

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET S PARTS I II & III
---	---------------------------------	--	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 05/08/2024	Time: 03:14:25 PM
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report.		0
	3.0.1 <input type="checkbox"/> No Medicare Utilization Enter "Y" for yes or leave blank for no		0
Contractor use only:	4. <input type="checkbox"/> Cost Report Status [1] As Submitted: [2] Settled without audit [3] Settled with audit [4] Reopened [5] Amended	6. Contractor No. _____	
	5. Date Received _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN	
		8. <input type="checkbox"/> Last Cost Report for this Provider CCN	
		9. <input type="checkbox"/> NPR Date: _____	
		10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened	
		11. Contractor Vendor Code _____	
		12. Medicare Utilization Enter "F" for full, "L" for low, or "N" for no utilization _____	

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ROLLING HILLS CARE CTR #31-5302 for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

ECR ENCRYPTION:

05/08/2024 03:14:25 PM

N4msN57sMs5rHSrhwenScwKmApcEg0

sn2MX0UABEiWtF30Rol:16bgFy38cf

zrQm0YfRDv0Ub9Rb

PRINT FILE ENCRYPTION:

DO NOT SIGN UNTIL ENCRYPTION APPEARS HERE

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1	<i>Avi Maierovits</i>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name: Avi Maierovits			2
3	Signatory Title: Controller			3
4	Signature date: 05/08/2024			4

PART III - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		A	B		
	1	2	3	4	
1 SKILLED NURSING FACILITY		57,880	0		1
2 NURSING FACILITY				0	2
3 I C F / IID					3
4 SNF - BASED HHA		0	0		4
5 SNF - BASED RHC			0		5
6 SNF - BASED FQHC					6
7 SNF - BASED CMHC			0		7
100 TOTAL		57,880	0	0	100

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate Overpayments in Brackets.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET S-2 PART I
--	---------------------------------	--	-----------------------------

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1	Street:	16 CRATETOWN ROAD	P.O. Box:					1
2	City:	LEBANON	State:	NJ	Zip Code:	08833		2
3	County:	HUNTERDON	CBSA Code:	35084	Urban / Rural:	U		3

SNF and SNF-Based Component Identification:

	Component	Component Name	Provider CCN:	Date Certified	Payment System			
					(P, O, or N)			
					V	XVIII	XIX	
0	1	2	3	4	5	6		
4	SNF	ROLLING HILLS CARE CTR	31-5302	04/01/1991	N	P	N	4
5	Nursing Facility					//////////		5
6	ICF/IID				//////////	//////////		6
7	SNF-Based HHA							7
8	SNF-Based RHC							8
9	SNF-Based FQHC							9
10	SNF-Based CMHC							10
11	SNF-Based OLTC		//////////	//////////	//////////	//////////	//////////	11
12	SNF-Based HOSPICE				//////////	//////////	//////////	12
13	OTHER (specify)				//////////	//////////	//////////	13
14	Cost Reporting Period (mm/dd/yyyy)			FROM: 01/01/2023	TO: 12/31/2023			14
15	Type of Control	5						15

Type of Freestanding Skilled Nursing Facility

		Y / N	
16	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	Y	16
17	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	17
18	Are there any costs included in Worksheet A which resulted from transactions with related organizations as defined in CMS Pub. 15-I, chapter 10? If yes, complete Worksheet A-8-1.	Y	18

Miscellaneous Cost Reporting information

19	Is this a low Medicare utilization cost report, enter "Y" for yes, or "N" for no.	N	19
19.01	If the response to line 19 is "Y", does this cost report meet your contractor's criteria for filing a low utilization cost report? (Y/N)		19.01

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20-22.

20	Straight Line	123,400	//////////	20
21	Declining Balance		//////////	21
22	Sum of the Year's Digits		//////////	22
23	Sum of line 20 through 22	123,400	//////////	23
24	If depreciation is funded, enter the balance as of the end of the period.			24
25	Were there any disposal of capital assets during the cost reporting period? (Y/N)	Y		25
26	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N		26
27	Did you cease to participate in the Medicare program at end of the period to which this cost report applies	N		27
28	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports	N		28

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX	PROVIDER CCN:	PERIOD	WORKSHEET S-2
IDENTIFICATION DATA	31-5302	FROM: 01/01/2023 TO: 12/31/2023	PART I (Cont.)

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of costs or charges enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Other	
29	Skilled Nursing Facility	N	N	//////////	29
30	Nursing Facility	//////////	//////////		30
31	ICF/IID	//////////	//////////		31
32	SNF-Based HHA			//////////	32
33	SNF-Based RHC	//////////		//////////	33
34	SNF-Based FQHC	//////////		//////////	34
35	SNF-Based CMHC	//////////	N	//////////	35
36	SNF-Based OLTC	//////////	//////////	//////////	36

				Y / N	
37	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients.			N	37
38	Are you legally-required to carry malpractice insurance?			Y	38
39	Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If policy is "occurrence", enter 2.			1	39

		Premiums	Paid Losses	Self insurance	
41	List malpractice premiums and paid losses:	188,429			41
	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center?			Y / N	
42	Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N	42
43	Are there home office costs as defined in CMS Pub. 15-1, chapter 10?			N	43
44	If line 43 = "Y", and there are costs for the home office, enter the applicable home office chain number in column 1.				44

If this facility is part of a chain organization, enter the name and address of the home office on the lines below					
45	Name:	Contractor name	Contractor Number		45
46	Street:	PO Box			46
47	City:	State:	Zip Code:		47

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET S-2 Part II
---	--------------------------	---	--------------------------

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No

For all the dates responses the format will be (mm/dd/yyyy)

Completed by All Skilled Nursing Facilities

Provider Organization and Operation		1 Y/N	2 Date		
1	Has the Provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		////	1
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y	////	////	3

Financial Data and Reports		1 Y/N	2 Type	3 Date	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C		4
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N	////	////	5

Approved Educational Activities		1 Y/N	2 Legal Oper.	
6	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)		N	N
7	Were costs claimed for Allied Health Programs? (Y/N) see instructions.		N	////
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.		N	////

Bad Debts		1 Y/N	2 Y/N	
9	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y	9
10	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N	10
11	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N	11

Bed Complement		1 Y/N	2 Y/N	
12	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12

PS&R Data		1 Y/N	2 Date	3 Y/N	4 Date	
		Part A	Part A	Part B	Part B	
13	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	05/01/2024	Y	05/01/2024	13
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N		14
15	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N	////	N	////	15
16	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R information? If "Y", see Instructions.	N	////	N	////	16
17	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments: _____	N	////	N	////	17
18	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N	////	N	////	18

COST REPORT PREPARER CONTACT INFORMATION							
19	First name	Abi	Last name	Goldenberg	Title	Owner	19
20	Employer	Taz Reporting LLC					20
21	Phone number	7183386900	Email address	agoldenberg@mfandco.com			21

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

PROVIDER CCN:
31-5302

PERIOD:
FROM: 01/01/2023
TO: 12/31/2023

WORKSHEET S-3
PART I

Component	Number of Beds	Bed Days Available	Inpatient Days / Visits					Total
			Title V	Title XVIII	Title XIX	Other		
			3	4	5	6	7	
1 Skilled Nursing Facility	67	24,455	////	////	2,903	12,791	6,555	22,249
2 Nursing Facility			////	////				0
3 ICF/IID			////	////				0
4 Home Health Agency			////	////				0
5 Other Long Term Care			////	////				0
6 SNF-Based CMHC			////	////				0
7 Hospice			////	////				0
8 TOTAL (Sum Lines 1-7)	67	24,455	////	////	2,903	12,791	6,555	22,249

Component	Discharges					Average Length of Stay			
	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
	8	9	10	11	12	13	14	15	16
1 Skilled Nursing Facility	////	92	38	113	243	////	31.55	336.61	91.56
2 Nursing Facility	////	////			0	////	////	0.00	0.00
3 ICF/IID	////	////			0	////	////	0.00	0.00
4 Home Health Agency	////	////	////	////	////	////	////	////	////
5 Other Long Term Care	////	////	////		0	////	////	////	0.00
6 SNF-Based CMHC	////	////	////	////	////	////	////	////	////
7 Hospice	////				0	////	0.00	0.00	0.00
8 TOTAL (Sum Lines 1-7)	////	92	38	113	243	////	31.55	336.61	91.56

Component	Admissions					Full Time Equivalent	
	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers
	17	18	19	20	21	22	23
1 Skilled Nursing Facility	////	108	23	115	246	47.04	
2 Nursing Facility	////	////			0		
3 ICF/IID	////	////			0		
4 Home Health Agency	////	////	////	////	////		
5 Other Long Term Care	////	////	////		0		
6 SNF-Based CMHC	////	////	////	////	////		
7 Hospice	////				0		
8 TOTAL (Sum Lines 1-7)	////	108	23	115	246	47.04	0.00

SNF WAGE INDEX INFORMATION PROVIDER CCN: 31-5302 PERIOD: FROM: 01/01/2023 TO: 12/31/2023 WORKSHEET S-3 PARTS II & III

PART II DIRECT SALARIES		Amount Reported	Reclass. of Salaries from Wkst A-6	Adjusted Salaries	Paid Hrs Related to col.3	Average Hrly Wage	
		1	2	3	4	5	
1	Total salary (See Instructions)	3,027,195	0	3,027,195	97,844.42	30.94	1
2	Physician salaries-Part A			0		0.00	2
3	Physician salaries-Part B			0		0.00	3
4	Home office personnel			0		0.00	4
5	Sum of lines 2 thru 4	0	0	0	0.00	0.00	5
6	Revised wages (line 1 minus line 5)	3,027,195	0	3,027,195	97,844.42	30.94	6
7	Other Long Term Care	0	0	0		0.00	7
8	HHA	0	0	0		0.00	8
9	CMHC	0	0	0		0.00	9
10	Hospice	0	0	0		0.00	10
11	Other excluded areas	0	0	0		0.00	11
12	Subtotal Excluded salary (Sum of lines 7-11)	0	0	0	0.00	0.00	12
13	Total Adjusted Salaries (line 6 minus line 12)	3,027,195	0	3,027,195	97,844.42	30.94	13
OTHER WAGES AND RELATED COSTS		////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	
14	Contract Labor: Patient Related & Mgmt	1,814,211		1,814,211	40,098.18	45.24	14
15	Contract Labor: Physician services-Part A			0		0.00	15
16	Home office salaries & wage related costs			0		0.00	16
WAGE RELATED COSTS		////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	
17	Wage related costs core. (See Part IV)	596,846		596,846	////////////////////	////////////////////	17
18	Wage related costs other (See Part IV)	0		0	////////////////////	////////////////////	18
19	Wage related costs (excluded units)			0	////////////////////	////////////////////	19
20	Physicians Part A - WRC			0	////////////////////	////////////////////	20
21	Physicians Part B - WRC			0	////////////////////	////////////////////	21
22	Total Adj. Wage Related costs (see instructions)	596,846	0	596,846	////////////////////	////////////////////	22

