shall be January 1 through December 31.

5.3. At all times during the Company's term of existence, and beyond that term if the Sole Member deems it necessary, the Sole Member shall keep or cause to be kept the books of account referred to in Section 5.2, and the following:

- (a) A current list of the full name and last known business or residence address of the Sole Member, together with the capital contributions and the share in profits and losses of the Sole Member;

- (b) A copy of the Articles of Organization, as amended;

- (c) Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six most recent taxable years;

- (d) Executed counterparts of this Agreement and all amendments thereto;

- (e) Any powers of attorney under which the Articles of Organization or any amendments to them were executed;

- (f) Financial statements of the Company, if any, for the six most recent fiscal years;
and

- (g) The books and records of the Company as they relate to the Company's internal affairs for the current and past four fiscal years.

ARTICLE VI: DISSOLUTION AND WINDING UP

6.1. The Company shall be dissolved on the first to occur of the following events:

- (a) The decision of the Sole Member to dissolve the Company.
- (b) The sale or other disposition of substantially all of the Company's assets.
- (c) The passage of ninety (90) consecutive days during which the Company has no Members, except on the death of a natural person who is the Sole Member of the Company, the status of the Member, including a Membership Interest, may pass to the heirs, successors, and assigns of the Member by will or applicable law. The heir, successor, or assign of the Member's interest becomes a substituted Member pursuant to applicable law, subject to administration as provided by applicable law, without the permission or consent of the heirs, successors, or assigns or, those administering the estate of the deceased member.
- (d) Entry of a decree of judicial dissolution under applicable law.

6.2. On the dissolution of the Company, it shall engage in no further business other than that necessary to wind up its business and affairs. The Sole Member shall wind up the affairs of the Company and give written Notice of the commencement of winding up by mail to all known creditors and claimants against the Company whose addresses appear in the records of the Company. After paying or adequately providing for the payment of all known debts of the Company (except debts owing to the Sole Member), the remaining assets of the Company shall be distributed or applied in the following order of priority:

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7.1. This Agreement constitutes the whole and entire agreement with respect to the subject matter of this Agreement.

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7.3. The article, section, and subsection titles and headings in this Agreement are inserted as a matter of convenience and for ease of reference only and shall be disregarded for all other purposes, including the construction or enforcement of this Agreement or any of its provisions.

7.4. This Agreement may be altered, amended, or repealed only by a writing signed by the Sole Member.

7.5. Time is of the essence for every provision of this Agreement that specifies a time for performance.

7.6. This Agreement is made solely for the benefit of the Sole Member and the Sole Member's permitted successors and assigns, and no other person or entity shall have or acquire any right by virtue of this Agreement.

7.7. The Sole Member intends the Company to be a limited liability company under the Act.

[Signatures on following page]

The Sole Member hereby executes or causes to be executed this Operating Agreement of the Company on the date set forth above.

"Sole Member"

PROVIDENCE GROUP, INC.

a California corporation

By:



Name: Mark Hancock

Its: Chief Financial Officer

EXHIBIT A

Member Information

<i>Member Name</i>	<i>Address</i>	<i>Percentage Interest</i>
Providence Group, Inc.	262 N. University Ave. Farmington, UT 84025	100%

Exhibit 3 to Section 999.5(d)(9)

Date of this notice: 03-13-2023

Employer Identification Number:
92-2870750

Form: SS-4

Number of this notice: CP 575 G

PALM DESERT COMMUNITY HEALTHCARE
LLC
JASON MURRAY SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-2870750. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

Thank you for your cooperation.

CP 575 G (Rev. 7-2007)

999999999999

May 12, 2023

Date of this notice: 03-10-2023

Employer Identification Number:
92-2831826

Form: SS-4

Number of this notice: CP 575 G

FOUNTAIN VALLEY COMMUNITY
HEALTHCARE LLC
JASON MURRAY SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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FOUNTAIN VALLEY COMMUNITY
HEALTHCARE LLC
JASON MURRAY SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

Date of this notice: 03-13-2023

Employer Identification Number:
92-2870522

Form: SS-4

Number of this notice: CP 575 G

HEMET COMMUNITY HEALTHCARE LLC
MARK HANCOCK SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-2870522. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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Thank you for your cooperation.

CP 575 G (Rev. 7-2007)

May 12, 2023

Date of this notice: 03-10-2023

Employer Identification Number:
92-2831592

Form: SS-4

Number of this notice: CP 575 G

CITRUS HEIGHTS COMMUNITY HEALTHCARE
LLC
MARK HANCOCK SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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Date of this notice: 03-14-2023

Employer Identification Number:
92-2886804

Form: SS-4

Number of this notice: CP 575 G

SUNNYVALE COMMUNITY HEALTHCARE LLC
MARK HANCOCK SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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Date of this notice: 03-15-2023

Employer Identification Number:
92-2916457

Form: SS-4

Number of this notice: CP 575 G

TICE VALLEY COMMUNITY HEALTHCARE
LLC
MARK HANCOCK SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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TICE VALLEY COMMUNITY HEALTHCARE
LLC
MARK HANCOCK SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

Date of this notice: 03-14-2023

Employer Identification Number:
92-2887060

Form: SS-4

Number of this notice: CP 575 G

WALNUT CREEK COMMUNITY HEALTHCARE
LLC
JASON MURRAY SOLE MBR
262 N UNIVERSITY AVE
FARMINGTON, UT 84025

For assistance you may call us at:
1-800-829-4933

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Thank you for your cooperation.

CP 575 G (Rev. 7-2007)

999999999999

May 12, 2023

11 Cal. Code Reg. Section 999.5(d)(10)

PUBLIC COMMUNICATIONS

A DESCRIPTION OF THE APPLICANT’S EFFORTS TO INFORM LOCAL GOVERNMENTAL ENTITIES,
PROFESSIONAL STAFF, AND EMPLOYEES OF THE HEALTH FACILITIES, AND THE GENERAL PUBLIC OF THE
PROPOSED TRANSACTION

Applicants and New Operators have not yet issued communications or press releases specific to the transfer of operation of the Facilities. In accordance with the OTA, Applicants and New Operators intend to cooperate with each other regarding communications to and meetings with Facility employees, residents and family members regarding the Transaction. Similarly, the parties will cooperate regarding any press releases regarding the Transaction, which are not expected to be made until after appropriate Operations Transfer Notices are provided to each Facility’s residents under California Assembly Bill 1695 (Carrillo) and California Health & Safety Code Section 1267.61.

11 Cal. Code Reg. Section 999.5(d)(11)

ADDITIONAL ATTACHMENTS

11 Cal. Code Reg. Section 999.5(d)(11)(A)

ANY BOARD MINUTES OR OTHER DOCUMENTS RELATING OR REFERRING TO CONSIDERATION BY THE BOARD OF DIRECTORS OF THE APPLICANT AND ANY RELATED ENTITY, OR ANY COMMITTEE THEREOF OF THE TRANSACTION OR OF ANY OTHER POSSIBLE TRANSACTION INVOLVING ANY OF THE HEALTH FACILITIES THAT ARE THE SUBJECT OF THE TRANSACTION

Please refer to the response for Section 999.5(d)(2)(D).

11 Cal. Code Reg. Section 999.5(d)(11)(B)

COPIES OF ALL DOCUMENTS RELATING OR REFERRING TO THE REASONS WHY ANY POTENTIAL TRANSFEREE WAS EXCLUDED FROM FURTHER CONSIDERATION AS A POTENTIAL TRANSFEREE FOR ANY OF THE HEALTH FACILITIES OR FACILITIES THAT PROVIDE SIMILAR HEALTH CARE THAT ARE THE SUBJECT OF THE AGREEMENT OR TRANSACTION

As described in this Notice, Applicants did not conduct a formal request for proposal (RFP) process with respect to the Transaction. Please refer to the response to Section 999.5(d)(1)(A) which describes how Integra has the right to designate the entity that will become the new operator of each Facility pursuant to the terms of the transactions between Integra and Welltower, and that Integra has designated the New Operators to be the new operators of the Facilities. Accordingly, Applicants did not exclude any potential transferee from consideration.

As described in this Notice, Applicants did not undertake a formal RFP process with respect to the transfer of operational responsibility of the Facilities. Please refer to the response to Section 999.5(d)(1)(A) which describes how Integra has the right to designate the entity that will become the new operator of each Facility pursuant to the terms of the transactions between Integra and Welltower, and that Integra has designated the New Operators to be the new operators of the Facilities. Accordingly, Applicants did not send any RFPs to potential new operators.

ALL DOCUMENTS REFLECTING THE DELIBERATIVE PROCESS USED BY THE APPLICANT AND ANY RELATED ENTITY IN SELECTING THE TRANSFEREE AS THE ENTITY TO PARTICIPATE IN THE PROPOSED AGREEMENT OR TRANSACTION

As described in this Notice, pursuant to the terms of the PSA, New Operators were selected by Integra as its designees to operate the Facilities. Accordingly, Applicants did not select New Operators as the entities to participate in the Transaction.

11 Cal. Code Reg. Section 999.5(d)(11)(E)

COPIES OF EACH PROPOSAL RECEIVED BY THE APPLICANT FROM ANY POTENTIAL TRANSFEREE SUGGESTING THE TERMS OF A POTENTIAL TRANSFER OF APPLICANT'S HEALTH FACILITIES, AND ANY ANALYSIS OF EACH SUCH PROPOSAL

As described in this Notice, Applicants did not undertake a formal solicitation process or send any RFPs to potential new operators because, pursuant to the terms of the transactions between Welltower and Integra, New Operators were designated by Integra to become operators of the Facilities. In response to this Section 999.5(d)(11)(E), please see refer to the OTA (attached as Exhibit 1 to Section 999.5(d)(1)(B) of this Notice).

11 Cal. Code Reg. Section 999.5(d)(11)(F)

THE APPLICANT'S PRIOR TWO ANNUAL AUDITED FINANCIAL STATEMENTS, THE APPLICANT'S MOST CURRENT UNAUDITED FINANCIAL STATEMENT, BUSINESS PROJECTION DATA AND CURRENT CAPITAL ASSET VALUATION DATA

Audited financial statements are not prepared for Existing Operators or the Facilities and there were no business projections conducted for the Facilities in connection with this Transaction. Additionally, there is no capital asset valuation because the Existing Operators do not own any of the Facilities' underlying assets. Attached to this Section 999.5(d)(11)(F) as **Exhibit 1** are unaudited profit and loss statements for each Facility for calendar years ended 12/31/2021 and 12/31/2022, as well as year to date unaudited profit and loss statement as of 3/31/2023.

Exhibit 1 to Section 999.5(d)(11)(F)

Summary P&L		2001.378		MCHS (Citrus Heights) SNF		2021-12-31		Total Consolidation					
Current Month								Year To Date					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days		This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
537	17	(196)	(6)	455	15	Medicare		4,870	13	(1,888)	(5)	5,707	16
277	9	(100)	(3)	582	19	Managed Care		6,342	17	(151)	(0)	6,105	17
42	1	71	2	133	4	Private		859	2	129	0	1,007	3
-	-	-	-	-	-	AL		-	-	-	-	-	-
134	4	56	2	304	10	Hospice & VA		2,140	6	(780)	(2)	2,915	8
1,587	51	(153)	(5)	2,265	73	Medicaid		24,827	68	(2,825)	(8)	27,449	75
-	-	-	-	-	-	Charity Care		-	-	-	-	249	1
2,577	83	(322)	(10)	3,739	121	Total Patient Days/PD		39,038	107	(5,515)	(15)	43,432	119
	51.91				73.54	Occupancy %			66.08				73.35
						Revenues and Expenses							
568,970	1,059.53	(126,963)	94.67	437,805	962.21	Medicare A		4,474,979	918.89	(1,305,783)	63.49	5,018,773	879.41
159,375	575.36	(29,590)	43.86	346,305	595.03	Managed Care		3,915,486	617.39	336,772	66.22	3,367,432	551.59
18,340	436.66	27,818	(1.30)	52,260	392.93	Private		323,341	376.42	35,555	(17.81)	385,145	382.47
-	-	-	-	-	-	AL		-	-	-	-	-	-
40,552	302.63	26,893	38.93	93,578	307.82	Hospice & VA		661,163	308.95	(123,995)	40.06	857,869	294.29
480,780	302.95	36,060	34.32	694,650	306.69	Medicaid		7,613,042	306.64	81,466	34.27	7,975,661	290.56
6,340	2.46	(10,889)	(2.61)	3,299	0.88	Medicare B		97,981	2.51	(69,071)	(1.24)	147,076	3.39
288,771	112.06	(148)	(0.04)	-	-	Other Revenue		773	0.02	(965)	(0.02)	1,375,196	31.66
1,563,128	606.57	(76,820)	15.61	1,627,896	435.38	Total Revenue		17,086,765	437.70	(1,046,022)	30.70	19,127,153	440.39
417,127	161.87	(63,837)	(30.59)	701,197	187.54	Nursing		6,910,138	177.01	216,641	(17.05)	6,744,094	155.28
166,675	64.68	55,068	9.61	186,462	49.87	Ancillary		2,149,179	55.05	685,605	8.57	2,497,499	57.50
82,082	31.85	12,362	1.19	87,660	23.44	Dietary		1,026,036	26.28	97,901	(1.06)	1,134,521	26.12
28,807	11.18	1,997	(0.04)	25,285	6.76	Utilities		321,202	8.23	19	(1.02)	319,389	7.35
23,945	9.29	(9,045)	(2.77)	25,421	6.80	Maintenance		217,923	5.58	(32,141)	(1.41)	211,265	4.86
41,069	15.94	7,807	1.07	40,186	10.75	Laundry/Hskpg		465,058	11.91	70,878	0.12	476,027	10.96
6,951	2.70	4,860	1.00	9,193	2.46	Activities		120,019	3.07	46,566	0.66	133,266	3.07
496	0.19	3,464	0.57	13,308	3.56	Admin-Legal		38,984	1.00	145,020	3.13	141,582	3.26
39,764	15.43	2,369	(0.62)	56,659	15.15	Admin-Provider Tax		593,101	15.19	101,899	0.41	665,234	15.32
38,763	15.04	24,653	5.83	11,146	2.98	Admin-Bad Debt		211,287	5.41	169,502	3.13	491,155	11.31
380,914	147.81	(6,572)	(5.03)	160,743	42.99	Administration		1,813,855	46.46	(31,964)	(6.47)	2,175,567	50.09
20,005	7.76	6,194	1.07	21,374	5.72	Other Expenses		362,961	9.30	(35,924)	(1.96)	337,526	7.77
1,246,598	483.74	39,319	(18.71)	1,338,633	358.02	Total CM Expense		14,229,742	364.51	1,434,002	(12.93)	15,327,124	352.90
316,530	122.83	(37,501)	(3.10)	289,263	77.36	Contribution Margin		2,857,023	73.19	387,980	17.77	3,800,029	87.49
20.25%				17.77%		% of Revenue		16.72%				19.87%	
63,208	24.53	(83,583)	(23.33)	129,674	34.68	Insurance		966,475	24.76	(413,383)	(12.34)	605,934	13.95
14,556	5.65	5,042	1.03	9,985	2.67	Non- income Taxes		164,275	4.21	16,046	(0.16)	180,522	4.16
199,039	77.24	(4,626)	(5.46)	203,665	54.47	Lease Expense		2,415,310	61.87	(26,846)	(8.26)	2,391,055	55.05
39,728	15.42	(120,668)	(30.86)	(54,060)	(14.46)	Operating Income		(689,036)	(17.65)	(36,203)	(3.00)	622,519	14.33
2.54%			-7.23%	-3.32%		% of Revenue		-4.03%			-0.43%	3.25%	
46,140	17.90	2,688	(0.55)	56,977	15.24	Corporate Services		598,038	15.32	36,610	(1.07)	669,450	15.41
(6,413)	(2.49)	(117,980)	(31.41)	(111,038)	(29.70)	EBITDA		(1,287,073)	(32.97)	407	(4.07)	(46,932)	(1.08)
-	-	(130)	(0.03)	(3)	(0.00)	Interest		(687)	(0.02)	(769)	(0.02)	(1,053)	(0.02)
19,184	7.44	1,568	0.03	16,941	4.53	Depr/Amort		213,722	5.47	8,382	(0.49)	219,819	5.06
-	-	-	-	-	-	Equity Earnings		-	-	-	-	-	-
(25,596)	(9.93)	(116,543)	(31.41)	(127,976)	(34.23)	Pretax Income		(1,500,108)	(38.43)	8,020	(4.58)	(265,697)	(6.12)
Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD
304,163	118.03	119,307	21.41	375,838	100.52	Nursing Wages		4,638,854	118.83	846,684	4.29	5,126,346	118.03
608,744	236.22	212,251	40.02	577,497	154.45	Total Wages		7,381,707	189.09	1,520,181	10.71	8,276,846	190.57
198,792	77.14	19,929	1.04	182,546	48.82	Payroll Overhead		2,306,801	59.09	86,170	(5.38)	2,357,612	54.28
51.66%				46.69%		Wages/Payroll OH % Rev		56.70%				55.60%	
6,181	2.40	420	0.06	2,166	0.58	Workers Compensation		65,077	1.67	(34,048)	(0.97)	63,489	1.46
43,328	16.81	(62,365)	(16.68)	62,365	16.68	Overtime Wages		531,876	13.62	(531,876)	(13.62)	527,548	12.15
-	-	(201,583)	(53.91)	201,583	53.91	Nursing Agency Costs		664,239	17.02	(664,239)	(17.02)	1,521	0.04
-	-	-	-	-	-	Purchase Service Therapy		40,309	1.03	(40,309)	(1.03)	(2,702)	(0.06)
28,172	10.93	(35,870)	(9.59)	35,870	9.59	Bad Debt W/Os		353,872	9.06	(353,872)	(9.06)	770,036	17.73
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD	M2 & Ancillary Detail			M2 PPD		M2 PPD		M2 PPD
728,345	894.77	(156,553)	756.13	784,110	756.13	M2 Revenue		8,390,465	748.35	(969,012)	748.35	8,386,206	709.97
96,293	118.30	42,338	10.80	97,891	94.40	PT,OT,ST Exp		1,281,824	114.33	384,777	11.45	1,451,862	122.91
21,699		6,478	(2.91)	36,294	35.00	Legend/IV Drugs		404,285	36.06	99,317	1.95	443,333	37.53
14,302	17.57	5,125	2.51	6,226	6.00	Lab & X-Ray Exp		92,521	8.25	41,125	1.83	115,059	9.74
May 12, 2023													

Summary P&L

2002.381

MCHS (Tice Valley)*

2021-12-31

Total Consolidation

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
299	10	(318)	(10)	147	5
476	15	(95)	(3)	618	20
94	3	49	2	204	7
-	-	-	-	-	-
98	3	136	4	167	5
1,544	50	283	9	1,957	63
-	-	-	-	-	-
2,511	81	55	2	3,093	100
	67.83				83.15
296,182	990.58	(301,960)	1.02	139,804	951.05
292,460	614.41	(29,373)	49.57	420,987	681.21
33,371	355.01	17,069	(13.13)	79,538	389.89
-	-	-	-	-	-
33,553	342.38	53,703	84.27	62,736	375.66
529,745	343.10	212,174	63.74	729,322	372.67
1,849	0.74	2,808	0.89	5,373	1.74
211,532	84.24	118	0.04	661	0.21
1,398,692	557.03	(45,462)	(23.38)	1,438,422	465.06
593,816	236.49	(30,474)	(6.20)	653,876	211.41
188,583	75.10	19,982	7.63	180,039	58.21
80,099	31.90	(5,854)	(1.42)	87,249	28.21
23,959	9.54	8,463	2.93	24,453	7.91
7,818	3.11	1,249	0.49	14,222	4.60
39,753	15.83	(1,760)	(0.35)	39,998	12.93
13,409	5.34	6,760	2.26	5,902	1.91
3,134	1.25	506	0.17	132	0.04
38,651	15.39	(1,714)	(0.29)	46,983	15.19
20,002	7.97	(8,590)	(2.62)	35,301	11.41
128,707	51.26	3,718	1.95	123,249	39.85
27,084	10.79	(5,377)	(1.59)	30,224	9.77
1,165,015	463.96	(13,091)	2.96	1,241,628	401.43
233,677	93.06	(58,553)	(20.43)	196,794	63.63
16.71%				13.68%	
117,679	46.87	(72,804)	(23.24)	124,029	40.10
18,500	7.37	(16,133)	(5.08)	40,134	12.98
157,904	62.88	(3,670)	(0.26)	161,574	52.24
(60,406)	(24.06)	(151,160)	(49.00)	(128,943)	(41.69)
-4.32%			-10.46%	-8.96%	
42,515	16.93	1,593	0.82	50,345	16.28
(102,922)	(40.99)	(149,567)	(48.18)	(179,287)	(57.97)
(39)	(0.02)	(129)	(0.04)	(9)	(0.00)
16,541	6.59	1,683	0.64	14,698	4.75
-	-	-	-	-	-
(119,423)	(47.56)	(148,013)	(47.59)	(193,976)	(62.71)

Patient Days	
Medicare	2,160
Managed Care	9,264
Private	1,805
AL	-
Hospice & VA	2,165
Medicaid	21,567
Charity Care	-
Total Patient Days/PD	36,961
Occupancy %	84.46
Revenues and Expenses	
Medicare A	2,139,578
Managed Care	5,781,479
Private	659,609
AL	-
Hospice & VA	807,842
Medicaid	8,034,509
Medicare B	28,068
Other Revenue	59,985
Total Revenue	17,511,070
Nursing	8,542,283
Ancillary	2,327,129
Dietary	1,075,882
Utilities	371,429
Maintenance	263,896
Laundry/Hskpg	509,056
Activities	158,004
Admin-Legal	10,532
Admin-Provider Tax	561,416
Admin-Bad Debt	122,623
Administration	2,388,641
Other Expenses	355,401
Total CM Expense	16,686,293
Contribution Margin % of Revenue	824,777
	4.71%
Insurance	1,255,200
Non- income Taxes	288,276
Lease Expense	1,916,146
Operating Income % of Revenue	(2,634,844)
	-15.05%

Year To Date					
This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
2,160	6	(2,408)	(7)	3,529	10
9,264	25	1,779	5	7,345	20
1,805	5	(20)	(0)	1,548	4
-	-	-	-	-	-
2,165	6	1,800	5	1,306	4
21,567	59	2,644	7	18,923	52
-	-	-	-	123	0
36,961	101	3,795	10	32,774	90
	84.46				74.85
2,139,578	990.55	(2,140,766)	53.52	3,224,486	913.71
5,781,479	624.08	1,053,638	(7.56)	4,510,321	614.07
659,609	365.43	(75,911)	(37.59)	605,475	391.13
-	-	-	-	-	-
807,842	373.14	701,482	81.74	434,283	332.53
8,034,509	372.54	2,188,626	63.61	6,234,791	329.48
28,068	0.76	(2,135)	(0.15)	26,720	0.82
59,985	1.62	53,594	1.43	986,247	30.09
17,511,070	473.77	1,778,528	(0.59)	16,022,323	488.87
8,542,283	231.12	(1,583,986)	(21.31)	6,573,746	200.58
2,327,129	62.96	18,538	7.76	2,172,328	66.28
1,075,882	29.11	(167,258)	(1.71)	1,028,728	31.39
371,429	10.05	16,133	1.64	382,733	11.68
263,896	7.14	(90,061)	(1.90)	170,610	5.21
509,056	13.77	(85,572)	(1.00)	456,822	13.94
158,004	4.27	(8,945)	0.22	152,239	4.65
10,532	0.28	(3,567)	(0.07)	8,748	0.27
561,416	15.19	(28,416)	0.88	508,608	15.52
122,623	3.32	160,571	5.22	409,442	12.49
2,388,641	64.63	(923,381)	(20.45)	2,407,663	73.46
355,401	9.62	(62,288)	(0.78)	330,528	10.09
16,686,293	451.46	(2,758,233)	(31.51)	14,602,195	445.54
824,777	22.31	(979,706)	(32.09)	1,420,128	43.33
4.71%				8.86%	
1,255,200	33.96	(640,509)	(15.43)	830,531	25.34
288,276	7.80	(259)	0.88	273,865	8.36
1,916,146	51.84	(21,298)	5.29	1,896,903	57.88
(2,634,844)	(71.29)	(1,641,771)	(41.34)	(1,581,171)	(48.24)
-15.05%			-8.73%	-9.87%	
612,887	16.58	(62,232)	0.02	560,802	17.11
(3,247,732)	(87.87)	(1,704,004)	(41.32)	(2,141,973)	(65.36)
(1,294)	(0.04)	(214)	(0.01)	(1,075)	(0.03)
190,983	5.17	5,591	0.76	192,456	5.87
-	-	-	-	-	-
(3,437,421)	(93.00)	(1,698,627)	(40.57)	(2,333,354)	(71.20)

Current Month					
Last Year	PPD	Bud Var	PPD	This Year	PPD
357,091	142.21	162,363	55.34	324,617	104.95
610,589	243.17	176,996	61.41	537,873	173.90
181,677	72.35	(9,879)	(2.20)	180,083	58.22
56.64%				49.91%	
7,969	3.17	(5,625)	(1.81)	7,688	2.49
55,081	21.94	(58,863)	(19.03)	58,863	19.03
(8,383)	(3.34)	(202,805)	(65.57)	202,805	65.57
-	-	-	-	-	-
32,224	12.83	(3,106)	(1.00)	3,106	1.00
-	-	-	-	-	-
588,643	M2 PPD 759.54	(331,333)	M2 PPD 733.06	560,791	M2 PPD 733.06
104,857	135.30	20,143	(21.07)	83,279	108.86
27,970		4,750	(14.45)	40,325	52.71
12,358	15.95	(800)	(5.65)	10,857	14.19

Informational Data	
Nursing Wages	4,582,694
Total Wages	7,680,540
Payroll Overhead	2,348,406
Wages/Payroll OH % Rev	57.27%
Workers Compensation	143,888
Overtime Wages	696,846
Nursing Agency Costs	2,537,577
Purchase Service Therapy	5,246
Bad Debt W/Os	181,812
Hospice Payment Cap	-
M2 & Ancillary Detail	
M2 Revenue	7,921,057
PT,OT,ST Exp	1,164,118
Legend/IV Drugs	487,307
Lab & X-Ray Exp	117,925

Year To Date					
This Year	PPD	Bud Var	PPD	Last Year	PPD
4,582,694	123.99	805,949	38.49	4,597,662	140.28
7,680,540	207.80	351,184	34.37	7,474,853	228.07
2,348,406	63.54	(341,296)	(3.02)	1,954,657	59.64
57.27%				58.85%	
143,888	3.89	(119,127)	(3.15)	71,165	2.17
696,846	18.85	(696,846)	(18.85)	463,590	14.15
2,537,577	68.66	(2,537,577)	(68.66)	848,325	25.88
5,246	0.14	(5,246)	(0.14)	27,430	0.84
181,812	4.92	(181,812)	(4.92)	536,817	16.38
-	-	-	-	-	-
7,921,057	M2 PPD 693.37	(1,087,128)	M2 PPD 693.37	7,734,807	M2 PPD 711.31
1,164,118	101.90	64,293	0.02	1,137,584	104.62
487,307	42.66	43,416	1.38	471,950	43.40
117,925	10.32	485	(0.50)	98,526	9.06

May 12, 2023

Summary P&L		2003.387		MCHS (Fountain Valley)		2021-12-31		Total Consolidation					
Current Month								Year To Date					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days		This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
254	8	70	2	504	16	Medicare		4,827	13	351	1	4,150	11
335	11	238	8	1,385	45	Managed Care		11,650	32	(1,221)	(3)	10,774	29
62	2	29	1	60	2	Private		748	2	383	1	499	1
-	-	-	-	-	-	AL		-	-	-	-	-	-
172	6	(6)	(0)	211	7	Hospice & VA		2,943	8	388	1	2,157	6
1,437	46	(306)	(10)	1,616	52	Medicaid		18,340	50	(3,472)	(10)	20,229	55
68	2	-	-	-	-	Charity Care		266	1	266	1	602	2
2,328	75	25	1	3,776	122	Total Patient Days/PD		38,774	106	(3,305)	(9)	38,411	105
	51.71				81.75	Occupancy %			71.46				70.72
						Revenues and Expenses							
207,660	817.56	64,559	31.52	366,315	726.81	Medicare A		3,505,193	726.16	436,552	40.59	2,913,754	702.11
207,383	619.05	190,540	53.80	749,711	541.31	Managed Care		6,116,204	525.00	(158,501)	37.49	5,175,905	480.41
21,349	344.35	7,381	(92.45)	21,199	353.32	Private		276,407	369.53	113,700	(76.24)	202,796	406.41
-	-	-	-	-	-	AL		-	-	-	-	-	-
51,271	298.09	7,368	42.24	63,216	299.60	Hospice & VA		895,204	304.18	237,649	46.82	646,637	299.79
410,563	285.71	(10,555)	42.20	484,091	299.56	Medicaid		5,490,531	299.37	(123,006)	42.01	5,555,975	274.65
26,472	11.37	22	0.00	1,039	0.28	Medicare B		6,816	0.18	(5,169)	(0.11)	43,311	1.13
231,478	99.43	(460)	(0.12)	-	-	Other Revenue		57,743	1.49	52,322	1.36	1,034,236	26.93
1,156,177	496.64	258,855	66.03	1,685,571	446.39	Total Revenue		16,348,097	421.63	553,548	46.27	15,572,614	405.42
397,838	170.89	(27,201)	(6.25)	567,981	150.42	Nursing		6,379,026	164.52	(217,469)	(18.09)	5,987,063	155.87
146,336	62.86	26,566	7.57	276,830	73.31	Ancillary		2,987,126	77.04	588,808	7.94	3,164,160	82.38
68,459	29.41	6,418	1.87	88,074	23.32	Dietary		967,251	24.95	109,242	0.64	970,540	25.27
16,219	6.97	2,607	0.73	18,171	4.81	Utilities		289,949	7.48	(45,301)	(1.66)	259,435	6.75
13,433	5.77	(1,365)	(0.34)	15,636	4.14	Maintenance		211,088	5.44	(47,291)	(1.55)	183,058	4.77
27,864	11.97	21	0.07	38,590	10.22	Laundry/Hskpg		422,124	10.89	16,750	(0.46)	399,637	10.40
7,120	3.06	8,233	2.20	5,602	1.48	Activities		103,027	2.66	60,832	1.24	122,219	3.18
1,746	0.75	2,306	0.62	132	0.03	Admin-Legal		6,888	0.18	20,464	0.47	27,680	0.72
36,001	15.46	(4,005)	(0.97)	57,342	15.19	Admin-Provider Tax		590,297	15.22	37,703	(0.30)	598,469	15.58
6,104	2.62	11,711	3.15	15,396	4.08	Admin-Bad Debt		49,457	1.28	250,635	5.86	179,542	4.67
344,329	147.91	(80,215)	(20.98)	227,222	60.18	Administration		2,221,725	57.30	(506,788)	(16.54)	2,115,878	55.09
27,373	11.76	(7,310)	(1.88)	39,041	10.34	Other Expenses		396,751	10.23	(20,737)	(1.30)	449,274	11.70
1,092,822	469.43	(62,233)	(14.21)	1,350,018	357.53	Total CM Expense		14,624,707	377.18	246,848	(23.76)	14,456,956	376.38
63,355	27.21	196,622	51.83	335,554	88.86	Contribution Margin		1,723,390	44.45	800,396	22.51	1,115,658	29.05
5.48%				19.91%		% of Revenue		10.54%				7.16%	
172,596	74.14	(7,123)	(1.56)	190,488	50.45	Insurance		2,478,636	63.93	(278,249)	(11.63)	2,172,691	56.56
12,774	5.49	(2,679)	(0.68)	17,611	4.66	Non- income Taxes		180,488	4.65	(1,315)	(0.40)	174,420	4.54
102,749	44.14	(3,648)	(0.79)	105,157	27.85	Lease Expense		1,247,270	32.17	(29,154)	(3.22)	1,234,257	32.13
(224,763)	(96.55)	183,172	48.79	22,297	5.91	Operating Income		(2,183,005)	(56.30)	491,679	7.26	(2,465,710)	(64.19)
-19.44%			12.60%	1.32%		% of Revenue		-13.35%			3.58%	-15.83%	
32,457	13.94	(9,059)	(2.31)	58,995	15.62	Corporate Services		572,183	14.76	(19,358)	(1.62)	545,067	14.19
(257,220)	(110.49)	174,114	46.48	(36,698)	(9.72)	EBITDA		(2,755,188)	(71.06)	472,321	5.64	(3,010,777)	(78.38)
-	-	(22)	(0.01)	(7)	(0.00)	Interest		(1,208)	(0.03)	883	0.02	101	0.00
12,300	5.28	12,323	3.29	-	-	Depr/Amort		44,420	1.15	103,461	2.37	144,658	3.77
-	-	-	-	-	-	Equity Earnings		-	-	-	-	-	-
(269,520)	(115.77)	186,415	49.76	(36,690)	(9.72)	Pretax Income		(2,798,400)	(72.17)	576,665	8.04	(3,155,536)	(82.15)

Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD
290,478	124.78	(23,373)	(5.47)	431,990	114.40	Nursing Wages		4,684,706	120.82	(66,587)	(11.07)	4,377,315	113.96
504,948	216.90	6,440	3.01	731,079	193.61	Total Wages		8,110,308	209.17	350,046	(8.11)	7,688,570	200.17
190,330	81.76	14,566	4.23	199,063	52.72	Payroll Overhead		2,553,117	65.85	(8,417)	(5.37)	2,598,726	67.66
60.14%				55.18%		Wages/Payroll OH % Rev		65.23%				66.06%	
12,153	5.22	14,373	3.84	5,287	1.40	Workers Compensation		151,709	3.91	84,207	1.69	320,292	8.34
11,192	4.81	(64,100)	(16.98)	64,100	16.98	Overtime Wages		478,720	12.35	(478,720)	(12.35)	330,871	8.61
(6,870)	(2.95)	-	-	-	-	Nursing Agency Costs		-	-	-	-	-	-
-	-	-	-	-	-	Purchase Service Therapy		-	-	-	-	(1,333)	(0.03)
19,942	8.57	(13,486)	(3.57)	13,486	3.57	Bad Debt W/Os		157,637	4.07	(157,637)	(4.07)	308,998	8.04
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-	-	-
						M2 & Ancillary Detail							
415,043	M2 PPD 704.66	255,099	M2 PPD 590.80	1,116,026	M2 PPD 590.80	M2 Revenue		9,621,396	M2 PPD 583.93	278,051	M2 PPD 583.93	8,089,660	M2 PPD 542.06
78,322	132.97	27,400	33.45	156,328	82.76	PT,OT,ST Exp		1,871,142	113.56	313,987	12.40	1,983,266	132.89
19,067		(2,614)	5.28	67,203	35.58	Legend/IV Drugs		603,786	36.64	156,701	7.20	640,782	42.94
20,908	35.50	3,604	3.74	14,166	7.50	Lab & X-Ray Exp		165,055	10.02	44,174	2.04	170,338	11.41

May 12, 2023

Summary P&L		2004.471		MCHS (Sunnyvale)		2021-12-31		Total Consolidation					
Current Month								Year To Date					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days		This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
226	7	(283)	(9)	213	7	Medicare		2,883	8	(1,960)	(5)	3,956	11
185	6	(186)	(6)	248	8	Managed Care		2,947	8	(1,163)	(3)	3,736	10
298	10	31	1	403	13	Private		4,098	11	(282)	(1)	4,892	13
-	-	-	-	-	-	AL		-	-	-	-	-	-
107	3	213	7	337	11	Hospice & VA		2,026	6	566	2	1,201	3
1,886	61	(372)	(12)	1,550	50	Medicaid		20,963	57	(880)	(2)	22,703	62
93	3	31	1	31	1	Charity Care		789	2	789	2	473	1
2,795	90	(566)	(18)	2,782	90	Total Patient Days/PD		33,706	92	(2,930)	(8)	36,961	101
	64.86				64.56	Occupancy %			66.44				72.65
						Revenues and Expenses							
223,434	988.65	(261,377)	29.40	207,701	975.12	Medicare A		2,820,691	978.39	(1,696,918)	45.58	3,929,327	993.26
96,594	522.13	(131,895)	(90.71)	123,367	497.45	Managed Care		1,638,081	555.85	(779,259)	(32.31)	2,153,180	576.33
120,865	405.59	10,814	(4.28)	161,287	400.22	Private		1,640,749	400.38	(130,951)	(4.12)	1,974,780	403.68
-	-	-	-	-	-	AL		-	-	-	-	-	-
36,791	343.84	80,810	48.05	118,427	351.41	Hospice & VA		725,203	357.95	282,297	54.59	427,630	356.06
648,389	343.79	(51,160)	41.26	543,622	350.72	Medicaid		7,335,548	349.93	576,013	40.47	7,484,119	329.65
15,809	5.66	(51,246)	(17.78)	(40,631)	(14.60)	Medicare B		(10,206)	(0.30)	(135,184)	(3.71)	160,273	4.34
244,938	87.63	41	0.02	150	0.05	Other Revenue		172,530	5.12	171,246	5.08	1,124,504	30.42
1,386,821	496.18	(404,012)	(52.98)	1,113,922	400.40	Total Revenue		14,322,596	424.93	(1,712,758)	(12.77)	17,253,813	466.81
465,352	166.49	68,102	(12.36)	538,186	193.45	Nursing		6,469,895	191.95	296,640	(7.25)	6,461,907	174.83
109,585	39.21	28,391	(0.31)	144,632	51.99	Ancillary		1,423,007	42.22	610,571	13.29	1,722,295	46.60
80,855	28.93	6,884	(2.78)	79,624	28.62	Dietary		1,031,171	30.59	(65,273)	(4.23)	1,031,717	27.91
33,263	11.90	(636)	(2.61)	39,745	14.29	Utilities		432,615	12.83	27,858	(0.27)	456,696	12.36
18,763	6.71	(13,270)	(6.07)	34,626	12.45	Maintenance		333,113	9.88	(93,709)	(3.35)	253,998	6.87
36,226	12.96	3,989	(1.31)	41,150	14.79	Laundry/Hskpg		500,364	14.84	2,745	(1.11)	477,481	12.92
14,467	5.18	9,523	2.59	4,253	1.53	Activities		152,006	4.51	11,243	(0.05)	115,294	3.12
178	0.06	976	0.28	162	0.06	Admin-Legal		10,593	0.31	1,863	0.03	10,578	0.29
42,007	15.03	9,647	0.33	42,046	15.11	Admin-Provider Tax		510,619	15.15	55,041	0.29	567,014	15.34
9,659	3.46	11,430	1.43	32,592	11.72	Admin-Bad Debt		158,153	4.69	306,899	8.00	515,201	13.94
262,702	93.99	19,603	(1.20)	116,061	41.72	Administration		1,448,939	42.99	114,109	(0.32)	1,833,016	49.59
46,394	16.60	(25,519)	(11.01)	55,713	20.03	Other Expenses		541,596	16.07	(183,459)	(6.29)	539,079	14.59
1,119,448	400.52	119,120	(33.01)	1,128,789	405.75	Total CM Expense		13,012,070	386.05	1,084,528	(1.27)	13,984,275	378.35
267,373	95.66	(284,893)	(86.00)	(14,866)	(5.34)	Contribution Margin		1,310,526	38.88	(628,230)	(14.04)	3,269,538	88.46
19.28%				-1.33%		% of Revenue		9.15%				18.95%	
11,919	4.26	981	(0.34)	10,415	3.74	Insurance		122,578	3.64	14,170	0.10	136,264	3.69
18,408	6.59	(4,510)	(2.78)	23,639	8.50	Non- income Taxes		234,467	6.96	(4,913)	(0.69)	224,275	6.07
187,760	67.18	(4,364)	(12.98)	192,124	69.06	Lease Expense		2,278,442	67.60	(25,325)	(6.10)	2,255,562	61.03
49,286	17.63	(292,785)	(102.10)	(241,044)	(86.64)	Operating Income		(1,324,960)	(39.31)	(644,297)	(20.73)	653,438	17.68
3.55%			-25.05%	-21.64%		% of Revenue		-9.25%			-5.01%	3.79%	
41,086	14.70	14,143	1.86	38,987	14.01	Corporate Services		501,291	14.87	59,978	0.45	603,830	16.34
8,200	2.93	(278,642)	(100.24)	(280,031)	(100.66)	EBITDA		(1,826,251)	(54.18)	(584,318)	(20.28)	49,608	1.34
-	-	(455)	(0.13)	(34)	(0.01)	Interest		(3,557)	(0.11)	(1,784)	(0.04)	(5,017)	(0.14)
14,911	5.33	2,530	(0.03)	12,947	4.65	Depr/Amort		169,282	5.02	16,452	0.05	177,776	4.81
-	-	-	-	-	-	Equity Earnings		-	-	-	-	-	-
(6,710)	(2.40)	(276,566)	(100.41)	(292,945)	(105.30)	Pretax Income		(1,991,976)	(59.10)	(569,651)	(20.28)	(123,151)	(3.33)
Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD
364,468	130.40	65,828	(4.82)	402,943	144.84	Nursing Wages		4,845,338	143.75	339,129	(2.24)	4,941,695	133.70
594,400	212.67	82,309	(13.99)	634,719	228.15	Total Wages		7,534,991	223.55	515,800	(3.80)	7,786,690	210.67
169,734	60.73	356	(10.98)	182,488	65.60	Payroll Overhead		2,171,150	64.41	(19,100)	(5.67)	2,119,089	57.33
55.10%				73.36%		Wages/Payroll OH % Rev		67.77%				57.41%	
4,226	1.51	2,900	0.73	2,263	0.81	Workers Compensation		46,968	1.39	14,993	0.30	78,583	2.13
33,731	12.07	(58,087)	(20.88)	58,087	20.88	Overtime Wages		479,066	14.21	(479,066)	(14.21)	371,948	10.06
7,119	2.55	(11,118)	(4.00)	11,118	4.00	Nursing Agency Costs		24,374	0.72	(24,374)	(0.72)	16,529	0.45
-	-	-	-	-	-	Purchase Service Therapy		-	-	-	-	28,087	0.76
46,189	16.53	(24,043)	(8.64)	24,043	8.64	Bad Debt W/Os		220,220	6.53	(220,220)	(6.53)	528,176	14.29
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-	-	-
						M2 & Ancillary Detail							
320,028	M2 PPD 778.66	(393,272)	M2 PPD 718.15	331,067	M2 PPD 718.15	M2 Revenue		4,458,772	M2 PPD 764.80	(2,476,177)	M2 PPD 764.80	6,082,506	M2 PPD 790.76
57,711	140.42	21,227	(58.74)	74,562	161.74	PT,OT,ST Exp		811,446	139.18	325,748	(12.17)	956,645	124.37
23,230		14,315	(11.01)	24,135	52.35	Legend/IV Drugs		244,532	41.94	208,186	8.62	387,593	50.39
5,137	12.50	(9,634)	(31.68)	19,489	42.28	Lab & X-Ray Exp		58,234	9.99	57,808	2.97	85,717	11.14
May 12, 2023													

Current Month						2021-12-31		Year To Date					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days		This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
71	2	(392)	(13)	104	3	Medicare		1,054	3	(3,335)	(9)	3,077	8
776	25	(110)	(4)	820	26	Managed Care		10,424	29	925	3	11,924	33
45	1	(8)	(0)	23	1	Private		802	2	437	1	345	1
-	-	-	-	-	-	AL		-	-	-	-	-	-
127	4	38	1	193	6	Hospice & VA		1,925	5	100	0	1,423	4
1,648	53	(494)	(16)	1,800	58	Medicaid		19,622	54	(6,570)	(18)	21,007	57
31	1	62	2	62	2	Charity Care		639	2	639	2	507	1
2,698	87	(904)	(29)	3,002	97	Total Patient Days/PD		34,466	94	(7,804)	(21)	38,283	105
	49.41				54.71	Occupancy %			53.41				59.66
						Revenues and Expenses							
43,904	618.36	(262,885)	34.43	74,275	714.18	Medicare A		732,923	695.37	(2,211,652)	24.47	2,066,617	671.63
323,719	417.16	(63,661)	(16.88)	357,568	436.06	Managed Care		4,621,814	443.38	319,398	(9.55)	5,313,838	445.64
4,096	91.03	(21,163)	(742.55)	(5,336)	(232.00)	Private		296,530	369.74	110,179	(140.81)	94,864	274.97
-	-	-	-	-	-	AL		-	-	-	-	-	-
34,808	274.08	16,838	43.46	51,309	265.85	Hospice & VA		554,416	288.01	148,557	65.62	401,019	281.81
448,273	272.01	(25,808)	52.89	536,107	297.84	Medicaid		5,837,473	297.50	(578,258)	52.55	5,460,689	259.95
(2,052)	(0.76)	(4,798)	(1.36)	(1,702)	(0.57)	Medicare B		23,482	0.68	(12,971)	(0.18)	27,217	0.71
548,989	203.48	6,676	2.39	8,856	2.95	Other Revenue		147,339	4.27	121,670	3.67	1,564,438	40.87
1,401,737	519.55	(354,800)	(12.12)	1,021,076	340.13	Total Revenue		12,213,978	354.38	(2,103,076)	15.67	14,928,683	389.96
399,689	148.14	(87,828)	(70.38)	621,266	206.95	Nursing		6,060,733	175.85	(136,910)	(35.70)	5,396,545	140.96
197,070	73.04	36,512	(2.88)	158,633	52.84	Ancillary		2,679,696	77.75	(385,051)	(23.46)	2,922,791	76.35
85,076	31.53	(5,234)	(8.81)	96,838	32.26	Dietary		942,485	27.35	72,402	(3.34)	1,025,873	26.80
19,433	7.20	(9,214)	(5.29)	38,069	12.68	Utilities		382,750	11.11	(43,007)	(3.07)	336,357	8.79
26,399	9.78	473	(1.30)	18,483	6.16	Maintenance		231,973	6.73	(18,759)	(1.69)	210,519	5.50
32,225	11.94	4,034	(1.95)	38,742	12.91	Laundry/Hskpg		456,599	13.25	16,977	(2.04)	435,247	11.37
7,585	2.81	397	(0.93)	13,378	4.46	Activities		114,007	3.31	49,645	0.56	117,007	3.06
4,441	1.65	1,567	0.39	132	0.04	Admin-Legal		18,423	0.53	1,577	(0.06)	142,726	3.73
40,015	14.83	7,388	(1.62)	45,524	15.16	Admin-Provider Tax		517,536	15.02	105,464	(0.28)	578,558	15.11
70,257	26.04	14,749	2.53	16,209	5.40	Admin-Bad Debt		200,819	5.83	121,323	1.79	746,149	19.49
335,736	124.44	9,263	(9.71)	156,724	52.21	Administration		2,095,485	60.80	(167,693)	(15.19)	2,594,588	67.77
16,608	6.16	8,383	0.50	21,302	7.10	Other Expenses		234,433	6.80	118,146	1.54	387,783	10.13
1,234,535	457.57	(19,511)	(99.46)	1,225,300	408.16	Total CM Expense		13,934,938	404.31	(265,885)	(80.93)	14,894,142	389.05
167,202	61.97	(374,312)	(111.57)	(204,224)	(68.03)	Contribution Margin		(1,720,960)	(49.93)	(2,368,961)	(65.26)	34,541	0.90
11.93%				-20.00%		% of Revenue		-14.09%				0.23%	
117,731	43.64	(5,090)	(12.17)	140,977	46.96	Insurance		1,487,138	43.15	143,507	(4.57)	1,551,389	40.52
15,705	5.82	2,346	(0.30)	11,667	3.89	Non- income Taxes		160,283	4.65	7,865	(0.67)	225,556	5.89
101,510	37.62	(2,359)	(8.61)	103,869	34.60	Lease Expense		1,231,808	35.74	(13,691)	(6.92)	1,219,438	31.85
(67,743)	(25.11)	(379,415)	(132.66)	(460,736)	(153.48)	Operating Income		(4,600,189)	(133.47)	(2,231,280)	(77.43)	(2,961,842)	(77.37)
-4.83%			-39.21%	-45.12%		% of Revenue		-37.66%			-21.12%	-19.84%	
39,679	14.71	12,419	0.42	35,738	11.90	Corporate Services		427,489	12.40	73,620	(0.55)	522,514	13.65
(107,422)	(39.82)	(366,996)	(132.23)	(496,474)	(165.38)	EBITDA		(5,027,678)	(145.87)	(2,157,660)	(77.98)	(3,484,356)	(91.02)
(60)	(0.02)	(787)	(0.20)	-	-	Interest		(1,663)	(0.05)	(6,856)	(0.15)	(7,946)	(0.21)
12,646	4.69	13,313	3.41	-	-	Depr/Amort		34,579	1.00	125,173	2.78	154,586	4.04
-	-	-	-	-	-	Equity Earnings		-	-	-	-	-	-
(120,008)	(44.48)	(354,471)	(129.03)	(496,474)	(165.38)	Pretax Income		(5,060,594)	(146.83)	(2,039,343)	(75.35)	(3,630,996)	(94.85)

Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD
284,441	105.43	106,508	5.27	285,330	95.05	Nursing Wages		4,004,376	116.18	292,792	(14.52)	3,896,427	101.78
547,667	202.99	120,298	(9.38)	521,133	173.60	Total Wages		7,204,862	209.04	(16,591)	(38.99)	7,431,997	194.13
187,901	69.64	1,839	(14.27)	191,218	63.70	Payroll Overhead		2,463,953	71.49	(182,262)	(17.51)	2,311,603	60.38
52.48%				69.76%		Wages/Payroll OH % Rev		79.16%				65.27%	
5,678	2.10	3,645	0.69	3,161	1.05	Workers Compensation		59,453	1.72	22,219	0.21	122,063	3.19
25,971	9.63	(30,587)	(10.19)	30,587	10.19	Overtime Wages		286,130	8.30	(286,130)	(8.30)	251,199	6.56
26,420	9.79	(210,123)	(69.99)	210,123	69.99	Nursing Agency Costs		541,812	15.72	(541,812)	(15.72)	44,362	1.16
-	-	-	-	-	-	Purchase Service Therapy		-	-	-	-	-	-
96,254	35.68	(3,048)	(1.02)	3,048	1.02	Bad Debt W/Os		518,948	15.06	(518,948)	(15.06)	999,322	26.10
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD	M2 & Ancillary Detail			M2 PPD		M2 PPD		M2 PPD
367,622	434.03	(326,545)	467.36	431,843	467.36	M2 Revenue		5,354,738	466.52	(1,892,254)	466.52	7,380,456	492.00
141,352	166.89	(12,303)	(57.08)	127,181	137.64	PT,OT,ST Exp		1,837,330	160.07	(469,138)	(61.56)	1,984,857	132.31
28,177		9,375	(3.58)	26,664	28.86	Legend/IV Drugs		397,687	34.65	26,641	(4.09)	478,071	31.87
5,467	6.45	7,109	2.92	5,430	5.88	Lab & X-Ray Exp		65,984	5.75	81,661	4.88	136,604	9.11

Summary P&L

2006.479

MCHS (Rossmoor) SNF*

2021-12-31

Total Consolidation

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
681	22	(181)	(6)	532	17
432	14	19	1	670	22
259	8	(69)	(2)	396	13
-	-	-	-	-	-
276	9	42	1	259	8
1,572	51	340	11	2,138	69
-	-	-	-	-	-
3,220	104	151	5	3,995	129
	67.83				83.14
653,691	959.90	(141,945)	46.85	515,384	968.77
313,949	726.73	15,825	6.07	418,761	625.02
104,509	403.51	(24,591)	7.33	160,688	405.78
-	-	-	-	-	-
102,599	371.73	21,532	23.98	100,696	388.79
583,908	371.44	218,673	49.09	819,997	383.53
1,419	0.44	1,962	0.40	11,089	2.78
237,366	73.72	(297)	(0.08)	545	0.14
1,997,441	620.32	91,160	3.78	2,027,158	507.42
571,897	177.61	20,520	12.04	681,754	170.65
177,987	55.28	(19,025)	(2.33)	266,111	66.61
100,585	31.24	7,554	2.95	100,164	25.07
30,244	9.39	(6,366)	(1.28)	38,006	9.51
21,419	6.65	12,536	3.41	15,398	3.85
46,740	14.52	(5,233)	(0.86)	50,530	12.65
5,152	1.60	1,122	0.42	13,264	3.32
178	0.06	1,567	0.41	132	0.03
50,427	15.66	(678)	0.42	60,183	15.06
9,426	2.93	3,378	1.07	19,855	4.97
503,460	156.35	(269,430)	(65.94)	422,480	105.75
20,042	6.22	489	0.45	32,565	8.15
1,537,558	477.50	(253,566)	(49.24)	1,700,441	425.64
459,883	142.82	(162,407)	(45.46)	326,717	81.78
23.02%				16.12%	
49,078	15.24	676	0.65	48,074	12.03
13,816	4.29	(1,637)	(0.18)	25,117	6.29
248,798	77.27	(5,782)	1.00	254,581	63.72
148,191	46.02	(169,150)	(43.99)	(1,055)	(0.26)
7.42%			-8.73%	-0.05%	
61,695	19.16	(3,188)	(0.13)	70,951	17.76
86,496	26.86	(172,339)	(44.13)	(72,005)	(18.02)
(1,179)	0.37)	46	0.01	(136)	(0.03)
18,057	5.61	669	0.35	17,816	4.46
-	-	-	-	-	-
69,617	21.62	(171,624)	(43.77)	(89,685)	(22.45)

Patient Days	
Medicare	7,447
Managed Care	7,027
Private	3,919
AL	-
Hospice & VA	3,939
Medicaid	20,726
Charity Care	61
Total Patient Days/PD	43,119
Occupancy %	76.28
Revenues and Expenses	
Medicare A	7,088,394
Managed Care	4,512,403
Private	1,581,826
AL	-
Hospice & VA	1,517,305
Medicaid	7,950,685
Medicare B	64,818
Other Revenue	71,073
Total Revenue	22,786,504
Nursing	8,003,329
Ancillary	2,857,186
Dietary	1,216,632
Utilities	407,577
Maintenance	294,363
Laundry/Hskpg	566,717
Activities	115,686
Admin-Legal	5,600
Admin-Provider Tax	654,292
Admin-Bad Debt	200,293
Administration	3,399,312
Other Expenses	317,149
Total CM Expense	18,038,135
Contribution Margin % of Revenue	4,748,369
	20.84%
Insurance	541,017
Non- income Taxes	256,304
Lease Expense	3,019,137
Operating Income % of Revenue	931,910
	4.09%
Corporate Services	797,528
EBITDA	134,383
Interest	(2,168)
Depr/Amort	214,187
Equity Earnings	-
Pretax Income	(77,637)

Year To Date					
This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
7,447	20	(587)	(2)	7,601	21
7,027	19	272	1	5,498	15
3,919	11	(1,556)	(4)	4,931	13
-	-	-	-	-	-
3,939	11	1,384	4	2,811	8
20,726	57	343	1	20,520	56
61	0	61	0	-	-
43,119	118	(83)	(0)	41,361	113
	76.28				73.08
7,088,394	951.85	(211,313)	43.24	6,975,264	917.68
4,512,403	642.15	331,405	23.20	3,454,088	628.24
1,581,826	403.63	(599,674)	5.18	1,942,786	393.99
-	-	-	-	-	-
1,517,305	385.20	585,214	20.39	1,040,975	370.32
7,950,685	383.61	1,133,794	49.17	7,103,823	346.19
64,818	1.50	(42,644)	(0.98)	111,771	2.70
71,073	1.65	61,161	1.42	1,544,991	37.35
22,786,504	528.46	1,257,943	30.13	22,173,698	536.10
8,003,329	185.61	(671)	(0.37)	7,725,077	186.77
2,857,186	66.26	54,083	1.12	2,779,939	67.21
1,216,632	28.22	11,946	0.22	1,157,269	27.98
407,577	9.45	(35,040)	(0.83)	377,876	9.14
294,363	6.83	28,352	0.64	283,160	6.85
566,717	13.14	(51,978)	(1.23)	511,800	12.37
115,686	2.68	54,627	1.26	108,545	2.62
5,600	0.13	14,400	0.33	5,791	0.14
654,292	15.17	14,475	0.31	638,805	15.44
200,293	4.65	58,059	1.33	238,856	5.77
3,399,312	78.84	(1,615,046)	(37.54)	2,404,025	58.12
317,149	7.36	73,793	1.69	315,370	7.62
18,038,135	418.33	(1,393,001)	(33.05)	16,546,514	400.05
4,748,369	110.12	(135,058)	(2.91)	5,627,184	136.05
20.84%				25.38%	
541,017	12.55	43,984	0.99	588,069	14.22
256,304	5.94	25,457	0.58	262,194	6.34
3,019,137	70.02	(33,558)	(0.91)	2,988,818	72.26
931,910	21.61	(99,174)	(2.25)	1,788,103	43.23
4.09%			-0.70%	8.06%	
797,528	18.50	(44,002)	(1.05)	776,102	18.76
134,383	3.12	(143,177)	(3.31)	1,012,001	24.47
(2,168)	(0.05)	1,164	0.03	(1,835)	(0.04)
214,187	4.97	7,622	0.17	213,994	5.17
-	-	-	-	-	-
(77,637)	(1.80)	(134,390)	(3.11)	799,843	19.34

Current Month					
Last Year	PPD	Bud Var	PPD	This Year	PPD
441,818	137.21	67,579	22.10	459,901	115.12
789,329	245.13	82,353	28.71	741,093	185.51
242,884	75.43	(16,370)	(1.74)	255,635	63.99
51.68%				49.17%	
7,634	2.37	(8,873)	(2.17)	14,092	3.53
54,250	16.85	(47,491)	(11.89)	47,491	11.89
37,370	11.61	(262,687)	(65.75)	262,687	65.75
-	-	-	-	-	-
4,427	1.37	(29,006)	(7.26)	29,006	7.26
-	-	-	-	-	-
967,639	869.40	(126,120)	777.16	934,145	777.16
99,899	89.76	29,003	9.14	122,728	102.10
30,903		(1,276)	(5.65)	47,743	39.72
11,809	10.61	(21,602)	(18.95)	31,499	26.21

Informational Data	
Nursing Wages	5,555,295
Total Wages	9,056,742
Payroll Overhead	3,060,630
Wages/Payroll OH % Rev	53.18%
Workers Compensation	200,826
Overtime Wages	447,070
Nursing Agency Costs	1,352,467
Purchase Service Therapy	22,170
Bad Debt W/Os	234,869
Hospice Payment Cap	-
M2 & Ancillary Detail	
M2 Revenue	11,600,797
PT,OT,ST Exp	1,635,139
Legend/IV Drugs	600,520
Lab & X-Ray Exp	120,721

Year To Date					
This Year	PPD	Bud Var	PPD	Last Year	PPD
5,555,295	128.84	406,484	9.16	5,756,318	139.17
9,056,742	210.04	353,873	7.79	9,306,967	225.02
3,060,630	70.98	(220,368)	(5.24)	2,863,037	69.22
53.18%				54.88%	
200,826	4.66	(138,203)	(3.21)	106,546	2.58
447,070	10.37	(447,070)	(10.37)	378,753	9.16
1,352,467	31.37	(1,352,467)	(31.37)	41,902	1.01
22,170	0.51	(22,170)	(0.51)	194	0.00
234,869	5.45	(234,869)	(5.45)	427,954	10.35
-	-	-	-	-	-
11,600,797	801.49	120,092	801.49	10,429,352	796.19
1,635,139	112.97	165,579	8.79	1,744,652	133.19
600,520	41.49	(53,401)	(4.49)	501,749	38.30
120,721	8.34	(4,184)	(0.46)	94,573	7.22

May 12, 2023

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
158	5	(506)	(16)	114	4
566	18	(69)	(2)	861	28
31	1	(9)	(0)	53	2
-	-	-	-	-	-
307	10	(176)	(6)	258	8
1,572	51	(70)	(2)	1,790	58
-	-	17	1	17	1
2,634	85	(813)	(26)	3,093	100
	47.73				56.05
107,365	679.53	(341,634)	15.78	79,172	694.50
275,867	487.40	(49,429)	(18.10)	406,771	472.44
5,018	161.87	17,052	371.98	35,397	667.86
-	-	-	-	-	-
88,218	287.35	(42,794)	25.96	79,247	307.16
451,477	287.20	45,123	35.32	526,026	293.87
770	0.29	(3,074)	(0.70)	1,367	0.44
318,605	120.96	1,151	1.14	12,540	4.05
1,247,320	473.55	(373,605)	(18.90)	1,140,519	368.74
487,796	185.19	(158,467)	(91.66)	759,188	245.45
199,691	75.81	58,112	0.89	207,913	67.22
80,191	30.44	14,148	(1.68)	78,812	25.48
26,009	9.87	5,747	(0.15)	24,137	7.80
15,376	5.84	3,550	(0.48)	20,571	6.65
31,321	11.89	6,282	(0.90)	37,245	12.04
9,928	3.77	1,343	(0.45)	11,805	3.82
13,305	5.05	(21,894)	(7.23)	24,159	7.81
40,956	15.55	10,207	(0.52)	46,527	15.04
33,756	12.82	70,525	19.74	(25,101)	(8.12)
310,935	118.05	(138,266)	(55.02)	291,573	94.27
25,854	9.82	1,921	(1.65)	31,833	10.29
1,275,117	484.10	(146,792)	(139.11)	1,508,662	487.77
(27,797)	(10.55)	(520,397)	(158.00)	(368,144)	(119.02)
-2.23%				-32.28%	
25,310	9.61	681	(1.73)	28,233	9.13
13,460	5.11	755	(0.79)	14,666	4.74
104,827	39.80	(2,436)	(7.84)	107,263	34.68
(171,395)	(65.07)	(521,397)	(168.37)	(518,305)	(167.57)
-13.74%			-45.65%	-45.44%	
34,273	13.01	13,076	0.66	39,918	12.91
(205,668)	(78.08)	(508,321)	(167.70)	(558,224)	(180.48)
-	-	(331)	(0.08)	(135)	(0.04)
17,992	6.83	18,409	4.71	-	-
-	-	-	-	-	-
(223,660)	(84.91)	(490,243)	(163.07)	(558,089)	(180.44)

Patient Days

Medicare	2,065
Managed Care	10,405
Private	(96)
AL	-
Hospice & VA	2,090
Medicaid	19,879
Charity Care	197

Total Patient Days/PD

Occupancy %

Revenues and Expenses

Medicare A	1,386,010
Managed Care	4,967,762
Private	57,050
AL	-
Hospice & VA	621,340
Medicaid	5,836,755
Medicare B	17,636
Other Revenue	593,807

Total Revenue

Nursing	7,489,109
Ancillary	3,018,646
Dietary	990,919
Utilities	358,698
Maintenance	308,316
Laundry/Hskpg	408,848
Activities	135,513
Admin-Legal	145,463
Admin-Provider Tax	523,103
Admin-Bad Debt	(3,548)

Administration

Other Expenses

Total CM Expense

Contribution Margin
% of Revenue

Insurance	314,618
Non- income Taxes	167,454
Lease Expense	1,282,863

Operating Income
% of Revenue

-35.31%

Corporate Services

EBITDA

(5,231,947)

Interest (1,396)

Depr/Amort 65,433

Equity Earnings -

Pretax Income

(5,295,985)

(153.33)

(3,164,880)

(102.91)

(2,947,069)

(75.04)

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
455	15	2	0	529	17
582	19	(111)	(4)	602	19
133	4	(3)	(0)	59	2
-	-	-	-	-	-
304	10	(25)	(1)	223	7
2,265	73	183	6	2,601	84
-	-	-	-	-	-
3,739	121	46	1	4,014	129
	73.54				79.93
437,805	962.21	2,397	1.06	485,989	918.69
346,305	595.03	(73,990)	(6.74)	375,200	623.26
52,260	392.93	1,019	35.71	23,494	398.20
-	-	-	-	-	-
93,578	307.82	1,989	39.88	70,484	316.07
694,650	306.69	70,506	5.11	826,639	317.82
3,299	0.88	(5,615)	(1.42)	2,274	0.57
-	-	21	0.01	88	0.02
1,627,896	435.38	(3,673)	(6.08)	1,784,167	444.49
701,197	187.54	(76,630)	(17.22)	722,987	180.12
186,462	49.87	38,294	10.16	177,011	44.10
87,660	23.44	5,390	1.65	101,828	25.37
25,285	6.76	(4,497)	(1.04)	31,156	7.76
25,421	6.80	(2,800)	(0.64)	21,643	5.39
40,186	10.75	8,401	2.23	40,042	9.98
9,193	2.46	6,016	1.54	8,069	2.01
13,308	3.56	(1,303)	(0.32)	4,275	1.07
56,659	15.15	(12,702)	(3.00)	68,077	16.96
11,146	2.98	48,465	12.18	(12,708)	(3.17)
160,743	42.99	156,053	39.62	101,320	25.24
21,374	5.72	10,467	2.70	20,590	5.13
1,338,633	358.02	175,155	47.85	1,284,290	319.95
289,263	77.36	171,482	41.77	499,877	124.53
17.77%				28.02%	
129,674	34.68	(107,811)	(26.64)	182,744	45.53
9,985	2.67	174	0.09	15,226	3.79
203,665	54.47	60,321	15.63	147,017	36.63
(54,060)	(14.46)	124,166	30.84	154,891	38.59
-3.32%			6.96%	8.68%	
56,977	15.24	130	0.21	62,446	15.56
(111,038)	(29.70)	124,296	31.06	92,445	23.03
(3)	(0.00)	277	0.07	(364)	(0.09)
16,941	4.53	(7,640)	(1.84)	29,531	7.36
-	-	(443,828)	(110.57)	(443,828)	(110.57)
(127,976)	(34.23)	(326,895)	(81.28)	(380,550)	(94.81)

Patient Days

Medicare	4,673
Managed Care	5,961
Private	759
AL	-
Hospice & VA	2,686
Medicaid	29,266
Charity Care	4

Total Patient Days/PD

Occupancy %

Revenues and Expenses

Medicare A	4,361,931
Managed Care	3,719,347
Private	310,033
AL	-
Hospice & VA	847,493
Medicaid	9,299,717
Medicare B	63,488
Other Revenue	155,124
Total Revenue	18,757,133

Nursing	9,728,888
Ancillary	1,969,459
Dietary	1,275,645
Utilities	346,957
Maintenance	198,200
Laundry/Hskpg	557,969
Activities	115,504
Admin-Legal	106,385
Admin-Provider Tax	729,825
Admin-Bad Debt	369,214
Administration	1,887,623
Other Expenses	317,938
Total CM Expense	17,603,607

Contribution Margin

% of Revenue

Insurance	2,073,988
Non-income Taxes	180,038
Lease Expense	2,520,934
Operating Income	(3,621,434)
% of Revenue	-19.31%

Corporate Services

EBITDA	(4,277,934)
Interest	(2,380)
Depr/Amort	255,243
Equity Earnings	(443,828)
Pretax Income	(4,974,625)

Year To Date					
This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
4,673	13	(989)	(3)	4,870	13
5,961	16	(2,072)	(6)	6,342	17
759	2	29	0	859	2
-	-	-	-	-	-
2,686	7	(234)	(1)	2,140	6
29,266	80	796	2	24,827	68
4	0	4	0	-	-
43,349	119	(2,466)	(7)	39,038	107
	72.85				66.08
4,361,931	933.43	(910,318)	2.27	4,474,979	918.89
3,719,347	623.95	(1,341,443)	(6.05)	3,915,486	617.39
310,033	408.48	45,410	45.98	323,341	376.42
-	-	-	-	-	-
847,493	315.52	41,018	39.33	661,163	308.95
9,299,717	317.77	451,359	6.97	7,613,042	306.64
63,488	1.46	(29,397)	(0.56)	97,981	2.51
155,124	3.58	154,334	3.56	773	0.02
18,757,133	432.70	(1,589,036)	(11.39)	17,086,765	437.70
9,728,888	224.43	(2,204,009)	(60.19)	6,910,138	177.01
1,969,459	45.43	562,724	9.84	2,149,179	55.05
1,275,645	29.43	(28,198)	(2.20)	1,026,036	26.28
346,957	8.00	(33,062)	(1.15)	321,202	8.23
198,200	4.57	21,465	0.22	217,923	5.58
557,969	12.87	5,782	(0.57)	465,058	11.91
115,504	2.66	51,203	0.97	120,019	3.07
106,385	2.45	(71,385)	(1.69)	38,984	1.00
729,825	16.84	(77,825)	(2.60)	593,101	15.19
369,214	8.52	37,721	0.36	211,287	5.41
1,887,623	43.54	1,141,144	22.56	1,813,855	46.46
317,938	7.33	49,389	0.68	362,961	9.30
17,603,607	406.09	(545,051)	(33.75)	14,229,742	364.51
1,153,526	26.61	(2,134,087)	(45.15)	2,857,023	73.19
6.15%				16.72%	
2,073,988	47.84	(1,174,793)	(28.22)	966,475	24.76
180,038	4.15	4,764	(0.12)	164,275	4.21
2,520,934	58.15	(32,881)	(3.85)	2,415,310	61.87
(3,621,434)	(83.54)	(3,336,997)	(77.33)	(689,036)	(17.65)
-19.31%			-17.91%	-4.03%	
656,500	15.14	55,636	0.40	598,038	15.32
(4,277,934)	(98.69)	(3,281,361)	(76.93)	(1,287,073)	(32.97)
(2,380)	(0.05)	1,373	0.03	(687)	(0.02)
255,243	5.89	7,446	(0.15)	213,722	5.47
(443,828)	(10.24)	(443,828)	(10.24)	-	-
(4,974,625)	(114.76)	(3,716,370)	(87.29)	(1,500,108)	(38.43)

Current Month					
Last Year	PPD	Bud Var	PPD	This Year	PPD
375,838	100.52	(98,116)	(23.06)	576,942	143.73
577,497	154.45	(64,934)	(14.03)	809,312	201.62
182,546	48.82	132,115	33.57	95,953	23.90
46.69%				50.74%	
2,166	0.58	7,788	1.97	845	0.21
62,365	16.68	(83,737)	(20.86)	83,737	20.86
201,583	53.91	(68,049)	(16.95)	70,525	17.57
-	-	2,166	0.59	15,234	3.80
35,870	9.59	(26,548)	(6.61)	26,548	6.61
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
784,110	756.13	(71,593)	761.44	861,189	761.44
97,891	94.40	31,247	17.58	98,038	86.68
36,294		22,770	17.34	13,185	11.66
6,226	6.00	2,098	1.14	7,066	6.25

Informational Data

Nursing Wages	5,262,094
Total Wages	8,229,553
Payroll Overhead	2,109,322
Wages/Payroll OH % Rev	55.12%
Workers Compensation	26,162
Overtime Wages	846,035
Nursing Agency Costs	2,913,445
Purchase Service Therapy	97,637
Bad Debt W/Os	262,841
Hospice Payment Cap	-

M2 & Ancillary Detail

M2 Revenue	8,081,278
PT,OT,ST Exp	1,238,270
Legend/IV Drugs	283,518
Lab & X-Ray Exp	76,995

Year To Date					
This Year	PPD	Bud Var	PPD	Last Year	PPD
5,262,094	121.39	282,035	(0.38)	4,638,854	118.83
8,229,553	189.84	427,335	(0.89)	7,381,707	189.09
2,109,322	48.66	606,402	10.62	2,306,801	59.09
55.12%				56.70%	
26,162	0.60	77,437	1.66	65,077	1.67
846,035	19.52	(846,035)	(19.52)	531,876	13.62
2,913,445	67.21	(2,884,856)	(66.59)	664,239	17.02
97,637	2.25	107,236	2.22	40,309	1.03
262,841	6.06	(262,841)	(6.06)	353,872	9.06
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
8,081,278	759.95	(2,251,761)	759.95	8,390,465	748.35
1,238,270	116.44	289,180	(4.91)	1,281,824	114.33
283,518	26.66	139,819	4.25	404,285	36.06
76,995	7.24	30,900	0.64	92,521	8.25

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
147	5	24	1	210	7
618	20	(413)	(13)	827	27
204	7	22	1	146	5
-	-	-	-	-	-
167	5	103	3	227	7
1,957	63	416	13	2,121	68
-	-	-	-	-	-
3,093	100	152	5	3,531	114
	83.15				94.92
139,804	951.05	31,370	43.33	203,969	971.28
420,987	681.21	(236,201)	19.02	520,199	629.02
79,538	389.89	9,868	13.10	54,706	374.70
-	-	-	-	-	-
62,736	375.66	44,043	36.71	87,034	383.41
729,322	372.67	171,032	6.60	814,669	384.10
5,373	1.74	(2,767)	(0.82)	101	0.03
661	0.21	462	0.12	1,346	0.38
1,438,422	465.06	17,806	(16.16)	1,682,024	476.36
653,876	211.41	(223,527)	(54.77)	893,733	253.11
180,039	58.21	38,447	14.14	216,427	61.29
87,249	28.21	(10,179)	(1.71)	102,432	29.01
24,453	7.91	(11,935)	(3.00)	41,694	11.81
14,222	4.60	(1,939)	(0.38)	14,906	4.22
39,998	12.93	3,725	1.65	43,033	12.19
5,902	1.91	1,157	0.50	12,748	3.61
132	0.04	(448)	(0.10)	2,205	0.62
46,983	15.19	(7,993)	(1.60)	59,886	16.96
35,301	11.41	(14,043)	(3.55)	47,327	13.40
123,249	39.85	4,831	3.55	166,115	47.04
30,224	9.77	(17,648)	(4.65)	45,084	12.77
1,241,628	401.43	(239,551)	(49.93)	1,645,589	466.04
196,794	63.63	(221,745)	(66.09)	36,435	10.32
13.68%				2.17%	
124,029	40.10	(78,288)	(20.51)	208,569	59.07
40,134	12.98	(3,447)	(0.68)	26,404	7.48
161,574	52.24	47,854	15.65	116,634	33.03
(128,943)	(41.69)	(255,625)	(71.64)	(315,172)	(89.26)
-8.96%			-15.16%	-18.74%	
50,345	16.28	(623)	0.57	58,871	16.67
(179,287)	(57.97)	(256,247)	(71.07)	(374,042)	(105.93)
(9)	(0.00)	(116)	(0.04)	(98)	(0.03)
14,698	4.75	2,429	0.94	17,282	4.89
-	-	573,941	162.54	573,941	162.54
(193,976)	(62.71)	320,007	92.38	182,715	51.75