PART III - OVERHEAD COST - DIRECT SALARIES							
		Amount Reported	Reclass. of Salaries from Wkst. A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1	2	3	4	5	
1	Employee Benefits	0	0	0		0.00	1
2	Administrative & General	409,988	0	409,988	6,276.25	65.32	2
3	Plant Operation, Maintenance & Repairs	102,526	0	102,526	3,886.00	26.38	3
4	Laundry & Linen Service	0	0	0		0.00	4
5	Housekeeping	0	0	0		0.00	5
6	Dietary	378,580	0	378,580	16,598.50	22.81	6
7	Nursing Administration	401,539	0	401,539	9,628.50	41.70	7
8	Central Services and Supply	0	0	0		0.00	8
9	Pharmacy	0	0	0		0.00	9
10	Medical Records & Medical Records Library	0	0	0		0.00	10
11	Social Service	92,798	0	92,798	2,361.00	39.30	11
12	Nursing and Allied Health Education Activities	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	12
13	Other General Service Cost	161,344	0	161,344	8,155.75	19.78	13
14	Total (sum lines 1 thru 13)	1,546,775	0	1,546,775	46,906.00	32.98	14

MED-CALC SYSTEMS

In Lieu of CMS Form 2540-10

SNF WAGE RELATED COSTS	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET S-3 PART IV
-------------------------------	---------------------------------	--	--

PART IV - Wage Related Cost

Part A - Core List

		Amount Reported	
RETIREMENT COST			
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Qualified and Non-Qualified Pension Plan Cost	7,136	3
4	Prior Year Pension Service Cost		4
PLAN ADMINISTRATIVE COSTS (Paid to External Organization):			
5	401K/TSA Plan Administration fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
HEALTH AND INSURANCE COST			
8	Health Insurance (Purchased or Self Funded)	266,074	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accidental Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	71,189	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106 Non cumulative portion)		16
TAXES			
17	FICA-Employers Portion Only	224,967	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	24,101	20
OTHER			
21	Executive Deferred Compensation		21
22	Day Care Cost and Allowances		22
23	Tuition Reimbursement	3,379	23
24	Total Wage Related cost (Sum of lines 1 -23)	596,846	24

Part B Other than Core Related Cost

		Amount Reported	
25			25

SNF REPORTING OF DIRECT CARE EXPENDITURES		PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023		WORKSHEET S-3 PART V	
Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)
		1	2	3	4	5
Direct Salaries		////	////	////	////	////
Nursing Occupations		////	////	////	////	////
1	Registered Nurses (RNs)	325,233	64,124	389,357	7,721.75	50.42 1
2	Licensed Practical Nurses (LPNs)	632,668	124,738	757,406	17,367.50	43.61 2
3	Certified Nursing Assistants/Nursing Assistants/Aides	522,519	103,021	625,540	20,770.42	30.12 3
4	Total Nursing (sum of lines 1 through 3)	1,480,420	291,883	1,772,303	45,859.67	38.65 4
5	Physical Therapists			-		0.00 5
6	Physical Therapy Assistants			-		0.00 6
7	Physical Therapy Aides			-		0.00 7
8	Occupational Therapists			-		0.00 8
9	Occupational Therapy Assistants			-		0.00 9
10	Occupational Therapy Aides			-		0.00 10
11	Speech Therapists			-		0.00 11
12	Respiratory Therapists			-		0.00 12
13	Other Medical Staff			-		0.00 13
Contract Labor		////	////	////	////	//// /
Nursing Occupations		////	////	////	////	//// /
14	Registered Nurses (RNs)	126,836	////	126,836	1,888.25	67.17 14
15	Licensed Practical Nurses (LPNs)	307,010	////	307,010	5,509.65	55.72 15
16	Certified Nursing Assistants/Nursing Assistants/Aides	916,557	////	916,557	25,093.90	36.53 16
17	Total Nursing (sum of lines 14 through 16)	1,350,403	////	1,350,403	32,491.80	41.56 17
18	Physical Therapists	181,386	////	181,386	3,457.63	52.46 18
19	Physical Therapy Assistants		////	-		0.00 19
20	Physical Therapy Aides		////	-		0.00 20
21	Occupational Therapists	229,747	////	229,747	3,670.92	62.59 21
22	Occupational Therapy Assistants		////	-		0.00 22
23	Occupational Therapy Aides		////	-		0.00 23
24	Speech Therapists	52,675	////	52,675	477.83	110.24 24
25	Respiratory Therapists		////	-		0.00 25
26	Other Medical Staff		////	-		0.00 26

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER CCN: 31-5302			PERIOD: FROM: 01/01/2023 TO: 12/31/2023		WORKSHEET A	
COST CENTER (Omit Cents)			SALARIES	OTHER	TOTAL (Col 1 + Col 2)	RECLASSI- FICATIONS Increase/Decrease (Fr Wkst A-6)	RECLASSIFIED TRIAL BALANCE (Col 3 +/- Col 4)	ADJUSTMENTS TO EXPENSES Increase/Decrease (Fr Wkst A-8)	NET EXPENSES FOR COST ALLOCATION (Col 5 +/- Col 6)
A	B	C	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS									
1	0100	Capital-Related Costs - Building & Fixture		700,602	700,602	0	700,602	(145,252)	555,350
2	0200	Capital-Related Costs - Movable Equipment		0	0	0	0	0	0
3	0300	Employee Benefits	0	596,847	596,847	0	596,847	0	596,847
4	0400	Administrative and General	409,988	1,336,416	1,746,404	0	1,746,404	(257,944)	1,488,460
5	0500	Plant Operation, Maintenance and Repairs	102,526	370,790	473,316	0	473,316	0	473,316
6	0600	Laundry and Linen Service	0	23,918	23,918	0	23,918	0	23,918
7	0700	Housekeeping	0	283,935	283,935	0	283,935	0	283,935
8	0800	Dietary	378,580	238,640	617,220	0	617,220	0	617,220
9	0900	Nursing Administration	401,539	239	401,778	0	401,778	0	401,778
10	1000	Central Services and Supply	0	141,360	141,360	0	141,360	0	141,360
11	1100	Pharmacy	0	0	0	0	0	0	0
12	1200	Medical Records and Library	0	0	0	0	0	0	0
13	1300	Social Service	92,798	0	92,798	0	92,798	0	92,798
14	1400	Nursing and Allied Health Education Activities	0	0	0	0	0	0	0
15	1500	Other General Service Cost	161,344	28,210	189,554	0	189,554	0	189,554
INPATIENT ROUTINE SERVICE COST CENTERS									
30	3000	Skilled Nursing Facility	1,480,420	1,355,739	2,836,159	0	2,836,159	(8,793)	2,827,366
31	3100	Nursing Facility	0	0	0	0	0	0	0
32	3200	ICF/IID	0	0	0	0	0	0	0
33	3300	Other Long Term Care	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS									
40	4000	Radiology	0	4,778	4,778	0	4,778	0	4,778
41	4100	Laboratory	0	8,885	8,885	0	8,885	0	8,885
42	4200	Intravenous Therapy	0	7,000	7,000	0	7,000	0	7,000
43	4300	Oxygen (Inhalation) Therapy	0	9,853	9,853	0	9,853	0	9,853
44	4400	Physical Therapy	0	463,808	463,808	(282,422)	181,386	0	181,386
45	4500	Occupational Therapy	0	0	0	229,747	229,747	0	229,747
46	4600	Speech Pathology	0	0	0	52,675	52,675	0	52,675
47	4700	Electrocardiology	0	0	0	50	50	0	50
48	4800	Medical Supplies Charged to Patients	0	0	0	0	0	0	0
49	4900	Drugs Charged to Patients	0	95,643	95,643	(50)	95,593	0	95,593
50	5000	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	5100	Support Surfaces	0	0	0	0	0	0	0
52	5200	Other Ancillary Service Cost Center	0	0	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER CCN: 31-5302			PERIOD: FROM: 01/01/2023 TO: 12/31/2023		WORKSHEET A	
COST CENTER (Omit Cents)			SALARIES	OTHER	TOTAL (Col 1 + Col 2)	RECLASSI- FICATIONS Increase/Decrease (Fr Wkst A-6)	RECLASSIFIED TRIAL BALANCE (Col 3 +/- Col 4)	ADJUSTMENTS TO EXPENSES Increase/Decrease (Fr Wkst A-8)	NET EXPENSES FOR COST ALLOCATION (Col 5 +/- Col 6)
A	B	C	1	2	3	4	5	6	7
52.01	5201	Other Ancillary Service Cost Center II	0	0	0	0	0	0	0
52.02	5202	Other Ancillary Service Cost Center III	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS									
60	6000	Clinic	0	0	0	0	0	0	0
61	6100	Rural Health Clinic	0	0	0	0	0	0	0
62	6200	FQHC	0	0	0	0	0	0	0
63	6300	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
70	7000	Home Health Agency Cost	0	0	0	0	0	0	0
71	7100	Ambulance	0	0	0	0	0	0	0
72	7200	Outpatient Rehabilitation	0	0	0	0	0	0	0
73	7300	CMHC	0	0	0	0	0	0	0
74	7400	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
80	8000	Malpractice Premiums & Paid Losses		0	0	0	0	0	-0-
81	8100	Interest Expense		0	0	0	0	0	-0-
82	8200	Utilization Review -- SNF	0	0	0	0	0	0	-0-
83	8300	Hospice	0	0	0	0	0	0	0
84	8400	Other Special Purpose Cost I	0	0	0	0	0	0	0
84.01	8401	Other Special Purpose Cost II	0	0	0	0	0	0	0
89		SUBTOTALS (sum of lines 1 through 84)	3,027,195	5,666,663	8,693,858	0	8,693,858	(411,989)	8,281,869
NON REIMBURSABLE COST CENTERS									
90	9000	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0
91	9100	Barber and Beauty Shop	0	0	0	0	0	0	0
92	9200	Physicians' Private Offices	0	4,950	4,950	0	4,950	0	4,950
93	9300	Nonpaid Workers	0	0	0	0	0	0	0
94	9400	Patients Laundry	0	0	0	0	0	0	0
95	9500	Other Nonreimbursable Cost	0	0	0	0	0	0	0
100		TOTAL	3,027,195	5,671,613	8,698,808	0	8,698,808	(411,989)	8,286,819

RECLASSIFICATIONS	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET A-6
-------------------	--------------------------	---	---------------

EXPLANATION OF RECLASSIFICATION ENTRY	CODE (1) 1	INCREASE				DECREASE			
		COST CENTER 2	LINE NO. 3	SALARY 4	NON-SALARY 5	COST CENTER 6	LINE NO. 7	SALARY 8	NON-SALARY 9
1 RECLASS EKG	A	Electrocardiology	47		50	Drugs Charged to Patie	49		50
2 RECLASS OT	B	Occupational Therapy	45		229,747	Physical Therapy	44		229,747
3 RECLASS ST	C	Speech Pathology	46		52,675	Physical Therapy	44		52,675
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
100 TOTAL RECLASSIFICATIONS				0	282,472			0	282,472

(1) A LETTER (A, B, etc.) MUST BE ENTERED ON EACH LINE TO IDENTIFY EACH RECLASSIFICATION ENTRY.
 (2) TRANSFER TO WORKSHEET A, COLUMN 4, LINE AS APPROPRIATE.

	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET A-7
--	--------------------------	---	---------------

**ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES
ASSET BALANCES**

Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets
		Purchases	Donation	Total			
		1	2	3			
1 Land				0		0	
2 Land Improvements				0		0	
3 Buildings and Fixtures				0		0	
4 Building Improvements	2,097,762	16,656		16,656	27,000	2,087,418	
5 Fixed Equipment				0		0	
6 Movable Equipment	258,965			0	198,478	60,487	
7 Subtotal (sum of lines 1-6)	2,356,727	16,656	0	16,656	225,478	2,147,905	0
8 Reconciling Items				0		0	
9 Total (line 7 minus line 8)	2,356,727	16,656	0	16,656	225,478	2,147,905	0

ADJUSTMENTS TO EXPENSES	PROVIDER CCN 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023
-------------------------	-------------------------	---

(1) DESCRIPTION	(2) BASIS* FOR ADJ	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
		AMOUNT	COST CENTER	LINE #
1 Investment income on restricted funds (Chapter 2)	B	(1,355)	Administrative and General	4
2 Trade, quantity and time discounts on purchases (Chapter 8)				
3 Refunds and rebates of expenses (Chapter 8)				
4 Rental of provider space by suppliers (Chapter 8)				
5 Telephone services (pay stations excluded) (Chapter 21)				
6 Television and radio service (Chapter 21)				
7 Parking lot (Chapter 21)				
8 Remuneration applicable to provider-based physician adjustment	////////// A-8-2	////////// 0	//////////	//////////
9 Home office costs (Chapter 21)				
10 Sale of scrap, waste, etc. (Chapter 23)				
11 Nonallowable costs related to certain Capital expenditures (Chapter 24)	//////////	//////////	//////////	//////////
12 Adjustment resulting from transactions with related organizations (Chapter 10)	////////// A-8-1	////////// (226,215)	//////////	//////////
13 Laundry and Linen service				
14 Revenue - Employee meals				
15 Cost of meals - Guests				
16 Sale of medical supplies to other than patients				
17 Sale of drugs to other than patients				
18 Sale of medical records and abstracts	B	(70)	Administrative and General	4
19 Vending machines				
20 Income from imposition of interest, finance or penalty charges (Chapter 21)	//////////	//////////	//////////	//////////
21 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	//////////	//////////	//////////	//////////
22 Utilization review--physicians' compensation (chapter 21)			Utilization Review -- SNF	82
23 Depreciation--buildings and fixtures			Capital-Related Costs - Building & Fixture	1
24 Depreciation--movable equipment			Capital-Related Costs - Moveable Equipment	2
25 Don,Misc,ProAds,Pens	A	(184,349)	Administrative and General	4
25.01				
25.02				
25.03				
25.04				
A-8 ADDITIONAL ADJUSTMENTS (FROM BELOW)		//////////	0	//////////
100	TOTAL	//////////	(411,989)	//////////

ADJUSTMENTS TO EXPENSES	PROVIDER CCN 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023
-------------------------	-------------------------	---

(1) DESCRIPTION	(2) BASIS* FOR ADJ	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
		AMOUNT	COST CENTER	LINE #

ADDITIONAL ADJUSTMENTS

25.05				
25.06				
25.07				
25.08				
25.09				
25.10				
25.11				
25.12				
25.13				
25.14				
25.15				
25.16				
25.17				
25.18				
25.19				
25.20				
25.21				
25.22				
25.23				
25.24				
25.25				

SUBTOTAL OF ADDITIONAL ADJUSTMENTS

0

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET A-8-1
---	--------------------------	---	------------------------

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

	Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A. , col. 5	Adjustments (Col 4 minus Col 5)
	1	2	3	4	5	6
1	3	Employee Benefits	Self Insurance	296,498	296,498	0
2	10	Central Services and Supply	Med Supplies	96,995	96,995	0
3	43	Oxygen (Inhalation) Therapy	Oxygen	5,620	5,620	0
4	10	Central Services and Supply	OTC Drugs	12,576	12,576	0
5	8	Dietary	Dietary	235,052	235,052	0
6	5	Plant Operation, Maintenance and R	Maintenance	23,529	23,529	0
7	6	Laundry and Linen Service	Diapers	23,918	23,918	0
8	4	Administrative and General	Office Supplies	10,210	10,210	0
9	4	Administrative and General	Office Support	365,225	437,395	(72,170)
9.01	1	Capital-Related Costs - Building &	Rent		545,001	(545,001)
9.02	30	Skilled Nursing Facility	Nursing	112,831	121,624	(8,793)
9.03	1	Capital-Related Costs - Building &	Mortgage Interest	160,219		160,219
9.04	1	Capital-Related Costs - Building &	Depreciation	122,406		122,406
9.05	1	Capital-Related Costs - Building &	Property Tax	84,677		84,677
9.06	1	Capital-Related Costs - Building &	Property Insurance	32,447		32,447
9.07						0
9.08						0
9.09						0
9.10						0
10 TOTAL				1,582,203	1,808,418	(226,215)

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

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

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

	Description	(1) Symbol	Name	Percentage of Ownership	Related Organization(s)		
					Name	Percentage of Ownership	Type of Business
1		A	M Feigenbaum	34.00	Dynamic Health	50.00	Office Support
2		A	C Feigenbaum	4.00	Dynamic Health	50.00	Office Support
3		A	M Feigenbaum	34.00	Ocean Dietary	50.00	Purchasing
4		A	C Feigenbaum	4.00	Ocean Dietary	50.00	Purchasing
5		A	M Feigenbaum	34.00	Ocean Healthcr	100.00	Self Insurance
6		A	Rolling Hills	100.00	Care Street	100.00	Nursing
7		A	Rolling Hills	100.00	Rolling Hills Realty	100.00	Realty
8							
9							
10							
10.01							
10.02							
10.03							
10.04							
10.05							

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS			PROVIDER CCN: 31-5302		PERIOD: FROM: 01/01/2023 TO: 12/31/2023		WORKSHEET A-8-2		
	Wkst A Line No.	Cost Center / Physician Identifier	Total Remuneration	Professional Component	Provider Component	R C E Amount	Physician / Provider Component Hrs	Unadjusted R C E Limit	5 Percent of Unadjusted R C E Limit
	1	2	3	4	5	6	7	8	9
1								0	0
2								0	0
3								0	0
4								0	0
5								0	0
6								0	0
7								0	0
8								0	0
9								0	0
10								0	0
11								0	0
100	TOTAL		0	0	0	////////////////////	0	0	0

	Wkst A Line No.	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance	Provider Component Share of Column 14	Adjusted R C E Limit	R C E Disallowance	Adjustment
	10	11	12	13	14	15	16	17	18
1				0		0	0	0	0
2				0		0	0	0	0
3				0		0	0	0	0
4				0		0	0	0	0
5				0		0	0	0	0
6				0		0	0	0	0
7				0		0	0	0	0
8				0		0	0	0	0
9				0		0	0	0	0
10				0		0	0	0	0
11				0		0	0	0	0
100	TOTAL		0	0	0	0	0	0	0

COST ALLOCATION GENERAL SERVICE COSTS		PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET B PART I					
COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAP.REL. BLDGS & FIXTURES	CAP.REL. MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	OTHER ADMIN & GENERAL	PLANT OP. MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
	0	1	2	3	3a	4.00	5	6	
GENERAL SERVICE COST CENTERS									
1	Capital-Related Costs - Building & Fixture	555,350	555,350						
2	Capital-Related Costs - Movable Equipment	0	////////////////////	0					
3	Employee Benefits	596,847	3,799	0	600,646				
4	Administrative and General	1,488,460	8,966	0	81,349	1,578,775	1,578,775		
5	Plant Operation, Maintenance and Repairs	473,316	49,996	0	20,343	543,655	127,952	671,607	
6	Laundry and Linen Service	23,918	10,992	0	0	34,910	8,216	14,987	
7	Housekeeping	283,935	481	0	0	284,416	66,939	656	
8	Dietary	617,220	10,587	0	75,117	702,924	165,437	14,434	
9	Nursing Administration	401,778	5,724	0	79,672	487,174	114,659	7,804	
10	Central Services and Supply	141,360	3,065	0	0	144,425	33,991	4,178	
11	Pharmacy	0	0	0	0	0	0	0	
12	Medical Records and Library	0	0	0	0	0	0	0	
13	Social Service	92,798	0	0	18,413	111,211	26,174	0	
14	Nursing and Allied Health Education Activities	0	0	0	0	0	0	0	
15	Other General Service Cost	189,554	0	0	32,013	221,567	52,147	0	
INPATIENT ROUTINE SERVICE COST CENTERS									
30	Skilled Nursing Facility	2,827,366	433,728	0	293,739	3,554,833	836,651	591,357	
31	Nursing Facility	0	0	0	0	0	0	0	
32	ICF/IID	0	0	0	0	0	0	0	
33	Other Long Term Care	0	0	0	0	0	0	0	
ANCILLARY SERVICE COST CENTERS									
40	Radiology	4,778	0	0	0	4,778	1,125	0	
41	Laboratory	8,885	0	0	0	8,885	2,091	0	
42	Intravenous Therapy	7,000	0	0	0	7,000	1,647	0	
43	Oxygen (Inhalation) Therapy	9,853	0	0	0	9,853	2,319	0	
44	Physical Therapy	181,386	19,173	0	0	200,559	47,203	26,140	
45	Occupational Therapy	229,747	5,724	0	0	235,471	55,419	7,804	
46	Speech Pathology	52,675	3,115	0	0	55,790	13,130	4,247	
47	Electrocardiology	50	0	0	0	50	12	0	
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	
49	Drugs Charged to Patients	95,593	0	0	0	95,593	22,498	0	
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	
51	Support Surfaces	0	0	0	0	0	0	0	
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	