Patient Days

Medicare	7
Managed Care	30
Private	5
AL	-
Hospice & VA	5
Medicaid	62
Charity Care	-

Total Patient Days/PD

Occupancy %

Revenues and Expenses

Medicare A	979.39
Managed Care	629.02
Private	374.70
AL	-
Hospice & VA	383.41
Medicaid	384.10
Medicare B	0.03
Other Revenue	0.38

Total Revenue

Nursing	279.54
Ancillary	65.70
Dietary	31.28
Utilities	9.82
Maintenance	5.62
Laundry/Hskpg	14.48
Activities	4.13
Admin-Legal	0.51
Admin-Provider Tax	16.75
Admin-Bad Debt	8.58
Administration	58.37
Other Expenses	14.46

Total CM Expense

Contribution Margin

% of Revenue

Insurance	59.90
Non- income Taxes	7.90
Lease Expense	50.78
Operating Income	(133.48)
% of Revenue	-27.00%

Corporate Services

EBITDA	(150.78)
Interest	(0.10)
Depr/Amort	4.81
Equity Earnings	14.57
Pretax Income	(140.92)

Year To Date					
This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
2,391	7	201	1	2,160	6
10,810	30	(3,790)	(10)	9,264	25
1,753	5	293	1	1,805	5
-	-	-	-	-	-
1,699	5	239	1	2,165	6
22,733	62	2,658	7	21,567	59
-	-	-	-	-	-
39,386	108	(399)	(1)	36,961	101
	89.92				84.46
2,341,724	979.39	278,540	37.30	2,139,578	990.55
6,883,855	636.80	(2,022,145)	26.80	5,781,479	624.08
629,990	359.38	102,059	(2.22)	659,609	365.43
-	-	-	-	-	-
652,104	383.82	145,922	37.12	807,842	373.14
8,829,409	388.40	1,251,096	10.90	8,034,509	372.54
25,928	0.66	(7,843)	(0.19)	28,068	0.76
107,112	2.72	96,708	2.46	59,985	1.62
19,470,121	494.34	(155,665)	1.05	17,511,070	473.77
11,010,118	279.54	(3,095,175)	(80.60)	8,542,283	231.12
2,587,787	65.70	416,730	9.82	2,327,129	62.96
1,232,135	31.28	(143,801)	(3.93)	1,075,882	29.11
386,835	9.82	(36,439)	(1.01)	371,429	10.05
221,366	5.62	(68,477)	(1.78)	263,896	7.14
570,131	14.48	(17,981)	(0.60)	509,056	13.77
162,761	4.13	1,437	(0.01)	158,004	4.27
20,021	0.51	667	0.01	10,532	0.28
659,765	16.75	(48,765)	(1.39)	561,416	15.19
337,746	8.58	54,772	1.29	122,623	3.32
2,298,859	58.37	(283,461)	(7.71)	2,388,641	64.63
569,586	14.46	(245,597)	(6.32)	355,401	9.62
20,057,111	509.24	(3,466,090)	(92.23)	16,686,293	451.46
(586,990)	(14.90)	(3,621,754)	(91.18)	824,777	22.31
-3.01%				4.71%	
2,359,283	59.90	(795,916)	(20.61)	1,255,200	33.96
311,101	7.90	(35,606)	(0.97)	288,276	7.80
1,999,940	50.78	(26,085)	(1.16)	1,916,146	51.84
(5,257,314)	(133.48)	(4,479,361)	(113.93)	(2,634,844)	(71.29)
-27.00%			-23.04%	-15.05%	
681,454	17.30	5,453	(0.04)	612,887	16.58
(5,938,768)	(150.78)	(4,473,908)	(113.96)	(3,247,732)	(87.87)
(3,773)	(0.10)	1,256	0.03	(1,294)	(0.04)
189,287	4.81	47,240	1.14	190,983	5.17
573,941	14.57	573,941	14.57	-	-
(5,550,342)	(140.92)	(3,851,470)	(98.22)	(3,437,421)	(93.00)

Current Month					
Last Year	PPD	Bud Var	PPD	This Year	PPD
324,617	104.95	128,858	42.57	348,038	98.57
537,873	173.90	95,684	36.18	617,340	174.83
180,083	58.22	96,272	29.94	113,644	32.18
49.91%				43.46%	
7,688	2.49	12,979	3.83	(1,162)	(0.33)
58,863	19.03	(72,111)	(20.42)	72,111	20.42
202,805	65.57	(423,320)	(119.60)	445,933	126.29
-	-	(4,481)	(0.79)	42,154	11.94
3,106	1.00	(37,185)	(10.53)	37,185	10.53
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
560,791	733.06	(204,831)	698.33	724,168	698.33
83,279	108.86	16,290	(19.17)	116,297	112.15
40,325		17,822	2.41	38,365	37.00
10,857	14.19	4,737	0.95	9,020	8.70

Informational Data

Nursing Wages	107.70
Total Wages	196.71
Payroll Overhead	54.54
Wages/Payroll OH % Rev	50.83%
Workers Compensation	3.82
Overtime Wages	21.42
Nursing Agency Costs	135.03
Purchase Service Therapy	4.04
Bad Debt W/Os	5.04
Hospice Payment Cap	-

Year To Date					
This Year	PPD	Bud Var	PPD	Last Year	PPD
4,241,910	107.70	1,373,155	33.43	4,582,694	123.99
7,747,650	196.71	647,633	14.31	7,680,540	207.80
2,148,044	54.54	358,626	8.47	2,348,406	63.54
50.83%				57.27%	
150,435	3.82	(8,629)	(0.26)	143,888	3.89
843,730	21.42	(843,730)	(21.42)	696,846	18.85
5,318,295	135.03	(5,052,054)	(128.34)	2,537,577	68.66
159,063	4.04	284,507	7.11	5,246	0.14
198,340	5.04	(198,340)	(5.04)	181,812	4.92
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
9,225,579	698.85	(1,743,605)	698.85	7,921,057	693.37
1,361,666	103.15	202,841	(9.97)	1,164,118	101.90
520,751	39.45	140,812	(0.05)	487,307	42.66
117,836	8.93	44,144	0.72	117,925	10.32

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
504	16	(87)	(3)	378	12
1,385	45	67	2	997	32
60	2	(32)	(1)	30	1
-	-	-	-	-	-
211	7	81	3	391	13
1,616	52	77	2	1,627	52
-	-	-	-	-	-
3,776	122	106	3	3,423	110
	81.75				74.11
366,315	726.81	(31,776)	84.64	309,069	817.64
749,711	541.31	36,991	2.63	514,081	515.63
21,199	353.32	(2,676)	284.89	19,068	635.61
-	-	-	-	-	-
63,216	299.60	29,793	14.38	122,297	312.78
484,091	299.56	26,789	2.31	490,239	301.31
1,039	0.28	342	0.10	748	0.22
-	-	(1,917)	(0.56)	(2,044)	(0.60)
1,685,571	446.39	57,546	3.78	1,453,459	424.62
567,981	150.42	(34,503)	(4.93)	586,598	171.37
276,830	73.31	70,259	22.97	191,735	56.01
88,074	23.32	(10,836)	(2.39)	93,452	27.30
18,171	4.81	(3,802)	(0.91)	25,829	7.55
15,636	4.14	(22,238)	(6.34)	39,145	11.44
38,590	10.22	11,407	3.70	28,363	8.29
5,602	1.48	9,588	2.95	5,857	1.71
132	0.03	(7,675)	(2.23)	8,737	2.55
57,342	15.19	33,792	10.36	17,986	5.25
15,396	4.08	(1,348)	(0.13)	29,269	8.55
227,222	60.18	(5,733)	(0.13)	171,331	50.05
39,041	10.34	(1,741)	(0.21)	33,407	9.76
1,350,018	357.53	37,169	22.70	1,231,710	359.83
335,554	88.86	94,715	26.48	221,749	64.78
19.91%				15.26%	
190,488	50.45	98,765	30.73	102,669	29.99
17,611	4.66	(764)	(0.08)	15,694	4.58
105,157	27.85	27,419	8.98	76,372	22.31
22,297	5.91	220,134	66.11	27,013	7.89
1.32%			15.69%	1.86%	
58,995	15.62	(2,010)	(0.13)	50,871	14.86
(36,698)	(9.72)	218,124	65.98	(23,858)	(6.97)
(7)	(0.00)	(197)	(0.06)	-	-
-	-	(12,539)	(3.66)	12,539	3.66
-	-	327,684	95.73	327,684	95.73
(36,690)	(9.72)	533,073	157.99	291,287	85.10

2022-12-31

Patient Days

Medicare	3,793
Managed Care	13,316
Private	230
AL	-
Hospice & VA	3,814
Medicaid	19,868
Charity Care	-
Total Patient Days/PD	41,021
Occupancy %	75.43
Revenues and Expenses	
Medicare A	2,874,279
Managed Care	6,732,351
Private	117,515
AL	-
Hospice & VA	1,197,770
Medicaid	6,252,692
Medicare B	10,737
Other Revenue	96,847
Total Revenue	17,282,191

Nursing	7,403,845
Ancillary	3,222,391
Dietary	1,181,350
Utilities	338,429
Maintenance	283,218
Laundry/Hskpg	435,481
Activities	82,200
Admin-Legal	42,013
Admin-Provider Tax	749,260
Admin-Bad Debt	152,131
Administration	2,315,800
Other Expenses	505,474
Total CM Expense	16,711,590

Contribution Margin	570,601
% of Revenue	3.30%
Insurance	1,148,626
Non- income Taxes	186,443
Lease Expense	1,301,862
Operating Income	(2,066,329)
% of Revenue	-11.96%

Corporate Services

EBITDA	(2,671,206)
Interest	616
Depr/Amort	12,539
Equity Earnings	316,833
Pretax Income	(2,367,528)

Year To Date					
This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
3,793	10	(1,682)	(5)	4,827	13
13,316	36	2,366	6	11,650	32
230	1	(500)	(1)	748	2
-	-	-	-	-	-
3,814	10	164	0	2,943	8
19,868	54	1,618	4	18,340	50
-	-	-	-	266	1
41,021	112	1,966	5	38,774	106
	75.43				71.46
2,874,279	757.79	(1,138,896)	24.79	3,505,193	726.16
6,732,351	505.58	1,115,001	(7.42)	6,116,204	525.00
117,515	510.93	(138,510)	160.22	276,407	369.53
-	-	-	-	-	-
1,197,770	314.05	108,610	15.65	895,204	304.18
6,252,692	314.71	795,942	15.71	5,490,531	299.37
10,737	0.26	5,960	0.14	6,816	0.18
96,847	2.36	98,337	2.40	57,743	1.49
17,282,191	421.30	846,444	0.47	16,348,097	421.63
7,403,845	180.49	(879,637)	(13.44)	6,379,026	164.52
3,222,391	78.55	(130,682)	0.61	2,987,126	77.04
1,181,350	28.80	(207,024)	(3.85)	967,251	24.95
338,429	8.25	(79,080)	(1.61)	289,949	7.48
283,218	6.90	(83,831)	(1.80)	211,088	5.44
435,481	10.62	34,228	1.41	422,124	10.89
82,200	2.00	100,283	2.67	103,027	2.66
42,013	1.02	(29,515)	(0.70)	6,888	0.18
749,260	18.27	(139,611)	(2.66)	590,297	15.22
152,131	3.71	176,615	4.71	49,457	1.28
2,315,800	56.45	(363,151)	(6.46)	2,221,725	57.30
505,474	12.32	(131,323)	(2.74)	396,751	10.23
16,711,590	407.39	(1,732,729)	(23.86)	14,624,707	377.18
570,601	13.91	(886,285)	(23.39)	1,723,390	44.45
3.30%				10.54%	
1,148,626	28.00	1,268,583	33.89	2,478,636	63.93
186,443	4.55	(7,283)	0.04	180,488	4.65
1,301,862	31.74	(56,368)	0.15	1,247,270	32.17
(2,066,329)	(50.37)	318,647	10.69	(2,183,005)	(56.30)
-11.96%			2.55%	-13.35%	
604,877	14.75	(29,572)	(0.01)	572,183	14.76
(2,671,206)	(65.12)	289,075	10.68	(2,755,188)	(71.06)
616	0.02	(2,930)	(0.07)	(1,208)	(0.03)
12,539	0.31	(12,539)	(0.31)	44,420	1.15
316,833	7.72	316,833	7.72	-	-
(2,367,528)	(57.72)	590,438	18.02	(2,798,400)	(72.17)

Current Month					
Last Year	PPD	Bud Var	PPD	This Year	PPD
431,990	114.40	(104,809)	(26.88)	504,986	147.53
731,079	193.61	(142,210)	(35.33)	808,163	236.10
199,063	52.72	106,423	33.13	112,104	32.75
55.18%				63.32%	
5,287	1.40	23,195	6.91	(9,348)	(2.73)
64,100	16.98	(46,328)	(13.53)	46,328	13.53
-	-	-	-	-	-
-	-	31,551	9.30	(22,800)	(6.66)
13,486	3.57	(30,385)	(8.88)	30,385	8.88
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
1,116,026	590.80	5,215	598.65	823,150	598.65
156,328	82.76	71,615	50.30	99,628	72.46
67,203		9,196	6.19	38,417	27.94
14,166	7.50	(2,734)	(2.14)	17,134	12.46

Informational Data

Nursing Wages	5,660,877
Total Wages	9,409,056
Payroll Overhead	2,590,308
Wages/Payroll OH % Rev	69.43%
Workers Compensation	190,507
Overtime Wages	733,381
Nursing Agency Costs	49,072
Purchase Service Therapy	(209)
Bad Debt W/Os	76,354
Hospice Payment Cap	-

Year To Date					
This Year	PPD	Bud Var	PPD	Last Year	PPD
5,660,877	138.00	(949,121)	(17.36)	4,684,706	120.82
9,409,056	229.37	(1,567,996)	(28.60)	8,110,308	209.17
2,590,308	63.15	20,505	3.70	2,553,117	65.85
69.43%				65.23%	
190,507	4.64	(24,345)	(0.39)	151,709	3.91
733,381	17.88	(733,381)	(17.88)	478,720	12.35
49,072	1.20	(49,072)	(1.20)	-	-
(209)	(0.01)	103,240	2.64	-	-
76,354	1.86	(76,354)	(1.86)	157,637	4.07
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
9,606,630	561.50	(23,895)	561.50	9,621,396	583.93
1,821,569	106.47	201,387	16.69	1,871,142	113.56
604,827	35.35	(44,226)	(1.22)	603,786	36.64
202,937	11.86	(33,397)	(1.54)	165,055	10.02

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
213	7	11	0	352	11
248	8	(141)	(5)	169	5
403	13	(56)	(2)	316	10
-	-	-	-	-	-
337	11	63	2	342	11
1,550	50	78	3	1,969	64
31	1	-	-	-	-
2,782	90	(45)	(1)	3,148	102
	64.56				73.06
207,701	975.12	31,251	58.59	360,711	1,024.75
123,367	497.45	(109,342)	(163.92)	70,148	415.08
161,287	400.22	11,764	107.53	159,338	504.23
-	-	-	-	-	-
118,427	351.41	28,637	22.10	121,990	356.70
543,622	350.72	23,180	(2.30)	694,882	352.91
(40,631)	(14.60)	3,159	1.01	4,432	1.41
150	0.05	(14)	(0.00)	-	-
1,113,922	400.40	(11,367)	2.76	1,411,501	448.38
538,186	193.45	(53,129)	(19.58)	656,934	208.68
144,632	51.99	35,520	10.68	99,912	31.74
79,624	28.62	(10,538)	(3.75)	100,119	31.80
39,745	14.29	(9,686)	(3.22)	42,448	13.48
34,626	12.45	3,316	0.94	21,594	6.86
41,150	14.79	7,377	2.14	38,994	12.39
4,253	1.53	(1,155)	(0.44)	16,990	5.40
162	0.06	(1,380)	(0.44)	2,210	0.70
42,046	15.11	(4,724)	(1.72)	53,390	16.96
32,592	11.72	(27,672)	(8.92)	56,132	17.83
116,061	41.72	49,628	14.77	172,704	54.86
55,713	20.03	(8,495)	(2.88)	48,876	15.53
1,128,789	405.75	(20,939)	(12.42)	1,310,303	416.23
(14,866)	(5.34)	(32,306)	(9.66)	101,199	32.15
-1.33%				7.17%	
10,415	3.74	(18,354)	(5.89)	32,466	10.31
23,639	8.50	(732)	(0.32)	20,313	6.45
192,124	69.06	56,903	17.20	138,686	44.06
(241,044)	(86.64)	5,511	1.32	(90,266)	(28.67)
-21.64%			0.34%	-6.40%	
38,987	14.01	402	(0.10)	49,403	15.69
(280,031)	(100.66)	5,913	1.23	(139,668)	(44.37)
(34)	(0.01)	(298)	(0.09)	(18)	(0.01)
12,947	4.65	7,258	2.23	10,359	3.29
-	-	127,853	40.61	127,853	40.61
(292,945)	(105.30)	140,726	43.97	(22,156)	(7.04)

Patient Days

Medicare
Managed Care
Private
AL
Hospice & VA
Medicaid
Charity Care

Total Patient Days/PD

Occupancy %

Revenues and Expenses

Medicare A
Managed Care
Private
AL
Hospice & VA
Medicaid
Medicare B
Other Revenue

Total Revenue

Nursing

Ancillary

Dietary

Utilities

Maintenance

Laundry/Hskpg

Activities

Admin-Legal

Admin-Provider Tax

Admin-Bad Debt

Administration

Other Expenses

Total CM Expense

Contribution Margin

% of Revenue

Insurance

Non- income Taxes

Lease Expense

Operating Income

% of Revenue

Corporate Services

EBITDA

Interest

Depr/Amort

Equity Earnings

Pretax Income

Year To Date					
This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
4,142	11	127	0	2,883	8
3,093	8	(557)	(2)	2,947	8
4,658	13	278	1	4,098	11
-	-	-	-	-	-
4,030	11	745	2	2,026	6
20,336	56	(1,929)	(5)	20,963	57
59	0	59	0	789	2
36,318	100	(1,277)	(3)	33,706	92
	71.58				66.44
4,218,229	#####	279,973	37.52	2,820,691	978.39
1,769,196	572.00	(344,154)	(7.00)	1,638,081	555.85
2,067,637	443.89	330,067	47.18	1,640,749	400.38
-	-	-	-	-	-
1,438,647	356.98	339,486	22.38	725,203	357.95
7,327,845	360.34	(580,906)	5.13	7,335,548	349.93
53,254	1.47	38,257	1.07	(10,206)	(0.30)
110,033	3.03	109,870	3.03	172,530	5.12
16,984,842	467.67	172,593	20.48	14,322,596	424.93
8,195,786	225.67	(1,063,338)	(35.95)	6,469,895	191.95
1,623,554	44.70	(26,578)	(2.23)	1,423,007	42.22
1,187,219	32.69	(130,252)	(4.57)	1,031,171	30.59
530,767	14.61	(145,023)	(4.35)	432,615	12.83
282,757	7.79	10,787	0.02	333,113	9.88
513,898	14.15	33,672	0.42	500,364	14.84
156,304	4.30	30,693	0.67	152,006	4.51
7,116	0.20	2,659	0.06	10,593	0.31
608,392	16.75	(35,392)	(1.51)	510,619	15.15
112,603	3.10	223,667	5.84	158,153	4.69
1,794,761	49.42	825,905	20.29	1,448,939	42.99
723,209	19.91	(246,638)	(7.24)	541,596	16.07
15,736,366	433.29	(519,840)	(28.55)	13,012,070	386.05
1,248,476	34.38	(347,246)	(8.07)	1,310,526	38.88
7.35%				9.15%	
301,737	8.31	(132,393)	(3.80)	122,578	3.64
242,444	6.68	(7,478)	(0.43)	234,467	6.96
2,378,080	65.48	(31,017)	(3.05)	2,278,442	67.60
(1,673,785)	(46.09)	(518,134)	(15.35)	(1,324,960)	(39.31)
-9.85%			-2.98%	-9.25%	
594,469	16.37	(5,997)	(0.72)	501,291	14.87
(2,268,255)	(62.46)	(524,131)	(16.06)	(1,826,251)	(54.18)
(4,843)	(0.13)	1,124	0.03	(3,557)	(0.11)
130,343	3.59	81,055	2.03	169,282	5.02
127,853	3.52	127,853	3.52	-	-
(2,265,902)	(62.39)	(314,099)	(10.47)	(1,991,976)	(59.10)

Current Month					
Last Year	PPD	Bud Var	PPD	This Year	PPD
402,943	144.84	1,830	(1.44)	449,324	142.73
634,719	228.15	(32,088)	(13.22)	707,738	224.82
182,488	65.60	34,015	9.92	164,197	52.16
73.36%				61.77%	
2,263	0.81	5,189	1.62	45	0.01
58,087	20.88	(34,327)	(10.90)	34,327	10.90
11,118	4.00	(89,167)	(28.32)	89,167	28.32
-	-	11,660	3.62	6,628	2.11
24,043	8.64	(50,095)	(15.91)	50,095	15.91
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
331,067	718.15	(78,091)	826.98	430,859	826.98
74,562	161.74	29,823	26.06	51,536	98.92
24,135		8,071	6.84	14,494	27.82
19,489	42.28	179	(1.37)	4,296	8.25

Informational Data

Nursing Wages
Total Wages
Payroll Overhead
Wages/Payroll OH % Rev
Workers Compensation
Overtime Wages
Nursing Agency Costs
Purchase Service Therapy
Bad Debt W/Os
Hospice Payment Cap

M2 & Ancillary Detail

M2 Revenue

PT,OT,ST Exp

Legend/IV Drugs

Lab & X-Ray Exp

Year To Date					
This Year	PPD	Bud Var	PPD	Last Year	PPD
5,268,511	145.07	43,459	(3.77)	4,845,338	143.75
8,286,135	228.16	(330,911)	(16.55)	7,534,991	223.55
2,342,068	64.49	24,807	(1.53)	2,171,150	64.41
62.57%				67.77%	
35,495	0.98	27,310	0.69	46,968	1.39
456,109	12.56	(456,109)	(12.56)	479,066	14.21
1,340,989	36.92	(1,340,989)	(36.92)	24,374	0.72
30,212	0.83	185,111	4.90	-	-
271,154	7.47	(271,154)	(7.47)	220,220	6.53
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
5,987,425	827.56	(64,180)	827.56	4,458,772	764.80
879,556	121.57	80,582	3.69	811,446	139.18
335,261	46.34	(69,583)	(11.68)	244,532	41.94
60,550	8.37	(7,860)	(1.49)	58,234	9.99

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
104	3	(21)	(1)	72	2
820	26	289	9	1,126	36
23	1	(31)	(1)	31	1
-	-	-	-	-	-
193	6	(53)	(2)	102	3
1,800	58	377	12	2,113	68
62	2	(61)	(2)	(61)	-2
3,002	97	500	16	3,383	109
	54.71				61.65
74,275	714.18	(1,467)	179.41	62,238	864.41
357,568	436.06	131,786	2.57	505,088	448.57
(5,336)	(232.00)	4,070	365.64	18,600	600.00
-	-	-	-	-	-
51,309	265.85	(9,780)	30.80	28,008	274.59
536,107	297.84	102,300	(4.75)	619,628	293.25
(1,702)	(0.57)	(4,029)	(1.40)	-	-
8,856	2.95	28,800	8.51	28,800	8.51
1,021,076	340.13	251,679	22.58	1,262,362	373.15
621,266	206.95	(77,432)	2.65	575,537	170.13
158,633	52.84	46,670	26.09	193,239	57.12
96,838	32.26	(1,924)	3.12	73,928	21.85
38,069	12.68	(7,328)	(0.67)	36,449	10.77
18,483	6.16	4,060	2.04	12,354	3.65
38,742	12.91	(2,300)	1.30	40,853	12.08
13,378	4.46	6,098	2.60	9,396	2.78
132	0.04	937	0.44	2,205	0.65
45,524	15.16	(4,139)	1.06	48,728	14.40
16,209	5.40	(5,724)	(0.66)	25,939	7.67
156,724	52.21	11,826	12.24	158,651	46.90
21,302	7.10	(75,343)	(20.58)	108,367	32.03
1,225,300	408.16	(104,599)	29.63	1,285,646	380.03
(204,224)	(68.03)	147,080	52.21	(23,284)	(6.88)
-20.00%				-1.84%	
140,977	46.96	(28,165)	(2.71)	137,721	40.71
11,667	3.89	745	0.94	13,319	3.94
103,869	34.60	27,513	13.39	74,979	22.16
(460,736)	(153.48)	147,173	63.83	(249,303)	(73.69)
-45.12%			19.48%	-19.75%	
35,738	11.90	(8,808)	(0.79)	44,183	13.06
(496,474)	(165.38)	138,366	63.04	(293,486)	(86.75)
-	-	(101)	(0.04)	(19)	(0.01)
-	-	(20,040)	(5.92)	20,040	5.92
-	-	(566,708)	(167.52)	(566,708)	(167.52)
(496,474)	(165.38)	(448,484)	(110.44)	(880,215)	(260.19)