COST ALLOCATION GENERAL SERVICE COSTS		PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023		WORKSHEET B PART I				
COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAP.REL. BLDGS & FIXTURES	CAP.REL. MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	OTHER ADMIN & GENERAL	PLANT OP. MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
	0	1	2	3	3a	4.00	5	6	
52.01	Other Ancillary Service Cost Center II	0	0	0	0	0	0	0	
52.02	Other Ancillary Service Cost Center III	0	0	0	0	0	0	0	
OUTPATIENT SERVICE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	
61	Rural Health Clinic	0	0	0	0	0	0	0	
62	FQHC	0	0	0	0	0	0	0	
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	
OTHER REIMBURSABLE COST CENTERS									
70	Home Health Agency Cost	0	0	0	0	0	0	0	
71	Ambulance	0	0	0	0	0	0	0	
72	Outpatient Rehabilitation	0	0	0	0	0	0	0	
73	CMHC	0	0	0	0	0	0	0	
74	Other Reimbursable Cost	0	0	0	0	0	0	0	
SPECIAL PURPOSE COST CENTERS									
83	Hospice	0	0	0	0	0	0	0	
84	Other Special Purpose Cost I	0	0	0	0	0	0	0	
84.01	Other Special Purpose Cost II	0	0	0	0	0	0	0	
89	SUBTOTALS (sum of lines 1 through 84)	8,281,869	555,350	0	600,646	8,281,869	1,577,610	671,607	58,113
NON REIMBURSABLE COST CENTERS									
90	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	
91	Barber and Beauty Shop	0	0	0	0	0	0	0	
92	Physicians' Private Offices	4,950	0	0	0	4,950	1,165	0	
93	Nonpaid Workers	0	0	0	0	0	0	0	
94	Patients Laundry	0	0	0	0	0	0	0	
95	Other Nonreimbursable Cost	0	0	0	0	0	0	0	
98	Cross Foot Adjustments	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	
99	Negative Cost Center		0	0	0	0	0	0	
100	TOTAL	8,286,819	555,350	0	600,646	8,286,819	1,578,775	671,607	58,113

COST ALLOCATION GENERAL SERVICE COSTS				PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET B PART I (cont.)			
--	--	--	--	--------------------------	---	----------------------------------	--	--	--

COST CENTER		HOUSE-KEEPING	DIETARY	NURSING ADMIN.	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING & ALLIED HEALTH
		7	8	9	10	11	12	13	14
GENERAL SERVICE COST CENTERS									
1	Capital-Related Costs - Building & Fixture								
2	Capital-Related Costs - Movable Equipment								
3	Employee Benefits								
4	Administrative and General								
5	Plant Operation, Maintenance and Repairs								
6	Laundry and Linen Service								
7	Housekeeping	352,011							
8	Dietary	7,746	890,541						
9	Nursing Administration	4,188	0	613,825					
10	Central Services and Supply	2,242	0	0	184,836				
11	Pharmacy	0	0	0	0	0			
12	Medical Records and Library	0	0	0	0	0	0		
13	Social Service	0	0	0	0	0	0	137,385	
14	Nursing and Allied Health Education Activities	0	0	0	0	0	0	0	0
15	Other General Service Cost	0	0	0	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS									
30	Skilled Nursing Facility	317,340	890,541	613,825	184,836	0	0	137,385	0
31	Nursing Facility	0	0	0	0	0	0	0	0
32	ICF/IID	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS									
40	Radiology	0	0	0	0	0	0	0	0
41	Laboratory	0	0	0	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	14,028	0	0	0	0	0	0	0
45	Occupational Therapy	4,188	0	0	0	0	0	0	0
46	Speech Pathology	2,279	0	0	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0

COST ALLOCATION GENERAL SERVICE COSTS		PROVIDER CCN: 31-5302		PERIOD: FROM: 01/01/2023 TO: 12/31/2023		WORKSHEET B PART I (cont.)			
COST CENTER		HOUSE-KEEPING	DIETARY	NURSING ADMIN.	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING & ALLIED HEALTH
		7	8	9	10	11	12	13	14
52.01	Other Ancillary Service Cost Center II	0	0	0	0	0	0	0	0
52.02	Other Ancillary Service Cost Center III	0	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	0
61	Rural Health Clinic	0	0	0	0	0	0	0	0
62	FQHC	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
70	Home Health Agency Cost	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0
72	Outpatient Rehabilitation	0	0	0	0	0	0	0	0
73	CMHC	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
83	Hospice	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost I	0	0	0	0	0	0	0	0
84.01	Other Special Purpose Cost II	0	0	0	0	0	0	0	0
89	SUBTOTALS (sum of lines 1 through 84)	352,011	890,541	613,825	184,836	0	0	137,385	0
NON REIMBURSABLE COST CENTERS									
90	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0	0
92	Physicians' Private Offices	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0
95	Other Nonreimbursable Cost	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////
99	Negative Cost Center	0	0	0	0	0	0	0	0
100	TOTAL	352,011	890,541	613,825	184,836	0	0	137,385	0

ALLOCATION OF CAPITAL-RELATED COSTS		PERIOD: FROM: 01/01/2023 TO: 12/31/2023		PROVIDER CCN: 31-5302	WORKSHEET B PART II				
COST CENTER	DIRECTLY ASSIGNED	CAP.REL. BLDGS & FIXTURES	CAP.REL. MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS	ADMIN & GENERAL	PLANT OP. MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
	0	1	2	2a	3	4	5	6	
GENERAL SERVICE COST CENTERS									
1	Capital-Related Costs - Building & Fixture	////////////////////	////////////////////	////////////////////	////////////////////				
2	Capital-Related Costs - Movable Equipment	////////////////////	////////////////////	////////////////////	////////////////////				
3	Employee Benefits		3,799	0	3,799	3,799			
4	Administrative and General		8,966	0	8,966	515	9,481		
5	Plant Operation, Maintenance and Repairs		49,996	0	49,996	129	768	50,893	
6	Laundry and Linen Service		10,992	0	10,992	0	49	1,136	12,177
7	Housekeeping		481	0	481	0	402	50	0
8	Dietary		10,587	0	10,587	475	993	1,094	0
9	Nursing Administration		5,724	0	5,724	504	688	591	0
10	Central Services and Supply		3,065	0	3,065	0	204	317	0
11	Pharmacy		0	0	0	0	0	0	0
12	Medical Records and Library		0	0	0	0	0	0	0
13	Social Service		0	0	0	116	157	0	0
14	Nursing and Allied Health Education Activities		0	0	0	0	0	0	0
15	Other General Service Cost		0	0	0	202	313	0	0
INPATIENT ROUTINE SERVICE COST CENTERS									
30	Skilled Nursing Facility		433,728	0	433,728	1,858	5,026	44,811	12,177
31	Nursing Facility		0	0	0	0	0	0	0
32	ICF/IID		0	0	0	0	0	0	0
33	Other Long Term Care		0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS									
40	Radiology		0	0	0	0	7	0	0
41	Laboratory		0	0	0	0	13	0	0
42	Intravenous Therapy		0	0	0	0	10	0	0
43	Oxygen (Inhalation) Therapy		0	0	0	0	14	0	0
44	Physical Therapy		19,173	0	19,173	0	283	1,981	0
45	Occupational Therapy		5,724	0	5,724	0	333	591	0
46	Speech Pathology		3,115	0	3,115	0	79	322	0
47	Electrocardiology		0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients		0	0	0	0	0	0	0
49	Drugs Charged to Patients		0	0	0	0	135	0	0
50	Dental Care - Title XIX only		0	0	0	0	0	0	0
51	Support Surfaces		0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center		0	0	0	0	0	0	0
52.01	Other Ancillary Service Cost Center II		0	0	0	0	0	0	0

ALLOCATION OF CAPITAL-RELATED COSTS		PERIOD: FROM: 01/01/2023 TO: 12/31/2023		PROVIDER CCN: 31-5302	WORKSHEET B PART II				
COST CENTER		DIRECTLY ASSIGNED	CAP.REL. BLDGS & FIXTURES	CAP.REL. MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS	ADMIN & GENERAL	PLANT OP. MAINT & REPAIRS	LAUNDRY & LINEN SERVICE
		0	1	2	2a	3	4	5	6
52.02	Other Ancillary Service Cost Center III		0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS									
60	Clinic		0	0	0	0	0	0	0
61	Rural Health Clinic		0	0	0	0	0	0	0
62	FQHC		0	0	0	0	0	0	0
63	Other Outpatient Service Cost		0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
70	Home Health Agency Cost		0	0	0	0	0	0	0
71	Ambulance		0	0	0	0	0	0	0
72	Outpatient Rehabilitation		0	0	0	0	0	0	0
73	CMHC		0	0	0	0	0	0	0
74	Other Reimbursable Cost		0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
83	Hospice		0	0	0	0	0	0	0
84	Other Special Purpose Cost I		0	0	0	0	0	0	0
84.01	Other Special Purpose Cost II		0	0	0	0	0	0	0
89	SUBTOTALS (sum of lines 1 through 84)	0	555,350	0	555,350	3,799	9,474	50,893	12,177
NON REIMBURSABLE COST CENTERS									
90	Gift, Flower, Coffee Shop & Canteen		0	0	0	0	0	0	0
91	Barber and Beauty Shop		0	0	0	0	0	0	0
92	Physicians' Private Offices		0	0	0	0	7	0	0
93	Nonpaid Workers		0	0	0	0	0	0	0
94	Patients Laundry		0	0	0	0	0	0	0
95	Other Nonreimbursable Cost		0	0	0	0	0	0	0
98	Cross Foot Adjustments		////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////
99	Negative Cost Center		0	0	0	0	0	0	0
100	TOTAL	0	555,350	0	555,350	3,799	9,481	50,893	12,177

ALLOCATION OF CAPITAL-RELATED COSTS										PROVIDER CCN: 31-5302
COST CENTER		HOUSE-KEEPING	DIETARY	NURSING ADMIN.	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING & ALLIED HEALTH	
		7	8	9	10	11	12	13	14	
GENERAL SERVICE COST CENTERS										
1	Capital-Related Costs - Building & Fixture									
2	Capital-Related Costs - Movable Equipment									
3	Employee Benefits									
4	Administrative and General									
5	Plant Operation, Maintenance and Repairs									
6	Laundry and Linen Service									
7	Housekeeping	933								
8	Dietary	21	13,170							
9	Nursing Administration	11	0	7,518						
10	Central Services and Supply	6	0	0	3,592					
11	Pharmacy	0	0	0	0	0				
12	Medical Records and Library	0	0	0	0	0	0			
13	Social Service	0	0	0	0	0	0	273		
14	Nursing and Allied Health Education Activities	0	0	0	0	0	0	0	0	
15	Other General Service Cost	0	0	0	0	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS										
30	Skilled Nursing Facility	841	13,170	7,518	3,592	0	0	273	0	0
31	Nursing Facility	0	0	0	0	0	0	0	0	0
32	ICF/IID	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS										
40	Radiology	0	0	0	0	0	0	0	0	0
41	Laboratory	0	0	0	0	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	37	0	0	0	0	0	0	0	0
45	Occupational Therapy	11	0	0	0	0	0	0	0	0
46	Speech Pathology	6	0	0	0	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
52.01	Other Ancillary Service Cost Center II	0	0	0	0	0	0	0	0	0