2022-12-31

Patient Days

Medicare	
Managed Care	
Private	
AL	
Hospice & VA	
Medicaid	
Charity Care	

Total Patient Days/PD

Occupancy %

Revenues and Expenses

Medicare A	
Managed Care	
Private	
AL	
Hospice & VA	
Medicaid	
Medicare B	
Other Revenue	
Total Revenue	

Nursing	
Ancillary	
Dietary	
Utilities	
Maintenance	
Laundry/Hskpg	
Activities	
Admin-Legal	
Admin-Provider Tax	
Admin-Bad Debt	
Administration	
Other Expenses	
Total CM Expense	

Contribution Margin

% of Revenue

Insurance	
Non- income Taxes	
Lease Expense	

Operating Income

% of Revenue

Corporate Services	
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EBITDA

Interest	
Depr/Amort	
Equity Earnings	

Pretax Income

Year To Date					
This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
1,548	4	453	1	1,054	3
13,582	37	3,727	10	10,424	28
(65)	0	(795)	(2)	802	2
-	-	-	-	-	-
1,167	3	(658)	(2)	1,925	5
22,360	61	1,920	5	19,622	54
207	1	207	1	639	2
38,799	106	4,854	13	34,466	94
	60.06				53.41
1,097,961	709.28	347,885	24.28	732,923	695.37
6,016,521	442.98	1,621,191	(3.02)	4,621,814	443.38
(4,330)	66.62	(175,414)	(167.75)	296,530	369.74
-	-	-	-	-	-
342,223	293.25	(102,701)	49.46	554,416	288.01
6,592,524	294.84	501,404	(3.16)	5,837,473	297.50
1,495	0.04	(45,943)	(1.36)	23,482	0.68
242,347	6.25	242,347	6.25	147,339	4.27
14,288,742	368.28	2,388,771	17.71	12,213,978	354.38
8,649,483	222.93	(2,760,811)	(49.45)	6,060,733	175.85
2,814,674	72.55	15,604	10.83	2,679,696	77.75
980,152	25.26	(130,270)	(0.23)	942,485	27.35
425,582	10.97	(82,714)	(0.87)	382,750	11.11
239,632	6.18	(46,111)	(0.48)	231,973	6.73
526,367	13.57	(70,803)	(0.15)	456,599	13.25
135,086	3.48	48,100	1.91	114,007	3.31
6,467	0.17	30,533	0.92	18,423	0.53
714,793	18.42	(189,793)	(2.96)	517,536	15.02
426,699	11.00	(188,691)	(3.99)	200,819	5.83
2,261,048	58.28	(249,702)	0.98	2,095,485	60.80
541,472	13.96	(151,052)	(2.45)	234,433	6.80
17,721,456	456.75	(3,775,710)	(45.92)	13,934,938	404.31
(3,432,714)	(88.47)	(1,386,939)	(28.21)	(1,720,960)	(49.93)
-24.02%				-14.09%	
1,621,205	41.78	(306,535)	(3.06)	1,487,138	43.15
157,648	4.06	11,121	0.91	160,283	4.65
1,285,676	33.14	(55,772)	3.10	1,231,808	35.74
(6,497,243)	(167.46)	(1,738,126)	(27.26)	(4,600,189)	(133.47)
-45.47%			-5.48%	-37.66%	
500,106	12.89	(83,593)	(0.62)	427,489	12.40
(6,997,349)	(180.35)	(1,821,719)	(27.88)	(5,027,678)	(145.87)
(1,811)	(0.05)	392	0.00	(1,663)	(0.05)
20,040	0.52	(20,040)	(0.52)	34,579	1.00
(566,708)	(14.61)	(566,708)	(14.61)	-	-
(7,582,286)	(195.42)	(2,408,075)	(43.00)	(5,060,594)	(146.83)

Current Month					
Last Year	PPD	Bud Var	PPD	This Year	PPD
285,330	95.05	(86,949)	(8.08)	430,702	127.31
521,133	173.60	(135,642)	(10.38)	715,200	211.41
191,218	63.70	71,519	32.33	146,767	43.38
69.76%				68.28%	
3,161	1.05	6,053	2.09	(123)	(0.04)
30,587	10.19	(61,326)	(18.13)	61,326	18.13
210,123	69.99	(22,682)	(6.36)	29,463	8.71
-	-	54,356	18.85	-	-
3,048	1.02	(29,182)	(8.63)	29,182	8.63
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
431,843	467.36	130,318	473.56	567,325	473.56
127,181	137.64	32,559	67.98	137,084	114.43
26,664		8,826	14.62	21,325	17.80
5,430	5.88	1,030	2.19	4,491	3.75

Informational Data

Nursing Wages	
Total Wages	
Payroll Overhead	
Wages/Payroll OH % Rev	
Workers Compensation	
Overtime Wages	
Nursing Agency Costs	
Purchase Service Therapy	
Bad Debt W/Os	
Hospice Payment Cap	

M2 & Ancillary Detail

M2 Revenue	
PT,OT,ST Exp	
Legend/IV Drugs	
Lab & X-Ray Exp	

Year To Date					
This Year	PPD	Bud Var	PPD	Last Year	PPD
4,609,689	118.81	(562,266)	0.43	4,004,376	116.18
8,037,029	207.15	(1,213,193)	(6.12)	7,204,862	209.04
2,367,655	61.02	241,759	15.85	2,463,953	71.49
72.82%				79.16%	
67,195	1.73	3,960	0.36	59,453	1.72
566,844	14.61	(566,844)	(14.61)	286,130	8.30
2,456,242	63.31	(2,376,403)	(60.95)	541,812	15.72
-	-	640,000	18.85	-	-
317,473	8.18	(317,473)	(8.18)	518,948	15.06
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
7,114,482	470.22	1,969,077	470.22	5,354,738	466.52
1,755,117	116.00	247,641	66.90	1,837,330	160.07
430,456	28.45	(75,456)	3.97	397,687	34.65
70,894	4.69	(5,894)	1.25	65,984	5.75

Current Month					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD
532	17	(195)	(6)	425	14
670	22	74	2	818	26
396	13	(349)	(11)	209	7
-	-	-	-	-	-
259	8	(41)	(1)	269	9
2,138	69	114	4	2,005	65
-	-	-	-	-	-
3,995	129	(397)	(13)	3,726	120
	83.14				77.54
515,384	968.77	(128,280)	127.22	451,497	1,062.35
418,761	625.02	25,530	(28.32)	515,082	629.68
160,688	405.78	(135,504)	2.71	82,051	392.59
-	-	-	-	-	-
100,696	388.79	(13,643)	4.20	98,057	364.52
819,997	383.53	(24,690)	(34.40)	709,983	354.11
11,089	2.78	(3,691)	(0.88)	425	0.11
545	0.14	(634)	(0.15)	99	0.03
2,027,158	507.42	(280,912)	(20.14)	1,857,194	498.44
681,754	170.65	(20,964)	(26.83)	841,454	225.83
266,111	66.61	8,890	(4.10)	242,176	65.00
100,164	25.07	13,398	0.33	112,795	30.27
38,006	9.51	(7,566)	(2.85)	39,299	10.55
15,398	3.85	15,941	3.49	14,393	3.86
50,530	12.65	(3,124)	(2.28)	58,899	15.81
13,264	3.32	7,211	1.51	9,361	2.51
132	0.03	(1,257)	(0.36)	2,205	0.59
60,183	15.06	(3,061)	(2.38)	63,193	16.96
19,855	4.97	62,600	15.70	(19,837)	(5.32)
422,480	105.75	65,480	10.64	202,642	54.39
32,565	8.15	1,737	(0.47)	34,645	9.30
1,700,441	425.64	139,285	(7.60)	1,601,225	429.74
326,717	81.78	(141,628)	(27.74)	255,969	68.70
16.12%				13.78%	
48,074	12.03	(8,099)	(3.64)	64,978	17.44
25,117	6.29	(1,213)	(0.88)	22,533	6.05
254,581	63.72	75,401	13.54	183,771	49.32
(1,055)	(0.26)	(75,538)	(18.72)	(15,314)	(4.11)
-0.05%			-3.64%	-0.82%	
70,951	17.76	9,833	0.71	65,002	17.45
(72,005)	(18.02)	(65,706)	(18.01)	(80,315)	(21.56)
(136)	(0.03)	(260)	(0.06)	(112)	(0.03)
17,816	4.46	(17,006)	(5.12)	38,499	10.33
-	-	39,535	10.61	39,535	10.61
(89,685)	(22.45)	(43,437)	(12.58)	(79,168)	(21.25)

Patient Days

Medicare	15
Managed Care	30
Private	10
AL	-
Hospice & VA	8
Medicaid	70
Charity Care	0

Total Patient Days/PD

Occupancy %

Revenues and Expenses

Medicare A	980.91
Managed Care	650.60
Private	402.91
AL	-
Hospice & VA	364.60
Medicaid	364.70
Medicare B	0.61
Other Revenue	2.80

Total Revenue

Nursing	217.47
Ancillary	63.57
Dietary	30.92
Utilities	9.37
Maintenance	5.21
Laundry/Hskpg	14.72
Activities	2.80
Admin-Legal	0.13
Admin-Provider Tax	16.80
Admin-Bad Debt	4.08
Administration	90.33
Other Expenses	8.48

Total CM Expense

Contribution Margin

% of Revenue

Insurance	14.06
Non- income Taxes	5.55
Lease Expense	65.16

Operating Income

% of Revenue

Corporate Services	17.80
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EBITDA

Interest	0.02
Depr/Amort	7.08
Equity Earnings	0.82

Pretax Income

Year To Date					
This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
5,655	15	(1,645)	(5)	7,447	20
11,035	30	2,275	6	7,027	19
3,524	10	(3,046)	(8)	3,919	11
-	-	-	-	-	-
2,744	8	(906)	(2)	3,939	11
25,461	70	3,196	9	20,726	57
(61)	0	(61)	(0)	61	0
48,358	132	(187)	(1)	43,119	118
	85.48				76.28
5,547,032	980.91	(1,383,436)	31.53	7,088,394	951.85
7,179,387	650.60	1,415,307	(7.40)	4,512,403	642.15
1,419,857	402.91	(1,141,676)	13.03	1,581,826	403.63
-	-	-	-	-	-
1,000,466	364.60	(314,709)	4.28	1,517,305	385.20
9,285,553	364.70	635,378	(23.81)	7,950,685	383.61
29,398	0.61	(19,070)	(0.39)	64,818	1.50
135,520	2.80	126,894	2.62	71,073	1.65
24,597,212	508.65	(681,312)	(12.08)	22,786,504	528.46
10,516,330	217.47	(823,801)	(17.81)	8,003,329	185.61
3,074,206	63.57	(113,953)	(2.59)	2,857,186	66.26
1,495,084	30.92	(6,134)	(0.25)	1,216,632	28.22
453,288	9.37	(79,659)	(1.68)	407,577	9.45
251,903	5.21	105,834	2.16	294,363	6.83
712,043	14.72	(53,341)	(1.16)	566,717	13.14
135,216	2.80	60,500	1.24	115,686	2.68
6,467	0.13	4,698	0.10	5,600	0.13
812,302	16.80	(104,302)	(2.21)	654,292	15.17
197,211	4.08	308,366	6.34	200,293	4.65
4,368,128	90.33	(1,207,969)	(25.23)	3,399,312	78.84
410,171	8.48	19,466	0.37	317,149	7.36
22,432,349	463.88	(1,890,294)	(40.73)	18,038,135	418.33
2,164,863	44.77	(2,571,606)	(52.80)	4,748,369	110.12
8.80%				20.84%	
679,769	14.06	2,781	0.00	541,017	12.55
268,525	5.55	(12,680)	(0.28)	256,304	5.94
3,151,166	65.16	(41,100)	(1.10)	3,019,137	70.02
(1,934,597)	(40.01)	(2,622,606)	(54.18)	931,910	21.61
-7.87%			-10.59%	4.09%	
860,902	17.80	23,856	0.42	797,528	18.50
(2,795,500)	(57.81)	(2,598,750)	(53.76)	134,383	3.12
(733)	(0.02)	(3,653)	(0.08)	(2,168)	(0.05)
342,152	7.08	(84,236)	(1.76)	214,187	4.97
39,535	0.82	39,535	0.82	-	-
(3,097,384)	(64.05)	(2,647,104)	(54.78)	(77,637)	(1.80)

Current Month					
Last Year	PPD	Bud Var	PPD	This Year	PPD
459,901	115.12	23,499	(8.90)	565,002	151.64
741,093	185.51	(30,582)	(30.72)	901,803	242.03
255,635	63.99	86,883	16.32	183,951	49.37
49.17%				58.46%	
14,092	3.53	22,126	5.58	(8,302)	(2.23)
47,491	11.89	(69,369)	(18.62)	69,369	18.62
262,687	65.75	(106,040)	(29.21)	135,099	36.26
-	-	18,970	4.15	17,301	4.64
29,006	7.26	(55,938)	(15.01)	55,938	15.01
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
934,145	777.16	(102,751)	777.62	966,579	777.62
122,728	102.10	8,952	(2.86)	132,041	106.23
47,743		28,830	19.38	24,581	19.78
31,499	26.21	1,525	0.53	8,185	6.58

Informational Data

Nursing Wages	138.42
Total Wages	218.33
Payroll Overhead	69.22
Wages/Payroll OH % Rev	56.53%
Workers Compensation	6.51
Overtime Wages	15.78
Nursing Agency Costs	65.83
Purchase Service Therapy	4.31
Bad Debt W/Os	5.37
Hospice Payment Cap	-

M2 & Ancillary Detail

M2 Revenue	762.52
PT,OT,ST Exp	103.91
Legend/IV Drugs	36.12
Lab & X-Ray Exp	5.15

Year To Date					
This Year	PPD	Bud Var	PPD	Last Year	PPD
6,693,953	138.42	235,163	4.31	5,555,295	128.84
10,558,181	218.33	(300,260)	(7.03)	9,056,742	210.04
3,347,349	69.22	(112,397)	(2.58)	3,060,630	70.98
56.53%				53.18%	
314,867	6.51	(148,983)	(3.09)	200,826	4.66
763,150	15.78	(763,150)	(15.78)	447,070	10.37
3,183,642	65.83	(2,841,497)	(58.79)	1,352,467	31.37
208,469	4.31	218,592	4.49	22,170	0.51
259,691	5.37	(259,691)	(5.37)	234,869	5.45
-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD
12,726,419	762.52	31,872	762.52	11,600,797	801.49
1,734,207	103.91	(70,196)	(0.29)	1,635,139	112.97
602,773	36.12	26,108	3.04	600,520	41.49
85,954	5.15	28,367	1.97	120,721	8.34

Summary P&L						2007.489		2022-12-31						MCHS Palm Desert					
Current Month						Year To Date						Year To Date							
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days	This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD	This Year	PPD/PD	Bud Var	PPD/PD			
114	4	(56)	(2)	99	3	Medicare	1,791	5	(34)	(0)	2,065	6	1,791	5	(34)	(0)			
861	28	(600)	(19)	299	10	Managed Care	6,196	17	(4,389)	(12)	10,405	28	6,196	17	(4,389)	(12)			
53	2	-		31	1	Private	267	1	(98)	(0)	(96)	0	267	1	(98)	(0)			
-	-	-		-		AL	-		-		-		-		-				
258	8	(34)	(1)	152	5	Hospice & VA	3,182	9	992	3	2,090	6	3,182	9	992	3			
-	-	(119)	(4)	1,555	50	Medicaid	20,134	55	424	1	-		20,134	55	424	1			
17	1	(23)	(1)	(23)	-1	Charity Care	(23)	0	(23)	(0)	197	1	(23)	0	(23)	(0)			
1,303	42	(832)	(27)	2,113	68	Total Patient Days/PD	31,547	86	(3,128)	(9)	14,661	40	31,547	86	(3,128)	(9)			
	23.61				38.29	Occupancy %		48.56				22.57							
						Revenues and Expenses													
79,172	694.50	(40,512)	(32.48)	62,718	633.52	Medicare A	1,240,597	692.68	25,147	26.68	1,386,010	671.19	1,240,597	692.68	25,147	26.68			
406,771	472.44	(278,090)	33.14	153,430	513.14	Managed Care	2,968,999	479.18	(2,111,801)	(0.82)	4,967,762	477.44	2,968,999	479.18	(2,111,801)	(0.82)			
35,397	667.86	1,604	51.75	12,816	413.43	Private	150,975	565.45	18,963	203.77	57,050	(594.27)	150,975	565.45	18,963	203.77			
-		-		-		AL	-		-		-		-		-				
79,247	307.16	(6,750)	20.37	47,112	309.95	Hospice & VA	983,977	309.23	349,792	19.65	621,340	297.29	983,977	309.23	349,792	19.65			
526,026		(20,133)	10.01	482,067	310.01	Medicaid	6,272,803	311.55	359,803	11.55	5,836,755		6,272,803	311.55	359,803	11.55			
1,367	1.05	(1,150)	(0.39)	-	-	Medicare B	13,621	0.43	85	0.04	17,636	1.20	13,621	0.43	85	0.04			
12,540	9.62	(7,904)	(2.67)	130	0.06	Other Revenue	187,889	5.96	93,298	3.23	593,807	40.50	187,889	5.96	93,298	3.23			
1,140,519	875.30	(352,934)	(18.46)	758,274	358.86	Total Revenue	11,818,861	374.64	(1,264,712)	(2.68)	13,480,359	919.47	11,818,861	374.64	(1,264,712)	(2.68)			
759,188	582.65	243,178	35.31	353,480	167.29	Nursing	8,309,209	263.39	(1,262,877)	(60.18)	7,489,109	510.82	8,309,209	263.39	(1,262,877)	(60.18)			
207,913	159.57	167,768	40.22	125,255	59.28	Ancillary	2,071,833	65.67	1,384,953	34.02	3,018,646	205.90	2,071,833	65.67	1,384,953	34.02			
78,812	60.48	12,973	(4.90)	69,624	32.95	Dietary	952,299	30.19	22,145	(2.08)	990,919	67.59	952,299	30.19	22,145	(2.08)			
24,137	18.52	6,246	(0.36)	18,548	8.78	Utilities	403,728	12.80	(111,799)	(4.38)	358,698	24.47	403,728	12.80	(111,799)	(4.38)			
20,571	15.79	7,391	0.77	13,004	6.15	Maintenance	259,927	8.24	(19,282)	(1.30)	308,316	21.03	259,927	8.24	(19,282)	(1.30)			
37,245	28.58	11,485	1.19	20,275	9.60	Laundry/Hskpg	380,403	12.06	(5,350)	(1.24)	408,848	27.89	380,403	12.06	(5,350)	(1.24)			
11,805	9.06	8,110	1.88	6,540	3.10	Activities	117,028	3.71	56,045	1.28	135,513	9.24	117,028	3.71	56,045	1.28			
24,159	18.54	4,589	1.26	2,205	1.04	Admin-Legal	21,795	0.69	58,205	1.62	145,463	9.92	21,795	0.69	58,205	1.62			
46,527	35.71	9,177	(1.68)	35,836	16.96	Admin-Provider Tax	525,803	16.67	4,197	(1.38)	523,103	35.68	525,803	16.67	4,197	(1.38)			
(25,101)	(19.26)	19,879	6.44	2,345	1.11	Admin-Bad Debt	409,151	12.97	(147,480)	(5.42)	(3,548)	(0.24)	409,151	12.97	(147,480)	(5.42)			
291,573	223.77	65,776	8.05	106,859	50.57	Administration	1,710,144	54.21	325,353	4.49	2,704,706	184.48	1,710,144	54.21	325,353	4.49			
31,833	24.43	(4,613)	(6.57)	37,446	17.72	Other Expenses	535,958	16.99	(148,103)	(5.80)	395,785	27.00	535,958	16.99	(148,103)	(5.80)			
1,508,662	1,157.84	551,958	81.61	791,418	374.55	Total CM Expense	15,697,279	497.58	156,008	(40.39)	16,475,558	1,123.77	15,697,279	497.58	156,008	(40.39)			
(368,144)	(282.54)	199,024	63.15	(33,145)	(15.69)	Contribution Margin	(3,878,418)	(122.94)	(1,108,704)	(43.06)	(2,995,199)	(204.30)	(3,878,418)	(122.94)	(1,108,704)	(43.06)			
-32.28%				-4.37%		% of Revenue		-32.82%			-22.22%								
28,233	21.67	(88,785)	(45.15)	112,205	53.10	Insurance	958,470	30.38	(677,432)	(22.28)	314,618	21.46	958,470	30.38	(677,432)	(22.28)			
14,666	11.26	(81)	(1.94)	14,323	6.78	Non- income Taxes	172,694	5.47	(1,791)	(0.55)	167,454	11.42	172,694	5.47	(1,791)	(0.55)			
107,263	82.32	28,412	(0.70)	77,429	36.64	Lease Expense	1,338,491	42.43	(68,394)	(5.80)	1,282,863	87.50	1,338,491	42.43	(68,394)	(5.80)			
(518,305)	(397.78)	138,570	15.35	(237,102)	(112.21)	Operating Income	(6,348,073)	(201.23)	(1,856,321)	(71.69)	(4,760,134)	(324.68)	(6,348,073)	(201.23)	(1,856,321)	(71.69)			
-45.44%			2.54%	-31.27%		% of Revenue		-53.71%		-19.38%	-35.31%								
39,918	30.64	12,353	0.65	26,540	12.56	Corporate Services	413,660	13.11	44,265	0.09	471,813	32.18	413,660	13.11	44,265	0.09			
(558,224)	(428.41)	150,923	16.00	(263,641)	(124.77)	EBITDA	(6,761,734)	(214.34)	(1,812,056)	(71.59)	(5,231,947)	(356.86)	(6,761,734)	(214.34)	(1,812,056)	(71.59)			
(135)	(0.10)	(67)	(0.02)	(0)	(0.00)	Interest	(594)	(0.02)	(203)	(0.00)	(1,396)	(0.10)	(594)	(0.02)	(203)	(0.00)			
-	-	(15,190)	(7.19)	15,190	7.19	Depr/Amort	15,190	0.48	(15,190)	(0.48)	65,433	4.46	15,190	0.48	(15,190)	(0.48)			
-	-	(82,565)	(39.07)	(82,565)	(39.07)	Equity Earnings	(98,640)	(3.13)	(98,640)	(3.13)	-	-	(98,640)	(3.13)	(98,640)	(3.13)			
(558,089)	(428.31)	53,100	(30.29)	(361,397)	(171.03)	Pretax Income	(6,874,970)	(217.93)	(1,926,089)	(75.21)	(5,295,985)	(361.23)	(6,874,970)	(217.93)	(1,926,089)	(75.21)			
Current Month						Informational Data		Year To Date											
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD	This Year	PPD	Bud Var	PPD		
209,750	160.97	120,235	5.24	266,131	125.95	Nursing Wages		3,006,623	95.31	1,542,526	35.89	3,048,938	207.96	3,006,623	95.31	1,542,526	35.89		
470,387	361.00	184,294	(2.63)	487,722	230.82	Total Wages		6,093,124	193.14	1,819,327	35.04	6,589,555	449.46	6,093,124	193.14	1,819,327	35.04		
171,148	131.35	168,696	52.13	38,539	18.24	Payroll Overhead		1,814,396	57.51	660,813	13.87	2,229,377	152.06	1,814,396	57.51	660,813	13.87		
56.25%				69.40%		Wages/Payroll OH % Rev			66.91%			65.42%							
6,648	5.10	13,551	4.71	(808)	(0.38)	Workers Compensation		120,216	3.81	32,703	0.60	160,971	10.98	120,216	3.81	32,703	0.60		
13,881	10.65	(39,064)	(18.49)	39,064	18.49	Overtime Wages		306,710	9.72	(306,710)	(9.72)	215,382	14.69	306,710	9.72	(306,710)	(9.72)		
433,461	332.66	22,912	(0.73)	63,612	30.11	Nursing Agency Costs		4,164,651	132.01	(3,145,899)	(102.63)	3,584,504	244.49	4,164,651	132.01	(3,145,899)	(102.63)		
-	-	30,457	10.34	-	-	Purchase Service Therapy		(213)	(0.01)	358,819	10.35	-	-	(213)	(0.01)	358,819	10.35		
27,238	20.90	(22,943)	(10.86)	22,943	10.86	Bad Debt W/Os		172,356	5.46	(172,356)	(5.46)	238,471	16.27	172,356	5.46	(172,356)	(5.46)		
-		-		-		Hospice Payment Cap		-				-		-					
	M2 PPD		M2 PPD		M2 PPD	M2 & Ancillary Detail			M2 PPD		M2 PPD		M2 PPD		M2 PPD		M2 PPD		
485,943	498.40	(318,602)	543.09	216,148	543.09	M2 Revenue		4,209,596	527.06	(2,086,654)	527.06	6,353,771	509.52	4,209,596	527.06	(2,086,654)	527.06		
150,028	153.87	104,446	(48.24)	94,215	236.72	PT,OT,ST Exp		1,465,052	183.43	880,512	5.58	2,097,684	168.22	1,465,052	183.43	880,512	5.58		
19,313		39,891	18.59	12,315	30.94	Legend/IV Drugs		266,514	33.37	348,171	16.16	474,517	38.05	266,514	33.37	348,171	16.16		
8,971	9.20	10,413	5.88	2,559	6.43	Lab & X-Ray Exp		63,358	7.93	89,377	4.37	112,542	9.03	63,358	7.93	89,377	4.37		