ALLOCATION OF CAPITAL-RELATED COSTS						PROVIDER CCN: 31-5302				
COST CENTER		HOUSE-KEEPING	DIETARY	NURSING ADMIN.	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING & ALLIED HEALTH	
		7	8	9	10	11	12	13	14	
52.02	Other Ancillary Service Cost Center III	0	0	0	0	0	0	0	0	
OUTPATIENT SERVICE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	
61	Rural Health Clinic	0	0	0	0	0	0	0	0	
62	FQHC	0	0	0	0	0	0	0	0	
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	
OTHER REIMBURSABLE COST CENTERS										
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	
71	Ambulance	0	0	0	0	0	0	0	0	
72	Outpatient Rehabilitation	0	0	0	0	0	0	0	0	
73	CMHC	0	0	0	0	0	0	0	0	
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	
SPECIAL PURPOSE COST CENTERS										
83	Hospice	0	0	0	0	0	0	0	0	
84	Other Special Purpose Cost I	0	0	0	0	0	0	0	0	
84.01	Other Special Purpose Cost II	0	0	0	0	0	0	0	0	
89	SUBTOTALS (sum of lines 1 through 84)	933	13,170	7,518	3,592	0	0	273	0	
NON REIMBURSABLE COST CENTERS										
90	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	
91	Barber and Beauty Shop	0	0	0	0	0	0	0	0	
92	Physicians' Private Offices	0	0	0	0	0	0	0	0	
93	Nonpaid Workers	0	0	0	0	0	0	0	0	
94	Patients Laundry	0	0	0	0	0	0	0	0	
95	Other Nonreimbursable Cost	0	0	0	0	0	0	0	0	
98	Cross Foot Adjustments	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	////////////////////	
99	Negative Cost Center	0	0	0	0	0	0	0	0	
100	TOTAL	933	13,170	7,518	3,592	0	0	273	0	

COST ALLOCATION STATISTICAL BASIS		PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET B-1					
COST CENTER	CAP.REL. BLDG/FIX (SQUARE FEET)	CAP.REL. MOV.EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	RECONCILIATION *	ADMIN & GENERAL (ACCUM COST)	PLANT OP. MAINT/REP. (SQUARE FEET)	LNDRY/LIN SERVICE (PATIENT DAYS)	HOUSE-KEEPING (SQUARE FEET)	
	0	1	2	3	4.00a	4.00	5	6	7

GENERAL SERVICE COST CENTERS									
1	Capital-Related Costs - Building & Fixture	21,927							
2	Capital-Related Costs - Movable Equipment		0						
3	Employee Benefits	150	0	3,027,195					
4	Administrative and General	354	0	409,988	(1,578,775)	6,708,044			
5	Plant Operation, Maintenance and Repairs	1,974	0	102,526		543,655	19,449		
6	Laundry and Linen Service	434	0	0		34,910	434	22,249	
7	Housekeeping	19	0	0		284,416	19		18,996
8	Dietary	418	0	378,580		702,924	418		418
9	Nursing Administration	226	0	401,539		487,174	226		226
10	Central Services and Supply	121	0	0		144,425	121		121
11	Pharmacy		0	0		0	0		0
12	Medical Records and Library		0	0		0	0		0
13	Social Service		0	92,798		111,211	0		0
14	Nursing and Allied Health Education Activities		0	0		0	0		0
15	Other General Service Cost		0	161,344		221,567	0		0
INPATIENT ROUTINE SERVICE COST CENTERS									
30	Skilled Nursing Facility	17,125	0	1,480,420		3,554,833	17,125	22,249	17,125
31	Nursing Facility		0	0		0	0	0	0
32	ICF/IID		0	0		0	0	0	0
33	Other Long Term Care		0	0		0	0	0	0
ANCILLARY SERVICE COST CENTERS									
40	Radiology		0	0		4,778	0		0
41	Laboratory		0	0		8,885	0		0
42	Intravenous Therapy		0	0		7,000	0		0
43	Oxygen (Inhalation) Therapy		0	0		9,853	0		0
44	Physical Therapy	757	0	0		200,559	757		757
45	Occupational Therapy	226	0	0		235,471	226		226
46	Speech Pathology	123	0	0		55,790	123		123
47	Electrocardiology		0	0		50	0		0
48	Medical Supplies Charged to Patients		0	0		0	0		0
49	Drugs Charged to Patients		0	0		95,593	0		0
50	Dental Care - Title XIX only		0	0		0	0		0
51	Support Surfaces		0	0		0	0		0
52	Other Ancillary Service Cost Center		0	0		0	0		0
52.01	Other Ancillary Service Cost Center II		0	0		0	0		0
52.02	Other Ancillary Service Cost Center III		0	0		0	0		0
OUTPATIENT SERVICE COST CENTERS									

COST ALLOCATION STATISTICAL BASIS		PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET B-1						
COST CENTER		CAP.REL. BLDG/FIX (SQUARE FEET)	CAP.REL. MOV.EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	RECONCI- LIATION *	ADMIN & GENERAL (ACCUM COST)	PLANT OP. MAINT/REP. (SQUARE FEET)	LNDY/LIN SERVICE (PATIENT DAYS)	HOUSE- KEEPING (SQUARE FEET)	
		0	1	2	3	4.00a	4.00	5	6	7
60	Clinic	////		0	0		0	0		0
61	Rural Health Clinic	////					0			
62	FQHC	////					0			
63	Other Outpatient Service Cost	////		0	0		0	0		0
OTHER REIMBURSABLE COST CENTERS										
70	Home Health Agency Cost	////		0	0		0	0	0	0
71	Ambulance	////		0	0		0	0		0
72	Outpatient Rehabilitation	////		0	0		0	0		0
73	CMHC	////		0	0		0	0		0
74	Other Reimbursable Cost	////		0	0		0	0		0
SPECIAL PURPOSE COST CENTERS										
83	Hospice	////		0	0		0	0		0
84	Other Special Purpose Cost I	////		0	0		0	0		0
84.01	Other Special Purpose Cost II	////		0	0		0	0		0
89	SUBTOTALS (sum of lines 1 through 84)	////	21,927	0	3,027,195	(1,578,775)	6,703,094	19,449	22,249	18,996
NON REIMBURSABLE COST CENTERS										
90	Gift, Flower, Coffee Shop & Canteen	////		0	0		0	0		0
91	Barber and Beauty Shop	////		0	0		0	0		0
92	Physicians' Private Offices	////		0	0		4,950	0		0
93	Nonpaid Workers	////		0	0		0	0		0
94	Patients Laundry	////		0	0		0	0		0
95	Other Nonreimbursable Cost	////		0	0		0	0		0
98	Cross Foot Adjustment	////								
99	Negative Cost Center	////								
102	Cost to Be Allocated (Per Worksheet B, Part I)	////	555,350	0	600,646		1,578,775	671,607	58,113	352,011
103	Unit Cost Multiplier (Worksheet B, Part I)	////	25.327222	0.000000	0.198417		0.235355	34.531698	2.611938	18.530796
104	Cost to Be Allocated (Per Worksheet B, Part II)	////			3,799		9,481	50,893	12,177	933
105	Unit Cost Multiplier (Worksheet B, Part II)	////			0.001255		0.001413	2.616741	0.547305	0.049116

* may zero out accum.cost stat at col.4 instead of using reconcil.

COST ALLOCATION STATISTICAL BASIS		PROVIDER CCN: 31-5302			PERIOD: FROM: 01/01/2023 TO: 12/31/2023		WORKSHEET B-1 (cont.)	
COST CENTER	DIETARY (MEALS SERVED)	NURSING ADMIN. (PATIENT DAYS)	CENTRAL SVC & SUPP (PATIENT DAYS)	PHARMACY (COSTED REQUIS.)	MEDICAL REC & LIB (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NURSING & ALLIED HEALTH (ASSIGNED TIME)	OTHER GEN. SERVICE (PATIENT DAYS)
	8	9	10	11	12	13	14	15
GENERAL SERVICE COST CENTERS								
1	Capital-Related Costs - Building & Fixture	////	////	////	////	////	////	////
2	Capital-Related Costs - Movable Equipment	////	////	////	////	////	////	////
3	Employee Benefits	////	////	////	////	////	////	////
4	Administrative and General	////	////	////	////	////	////	////
5	Plant Operation, Maintenance and Repairs	////	////	////	////	////	////	////
6	Laundry and Linen Service	////	////	////	////	////	////	////
7	Housekeeping	////	////	////	////	////	////	////
8	Dietary	66,747	////	////	////	////	////	////
9	Nursing Administration	////	22,249	////	////	////	////	////
10	Central Services and Supply	////	////	22,249	////	////	////	////
11	Pharmacy	////	////	////	0	////	////	////
12	Medical Records and Library	////	////	////	////	0	////	////
13	Social Service	////	////	////	////	22,249	////	////
14	Nursing and Allied Health Education Activities	////	////	////	////	////	0	////
15	Other General Service Cost	////	////	////	////	////	////	22,249
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	66,747	22,249	22,249	0	0	22,249	22,249
31	Nursing Facility	0	0	0	0	0	0	0
32	ICF/IID	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS								
40	Radiology							
41	Laboratory							
42	Intravenous Therapy							
43	Oxygen (Inhalation) Therapy							
44	Physical Therapy							
45	Occupational Therapy							
46	Speech Pathology							
47	Electrocardiology							
48	Medical Supplies Charged to Patients							
49	Drugs Charged to Patients							
50	Dental Care - Title XIX only							
51	Support Surfaces							
52	Other Ancillary Service Cost Center							
52.01	Other Ancillary Service Cost Center II							
52.02	Other Ancillary Service Cost Center III							
OUTPATIENT SERVICE COST CENTERS								

COST ALLOCATION STATISTICAL BASIS		PROVIDER CCN: 31-5302			PERIOD: FROM: 01/01/2023 TO: 12/31/2023			WORKSHEET B-1 (cont.)	
COST CENTER		DIETARY (MEALS SERVED)	NURSING ADMIN. (PATIENT DAYS)	CENTRAL SVC & SUPP (PATIENT DAYS)	PHARMACY (COSTED REQUIS.)	MEDICAL REC & LIB (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NURSING & ALLIED HEALTH (ASSIGNED TIME)	OTHER GEN. SERVICE (PATIENT DAYS)
		8	9	10	11	12	13	14	15
60	Clinic	////////////////////////////////////							
61	Rural Health Clinic								
62	FQHC								
63	Other Outpatient Service Cost								
OTHER REIMBURSABLE COST CENTERS		////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
70	Home Health Agency Cost	0	0	0	0	0	0		0
71	Ambulance								
72	Outpatient Rehabilitation								
73	CMHC								
74	Other Reimbursable Cost								
SPECIAL PURPOSE COST CENTERS		////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
83	Hospice								
84	Other Special Purpose Cost I								
84.01	Other Special Purpose Cost II								
89	SUBTOTALS (sum of lines 1 through 84)	66,747	22,249	22,249	0	0	22,249	0	22,249
NON REIMBURSABLE COST CENTERS		////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
90	Gift, Flower, Coffee Shop & Canteen								
91	Barber and Beauty Shop								
92	Physicians' Private Offices								
93	Nonpaid Workers								
94	Patients Laundry								
95	Other Nonreimbursable Cost								
98	Cross Foot Adjustment	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
99	Negative Cost Center	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
102	Cost to Be Allocated (Per Worksheet B, Part I)	890,541	613,825	184,836	0	0	137,385	0	273,714
103	Unit Cost Multiplier (Worksheet B, Part I)	13.342038	27.588880	8.307609	0.000000	0.000000	6.174884	0.000000	12.302306
104	Cost to Be Allocated (Per Worksheet B, Part II)	13,170	7,518	3,592	0	0	273	0	515
105	Unit Cost Multiplier (Worksheet B, Part II)	0.197312	0.337903	0.161445	0.000000	0.000000	0.012270	0.000000	0.023147

POST STEP DOWN ADJUSTMENTS	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET B-2
----------------------------	--------------------------	---	--------------------------------

DESCRIPTION -1-	WORKSHEET B PART NO. LINE NO. (1 or 2) -2- -3-		AMOUNT -4-
--------------------	--	--	---------------

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

0

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS	PROVIDER CCN:	PERIOD :	WORKSHEET C
	31-5302	FROM: 01/01/2023 TO: 12/31/2023	

Cost Center	TOTAL (From Wkst B, Pt. I, Col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)
	1	2	3

ANCILLARY SERVICE COST CENTERS:

40	Radiology	5,903	4,778	1.235454
41	Laboratory	10,976	8,885	1.235340
42	Intravenous Therapy	8,647	7,475	1.156789
43	Oxygen (Inhalation) Therapy	12,172	9,853	1.235360
44	Physical Therapy	287,930	383,524	0.750748
45	Occupational Therapy	302,882	485,777	0.623500
46	Speech Pathology	75,446	111,376	0.677399
47	Electrocardiology	62	50	1.240000
48	Medical Supplies Charged	0	0	0.000000
49	Drugs Charged to Patients	118,091	243,319	0.485334
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
52.01	Other Ancillary Service Cost Center II	0	0	0.000000
52.02	Other Ancillary Service Cost Center III	0	0	0.000000

OUTPATIENT SERVICE COST CENTERS

60	Clinic	0	0	0.000000
61	Rural Health Clinic	000000000000000000	000000000000000000	000000000000000000
62	FQHC	000000000000000000	000000000000000000	000000000000000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	822,109	1,255,037	////////////////////////////////////

MED-CALC SYSTEMS		In Lieu of CMS Form 2540-10				
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST		PROVIDER CCN : 31-5302	PERIOD : FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET D		
Check <input type="checkbox"/> Title V (1) Check One: <input checked="" type="checkbox"/> SNF <input type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> Other One: <input checked="" type="checkbox"/> Title XVIII <input type="checkbox"/> PPS - Must also complete Part II <input type="checkbox"/> Title XIX (1)						
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST		RATIO OF COST TO CHARGES (WS C, col 3) 1	HEALTH CARE PROGRAM CHARGES		HEALTH CARE PROGRAM COST	
			PART A	PART B	PART A	PART B
			2	3	4	5
ANCILLARY SERVICE COST CENTERS:						
40	Radiology	1.235454	1,243		1,536	0
41	Laboratory	1.235340	8,749		10,808	0
42	Intravenous Therapy	1.156789	7,475		8,647	0
43	Oxygen (Inhalation) Therapy	1.235360	0		0	0
44	Physical Therapy	0.750748	118,715		89,125	0
45	Occupational Therapy	0.623500	162,622		101,395	0
46	Speech Pathology	0.677399	58,283		39,481	0
47	Electrocardiology	1.240000	50		62	0
48	Medical Supplies Charged	0.000000	0		0	0
49	Drugs Charged to Patients	0.485334	236,623		114,841	0
50	Dental Care - Title XIX only	0.000000	////////////////////////////////////	////////////////////////////////////	0	////////////////////////////////////
51	Support Surfaces	0.000000	0		0	0
52	Other Ancillary Service Cost Center	0.000000	0		0	0
52.01	Other Ancillary Service Cost Center II	0.000000	0		0	0
52.02	Other Ancillary Service Cost Center III	0.000000	0		0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0		0	0
61	Rural Health Clinic	0.000000			0	0
62	FQHC	0.000000			0	0
63	Other Outpatient Service Cost	0.000000	0		0	0
71	Ambulance	0.000000	////////////////////////////////////	////////////////////////////////////		
	(2)					
100	Total (Sum of lines 40 - 71)		593,760	0	365,895	0
(1) For titles V and XIX use columns 1, 2 and 4 only. (2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.						

MED-CALC SYSTEMS		In Lieu of CMS Form 2540-10	
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST	PROVIDER CCN : 31-5302	PERIOD : FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET D

Check Title V (1) Check One: SNF NF ICF/IID Other
 One: Title XVIII PPS - Must also complete Part II
 Title XIX (1)

PART II - APPORTIONMENT OF VACCINE COST		
1	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	0.485334
2	Program vaccine charges (From your records, or the P S & R.) --->	0
3	Program costs (Line 1 X line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0

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

	Total Cost (From Worksheet B, Part I, Col 18)	Nursing & Allied Health (From Wkst. B, Part I, Column 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col. 2 / Col.. 1)	Program Part A Cost (From Wkst. D. Part I, Col. 4)	Part A Nursing & Allie health Costs fo Pass Through (Col. 3 X Col. 4)	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
40	Radiology	5,903	0	0.000000	1,536	0
41	Laboratory	10,976	0	0.000000	10,808	0
42	Intravenous Therapy	8,647	0	0.000000	8,647	0
43	Oxygen (Inhalation) Therapy	12,172	0	0.000000	0	0
44	Physical Therapy	287,930	0	0.000000	89,125	0
45	Occupational Therapy	302,882	0	0.000000	101,395	0
46	Speech Pathology	75,446	0	0.000000	39,481	0
47	Electro cardiology	62	0	0.000000	62	0
48	Medical Supplies	0	0	0.000000	0	0
49	Drugs Charged to Patients	118,091	0	0.000000	114,841	0
50	Dental Care - Title XIX only	0	0	0.000000	0	0
51	Support Surfaces	0	0	0.000000	0	0
52	Other Ancillary Service Cost Center	0	0	0.000000	0	0
52.01	Other Ancillary Service Cost Center II	0	0	0.000000	0	0
52.02	Other Ancillary Service Cost Center III	0	0	0.000000	0	0
100	Total (Sum of lines 40 - 52)	822,109	0	////////////////////////////////////	365,895	0

MED-CALC SYSTEMS		In Lieu of CMS Form 2540-10			
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST		PROVIDER CCN :	PERIOD :	WORKSHEET D	
		31-5302	FROM: 01/01/2023 TO: 12/31/2023		
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST					
Check <input type="checkbox"/> Title V (1)		Check One: <input type="checkbox"/> SNF <input checked="" type="checkbox"/> NF <input type="checkbox"/> ICF/IID <input type="checkbox"/> Other			
One: <input type="checkbox"/> Title XVIII		<input type="checkbox"/> PPS - Must also complete Part II			
<input checked="" type="checkbox"/> Title XIX (1)					
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST		HEALTH CARE PROGRAM INPATIENT CHARGES		HEALTH CARE PROGRAM INPATIENT COST	
		RATIO OF COST TO CHARGES			
		PART A PART B		PART A PART B	
		1 2 3		4 5	
ANCILLARY SERVICE COST CENTERS:		////////////////////////////////////		////////////////////////////////////	
40	Radiology	1.235454		0	////////////////////////////////////
41	Laboratory	1.235340		0	////////////////////////////////////
42	Intravenous Therapy	1.156789		0	////////////////////////////////////
43	Oxygen (Inhalation) Therapy	1.235360		0	////////////////////////////////////
44	Physical Therapy	0.750748		0	////////////////////////////////////
45	Occupational Therapy	0.623500		0	////////////////////////////////////
46	Speech Pathology	0.677399		0	////////////////////////////////////
47	Electro cardiology	1.240000		0	////////////////////////////////////
48	Medical Supplies Charged	0.000000		0	////////////////////////////////////
49	Drugs Charged to Patients	0.485334		0	////////////////////////////////////
50	Dental Care - Title XIX only	0.000000		0	////////////////////////////////////
51	Support Surfaces	0.000000		0	////////////////////////////////////
52	Other Ancillary Service Cost Center	0.000000		0	////////////////////////////////////
52.01	Other Ancillary Service Cost Center II	0.000000		0	////////////////////////////////////
52.02	Other Ancillary Service Cost Center III	0.000000		0	////////////////////////////////////
OUTPATIENT SERVICE COST CENTERS		////////////////////////////////////		////////////////////////////////////	
60	Clinic	0.000000		0	////////////////////////////////////
61	Rural Health Clinic	0.000000		0	////////////////////////////////////
62	FQHC	0.000000		0	////////////////////////////////////
63	Other Outpatient Service Cost	0.000000		0	////////////////////////////////////
71	Ambulance	0.000000		0	////////////////////////////////////
					////////////////////////////////////
100	Total (Sum of lines 40 - 71)		0	0	////////////////////////////////////

(1) For titles V and XIX use columns 1, 2 and 4 only.
(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

MED-CALC SYSTEMS		In Lieu of CMS Form 2540-10	
COMPUTATION OF INPATIENT ROUTINE COSTS	PROVIDER CCN : 31-5302	PERIOD : FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET D-1 PARTS I & II
Check One:	<input type="checkbox"/> Title V	<input checked="" type="checkbox"/> Title XVIII	<input type="checkbox"/> Title XIX
Check One:	<input checked="" type="checkbox"/> SNF	<input type="checkbox"/> NF	<input type="checkbox"/> ICF/IID

PART I CALCULATION OF INPATIENT ROUTINE COSTS

INPATIENT DAYS

1	Inpatient days including private room days	22,249
2	Private room days	
3	Inpatient days including private room days applicable to the Program	2,903
4	Medically necessary private room days applicable to the Program	
5	Total general inpatient routine service cost	7,458,595

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

6	General inpatient routine service charges	7,852,255
7	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.949867
8	Enter private room charges from your records	
9	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00
10	Enter semi-private room charges from your records	
11	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00
12	Average per diem private room charge differential (Line 9 minus line 11)	0.00
13	Average per diem private room cost differential (Line 7 times line 12)	0.00
14	Private room cost differential adjustment (Line 2 times line 13)	0
15	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	7,458,595