Summary P&L		2001.378				2023-03-31				MCHS Citrus Heights		
Current Month						Year To Date						
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days	This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
341	11	30	1	495	16	Medicare	1,356	15	6	0	919	3
357	12	(316)	(10)	397	13	Managed Care	1,427	16	(494)	(5)	1,203	4
102	3	6	0	68	2	Private	216	2	36	0	187	1
-	-	-	-	-	-	AL	-	-	-	-	-	-
180	6	118	4	366	12	Hospice & VA	944	10	224	2	567	2
2,331	75	90	3	2,601	84	Medicaid	7,584	84	294	3	6,749	20
-	-	32	1	32	1	Charity Care	63	1	63	1	1	0
3,311	107	(40)	(1)	3,959	128	Total Patient Days/PD	11,590	129	129	1	9,626	28
	65.41				78.83	Occupancy %		79.49				66.07
						Revenues and Expenses						
311,534	913.59	13,862	(28.86)	450,136	909.37	Medicare A	1,258,404	928.03	(8,199)	(10.20)	852,432	927.56
214,461	600.73	(224,294)	(59.53)	228,461	575.47	Managed Care	842,460	590.37	(377,375)	(44.63)	735,649	611.51
40,936	401.34	2,318	(1.39)	27,244	400.64	Private	83,580	386.94	11,214	(15.09)	72,935	390.02
-	-	-	-	-	-	AL	-	-	-	-	-	-
55,501	308.34	36,794	(3.24)	116,613	318.61	Hospice & VA	297,216	314.85	65,484	(7.00)	174,396	307.58
714,749	306.63	8,259	(7.96)	816,424	313.89	Medicaid	2,364,416	311.76	18,129	(10.09)	2,070,220	306.74
8,839	2.67	(4,598)	(1.15)	1,175	0.30	Medicare B	12,921	1.11	(3,840)	(0.35)	14,122	1.47
(2,413)	(0.73)	162	0.04	466	0.12	Other Revenue	15	0.00	(869)	(0.08)	(2,241)	(0.23)
1,343,607	405.80	(167,498)	(37.74)	1,640,519	414.38	Total Revenue	4,859,011	419.24	(295,456)	(30.50)	3,917,513	406.97
862,408	260.47	62,714	14.04	650,680	164.35	Nursing	2,059,075	177.66	346	2.03	2,178,675	226.33
179,748	54.29	86,904	21.41	126,003	31.83	Ancillary	494,097	42.63	125,079	11.39	454,660	47.23
118,587	35.82	27,694	6.70	88,308	22.31	Dietary	286,686	24.74	47,655	4.44	294,763	30.62
29,279	8.84	(4,392)	(1.18)	34,305	8.67	Utilities	101,510	8.76	(14,666)	(1.18)	89,458	9.29
19,083	5.76	(5,447)	(1.42)	24,741	6.25	Maintenance	47,718	4.12	7,960	0.74	49,207	5.11
57,296	17.30	12,977	3.14	41,259	10.42	Laundry/Hskpg	132,753	11.45	23,749	2.20	139,104	14.45
10,424	3.15	10,141	2.52	5,960	1.51	Activities	17,848	1.54	29,141	2.56	29,365	3.05
10,467	3.16	13,597	3.40	-	-	Admin-Legal	1,789	0.15	37,178	3.25	37,310	3.88
50,218	15.17	(10,469)	(2.79)	67,145	16.96	Admin-Provider Tax	196,566	16.96	(32,024)	(2.60)	146,128	15.18
52,829	15.96	40,995	10.29	(13,875)	(3.50)	Admin-Bad Debt	34,188	2.95	43,130	3.80	136,100	14.14
264,697	79.94	33,525	8.07	125,787	31.77	Administration	397,031	34.26	63,455	5.92	534,849	55.56
29,901	9.03	(7,895)	(2.07)	38,414	9.70	Other Expenses	97,926	8.45	(8,892)	(0.68)	73,477	7.63
1,684,937	508.89	260,345	62.10	1,188,727	300.26	Total CM Expense	3,867,187	333.67	322,111	31.86	4,163,095	432.48
(341,329)	(103.09)	92,848	24.36	451,793	114.12	Contribution Margin	991,824	85.58	26,656	1.36	(245,582)	(25.51)
-25.40%				27.54%		% of Revenue	20.41%				-6.27%	
155,368	46.92	22,085	5.16	145,089	36.65	Insurance	436,322	37.65	65,198	6.11	466,188	48.43
-	-	(646)	(0.20)	15,415	3.89	Non- income Taxes	46,245	3.99	(1,939)	(0.12)	29,546	3.07
230,386	69.58	217,025	54.27	-	-	Lease Expense	-	-	651,075	56.81	637,715	66.25
(727,083)	(219.60)	331,311	83.58	291,289	73.58	Operating Income	509,257	43.94	740,990	64.16	(1,379,031)	(143.26)
-54.11%			19.97%	17.76%		% of Revenue	10.48%			14.98%	-35.20%	
47,026	14.20	5,862	1.32	57,418	14.50	Corporate Services	170,065	14.67	10,341	1.07	137,113	14.24
(774,109)	(233.80)	337,174	84.91	233,871	59.07	EBITDA	339,192	29.27	751,331	65.23	(1,516,144)	(157.51)
(33)	(0.01)	(264)	(0.07)	-	-	Interest	21	0.00	(777)	(0.07)	(435)	(0.05)
16,635	5.02	17,644	4.41	-	-	Depr/Amort	-	-	52,932	4.62	50,159	5.21
-	-	(5,451)	(1.38)	(5,451)	(1.38)	Equity Earnings & Other	(20,122)	(1.74)	(20,122)	(1.74)	-	-
(790,711)	(238.81)	349,103	87.87	228,420	57.70	Pretax Income	319,049	27.53	783,365	68.04	(1,565,868)	(162.67)
(543,724)	(164.22)	120,148	30.64	233,871	59.07	EBITDAR	339,192	29.27	100,256	8.42	(878,429)	(91.26)

Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD
437,387	132.10	99,206	23.65	458,966	115.93	Nursing Wages		1,536,545	132.58	65,884	7.24	1,158,787	120.38
688,826	208.04	172,757	41.45	692,871	175.01	Total Wages		2,268,465	195.73	223,914	21.74	1,863,172	193.56
332,610	100.46	91,797	22.67	114,526	28.93	Payroll Overhead		335,632	28.96	275,340	24.35	577,563	60.00
76.02%				49.22%		Wages/Payroll OH % Rev		53.59%				62.30%	
2,951	0.89	2,328	0.58	732	0.18	Workers Compensation		4,930	0.43	4,249	0.38	10,354	1.08
73,144	22.09	(86,789)	(21.92)	86,789	21.92	Overtime Wages		263,862	22.77	(263,862)	(22.77)	176,452	18.33
191,977	57.98	(93,607)	(23.64)	93,607	23.64	Nursing Agency Costs		241,795	20.86	(241,795)	(20.86)	589,464	61.24
-	-	5,841	1.46	(150)	(0.04)	Purchase Service Therapy		27,717	2.39	(11,195)	(0.95)	16,702	1.74
230,861	69.73	(96,727)	(24.59)	157,694	39.83	Total Purchased Services		399,559	34.47	(223,696)	(19.13)	752,779	78.20
27,461	8.29	(31,228)	(7.89)	31,228	7.89	Bad Debt W/Os		107,144	9.24	(107,144)	(9.24)	33,657	3.50
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD	M2 & Ancillary Detail			M2 PPD		M2 PPD		M2 PPD
525,995	753.57	(210,432)	760.76	678,597	760.76	M2 Revenue		2,100,864	754.89	(385,574)	754.89	1,588,081	748.39
121,713	174.37	51,701	19.95	87,936	98.58	PT,OT,ST Exp		305,386	109.73	102,100	14.84	300,909	141.80
21,344		41,741	38.65	(11,815)	(13.25)	Legend/IV Drugs		56,306	20.23	30,577	6.33	58,620	27.63
5,921	8.48	759	(1.48)	7,794	8.74	Lab & X-Ray Exp		24,068	8.65	764	(1.06)	19,504	9.19

May 12, 2023

Summary P&L		2002.381				2023-03-31				MCHS Tice Valley	
Current Month						Year To Date					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
189	6	(171)	(6)	108	3	567	6	(243)	(3)	530	2
881	28	(483)	(16)	881	28	2,275	25	(1,418)	(16)	2,369	7
195	6	99	3	161	5	479	5	299	3	541	2
-	-	-	-	-	-	-	-	-	-	-	-
119	4	34	1	127	4	477	5	207	2	338	1
1,928	62	553	18	2,103	68	6,118	68	1,618	18	5,474	16
-	-	-	-	-	-	-	-	-	-	-	-
3,312	107	32	1	3,380	109	9,916	110	463	5	9,252	27
	89.03				90.86		91.81				85.67
185,599	982.01	(174,030)	16.01	112,735	1,043.84	554,637	978.20	(277,906)	(49.63)	524,736	990.07
570,775	647.87	(308,533)	3.70	571,970	649.23	1,453,832	639.05	(930,110)	(6.48)	1,560,775	658.83
68,946	353.57	30,426	(40.22)	53,536	332.52	155,490	324.61	88,396	(48.13)	190,993	353.04
-	-	-	-	-	-	-	-	-	-	-	-
46,256	388.71	11,756	(11.56)	47,930	377.40	180,012	377.38	74,992	(11.58)	127,911	378.44
718,486	372.66	193,791	(10.13)	796,679	378.83	2,296,755	375.41	546,435	(13.55)	2,040,227	372.71
3,718	1.12	(2,935)	(0.88)	-	-	77	0.01	(8,445)	(0.89)	13,975	1.51
495	0.15	75	0.02	1,096	0.32	3,168	0.32	204	0.01	1,217	0.13
1,594,275	481.36	(249,450)	(78.99)	1,583,946	468.62	4,643,970	468.33	(506,434)	(76.51)	4,459,835	482.04
1,320,385	398.67	(196,316)	(56.21)	858,479	253.99	2,581,844	260.37	(690,896)	(60.33)	2,839,305	306.89
236,462	71.40	94,882	28.84	176,560	52.24	577,365	58.23	210,090	25.08	626,584	67.72
136,831	41.31	11,728	3.76	91,470	27.06	296,577	29.91	(2,242)	1.23	315,442	34.09
25,381	7.66	(5,186)	(1.44)	37,732	11.16	99,334	10.02	(4,845)	(0.02)	89,819	9.71
15,037	4.54	3,915	1.22	18,268	5.40	51,680	5.21	11,530	1.48	49,335	5.33
52,649	15.90	11,595	3.58	41,136	12.17	158,219	15.96	(7,958)	(0.06)	150,650	16.28
17,137	5.17	(3,682)	(1.05)	17,620	5.21	36,527	3.68	4,179	0.62	44,591	4.82
35	0.01	1,912	0.57	30	0.01	8,809	0.89	(3,326)	(0.31)	211	0.02
50,066	15.12	31,928	9.59	20,281	6.00	131,131	13.22	20,444	2.81	140,143	15.15
72,277	21.82	(29,040)	(8.51)	56,541	16.73	170,837	17.23	(93,581)	(9.06)	163,018	17.62
200,271	60.47	(2,498)	(0.34)	144,674	42.80	499,347	50.36	(91,300)	(7.19)	643,375	69.54
37,937	11.45	(17,986)	(5.24)	45,550	13.48	120,692	12.17	(40,157)	(3.65)	95,281	10.30
2,164,467	653.52	(98,748)	(25.23)	1,508,341	446.25	4,732,363	477.25	(688,061)	(49.41)	5,157,753	557.47
(570,192)	(172.16)	(348,197)	(104.22)	75,604	22.37	(88,393)	(8.91)	(1,194,496)	(125.92)	(697,918)	(75.43)
-35.76%				4.77%		-1.90%				-15.65%	
173,964	52.53	23,931	7.62	165,581	48.99	497,841	50.21	70,693	9.94	521,978	56.42
-	-	(887)	(0.19)	26,512	7.84	79,537	8.02	(2,660)	0.11	50,852	5.50
182,773	55.18	164,488	49.13	-	-	-	-	493,464	52.20	505,920	54.68
(926,929)	(279.87)	(160,665)	(47.66)	(116,489)	(34.46)	(665,771)	(67.14)	(632,998)	(63.67)	(1,776,669)	(192.03)
-58.14%			-9.76%	-7.35%		-14.34%			-13.70%	-39.84%	
55,800	16.85	8,731	2.76	55,438	16.40	162,539	16.39	17,725	2.68	156,094	16.87
(982,729)	(296.72)	(151,935)	(44.89)	(171,927)	(50.87)	(828,310)	(83.53)	(615,273)	(61.00)	(1,932,763)	(208.90)
(77)	(0.02)	435	0.13	(579)	(0.17)	(297)	(0.03)	(110)	(0.01)	(453)	(0.05)
15,003	4.53	15,648	4.67	-	-	-	-	46,943	4.97	45,107	4.88
-	-	(7,130)	(2.11)	(7,130)	(2.11)	7,399	0.75	7,399	0.75	-	-
(997,655)	(301.22)	(142,982)	(42.20)	(178,478)	(52.80)	(820,614)	(82.76)	(561,041)	(55.30)	(1,977,416)	(213.73)
(799,956)	(241.53)	(316,423)	(94.02)	(171,927)	(50.87)	EBITDAR	(828,310)	(1,108,737)	(113.20)	(1,426,842)	(154.22)
Current Month						Informational Data		Year To Date			
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD
415,827	125.55	61,998	19.74	433,963	128.39	Nursing Wages		1,329,724	134.10	76,368	14.65
726,180	219.26	42,301	14.69	725,471	214.64	Total Wages		2,188,788	220.73	1,511	10.97
279,192	84.30	73,402	22.30	133,380	39.46	Payroll Overhead		388,022	39.13	223,680	25.58
63.06%				54.22%		Wages/Payroll OH % Rev		55.49%			
20,589	6.22	9,998	3.01	9,075	2.68	Workers Compensation		30,047	3.03	27,172	3.02
90,750	27.40	(84,752)	(25.07)	84,752	25.07	Overtime Wages		264,483	26.67	(264,483)	(26.67)
752,245	227.13	(326,375)	(96.56)	327,413	96.87	Nursing Agency Costs		927,405	93.53	(924,475)	(93.22)
13,536	4.09	21,214	6.34	46	0.01	Purchase Service Therapy		65,838	6.64	(4,115)	(0.11)
777,293	234.69	(309,052)	(91.20)	392,700	116.18	Total Purchased Services		1,174,811	118.48	(935,860)	(93.20)
12,001	3.62	(78,787)	(23.31)	78,787	23.31	Bad Debt W/Os		89,630	9.04	(89,630)	(9.04)
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-
756,374	M2 PPD	(482,563)	M2 PPD	684,705	M2 PPD	M2 & Ancillary Detail		2,008,469	M2 PPD	(1,208,016)	M2 PPD
133,207	706.89	692.32	692.32	104,256	105.42	M2 Revenue		353,054	124.23	86,233	(26.67)
53,844	124.49	(13.91)	(13.91)	13,845	14.00	PT,OT,ST Exp		71,754	25.25	100,729	13.06
9,404	8.79	22.16	22.16	9,830	9.94	Legend/IV Drugs		27,124	9.54	9,446	(1.42)
		(2.27)	(2.27)			Lab & X-Ray Exp					
						May 12, 2023					

Summary P&L		2003.387				2023-03-31				MCHS Fountain Valley		
Current Month						Year To Date						
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days	This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
265	9	(69)	(2)	241	8	Medicare	841	9	(59)	(1)	762	2
1,058	34	(191)	(6)	956	31	Managed Care	2,729	30	(601)	(7)	2,477	7
50	2	(40)	(1)	22	1	Private	77	1	(103)	(1)	82	0
-	-	-	-	-	-	AL	-	-	-	-	-	-
304	10	(40)	(1)	270	9	Hospice & VA	800	9	(100)	(1)	817	2
1,572	51	112	4	1,941	63	Medicaid	5,977	66	667	7	4,779	14
-	-	-	-	-	-	Charity Care	-	-	-	-	-	-
3,249	105	(228)	(7)	3,430	111	Total Patient Days/PD	10,424	116	(196)	(2)	8,917	26
	70.34				74.26	Occupancy %		77.73				66.50
						Revenues and Expenses						
207,875	784.43	(32,180)	83.90	203,246	843.35	Medicare A	688,052	818.14	4,555	58.69	605,589	794.74
528,120	499.17	(79,421)	20.59	515,734	539.47	Managed Care	1,490,134	546.04	(237,736)	27.16	1,203,714	485.96
22,216	444.31	(19,140)	(3.97)	10,392	472.35	Private	35,646	462.93	(50,092)	(13.39)	34,137	416.30
-	-	-	-	-	-	AL	-	-	-	-	-	-
93,861	308.75	(11,412)	4.28	85,981	318.45	Hospice & VA	254,305	317.88	(28,448)	3.71	247,624	303.09
470,918	299.57	23,812	(5.86)	598,428	308.31	Medicaid	1,841,342	308.07	173,099	(6.10)	1,429,826	299.19
720	0.22	2,904	0.86	3,782	1.10	Medicare B	6,515	0.63	3,965	0.38	2,756	0.31
(3,068)	(0.94)	491	0.14	585	0.17	Other Revenue	-	-	(273)	(0.03)	(2,662)	(0.30)
1,320,641	406.48	(114,947)	(5.65)	1,418,149	413.45	Total Revenue	4,315,994	414.04	(134,930)	(5.06)	3,520,984	394.86
706,543	217.46	81,277	11.83	571,713	166.68	Nursing	1,828,746	175.44	78,570	4.16	1,728,989	193.90
406,678	125.17	109,488	26.89	167,314	48.78	Ancillary	728,160	69.85	78,224	6.08	774,091	86.81
98,691	30.38	37,905	9.09	69,816	20.35	Dietary	242,751	23.29	71,026	6.26	289,966	32.52
28,530	8.78	10,529	2.54	18,714	5.46	Utilities	70,817	6.79	14,081	1.20	76,514	8.58
14,501	4.46	(12,029)	(3.82)	29,205	8.51	Maintenance	82,737	7.94	(32,761)	(3.23)	44,830	5.03
44,004	13.54	9,980	2.03	38,234	11.15	Laundry/Hskpg	115,340	11.06	25,389	2.19	107,949	12.11
4,991	1.54	9,268	2.39	7,650	2.23	Activities	26,671	2.56	22,737	2.09	21,026	2.36
35	0.01	3,658	1.00	-	-	Admin-Legal	8,787	0.84	1,833	0.16	211	0.02
49,292	15.17	47,254	12.57	19,321	5.63	Admin-Provider Tax	137,939	13.23	55,344	4.97	135,009	15.14
16,903	5.20	2,669	0.50	12,662	3.69	Admin-Bad Debt	58,243	5.59	(13,734)	(1.40)	33,034	3.70
317,876	97.84	16,062	1.80	142,777	41.63	Administration	515,202	49.42	(52,989)	(5.90)	693,034	77.72
50,619	15.58	(3,585)	(1.67)	37,778	11.01	Other Expenses	115,721	11.10	(15,860)	(1.70)	127,054	14.25
1,738,664	535.14	312,477	65.16	1,115,183	325.13	Total CM Expense	3,931,114	377.12	231,859	14.87	4,031,708	452.14
(418,023)	(128.66)	197,529	59.50	302,966	88.33	Contribution Margin	384,880	36.92	96,929	9.81	(510,724)	(57.28)
-31.65%				21.36%		% of Revenue	8.92%				-14.51%	
86,973	26.77	11,441	1.66	80,729	23.54	Insurance	243,170	23.33	33,338	2.71	260,999	29.27
-	-	(629)	(0.46)	16,039	4.68	Non- income Taxes	48,118	4.62	(1,886)	(0.26)	30,550	3.43
118,785	36.56	111,870	30.56	1,394	0.41	Lease Expense	4,181	0.40	335,609	31.59	329,100	36.91
(623,781)	(191.99)	320,211	91.26	204,804	59.71	Operating Income	89,411	8.58	463,991	43.85	(1,131,373)	(126.88)
-47.23%			21.97%	14.44%		% of Revenue	2.07%			10.49%	-32.13%	
46,222	14.23	4,023	0.20	49,635	14.47	Corporate Services	151,060	14.49	4,723	0.18	123,234	13.82
(670,004)	(206.22)	324,234	91.46	155,169	45.24	EBITDA	(61,648)	(5.91)	468,713	44.03	(1,254,607)	(140.70)
1,724	0.53	193	0.06	(196)	(0.06)	Interest	(267)	(0.03)	259	0.02	992	0.11
-	-	-	-	-	-	Depri/Amort	-	-	-	-	-	-
-	-	(7,063)	(2.06)	(7,063)	(2.06)	Equity Earnings & Other	(29,504)	(2.83)	(29,504)	(2.83)	-	-
(671,727)	(206.75)	317,365	89.45	148,302	43.24	Pretax Income	(90,886)	(8.72)	439,468	41.22	(1,255,599)	(140.81)
(551,218)	(169.66)	212,365	60.90	156,562	45.65	EBITDAR	(57,467)	(5.51)	133,104	12.43	(925,507)	(103.79)

Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD
497,299	153.06	22,631	(2.23)	462,907	134.96	Nursing Wages		1,493,838	143.31	(84,177)	(10.57)	1,275,327	143.02
848,278	261.09	53,406	1.53	719,457	209.75	Total Wages		2,350,470	225.49	(106,595)	(14.20)	2,176,785	244.12
324,137	99.77	82,928	19.78	158,879	46.32	Payroll Overhead		491,532	47.15	228,174	20.62	682,519	76.54
88.78%				61.94%		Wages/Payroll OH % Rev		65.85%				81.21%	
21,159	6.51	(10,550)	(3.50)	33,697	9.82	Workers Compensation		109,956	10.55	(40,514)	(4.01)	52,919	5.93
66,742	20.54	(31,720)	(9.25)	31,720	9.25	Overtime Wages		122,233	11.73	(122,233)	(11.73)	191,097	21.43
-	-	-	-	-	-	Nursing Agency Costs		-	-	-	-	-	-
-	-	2,924	0.80	-	-	Purchase Service Therapy		-	-	8,489	0.80	-	-
129,973	40.00	(9,511)	(4.05)	79,957	23.31	Total Purchased Services		294,040	28.21	(89,128)	(8.91)	209,536	23.50
7,424	2.29	(11,822)	(3.45)	11,822	3.45	Bad Debt W/Os		35,969	3.45	(35,969)	(3.45)	31,929	3.58
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD	M2 & Ancillary Detail			M2 PPD		M2 PPD		M2 PPD
735,995	556.31	(111,602)	600.65	718,980	600.65	M2 Revenue		2,178,186	610.14	(233,181)	610.14	1,809,303	558.60
210,535	159.13	34,984	5.73	122,597	102.42	PT,OT,ST Exp		417,193	116.86	42,963	(8.08)	434,231	134.06
54,154		65,715	47.10	(13,413)	(11.21)	Legend/IV Drugs		74,907	20.98	76,940	14.92	126,292	38.99
17,500	13.23	(18,806)	(17.85)	33,127	27.68	Lab & X-Ray Exp		349,446	97.88	(307,868)	(88.05)	37,035	11.43