PROGRAM INPATIENT ROUTINE SERVICE COSTS

16	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	335.23
17	Program routine service cost (Line 3 times line 16)	973,173
18	Medically necessary private room cost applicable to program (line 4 times line 13)	0
19	Total program general inpatient routine service cost (Line 17 plus line 18)	973,173
20	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, - line 30 for SNF; line 31 for NF, or line 32 for ICF/MR)	523,509
21	Per diem capital related costs (Line 20 divided by line 1)	23.53
22	Program capital related cost (Line 3 times line 21)	68,308
23	Inpatient routine service cost (Line 19 minus line 22)	904,865
24	Aggregate charges to beneficiaries for excess costs (From provider records)	
25	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	904,865
26	Enter the per diem limitation (1)	N/A
27	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	N/A
28	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27)	
	(Transfer to Worksheet E, Part II, line 4) (See instructions)	
	(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX	

PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH

1	Total inpatient days	22,249
2	Program inpatient days. (see instructions)	2,903
3	Total Nursing & Allied Health costs. (see instructions)	0
4	Nursing & Allied Health ratio. (Line 2 divided by line 1)	0.130478
5	Program Nursing & Allied Health costs for pass-through. (Line 3 times line 4)	0

COMPUTATION OF INPATIENT ROUTINE COSTS Check One:	PROVIDER CCN :	PERIOD :	WORKSHEET D-1 PARTS I & II
	31-5302	FROM: 01/01/2023 TO: 12/31/2023	
	<input type="checkbox"/> Title XVIII	<input checked="" type="checkbox"/> Title XIX	
Check One:	<input checked="" type="checkbox"/> NF	<input type="checkbox"/> ICF/IID	

PART I CALCULATION OF INPATIENT ROUTINE COSTS

INPATIENT DAYS

1	Inpatient days including private room days	0
2	Private room days	
3	Inpatient days including private room days applicable to the Program	0
4	Medically necessary private room days applicable to the Program	
5	Total general inpatient routine service cost	0

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

6	General inpatient routine service charges	
7	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.000000
8	Enter private room charges from your records	
9	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00
10	Enter semi-private room charges from your records	
11	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days, line 2)	0.00
12	Average per diem private room charge differential (Line 9 minus line 11)	0.00
13	Average per diem private room cost differential (Line 7 times line 12)	0.00
14	Private room cost differential adjustment (Line 2 times line 13)	0
15	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	0

PROGRAM INPATIENT ROUTINE SERVICE COSTS

16	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	0.00
17	Program routine service cost (Line 3 times line 16)	0
18	Medically necessary private room cost applicable to program (line 4 times line 13)	0
19	Total program general inpatient routine service cost (Line 17 plus line 18)	0
20	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, - line 30 for SNF; line 31 for NF, or line 32 for ICF/MR)	0
21	Per diem capital related costs (Line 20 divided by line 1)	0.00
22	Program capital related cost (Line 3 times line 21)	0
23	Inpatient routine service cost (Line 19 minus line 22)	0
24	Aggregate charges to beneficiaries for excess costs (From provider records)	
25	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	0
26	Enter the per diem limitation (1)	
27	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	0
28	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27)	0
	(Transfer to Worksheet E, Part II, line 4) (See instructions)	
	(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX	

PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH

1	Total inpatient days	
2	Program inpatient days. (see instructions)	
3	Total Nursing & Allied Health costs. (see instructions)	
4	Nursing & Allied Health ratio. (Line 2 divided by line 1)	
5	Program Nursing & Allied Health costs for pass-through. (Line 3 times line 4)	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII	PROVIDER CCN : 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET E PART I
---	------------------------	---	-------------------------------

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	2,106,122
2	Nursing and Allied Health Education Activities (pass through payments)	0
3	Subtotal (Sum of lines 1 and 2)	2,106,122
4	Primary payor amounts	(0)
5	Coinsurance	(332,000)
6	Allowable bad debts (from your records)	126,381
7	Allowable Bad debts for dual eligible beneficiaries (see instructions)	80,991
8	Adjusted reimbursable bad debts. (See instructions)	82,148
9	Recovery of bad debts - for statistical records only	
10	Utilization review	0
11	Subtotal (See instructions)	1,856,270
12	Interim payments (See instructions)	1,761,264
13	Tentative adjustment	
14	Other Adjustments (See Instructions)	
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (see instructions)	1,643
14.99	Sequestration amount (see instructions)	35,483
15	Balance due provider/program (Line 11 minus line 12, 13 and 14.99, plus or minus line 14)	57,880
	(Indicate overpayment in parentheses) (See Instructions)	
16	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT - LESSER OF COST OR CHARGES, TITLE XVIII ONLY

17	Ancillary services Part B	0
18	Vaccine cost (From Wkst D, Part II, line 3)	0
19	Total reasonable costs (Sum of lines 17 and 18)	0
20	Medicare Part B ancillary charges (See instructions)	0
21	Cost of covered services (Lesser of line 19 or line 20)	0
22	Primary payor amounts	(0)
23	Coinsurance and deductibles	(0)
24	Allowable bad debts (from your records)	
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	
24.02	Reimbursable bad debts (see instructions)	0
25	Subtotal (Sum of lines 21 and 24.02, minus lines 22 and 23)	0
26	Interim payments (See instructions)	0
27	Tentative adjustment	
28	Other Adjustments (See Instructions)	
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0
29	Balance due provider/program (Line 25 minus line 26, 27 and 28.99 plus or minus line 28)	0
	(Indicate overpayments in parentheses) (See Instructions)	
30	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET E-1
---	--------------------------	---	----------------------

Description	mm/dd/yyyy	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1 Total interim payments paid to provider	////////////////////////////////////	1,738,639	////////////////////////////////////	0		
2 Interim payments payable on individual bills, either submitted or to be submitted to the intermediary/contractor for services rendered in the cost reporting period. If none, enter zero.	////////////////////////////////////	29,322	////////////////////////////////////			
3 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE," or enter a zero (1)	Program to Provider	.01				
		.02				
		.03				
		.04				
		.05				
	Provider to Program *	.50	05/17/23	6,697		
		.51				
		.52				
		.53				
		.54				
SUBTOTAL (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		.99	////////////////////////////////////	(6,697)	////////////////////////////////////	
4 TOTAL INTERIM PAYMENTS (Sum of lines 1, 2 & 3.99) Transfer to Wkst E, Part I line 12 for Part A, and line 26 for Part B.)		////////////////////////////////////	1,761,264	////////////////////////////////////	0	

TO BE COMPLETED BY CONTRACTOR

5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE," or enter a zero.(1)	Program to Provider	.01			
			.02			
			.03			
		Provider to Program	.50			
			.51			
			.52			
SUBTOTAL (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		.99	////////////////////////////////////	////////////////////////////////////		
6	Determine net settlement amount (balance due) based on the cost report. (1)	Program to provider	.01			
		Provider to program	.50			
7 TOTAL MEDICARE PROGRAM LIABILITY (See Instructions)			////////////////////////////////////	////////////////////////////////////		
8	Name of Contractor	Contractor Number				

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE V and TITLE XIX ONLY	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET E PART II TITLE XIX
--	--------------------------	---	--

Check one: Title V Title XIX

Check one: SNF NF ICF/IID

COMPUTATION OF NET COST OF COVERED SER PART A - INPATIENT SERVICES

1	Inpatient ancillary services (see Instructions)	0
2	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)	0
3	Outpatient services	0
4	Inpatient routine services (see instructions)	0
5	Utilization review--physicians' compensation (from provider records)	
6	Cost of covered services (Sum of lines 1 - 5)	0
7	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	
8	SUBTOTAL (Line 6 minus line 7)	0
9	Primary payor amounts	
10	Total Reasonable Cost (Line 8 minus line 9)	0

REASONABLE CHARGES

11	Inpatient ancillary service charges	0
12	Outpatient service charges	0
13	Inpatient routine service charges	
14	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	
15	Total reasonable charges	0

CUSTOMARY CHARGES:

16	Aggregate amount actually collected from patients liable for payment for services on a charge basis	
17	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	
18	Ratio of line 16 to line 17 (not to exceed 1.000000)	1.000000
19	Total customary charges (see instructions)	0

COMPUTATION OF REIMBURSEMENT SETTLEMENT:

20	Cost of covered services (see Instructions)	0
21	Deductibles	
22	Subtotal (Line 20 minus line 21)	0
23	Coinsurance	
24	Subtotal (Line 22 minus line 23)	0
25	Allowable bad debts (from your records)	
26	Subtotal (sum of lines 24 and 25)	0
27	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit	
28	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	
29		
30	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)	
31	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)	0
32	Interim payments	
33	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)	0

BALANCE SHEET	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET G	
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4

ASSETS

CURRENT ASSETS					
1	Cash on hand and in banks	126,975			
2	Temporary investments	0			
3	Notes receivable	0			
4	Accounts receivable	1,110,016			
5	Other receivables	0			
6	Less: allowances for uncollectible notes and A/R	0			
7	Inventory	0			
8	Prepaid expenses	149,087			
9	Other current assets	0			
10	Due from other funds	0			
11	TOTAL CURRENT ASSETS	1,386,078	0	0	0
	(Sum of lines 1 - 10)				

FIXED ASSETS					
12	Land	0			
13	Land improvements	0			
14	Less: Accumulated depreciation	0			
15	Buildings	0			
16	Less Accumulated depreciation	0			
17	Leasehold improvements	2,087,418			
18	Less: Accumulated Amortization	0			
19	Fixed equipment	0			
20	Less: Accumulated depreciation	0			
21	Automobiles and trucks	0			
22	Less: Accumulated depreciation	0			
23	Major movable equipment	60,487			
24	Less: Accumulated depreciation	(1,123,923)			
25	Minor equipment - Depreciable	0			
26	Minor equipment nondepreciable	0			
27	Other fixed assets	0			
28	TOTAL FIXED ASSETS	1,023,982	0	0	0
	(Sum of lines 12 - 27)				

OTHER ASSETS					
29	Investments	0			
30	Deposits on leases	0			
31	Due from owners/officers	0			
32	Other assets	165,513			
33	TOTAL OTHER ASSETS	165,513	0	0	0
	(Sum of lines 29 - 32)				
34	TOTAL ASSETS	2,575,573	0	0	0
	(Sum of lines 11, 28 and 33)				

BALANCE SHEET	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET G (cont'd)
---------------	--------------------------	---	-------------------------

LIABILITIES & FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4

CURRENT LIABILITIES

35	Accounts payable	1,067,781			
36	Salaries, wages & fees payable	205,950			
37	Payroll taxes payable	94,770			
38	Notes & loans payable (Short term)	0			
39	Deferred income	0			
40	Accelerated payments	0	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
41	Due to other funds	0			
42	Other current liabilities	0			
43	TOTAL CURRENT LIABILITIES	1,368,501	0	0	0
	(Sum of lines 35 - 42)				