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Summary P&L						2023-03-31		MCHS Sunnyvale					
Current Month						Year To Date							
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days	This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD	
181	6	(72)	(2)	300	10	Medicare	1,107	12	27	0	651	2	
360	12	(191)	(6)	274	9	Managed Care	737	8	(464)	(5)	602	2	
396	13	(186)	(6)	217	7	Private	637	7	(533)	(6)	1,165	3	
-	-	-	-	-	-	AL	-	-	-	-	-	-	
407	13	128	4	407	13	Hospice & VA	1,076	12	266	3	1,166	3	
1,469	47	(94)	(3)	1,983	64	Medicaid	5,740	64	(290)	(3)	4,072	12	
31	1	-	-	-	-	Charity Care	-	-	-	-	90	0	
2,844	92	(415)	(13)	3,181	103	Total Patient Days/PD	9,297	103	(994)	(11)	7,746	23	
	66.00				73.82	Occupancy %		74.32				61.92	
193,325	1,068.10	(94,675)	(60.10)	301,319	1,004.40	Revenues and Expenses							
217,775	604.93	(112,033)	7.24	165,549	604.19	Medicare A	1,148,296	1,037.30	(1,363)	(27.19)	700,095	1,075.42	
155,969	393.86	(63,512)	69.92	106,970	492.95	Managed Care	437,058	593.02	(279,879)	(3.93)	363,929	604.53	
-	-	-	-	-	-	Private	288,159	452.37	(206,788)	29.34	454,314	389.97	
142,784	350.82	41,623	(10.79)	141,924	348.71	AL	-	-	-	-	-	-	
513,220	349.37	(46,807)	(6.56)	699,875	352.94	Hospice & VA	372,966	346.62	81,771	(12.88)	409,404	351.12	
1,104	0.39	(1,807)	(0.42)	2,172	0.68	Medicaid	2,024,837	352.76	(142,948)	(6.74)	1,425,517	350.08	
(1,493)	(0.52)	387	0.12	411	0.13	Medicare B	12,132	1.30	579	0.18	14,484	1.87	
1,222,684	429.92	(276,823)	(25.53)	1,418,219	445.84	Other Revenue	-	-	(68)	(0.01)	(1,493)	(0.19)	
797,654	280.47	87,859	1.93	620,314	195.01	Total Revenue	4,283,447	460.73	(548,696)	(8.82)	3,366,251	434.58	
152,933	53.77	84,021	20.43	80,943	25.45	Nursing	1,855,070	199.53	200,830	0.24	1,687,794	217.89	
123,064	43.27	23,053	3.38	83,449	26.23	Ancillary	361,917	38.93	117,269	7.64	359,803	46.45	
60,753	21.36	(3,464)	(2.72)	48,485	15.24	Dietary	262,720	28.26	44,084	1.55	296,096	38.23	
38,235	13.44	(10,332)	(4.09)	33,636	10.57	Utilities	143,520	15.44	(12,815)	(2.74)	118,314	15.27	
53,946	18.97	13,770	2.33	41,208	12.95	Maintenance	59,789	6.43	7,309	0.09	90,017	11.62	
13,615	4.79	4,353	0.83	10,454	3.29	Laundry/Hskpg	121,897	13.11	36,684	2.30	128,110	16.54	
53	0.02	288	0.08	-	-	Activities	28,653	3.08	14,621	1.12	32,411	4.18	
43,185	15.18	35,359	9.41	11,589	3.64	Admin-Legal	1,789	0.19	(966)	(0.11)	834	0.11	
(45,517)	(16.00)	26,733	7.79	(9,783)	(3.08)	Admin-Provider Tax	115,316	12.40	20,984	0.84	117,586	15.18	
177,919	62.56	55,716	11.43	111,971	35.20	Admin-Bad Debt	28,175	3.03	20,147	1.66	(82,925)	(10.71)	
51,752	18.20	(14,237)	(5.73)	48,728	15.32	Administration	340,395	36.61	143,375	10.40	503,436	64.99	
1,467,593	516.03	303,118	45.07	1,080,995	339.83	Other Expenses	169,179	18.20	(68,766)	(8.44)	131,116	16.93	
(244,909)	(86.11)	26,295	19.55	337,224	106.01	Total CM Expense	3,488,421	375.22	522,756	14.56	3,382,593	436.69	
-20.03%				23.78%		Contribution Margin	795,026	85.51	(25,940)	5.74	(16,343)	(2.11)	
11,708	4.12	(3,520)	(1.89)	25,212	7.93	% of Revenue	18.56%				-0.49%		
-	-	(1,071)	(1.06)	20,961	6.59	Insurance	76,604	8.24	(11,529)	(1.92)	35,193	4.54	
217,331	76.42	204,727	56.93	-	-	Non- income Taxes	62,882	6.76	(3,214)	(0.97)	39,539	5.10	
(473,947)	(166.65)	226,431	73.53	291,052	91.50	Lease Expense	-	-	614,181	59.68	601,578	77.66	
-38.76%			16.71%	20.52%		Operating Income	655,541	70.51	573,498	62.54	(692,652)	(89.42)	
						% of Revenue	15.30%			13.61%	-20.58%		
42,794	15.05	9,689	0.89	49,638	15.60	Corporate Services	149,921	16.13	19,204	0.31	117,819	15.21	
(516,741)	(181.70)	236,120	74.42	241,414	75.89	EBITDA	505,620	54.39	592,702	62.85	(810,471)	(104.63)	
(678)	(0.24)	(425)	(0.11)	(199)	(0.06)	Interest	(6,660)	(0.72)	4,871	0.54	(737)	(0.10)	
11,081	3.90	11,220	3.12	-	-	Depr/Amort	-	-	33,661	3.27	36,971	4.77	
-	-	(22,828)	(7.18)	(22,828)	(7.18)	Equity Earnings & Other	(58,037)	(6.24)	(58,037)	(6.24)	-	-	
(527,145)	(185.35)	224,087	70.25	218,786	68.78	Pretax Income	454,243	48.86	573,197	60.42	(846,705)	(109.31)	
(299,410)	(105.28)	31,393	17.49	241,414	75.89	EBITDAR	505,620	54.39	(21,479)	3.17	(208,894)	(26.97)	

Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD		This Year	PPD	Bud Var	PPD	Last Year	PPD	
462,747	162.71	76,614	5.06	447,800	140.77	Nursing Wages	1,421,390	152.89	82,205	(6.78)	1,152,024	148.73	
727,048	255.64	93,040	1.21	679,674	213.67	Total Wages	2,138,961	230.07	82,523	(14.20)	1,837,065	237.16	
320,262	112.61	88,764	20.35	119,536	37.58	Payroll Overhead	307,926	33.12	309,580	26.88	542,376	70.02	
85.66%				56.35%		Wages/Payroll OH % Rev	57.12%				70.69%		
4,080	1.43	(1,208)	(0.53)	5,235	1.65	Workers Compensation	15,805	1.70	(3,723)	(0.53)	12,386	1.60	
45,014	15.83	(25,353)	(7.97)	25,353	7.97	Overtime Wages	99,610	10.71	(99,610)	(10.71)	118,427	15.29	
128,564	45.21	(58,953)	(19.45)	84,194	26.47	Nursing Agency Costs	185,987	20.01	(101,782)	(11.82)	157,707	20.36	
-	-	798	(0.03)	6,944	2.18	Purchase Service Therapy	39,314	4.23	(16,836)	(2.04)	-	-	
182,077	64.02	(54,064)	(20.08)	138,940	43.68	Total Purchased Services	375,823	40.42	(119,342)	(15.50)	285,385	36.84	
9,212	3.24	39	0.01	(39)	(0.01)	Bad Debt W/Os	57,434	6.18	(57,434)	(6.18)	12,423	1.60	
-	-	-	-	-	-	Hospice Payment Cap	-	-	-	-	-	-	
411,100	M2 PPD 759.89	(206,708)	M2 PPD 813.36	466,868	M2 PPD 813.36	M2 & Ancillary Detail							
85,705	158.42	22,020	(11.39)	68,864	119.97	M2 Revenue	1,585,354	859.74	(281,242)	859.74	1,064,025	849.18	
27,771		47,108	64.47	(14,956)	(26.06)	PT,OT,ST Exp	224,597	121.80	40,719	(5.48)	185,810	148.29	
3,617	6.69	1,345	(0.70)	4,218	7.35	Legend/IV Drugs	31,494	17.08	61,850	23.84	78,271	62.47	
						Lab & X-Ray Exp	35,131	19.05	(18,979)	(11.97)	11,096	8.86	

May 12, 2023

Summary P&L						2023-03-31		MCHS Hemet					
Current Month								Year To Date					
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days		This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
114	4	(34)	(1)	152	5	Medicare		473	5	(67)	(1)	745	2
1,022	33	(109)	(4)	1,131	36	Managed Care		3,518	39	8	0	2,158	6
3	0	(2)	(0)	(2)	0	Private		153	2	153	2	(171)	-1
-	-	-	-	-	-	AL		-	-	-	-	-	-
81	3	85	3	240	8	Hospice & VA		584	6	134	1	331	1
1,845	60	255	8	2,208	71	Medicaid		6,256	70	586	7	5,190	15
31	1	-	-	-	-	Charity Care		(136)	-2	(136)	(2)	(39)	0
3,096	100	195	6	3,729	120	Total Patient Days/PD		10,848	121	678	8	8,214	24
	56.42				67.96	Occupancy %			68.10				51.58
						Revenues and Expenses							
80,263	704.07	(10,167)	89.31	119,714	787.59	Medicare A		354,600	749.68	(22,475)	51.40	511,976	687.22
431,402	422.12	(50,459)	(1.59)	503,164	444.88	Managed Care		1,571,918	446.82	4,808	0.35	997,945	462.44
(1,550)	(516.67)	(4,153)	1,954.47	(3,909)	1,954.47	Private		79,592	520.21	78,882	520.21	(71,720)	419.42
-	-	-	-	-	-	AL		-	-	-	-	-	-
25,144	310.43	23,483	(7.38)	69,535	289.73	Hospice & VA		172,718	295.75	39,018	(1.36)	99,021	299.16
549,447	297.80	62,982	(5.79)	643,238	291.32	Medicaid		1,809,591	289.26	124,977	(7.85)	1,545,330	297.75
-	-	-	-	-	-	Medicare B		-	-	-	-	-	-
(357)	(0.12)	(370)	(0.13)	1,388	0.37	Other Revenue		29,905	2.76	24,800	2.25	(335)	(0.04)
1,084,349	350.24	21,315	(13.69)	1,333,130	357.50	Total Revenue		4,018,323	370.42	250,011	(0.11)	3,082,217	375.24
843,675	272.50	(203,432)	(45.61)	807,890	216.65	Nursing		2,297,456	211.79	(544,320)	(39.40)	2,069,454	251.94
310,289	100.22	74,790	23.90	185,063	49.63	Ancillary		681,916	62.86	73,865	11.45	709,240	86.35
105,790	34.17	(1,667)	0.78	84,276	22.60	Dietary		265,283	24.45	(26,154)	(0.94)	256,750	31.26
33,527	10.83	5,076	1.90	31,388	8.42	Utilities		119,137	10.98	(13,275)	(0.57)	90,422	11.01
20,966	6.77	5,805	1.86	14,803	3.97	Maintenance		46,838	4.32	12,702	1.54	59,280	7.22
49,591	16.02	5,635	2.19	40,221	10.79	Laundry/Hskpg		121,327	11.18	11,588	1.89	136,468	16.61
13,122	4.24	5,049	1.58	10,088	2.71	Activities		29,146	2.69	15,082	1.66	36,480	4.44
35	0.01	141	0.04	-	-	Admin-Legal		1,789	0.16	(1,383)	(0.12)	211	0.03
46,785	15.11	(3,186)	0.03	63,244	16.96	Admin-Provider Tax		183,982	16.96	(9,620)	0.18	124,406	15.15
20,492	6.62	19,238	5.45	439	0.12	Admin-Bad Debt		110,461	10.18	(53,936)	(4.62)	125,259	15.25
179,304	57.91	28,021	10.12	148,359	39.79	Administration		448,063	41.30	62,851	8.93	705,972	85.95
25,680	8.29	(83,361)	(21.87)	115,996	31.11	Other Expenses		210,465	19.40	(115,133)	(10.03)	60,869	7.41
1,649,256	532.71	(147,891)	(19.63)	1,501,767	402.73	Total CM Expense		4,515,864	416.29	(587,732)	(30.04)	4,374,811	532.60
(564,907)	(182.46)	(126,576)	(33.32)	(168,637)	(45.22)	Contribution Margin		(497,541)	(45.86)	(337,721)	(30.15)	(1,292,594)	(157.36)
-52.10%				-12.65%		% of Revenue		-12.38%				-41.94%	
120,315	38.86	23,923	8.38	108,710	29.15	Insurance		326,927	30.14	70,973	8.99	361,004	43.95
-	-	(719)	(0.00)	13,455	3.61	Non- income Taxes		47,711	4.40	(9,504)	(0.64)	25,530	3.11
117,497	37.95	110,683	31.32	-	-	Lease Expense		-	-	332,048	32.65	325,235	39.60
(802,718)	(259.28)	7,311	6.37	(290,802)	(77.98)	Operating Income		(872,179)	(80.40)	55,797	10.85	(2,004,363)	(244.02)
-74.03%			0.91%	-21.81%		% of Revenue		-21.71%			2.92%	-65.03%	
						Corporate Services		140,641	12.96	(8,750)	0.00	107,878	13.13
37,952	12.26	(746)	0.48	46,660	12.51	EBITDA		(1,012,820)	(93.36)	47,047	10.85	(2,112,240)	(257.15)
(840,670)	(271.53)	6,565	6.85	(337,462)	(90.50)	Interest		(1,446)	(0.13)	745	0.06	(708)	(0.09)
-	-	-	-	-	-	Depr/Amort		-	-	-	-	-	-
-	-	(1,039)	(0.28)	(1,039)	(0.28)	Equity Earnings & Other		(5,938)	(0.55)	(5,938)	(0.55)	-	-
(840,670)	(271.53)	5,900	6.67	(337,883)	(90.61)	Pretax Income		(1,017,312)	(93.78)	41,854	10.37	(2,111,532)	(257.07)
						EBITDAR		(1,012,820)	(93.36)	(285,002)	(21.80)	(1,787,006)	(217.56)

Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD
341,041	110.16	(56,627)	(8.59)	502,088	134.64	Nursing Wages		1,463,172	134.88	(179,263)	(8.63)	970,865	118.20
639,024	206.40	(39,081)	0.36	771,821	206.98	Total Wages		2,303,440	212.34	(186,803)	(4.21)	1,797,194	218.80
274,415	88.64	77,038	23.84	138,044	37.02	Payroll Overhead		373,966	34.47	265,037	28.36	541,209	65.89
84.24%				68.25%		Wages/Payroll OH % Rev		66.63%				75.87%	
9,142	2.95	3,218	0.98	4,902	1.31	Workers Compensation		16,965	1.56	7,395	0.83	25,660	3.12
41,403	13.37	(73,478)	(19.70)	73,478	19.70	Overtime Wages		214,374	19.76	(214,374)	(19.76)	114,369	13.92
341,838	110.41	(183,015)	(49.08)	183,015	49.08	Nursing Agency Costs		509,184	46.94	(509,184)	(46.94)	745,506	90.76
-	-	5,784	1.64	-	-	Purchase Service Therapy		-	-	16,793	1.65	-	-
415,207	134.11	(242,802)	(63.97)	319,634	85.72	Total Purchased Services		801,073	73.85	(579,335)	(52.04)	984,641	119.87
29,227	9.44	(17,867)	(4.79)	17,867	4.79	Bad Debt W/Os		47,189	4.35	(47,189)	(4.35)	57,442	6.99
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD	M2 & Ancillary Detail			M2 PPD		M2 PPD		M2 PPD
511,665	450.41	(60,626)	485.49	622,878	485.49	M2 Revenue		1,926,518	482.72	(17,666)	482.72	1,509,920	520.12
185,035	162.88	21,554	4.52	135,534	105.64	PT,OT,ST Exp		433,552	108.63	25,246	4.65	384,999	132.62
46,990		14,575	8.52	21,800	16.99	Legend/IV Drugs		107,985	27.06	(2,380)	(0.98)	84,079	28.96
6,223	5.48	532	(0.02)	5,090	3.97	Lab & X-Ray Exp		20,447	5.12	(4,126)	(1.09)	11,310	3.90

May 12, 2023

Summary P&L						2006.479		2023-03-31		MCHS Walnut Creek					
Current Month								Year To Date							
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days	This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD			
534	17	(141)	(5)	386	12	Medicare	1,143	13	(387)	(4)	1,261	4			
972	31	124	4	1,147	37	Managed Care	3,387	38	625	7	2,383	7			
297	10	(99)	(3)	211	7	Private	639	7	(261)	(3)	1,189	3			
-	-	-	-	-	-	AL	-	-	-	-	-	-			
220	7	(89)	(3)	283	9	Hospice & VA	784	9	(296)	(3)	678	2			
2,068	67	326	11	2,248	73	Medicaid	6,231	69	651	7	5,982	17			
-	-	-	-	-	-	Charity Care	-	-	-	(61)	0				
4,091	132	121	4	4,275	138	Total Patient Days/PD	12,184	135	332	4	11,432	33			
	85.14				88.97	Occupancy %		87.34				81.95			
535,441	1,002.70	(127,495)	37.65	403,353	1,044.95	Revenues and Expenses	1,169,016	1,022.76	(372,154)	15.46	1,264,760	1,002.98			
634,028	652.29	104,362	19.77	778,263	678.52	Medicare A	2,239,987	661.35	420,520	2.60	1,584,691	665.00			
119,171	401.25	(47,049)	(33.10)	78,410	371.61	Managed Care	242,512	379.52	(121,726)	(25.19)	477,708	401.77			
-	-	-	-	-	-	Private	-	-	-	-	-	-			
84,414	383.70	(35,920)	(10.86)	101,374	358.21	AL	280,801	358.16	(117,795)	(10.91)	260,168	383.73			
792,435	383.19	106,878	(5.98)	816,230	363.09	Hospice & VA	2,228,172	357.59	168,762	(11.48)	2,294,333	383.54			
8,342	2.04	880	0.18	4,249	0.99	Medicaid	13,131	1.08	3,350	0.25	19,344	1.69			
(3,348)	(0.82)	1,999	0.47	2,157	0.50	Medicare B	985	0.08	526	0.04	(2,979)	(0.26)			
2,170,482	530.55	3,655	(14.00)	2,184,036	510.89	Other Revenue	6,174,604	506.78	(18,517)	(15.76)	5,898,025	515.92			
1,072,458	262.15	94,058	28.20	815,239	190.70	Total Revenue	2,632,580	216.07	8,106	6.74	2,592,473	226.77			
306,954	75.03	64,485	16.90	202,624	47.40	Nursing	715,244	58.70	61,299	6.82	739,799	64.71			
139,658	34.14	39,354	10.12	95,106	22.25	Ancillary	333,835	27.40	52,956	5.24	367,872	32.18			
36,468	8.91	(10,836)	(2.27)	50,044	11.71	Dietary	124,485	10.22	(10,656)	(0.61)	108,951	9.53			
25,091	6.13	2,276	0.70	22,328	5.22	Utilities	61,897	5.08	9,468	0.94	75,326	6.59			
86,895	21.24	(1,792)	0.02	66,647	15.59	Maintenance	183,595	15.07	3,214	0.69	200,357	17.53			
16,152	3.95	(332)	0.02	15,294	3.58	Laundry/Hskpg	39,805	3.27	3,982	0.43	33,297	2.91			
35	0.01	125	0.03	-	-	Activities	1,789	0.15	(1,434)	(0.12)	211	0.02			
62,112	15.18	4,437	1.48	60,923	14.25	Admin-Legal	195,060	16.01	(5,305)	0.00	172,923	15.13			
61,573	15.05	(28,172)	(6.43)	51,066	11.95	Admin-Provider Tax	139,508	11.45	(74,481)	(5.96)	39,499	3.46			
507,053	123.94	28,951	7.98	148,043	34.63	Admin-Bad Debt	456,999	37.51	53,939	5.60	1,293,872	113.18			
29,845	7.30	9,815	2.55	27,019	6.32	Administration	112,645	9.25	(4,788)	(0.15)	98,545	8.62			
2,344,295	573.04	202,369	59.31	1,554,334	363.59	Other Expenses	4,997,443	410.16	96,301	19.61	5,723,126	500.62			
(173,813)	(42.49)	206,023	45.31	629,703	147.30	Total CM Expense	1,177,160	96.62	77,784	3.86	174,899	15.30			
-8.01%				28.83%		Contribution Margin	19.06%				2.97%				
42,010	10.27	2,328	0.90	50,157	11.73	% of Revenue	151,872	12.46	5,584	0.82	126,143	11.03			
-	-	(629)	0.00	22,533	5.27	Insurance	67,730	5.56	(2,017)	(0.01)	43,424	3.80			
287,982	70.39	271,281	65.31	-	-	Non- income Taxes	-	-	813,844	68.67	797,144	69.73			
(503,805)	(123.15)	479,004	111.52	557,013	130.30	Lease Expense	957,558	78.59	895,195	73.33	(791,811)	(69.26)			
-23.21%			21.93%	25.50%		Operating Income	15.51%			14.50%	-13.43%				
75,967	18.57	(128)	0.49	76,441	17.88	% of Revenue	216,111	17.74	648	0.55	206,431	18.06			
(579,772)	(141.72)	478,876	112.01	480,571	112.41	Corporate Services	741,447	60.85	895,843	73.88	(998,242)	(87.32)			
-	-	(52)	(0.01)	-	-	EBITDA	(135)	(0.01)	(13)	(0.00)	(156)	(0.01)			
15,394	3.76	26,790	6.45	-	-	Interest	-	-	80,371	6.78	48,685	4.26			
-	-	(13,921)	(3.26)	(13,921)	(3.26)	Depri/Amort	(19,879)	(1.63)	(19,879)	(1.63)	-	-			
(595,166)	(145.48)	491,694	115.19	466,651	109.16	Equity Earnings & Other	721,703	59.23	956,322	79.03	(1,046,771)	(91.57)			
(291,790)	(71.32)	207,595	46.70	480,571	112.41	Pretax Income	741,447	60.85	81,999	5.21	(201,098)	(17.59)			
						EBITDAR									
Current Month						Informational Data		Year To Date							
Last Year	PPD	Bud Var	PPD	This Year	PPD		This Year	PPD	Bud Var	PPD	Last Year	PPD			
585,449	143.11	58,187	17.86	565,768	132.34	Nursing Wages	1,840,865	151.09	(57,138)	(0.59)	1,558,463	136.32			
914,886	223.63	111,327	32.51	838,018	196.03	Total Wages	2,757,261	226.30	(32,986)	3.56	2,479,278	216.87			
462,431	113.04	121,969	30.68	193,229	45.20	Payroll Overhead	591,315	48.53	344,812	30.45	879,686	76.95			
63.46%				47.22%		Wages/Payroll OH % Rev	54.23%				56.95%				
40,508	9.90	(439)	0.16	39,615	9.27	Workers Compensation	124,799	10.24	(7,271)	(0.33)	108,796	9.52			
67,494	16.50	(51,197)	(11.98)	51,197	11.98	Overtime Wages	183,910	15.09	(183,910)	(15.09)	178,040	15.57			
268,757	65.69	(47,261)	(10.76)	89,857	21.02	Nursing Agency Costs	309,397	25.39	(167,294)	(13.40)	909,177	79.53			
21,601	5.28	(167)	(0.02)	3,321	0.78	Purchase Service Therapy	69,570	5.71	(60,414)	(4.94)	61,921	5.42			
369,726	90.38	(38,258)	(8.22)	145,895	34.13	Total Purchased Services	527,394	43.29	(198,873)	(15.57)	1,141,981	99.89			
12,287	3.00	(26,811)	(6.27)	26,811	6.27	Bad Debt W/Os	117,769	9.67	(117,769)	(9.67)	37,031	3.24			
-	-	-	-	-	-	Hospice Payment Cap	-	-	-	-	-	-			
	M2 PPD		M2 PPD		M2 PPD	M2 & Ancillary Detail		M2 PPD		M2 PPD		M2 PPD			
1,169,469	776.54	(23,133)	770.79	1,181,616	770.79	M2 Revenue	3,409,003	752.54	48,366	752.54	2,849,451	781.96			
196,654	130.58	22,053	13.32	127,174	82.96	PT,OT,ST Exp	459,163	101.36	(22,416)	0.40	455,869	125.10			
60,808		31,089	19.90	22,648	14.77	Legend/IV Drugs	110,912	24.48	45,100	11.87	140,542	38.57			
10,174	6.76	(4,496)	(2.97)	10,031	6.54	Lab & X-Ray Exp	29,158	6.44	(13,088)	(2.69)	790	0.22			
May 12, 2023															

Summary P&L			2007.489			2023-03-31			MCHS Palm Desert			
Current Month						Year To Date						
Last Year	PPD/PD	Bud Var	PPD/PD	This Year	PPD/PD	Patient Days	This Year	PPD/PD	Bud Var	PPD/PD	Last Year	PPD/PD
215	7	(68)	(2)	118	4	Medicare	276	3	(264)	(3)	482	1
960	31	(1,013)	(33)	258	8	Managed Care	891	10	(2,386)	(27)	2,033	6
23	1	(31)	(1)	-		Private	-		(90)	(1)	140	0
-	-	-		-		AL	-		-		-	
237	8	(38)	(1)	148	5	Hospice & VA	435	5	(105)	(1)	742	2
1,784	58	(333)	(11)	1,527	49	Medicaid	4,512	50	(888)	(10)	5,224	15
-	-	-		-		Charity Care	-		-		-	
3,219	104	(1,483)	(48)	2,051	66	Total Patient Days/PD	6,114	68	(3,733)	(41)	8,621	25
	58.34				37.17	Occupancy %		38.16				53.81
						Revenues and Expenses						
134,528	625.71	(47,683)	2.59	83,580	708.30	Medicare A	211,148	765.03	(169,939)	59.31	329,549	683.71
470,717	490.33	(485,097)	2.86	124,474	482.46	Managed Care	433,148	486.14	(1,138,501)	6.54	982,485	483.27
13,780	599.12	(18,645)	#VALUE!	-		Private	-		(54,131)	#VALUE!	91,730	655.21
-	-	-		-		AL	-		-		-	
70,858	298.98	(12,878)	(6.44)	45,493	307.38	Hospice & VA	132,989	305.72	(36,474)	(8.10)	218,660	294.69
524,188	293.83	(113,695)	(6.02)	470,010	307.80	Medicaid	1,387,167	307.44	(307,461)	(6.38)	1,535,001	293.84
1,565	0.49	(225)	0.24	1,469	0.72	Medicare B	1,469	0.24	(3,449)	(0.26)	6,476	0.75
(102)	(0.03)	21,840	11.10	24,023	11.71	Other Revenue	46,199	7.56	39,860	6.91	32	0.00
1,215,534	377.61	(656,384)	(32.48)	749,049	365.21	Total Revenue	2,212,120	361.81	(1,670,094)	(32.44)	3,163,933	367.00
974,751	302.81	347,799	40.88	281,200	137.10	Nursing	965,278	157.88	813,008	22.71	2,644,016	306.69
306,560	95.23	234,340	48.89	85,141	41.51	Ancillary	313,380	51.26	614,804	43.00	675,521	78.36
99,736	30.98	30,088	(5.99)	70,864	34.55	Dietary	221,842	36.28	62,718	(7.39)	272,712	31.63
21,753	6.76	21,406	2.77	16,045	7.82	Utilities	83,079	13.59	25,648	(2.55)	72,893	8.46
29,946	9.30	7,927	(1.75)	19,500	9.51	Maintenance	45,989	7.52	32,270	0.43	78,174	9.07
42,884	13.32	19,059	1.25	20,254	9.88	Laundry/Hskpg	64,061	10.48	47,063	0.81	115,644	13.41
14,683	4.56	4,953	(0.09)	7,296	3.56	Activities	21,998	3.60	13,844	0.04	38,568	4.47
1,320	0.41	2,544	0.72	-	-	Admin-Legal	1,789	0.29	5,301	0.43	15,440	1.79
48,821	15.17	12,094	(3.69)	34,785	16.96	Admin-Provider Tax	103,693	16.96	32,408	(3.14)	130,512	15.14
40,766	12.66	46,328	16.84	(18,219)	(8.88)	Admin-Bad Debt	8,713	1.43	68,932	6.46	107,577	12.48
142,566	44.29	(32,235)	(46.84)	184,361	89.89	Administration	340,839	55.75	91,872	(11.80)	529,013	61.36
39,816	12.37	13,494	(0.19)	19,572	9.54	Other Expenses	61,977	10.14	34,773	(0.31)	118,718	13.77
1,763,601	547.87	707,796	52.81	720,798	351.44	Total CM Expense	2,232,638	365.17	1,842,638	48.69	4,798,788	556.64
(548,067)	(170.26)	51,412	20.33	28,251	13.77	Contribution Margin	(20,518)	(3.36)	172,544	16.25	(1,634,854)	(189.64)
-45.09%				3.77%		% of Revenue	-0.93%				-51.67%	
51,683	16.06	(24,693)	(25.49)	90,425	44.09	Insurance	271,931	44.48	(74,734)	(24.45)	155,114	17.99
-	-	(562)	(3.12)	14,459	7.05	Non- income Taxes	51,199	8.37	(9,507)	(4.14)	27,550	3.20
122,236	37.97	116,328	32.92	-	-	Lease Expense	-	-	348,983	35.44	339,463	39.38
(721,986)	(224.29)	142,485	24.64	(76,633)	(37.36)	Operating Income	(343,647)	(56.21)	437,286	23.10	(2,156,982)	(250.20)
-59.40%			5.36%	-10.23%		% of Revenue	-15.53%			4.58%	-68.17%	
42,544	13.22	22,973	1.14	26,217	12.78	Corporate Services	77,424	12.66	58,453	1.14	110,738	12.85
(764,530)	(237.51)	165,458	25.78	(102,850)	(50.15)	EBITDA	(421,071)	(68.87)	495,739	24.24	(2,267,720)	(263.05)
(247)	(0.08)	(57)	(0.02)	-	-	Interest	-	-	(158)	(0.02)	(321)	(0.04)
-	-	-	-	-	-	Depr/Amort	-	-	-	-	-	-
-	-	-	-	-	-	Equity Earnings & Other	(10,935)	(1.79)	(10,935)	(1.79)	-	-
(764,283)	(237.43)	165,402	25.76	(102,850)	(50.15)	Pretax Income	(432,007)	(70.66)	484,646	22.43	(2,267,398)	(263.01)
(642,294)	(199.53)	49,131	(7.14)	(102,850)	(50.15)	EBITDAR	(421,071)	(68.87)	146,756	(11.20)	(1,928,256)	(223.67)

Current Month						Informational Data		Year To Date					
Last Year	PPD	Bud Var	PPD	This Year	PPD			This Year	PPD	Bud Var	PPD	Last Year	PPD
263,200	81.76	290,484	40.94	201,624	98.31	Nursing Wages		617,864	101.06	762,629	39.14	707,303	82.04
619,911	192.58	435,828	48.01	368,096	179.47	Total Wages		1,191,006	194.80	1,088,444	36.69	1,576,153	182.83
237,661	73.83	122,213	18.42	78,983	38.51	Payroll Overhead		225,588	36.90	367,876	23.37	520,996	60.43
70.55%				59.69%		Wages/Payroll OH % Rev		64.04%				66.28%	
17,284	5.37	9,545	1.58	5,455	2.66	Workers Compensation		19,186	3.14	25,814	1.43	46,419	5.38
14,296	4.44	(11,235)	(5.48)	11,235	5.48	Overtime Wages		49,358	8.07	(49,358)	(8.07)	45,190	5.24
544,716	169.22	(117,242)	(57.16)	117,242	57.16	Nursing Agency Costs		275,446	45.05	(275,446)	(45.05)	1,588,167	184.22
-	-	53,410	15.11	-	-	Purchase Service Therapy		-	-	155,060	15.75	21,805	2.53
582,258	180.88	(67,698)	(53.52)	167,974	81.90	Total Purchased Services		348,884	57.06	(61,872)	(27.92)	1,719,638	199.47
6,123	1.90	(35,105)	(17.12)	35,105	17.12	Bad Debt W/Os		64,685	10.58	(64,685)	(10.58)	28,415	3.30
-	-	-	-	-	-	Hospice Payment Cap		-	-	-	-	-	-
	M2 PPD		M2 PPD		M2 PPD	M2 & Ancillary Detail			M2 PPD		M2 PPD		M2 PPD
605,245	515.10	(532,780)	553.34	208,054	553.34	M2 Revenue		644,296	552.10	(1,308,439)	552.10	1,312,034	521.68
219,585	186.88	154,190	(43.96)	75,908	201.88	PT,OT,ST Exp		236,294	202.48	435,557	(26.46)	476,396	189.42
47,248		48,597	38.02	(2,363)	(6.28)	Legend/IV Drugs		21,502	18.43	112,725	16.74	90,487	35.98
8,846	7.53	8,376	2.35	1,723	4.58	Lab & X-Ray Exp		6,131	5.25	23,189	2.43	21,287	8.46

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11 Cal. Code Reg. Section 999.5(d)(11)(G)

ANY REQUESTS FOR OPINIONS TO THE INTERNAL REVENUE SERVICE FOR RULINGS ATTENDANT TO THIS TRANSACTION AND ANY INTERNAL REVENUE SERVICE RESPONSES THERETO

There have not been any requests for opinions to the Internal Revenue Service for rulings attendant to this Transaction.

11 Cal. Code Reg. Section 999.5(d)(11)(H)

PRO FORMA POST-TRANSACTION BALANCE SHEET FOR THE SURVIVING OR SUCCESSOR NONPROFIT CORPORATION

Attached to this Section 999.5(d)(11)(H) as **Exhibit 1** is each New Operator's pro forma post-Transaction balance sheet.

Exhibit 1 to Section 999.5(d)(11)(H)

	Proforma - Year 1							
	Citrus Heights Community Healthcare, LLC	Tice Valley Community Healthcare, LLC	Fountain Valley Community Healthcare, LLC	Sunnyvale Community Healthcare, LLC	Hemet Community Healthcare, LLC	Walnut Creek Community Healthcare, LLC	Palm Desert Community Healthcare, LLC	Total
REVENUE								
<i>Routine Revenue - Skilled Nursing</i>								
Medicare/Like Medicare	4,842,950	5,201,797	3,995,602	4,605,525	1,918,415	7,201,277	5,968,177	33,733,744
Medicaid	9,507,119	5,419,868	6,314,584	7,736,634	7,793,809	7,057,181	6,821,089	50,650,283
Private	339,300	756,432	84,870	2,054,081	-	1,901,628	178,398	5,314,709
Managed Care	3,412,584	7,906,280	6,775,320	1,759,388	6,366,570	8,229,654	3,608,220	38,058,016
Hospice	841,303	592,284	1,147,492	1,463,205	300,075	1,008,829	1,069,844	6,423,031
Insurance	-	-	-	-	-	-	-	-
Veterans Administration	-	-	-	-	-	-	-	-
Other Payers	-	-	-	-	-	-	-	-
Total Skilled Nursing Routine Revenue	18,943,256	19,876,661	18,317,869	17,618,833	16,378,869	25,398,569	17,645,728	134,179,783
<i>Ancillary & Other Revenue</i>								
Ancillary - Medicare Part B	67,508	34,022	12,724	43,222	-	35,643	17,712	210,831
Ancillary - Other	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-
Total Ancillary & Other Revenue	67,508	34,022	12,724	43,222	-	35,643	17,712	210,831
Total Revenue	19,010,764	19,910,683	18,330,593	17,662,054	16,378,869	25,434,211	17,663,440	134,390,614
EXPENSES								
<i>Labor Expenses</i>								
<i>Salaries & Wages</i>								
Nursing Management	188,515	188,515	158,353	167,778	160,238	164,951	164,951	1,193,300
Nurses With Admin Duties	484,937	404,817	411,142	819,628	463,853	527,106	463,853	3,575,337
Registered Nurses	394,073	393,125	440,798	545,338	547,897	579,971	707,921	3,609,122
Licensed Practical Nurses	1,790,800	1,572,895	1,444,074	1,212,506	1,643,690	1,695,532	1,370,534	10,730,030
Certified Nurse Assistants	2,537,610	2,351,179	1,945,193	2,089,725	2,008,951	2,544,135	1,903,198	15,379,991
Other Nursing	-	-	-	-	-	-	-	-
Assisted Living Caregivers	-	-	-	-	-	-	-	-
Nursing - Subtotal	5,395,936	4,910,531	4,399,560	4,834,976	4,824,628	5,511,694	4,610,456	34,487,780
Maintenance	153,174	165,938	153,174	72,332	53,185	197,849	151,578	947,230
Housekeeping	402,600	320,250	319,884	230,580	322,812	276,696	428,220	2,301,042
Laundry	144,936	102,480	80,886	99,918	111,996	61,488	136,884	738,588
Dietary	631,350	563,274	514,962	658,800	599,508	686,250	653,310	4,307,454
Social Services	139,156	110,692	139,662	166,038	69,578	143,373	139,156	907,655
Activities	177,108	105,421	114,171	185,583	193,975	253,011	193,975	1,223,244
Education	-	-	-	-	115,963	-	105,421	221,384
Administration	710,687	752,856	839,923	795,024	1,005,866	848,980	904,662	5,857,999
Beauty & Barber	-	-	-	-	-	-	-	-
Total Departmental Salaries & Wages	7,754,946	7,031,442	6,562,222	7,043,251	7,297,512	7,979,341	7,323,662	50,992,376
<i>Payroll Taxes & Benefits</i>								
Payroll Taxes	662,217	597,899	560,619	601,642	625,278	680,056	628,383	4,356,092
Workers' Compensation Insurance	193,874	175,786	164,056	176,081	182,438	199,484	183,092	1,274,809
Health Insurance	604,500	507,780	483,600	423,150	423,150	592,410	398,970	3,433,560
Paid Time Off (Vac, Sick, Hol)	543,741	493,018	460,191	493,840	511,665	559,943	513,490	3,575,889
Other Benefits	96,480	84,420	96,480	60,300	96,480	96,480	120,600	651,240
Total Payroll Taxes & Benefits	2,100,812	1,858,903	1,764,945	1,755,013	1,839,011	2,128,373	1,844,534	13,291,591
<i>Agency Staffing</i>								
Registered Nurses	-	18,243	-	-	-	1,646	50,117	70,007
Licensed Practical Nurses	1,025,237	1,267,446	16,059	409,418	296,953	1,616,456	1,192,556	5,824,125
Certified Nurse Assistants	1,372,594	2,745,063	16,476	670,213	1,680,018	1,001,935	2,528,630	10,014,929
Total Agency Staffing	2,397,831	4,030,753	32,535	1,079,631	1,976,971	2,620,036	3,771,304	15,909,061
Total Labor Expenses	12,253,590	12,921,098	8,359,702	9,877,895	11,113,494	12,727,749	12,939,500	80,193,028
Labor as a % of Revenue	64.5%	64.9%	45.6%	55.9%	67.9%	50.0%	73.3%	59.7%
<i>Non-Labor Expenses</i>								
<i>Nursing</i>								
Supplies & Minor Equipment	351,467	311,891	324,199	292,562	387,123	457,944	333,060	2,458,245
Medical Director	97,920	73,440	79,560	93,024	48,960	97,920	59,976	550,800
Medical Waste	9,792	12,240	6,120	8,568	8,568	9,792	8,568	63,648
Other	183,600	146,880	183,600	232,560	244,800	195,840	269,280	1,456,560
Total Nursing	642,779	544,451	593,479	626,714	689,451	761,496	670,884	4,529,253
<i>Maintenance</i>								
Supplies & Minor Equipment	97,920	91,800	84,456	68,544	85,680	97,920	63,648	589,968
Repairs & Maintenance	85,680	73,440	35,496	66,096	36,720	84,456	24,480	406,368
Purchased Services	110,160	90,576	94,248	116,280	146,880	115,056	146,880	820,080
Other	-	-	-	-	-	-	-	-
Total Maintenance	293,760	255,816	214,200	250,920	269,280	297,432	235,008	1,816,416
<i>Plant Operations</i>								
Grounds	1,224	11,016	11,016	7,344	12,240	12,240	11,016	66,096
Utilities	352,359	396,057	354,448	536,501	440,514	469,083	452,915	3,001,877
Total Plant Operations	353,583	407,073	365,464	543,845	452,754	481,323	463,931	3,067,973
<i>Housekeeping</i>								

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	Proforma - Year 1							
	Citrus Heights Community Healthcare, LLC	Tice Valley Community Healthcare, LLC	Fountain Valley Community Healthcare, LLC	Sunnyvale Community Healthcare, LLC	Hemet Community Healthcare, LLC	Walnut Creek Community Healthcare, LLC	Palm Desert Community Healthcare, LLC	Total
Supplies & Paper Goods	74,895	53,581	71,787	58,512	49,631	38,428	47,580	394,415
Other	18,360	4,896	9,792	9,792	9,792	20,509	11,016	84,157
Total Housekeeping	93,255	58,477	81,579	68,304	59,423	58,937	58,596	478,571

Proforma - Year 1								
	Citrus Heights Community Healthcare, LLC	Tice Valley Community Healthcare, LLC	Fountain Valley Community Healthcare, LLC	Sunnyvale Community Healthcare, LLC	Hemet Community Healthcare, LLC	Walnut Creek Community Healthcare, LLC	Palm Desert Community Healthcare, LLC	Total
Laundry								
Supplies & Cleaning Supplies	16,154	17,357	15,747	14,628	19,852	47,065	5,710	136,513
Linen & Bedding	15,912	22,805	11,016	14,688	24,480	13,455	14,688	117,044
Repairs & Maintenance	2,056	-	2,448	-	-	-	-	4,504
Other	-	1,757	9,792	7,344	7,344	8,336	8,568	43,141
Total Laundry	34,122	41,919	39,003	36,660	51,676	68,856	28,966	301,202
Dietary								
Raw Food	440,557	399,860	463,141	417,945	397,049	508,827	380,640	3,008,020
Tube Feeding	4,406	4,798	2,779	2,508	22,334	2,035	23,314	62,174
Dietitian Fees	24,480	2,448	14,688	6,120	36,720	6,120	23,256	113,832
Supplies/Minor Eqpt/Paper Goods	48,951	24,391	27,325	15,464	43,179	29,512	55,669	244,491
Repairs & Maintenance	4,627	7,344	3,672	3,672	3,672	11,016	11,016	45,019
Other	4,896	4,896	9,547	9,547	3,672	8,568	8,568	49,694
Total Dietary	527,916	443,738	521,153	455,256	506,626	566,078	502,462	3,523,230
Social Services								
Resident Property Replacement	1,297	1,297	3,611	2,448	9,792	2,142	2,142	22,730
Other	490	4,896	13,464	13,464	9,792	10,477	10,477	63,060
Total Social Services	1,787	6,193	17,075	15,912	19,584	12,619	12,619	85,790
Activities								
Supplies	5,875	8,568	7,344	7,344	36,720	7,344	30,600	103,795
Outside Entertainment	15,300	20,808	13,464	13,464	36,720	24,480	30,600	154,836
Other	979	1,224	-	-	-	-	-	2,203
Total Activities	22,154	30,600	20,808	20,808	73,440	31,824	61,200	260,834
Education								
Supplies	-	490	490	490	490	490	-	2,448
Other	8,568	6,120	2,448	2,448	2,448	2,448	9,792	34,272
Total Education	8,568	6,610	2,938	2,938	2,938	2,938	9,792	36,720
Administration								
Supplies & Minor Equipment	48,960	55,080	45,288	61,200	61,200	61,200	67,320	400,248
Repairs & Maintenance	-	-	-	-	-	-	-	-
Professional Fees	73,440	36,720	48,960	85,680	244,800	73,440	171,360	734,400
Service Agreements	-	-	-	-	-	-	-	-
Software Support	-	-	-	-	-	-	-	-
Licenses	159,120	13,464	440,640	146,880	183,600	159,120	183,600	1,286,424
Insurance	478,800	365,400	365,400	277,200	491,400	478,800	567,000	3,024,000
Marketing & Advertising	48,960	42,840	42,840	48,960	110,160	36,720	146,880	477,360
Administrative Services Fees	998,065	1,045,311	962,356	927,258	859,891	1,335,296	927,331	7,055,507
Direct Expense Allocation	-	-	-	-	-	-	-	-
Quality Assurance Fees	821,906	666,914	929,410	696,874	955,381	851,979	789,590	5,712,054
Other	416,160	354,960	367,200	367,200	612,000	416,160	612,000	3,145,680
Total Administration	3,045,411	2,580,689	3,202,095	2,611,251	3,518,431	3,412,715	3,465,081	21,835,673
Property Expenses								
Depreciation & Amortization	-	-	-	-	-	-	-	-
Property Leases	2,286,531	1,693,727	2,131,273	1,976,015	2,512,362	2,187,731	2,512,362	15,300,000
Property Taxes	179,501	312,360	186,507	241,780	155,308	267,092	168,899	1,511,448
Property Insurance	36,720	24,480	29,376	36,720	36,720	36,720	24,480	225,216
Interest	-	-	-	-	-	-	-	-
Total Property Expenses	2,502,753	2,030,567	2,347,156	2,254,515	2,704,390	2,491,543	2,705,740	17,036,664
Bad Debt Expense	237,635	248,884	229,132	220,776	204,736	317,928	220,793	1,679,883
Ancillary Expenses								
Patient Supplies	-	-	-	-	-	-	-	-
Physical Therapy	309,280	500,604	612,179	251,619	489,519	646,226	468,996	3,278,424
Occupational Therapy	289,327	469,317	486,142	238,376	351,842	574,423	249,154	2,658,581
Speech-Language Pathology	59,861	93,863	126,037	52,972	168,272	161,557	102,593	765,155
Pharmacy	226,009	354,388	444,962	143,183	141,767	480,582	166,006	1,956,896
Laboratory	35,437	47,629	54,818	33,600	46,574	54,652	44,621	317,331
Physician Fees	-	-	-	-	-	-	-	-
Radiology	12,695	26,542	30,548	13,374	30,898	36,257	29,602	179,917
Respiratory Therapy	-	-	-	-	-	-	-	-
Transportation	36,373	63,195	72,734	40,123	61,796	126,899	118,410	519,529
Other Ancillary Expenses	-	-	-	-	-	-	-	-
Total Ancillary Expenses	968,981	1,555,539	1,827,421	773,247	1,290,666	2,080,596	1,179,382	9,675,832
Total Expenses	20,986,294	21,131,654	17,821,204	17,759,041	20,956,889	23,312,035	22,553,953	144,521,071
OPERATING INCOME/(LOSS)	(1,975,530)	(1,220,971)	509,389	(96,987)	(4,578,020)	2,122,176	(4,890,514)	(10,130,456)
Non-Operating Income/(Loss)	-	-	-	-	-	-	-	-
NET INCOME/(LOSS)	(1,975,530)	(1,220,971)	509,389	(96,987)	(4,578,020)	2,122,176	(4,890,514)	(10,130,456)
Operating Margin	(10.4)%	(6.1)%	2.8%	(0.5)%	(28.0)%	8.3%	(27.7)%	(7.5)%
Net Margin	(10.4)%	(6.1)%	2.8%	(0.5)%	(28.0)%	8.3%	(27.7)%	(7.5)%

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Proforma - Year 1							
Citrus Heights Community Healthcare, LLC	Tice Valley Community Healthcare, LLC	Fountain Valley Community Healthcare, LLC	Sunnyvale Community Healthcare, LLC	Hemet Community Healthcare, LLC	Walnut Creek Community Healthcare, LLC	Palm Desert Community Healthcare, LLC	Total

Proforma - Year 1								
	Citrus Heights Community Healthcare, LLC	Tice Valley Community Healthcare, LLC	Fountain Valley Community Healthcare, LLC	Sunnyvale Community Healthcare, LLC	Hemet Community Healthcare, LLC	Walnut Creek Community Healthcare, LLC	Palm Desert Community Healthcare, LLC	Total
Statistics								
Patient Days by Payor								
Medicare/Like Medicare	5,216	5,086	4,897	4,277	2,336	7,099	7,251	36,162
Medi-Cal	34,675	20,426	23,697	25,642	32,414	25,723	28,373	190,950
Private	780	1,751	246	4,679	-	3,636	318	11,410
Managed Care	4,662	10,403	12,930	2,279	12,810	10,674	7,260	61,018
Hospice	2,658	1,536	3,636	4,098	1,110	2,753	3,445	19,236
Insurance	-	-	-	-	-	-	-	-
Veterans Administration	-	-	-	-	-	-	-	-
Other Payers	-	-	-	-	569	-	-	569
Total	47,991	39,202	45,406	40,975	49,239	49,885	46,647	319,345
PROFORMA BALANCE SHEET								
Cash	5,000	5,000	5,000	5,000	5,000	5,000	5,000	35,000
Accounts Receivable	2,343,793	2,454,742	2,259,936	2,177,514	2,019,313	3,135,725	2,177,684	16,568,706
Total Assets	2,348,793	2,459,742	2,264,936	2,182,514	2,024,313	3,140,725	2,182,684	16,603,706
Accounts Payable	2,000,000	2,000,000	1,500,000	2,000,000	2,000,000	1,000,000	2,000,000	12,500,000
Other Current Liabilities	2,324,323	1,680,713	255,547	279,500	4,602,333	18,548	5,073,198	14,234,162
Total Liabilities	4,324,323	3,680,713	1,755,547	2,279,500	6,602,333	1,018,548	7,073,198	26,734,162
Retained Earnings	(1,975,530)	(1,220,971)	509,389	(96,987)	(4,578,020)	2,122,176	(4,890,514)	(10,130,456)
Total Equity	(1,975,530)	(1,220,971)	509,389	(96,987)	(4,578,020)	2,122,176	(4,890,514)	(10,130,456)
Total Liabilities + Equity	2,348,793	2,459,742	2,264,936	2,182,514	2,024,313	3,140,725	2,182,684	16,603,706