LONG TERM LIABILITIES

44	Mortgage payable	0			
45	Notes payable	0			
46	Unsecured loans	94,681			
47	Loans from owners:	0			
48	Other long term liabilities	0			
49	Other (Specify)	0			
50	TOTAL LONG TERM LIABILITIES	94,681	0	0	0
	(Sum of lines 44 - 49)				
51	TOTAL LIABILITIES	1,463,182	0	0	0
	(Sum of lines 43 and 50)				

CAPITAL ACCOUNTS

52	General fund balance	1,112,391	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
53	Specific purpose fund		0	////////////////////////////////////	////////////////////////////////////
54	Donor created - EFB restricted		////////////////////////////////////	0	////////////////////////////////////
55	Donor created - EFB unrestricted		////////////////////////////////////	0	////////////////////////////////////
56	Governing body created - EFB		////////////////////////////////////	0	////////////////////////////////////
57	PFB - invested in plant		////////////////////////////////////	////////////////////////////////////	0
58	PFB - reserve for plant improvement		////////////////////////////////////	////////////////////////////////////	0
59	TOTAL FUND BALANCES	1,112,391	0	0	0
	(Sum of lines 52 thru 58)				
60	TOTAL LIABILITIES & FUND BALANCES	2,575,573	0	0	0
	(Sum of lines 51 and 59)				

STATEMENT OF CHANGES IN FUND BALANCES	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET G-1
--	--------------------------	---	---------------

		General Fund		Specific Purpose Fund		Endowment Fund		Plant Fund	
		1	2	3	4	5	6	7	8
1	Fund balances at beginning of period	////////////////////////////////////	1,163,020	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
2	Net income (loss) (From Wkst. G-3, line 31)	////////////////////////////////////	(645,958)	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
3	Total (Sum of line 1 and line 2)	////////////////////////////////////	517,062	////////////////////////////////////	0	////////////////////////////////////	0	////////////////////////////////////	0
4	Additions (Credit adjustments)	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
5	Contributions	595,329	////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
6			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
7			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
8			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
9			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
10	Total additions (Sum of lines 5 - 9)	////////////////////////////////////	595,329	////////////////////////////////////	0	////////////////////////////////////	0	////////////////////////////////////	0
11	Subtotal (Line 3 plus line 10)	////////////////////////////////////	1,112,391	////////////////////////////////////	0	////////////////////////////////////	0	////////////////////////////////////	0
12	Deductions (Debit adjustments)	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
13			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
14			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
15			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
16			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
17			////////////////////////////////////	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
18	Total deductions (Sum of lines 13 - 17)	////////////////////////////////////	0	////////////////////////////////////	0	////////////////////////////////////	0	////////////////////////////////////	0
19	Fund balance at end of period per	////////////////////////////////////		////////////////////////////////////		////////////////////////////////////		////////////////////////////////////	
	balance sheet (Line 11 - line 18)	////////////////////////////////////	1,112,391	////////////////////////////////////	0	////////////////////////////////////	0	////////////////////////////////////	0

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET G-2 PARTS I/II
---	--------------------------	---	--------------------------------

PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT	OUTPATIENT	TOTAL
		1	2	3
GENERAL INPATIENT ROUTINE CARE SERVICES		////	////	////
1	Skilled Nursing Facility	7,852,255	////	7,852,255
2	Nursing facility	0	////	0
3	ICF-IID	0	////	0
4	Other long term care	0	////	0
5	Total general inpatient care services	7,852,255	////	7,852,255
(Sum of lines 1 - 4)				

ALL OTHER CARE SERVICES				
6	Ancillary services	1,258,998	0	1,258,998
7	Clinic	////	0	0
8	Home Health Agency	////	0	0
9	Ambulance	////	0	0
10	RHC/FQHC	////	0	0
11	CMHC	////	0	0
12	Hospice	0	0	0
13	Other Svc Revenues	0	0	0
14	Total Patient Revenues (Sum of lines 5 - 13)	9,111,253	0	9,111,253
(Transfer column 3 to Worksheet G-3, Line 1)				

PART II - OPERATING EXPENSES

1	Operating Expenses (Per Worksheet A, Col. 3, Line 100)	////	8,698,808
2		////	////
3		////	////
4		////	////
5		////	////
6		////	////
7		////	////
8	Total Additions (Sum of lines 2 - 7)	////	0
9		////	////
10		////	////
11		////	////
12		////	////
13		////	////
14	Total Deductions (Sum of lines 9 - 13)	////	0
15	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)	////	8,698,808

STATEMENT OF REVENUES & EXPENSES	PROVIDER CCN: 31-5302	PERIOD: FROM: 01/01/2023 TO: 12/31/2023	WORKSHEET G-3
-------------------------------------	--------------------------	---	------------------

1	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	9,111,253
2	Less: contractual allowances and discounts on patients accounts	(1,221,049)
3	Net patient revenues (Line 1 minus line 2)	7,890,204
4	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	8,698,808
5	Net income from service to patients (Line 3 minus 4)	(808,604)
////////	OTHER INCOME:	////////
6	Contributions, donations, bequests, etc	0
7	Income from investments	1,355
8	Revenues from communications (Telephone and Internet service)	0
9	Revenue from television and radio service	0
10	Purchase discounts	0
11	Rebates and refunds of expenses	0
12	Parking lot receipts	0
13	Revenue from laundry and linen service	0
14	Revenue from meals sold to employees and guests	0
15	Revenue from rental of living quarters	0
16	Revenue from sale of medical and surgical supplies to other than patients	0
17	Revenue from sale of drugs to other than patients	0
18	Revenue from sale of medical records and abstracts	70
19	Tuition (fees, sale of textbooks, uniforms, etc.)	0
20	Revenue from gifts, flower, coffee shops, canteen	0
21	Rental of vending machines	0
22	Rental of skilled nursing space	0
23	Governmental appropriations	0
24	Prior Year Income	161,221
24.50	COVID-19 PHE Funding	0
25	Total other income (Sum of lines 6 - 24)	162,646
26	Total (Line 5 plus line 25)	(645,958)
27		0
28		0
29		0
30	Total other expenses (Sum of lines 27 - 29)	0
31	Net income (or loss) for the period (Line 26 minus line 30)	(645,958)



MARTIN FRIEDMAN CPA PC
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Members,
Rolling Hills Operation, LLC:

Opinion

We have audited the accompanying financial statements of Rolling Hills Operation, LLC, which comprise the balance sheet as of December 31, 2023, and the related statement of income, members' equity, and cash flow for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Rolling Hills Operation, LLC as of December 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



MARTIN FRIEDMAN CPA PC
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report Continued

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

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

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

Martin Friedman CPA, PC

MARTIN FRIEDMAN, C.P.A. P.C.
Certified Public Accountants

Brooklyn, NY

February 14, 2024

Rolling Hills Operation, LLC
Balance Sheet
December 31, 2023

Assets

Cash	\$	126,973	
Accounts Receivable (Net)		1,110,016	
Prepaid Expenses		149,087	
Total Current Assets		1,386,076	\$ 1,386,076
Leasehold Improvements		2,087,418	
Furniture & Equipment		60,487	
		2,147,905	
Less: Accum. Depreciation & Amortization		1,123,923	
Total Fixed Assets		1,023,982	1,023,982
Right-of-Use Asset		5,919,920	
Security Deposits		4,288	
Intangible Assets (Net)		161,225	
Total Other Assets		6,085,433	6,085,433
Total Assets			\$ 8,495,491

Liabilities and Equity

Accounts Payable		1,067,781	
Lease Liabilities		206,387	
Accrued Payroll		205,950	
Accrued Expenses & Taxes		94,770	
Exchanges		94,681	
Total Current Liabilities		1,669,569	\$ 1,669,569
Lease Liabilities		5,713,533	
Total Long Term Liabilities		5,713,533	5,713,533
Members' Equity			1,112,389
Total Liabilities & Members' Equity			\$ 8,495,491

Rolling Hills Operation, LLC
Statement of Operations
For the year ended December 31, 2023

Total Revenue From Patients		\$ 8,047,452
Operating Expenses:		
Payroll	\$ 3,027,196	
Employee Benefits	596,846	
Professional Care	2,150,149	
Dietary & Housekeeping	546,493	
Plant & Maintenance	1,067,535	
General & Administrative	<u>1,310,590</u>	
Total Operating Expenses		<u>8,698,809</u>
Loss From Operations		(651,357)
Other Income		<u>5,397</u>
Net Loss		<u>\$ (645,960)</u>

Rolling Hills Operation, LLC
Statement of Members' Equity
For the year ended December 31, 2023

Members' Equity:

Balance as of Beginning of Period	\$ 1,163,020
Net Loss for the Period	(645,960)
Members' Distributions	<u>595,329</u>
Total Members' Equity - End of Period	\$ <u>1,112,389</u>

Rolling Hills Operation, LLC
Statement of Cash Flows
For the year ended December 31, 2023

Cash Flows From Operating Activities:

Net Loss		\$ (645,960)
Adjustments to reconcile Net Loss to Net Cash Provided by Operating Activities:		
Depreciation & Amortization		123,400
(Increase) Decrease In:		
Accounts Receivable	\$ (164,711)	
Prepaid Expenses	10,332	
Increase (Decrease) In:		
Accounts Payable	224,492	
Accrued Payroll & Withholding Taxes	19,519	
Accrued Expenses & Taxes	2,725	
Exchanges	<u>(131,519)</u>	
Total Adjustments		<u>(39,162)</u>
Net Cash Used In Operating Activities		<u>(561,722)</u>
Cash Flows From Investing Activities:		
Capital Expenditures	<u>(16,656)</u>	
Net Cash Used In Investing Activities		(16,656)
Cash Flows From Financing Activities		
Contributions	<u>595,329</u>	
Net Cash Provided By Financing Activities		<u>595,329</u>
Net Change In Cash		16,951
Cash - Beginning of Period		<u>110,022</u>
Cash - End of Period		\$ <u>126,973</u>



MARTIN FRIEDMAN CPA PC
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT
ON ADDITIONAL INFORMATION

To the Members,
Rolling Hills Operation, LLC:

Our report on our audit of the basic financial statements of Rolling Hills Operation, LLC for 2023 appears on page 1. That audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information on pages 11 through 13 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Martin Friedman CPA, PC

MARTIN FRIEDMAN C.P.A. P.C.
Certified Public Accountants

Brooklyn, NY

February 14, 2024

Rolling Hills Operation, LLC
Supplementary Schedules
For the year ended December 31, 2023

Revenue From Patients:

Private \$ 2,413,725

Medicaid 3,401,664

Medicare 2,232,063

Total Revenue From Patients \$ 8,047,452

Other Income:

Interest 1,355

Other 4,042

Total Other Income 5,397

Total Revenue \$ 8,052,849