

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

FORM APPROVED

OMB NO. 0938-0463

Expires: 12/31/2021

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

Provider CCN: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S  
Parts I, II & III  
Date/Time Prepared:  
5/21/2024 3:12 pm

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 5/21/2024 Time: 3:12 pm
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 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code _____ 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

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

**CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MC WASHINGTON TWP ( 315506 ) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	<b>Henny Grunfeld</b>	<input checked="" type="checkbox"/>	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		Henny Grunfeld	2
3	Signatory Title		FINANCE SUPERVISOR	3
4	Date		(Dated when report is electronica	4

Cost Center Description		Title v	Title XVIII		Title XIX	
			Part A	Part B		
		1.00	2.00	3.00	4.00	
	PART III - SETTLEMENT SUMMARY					
1.00	SKILLED NURSING FACILITY	0	102,635	216	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	102,635	216	0	100.00

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

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/21/2024 3:12 pm

1.00		2.00		3.00					
<b>Skilled Nursing Facility and Skilled Nursing Facility Complex Address:</b>									
1.00	Street: 378 FRIES MILL ROAD	PO Box:							1.00
2.00	City: SEWELL	State: NJ	Zip Code: 08080						2.00
3.00	County: GLOUCESTER	CBSA Code: 15804	Urban/Rural: U						3.00
3.01		CBSA Code:							3.01
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
<b>SNF and SNF-Based Component Identification:</b>									
4.00	SNF	MC WASHINGTON TWP	315506	06/30/2010	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
				From:	To:				
				1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2023	12/31/2023		14.00		
15.00	Type of Control (See Instructions)			2			15.00		
				Y/N					
				1.00					
<b>Type of Freestanding Skilled Nursing Facility</b>									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?						N	17.00	
18.00	Are there any costs included in worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete worksheet A-8-1.						Y	18.00	
<b>Miscellaneous Cost Reporting Information</b>									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.						N	19.01	
<b>Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.</b>									
20.00	Straight Line						11,083	20.00	
21.00	Declining Balance						0	21.00	
22.00	Sum of the Year's Digits						0	22.00	
23.00	Sum of line 20 through 22						11,083	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.						0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)						N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)						N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)						N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)						N	28.00	
							Part A	Part B	Other
							1.00	2.00	3.00
<b>If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.</b>									
29.00	Skilled Nursing Facility						N	N	N
30.00	Nursing Facility								
31.00	ICF/IID								
32.00	SNF-Based HHA						N	N	
33.00	SNF-Based RHC								
34.00	SNF-Based FQHC								
35.00	SNF-Based CMHC							N	
36.00	SNF-Based OLTC								
				Y/N					
				1.00	2.00				
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)						Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)						N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								39.00
				Premiums	Paid Losses	Self Insurance			
				1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:			0	0	0		41.00	

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet S-2  
Part I  
Date/Time Prepared:  
5/21/2024 3:12 pm

			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
1.00		2.00	3.00	
If this facility is part of a chain organization, enter the name and address of the home office on the lines below				
45.00	Name:	Contractor's Name:	Contractor's Number:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
5/21/2024 3:12 pm

		Y/N	Date	
		1.00	2.00	
<b>General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)</b>				
<b>Completed by All Skilled Nursing Facilities</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N	11.00
<b>Bed Complement</b>				
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
<b>PS&amp;R Data</b>				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	04/04/2024	Y
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet S-2  
Part II  
Date/Time Prepared:  
5/21/2024 3:12 pm

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHRIS	GUILBAULT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	CHRIS.GUILBAULT@HCRNJ.NET	21.00

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/21/2024 3:12 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
13.00	was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	04/04/2024	13.00
14.00	was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		17.00
18.00	was the cost report prepared only using the provider's records? If "Y" see Instructions.		18.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PREPARER	19.00
20.00	Enter the employer/company name of the cost report preparer.		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		21.00

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet S-3  
Part I  
Date/Time Prepared:  
5/21/2024 3:12 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title v	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	120	43,800	0	9,424	20,356	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	120	43,800	0	9,424	20,356	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title v	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	9,880	39,660	0	256	137	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	9,880	39,660	0	256	137	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title v	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	638	1,031	0.00	36.81	148.58	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	638	1,031	0.00	36.81	148.58	8.00
Component		Average Length of Stay	Admissions				
		Total	Title v	Title XVIII	Title XIX		Other
		16.00	17.00	18.00	19.00		20.00
1.00	SKILLED NURSING FACILITY	38.47	0	351	133	526	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	38.47	0	351	133	526	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	1,010	113.40	0.00			1.00
2.00	NURSING FACILITY	0	0.00	0.00			2.00
3.00	ICF/IID	0	0.00	0.00			3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0.00	0.00			5.00
6.00	SNF-Based CMHC		0.00	0.00			6.00
7.00	HOSPICE	0	0.00	0.00			7.00
8.00	Total (Sum of lines 1-7)	1,010	113.40	0.00			8.00

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/21/2024 3:12 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	7,044,195	0	7,044,195	236,059.00	29.84
2.00	Physician salaries-Part A	0	0	0	0.00	0.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00
4.00	Home office personnel	0	0	0	0.00	0.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00
6.00	Revised wages (line 1 minus line 5)	7,044,195	0	7,044,195	236,059.00	29.84
7.00	Other Long Term Care	0	0	0	0.00	0.00
8.00	HOME HEALTH AGENCY COST					
9.00	CMHC	0	0	0	0.00	0.00
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7,044,195	0	7,044,195	236,059.00	29.84
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	908,983	0	908,983	23,629.00	38.47
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	1,083,255	0	1,083,255		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	1,083,255	0	1,083,255		



## SNF WAGE INDEX INFORMATION

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet S-3  
Part III  
Date/Time Prepared:  
5/21/2024 3:12 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0	0.00	1.00
2.00	Administrative & General	543,525	0	543,525	15,094.00	2.00
3.00	Plant Operation, Maintenance & Repairs	41,820	0	41,820	1,742.00	3.00
4.00	Laundry & Linen Service	100,801	0	100,801	5,175.00	4.00
5.00	Housekeeping	355,285	0	355,285	19,202.00	5.00
6.00	Dietary	567,824	0	567,824	28,066.00	6.00
7.00	Nursing Administration	873,757	0	873,757	18,062.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	10.00
11.00	Social Service	34,147	0	34,147	1,733.00	11.00
12.00	Nursing and Allied Health Ed. Act.					12.00
13.00	Other General Service	150,758	0	150,758	7,467.00	13.00
14.00	Total (sum lines 1 thru 13)	2,667,917	0	2,667,917	96,541.00	14.00

SNF WAGE RELATED COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/21/2024 3:12 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	7,557	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	179,764	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	182	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	182,934	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	511,587	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	190,925	19.00
20.00	State or Federal Unemployment Taxes	10,306	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,083,255	24.00
		Amount Reported	
		1.00	
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

## SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet S-3  
Part V  
Date/Time Prepared:  
5/21/2024 3:12 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	689,479	111,627	801,106	15,333.00	52.25	1.00
2.00	Licensed Practical Nurses (LPNs)	1,165,150	188,638	1,353,788	32,872.00	41.18	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,540,019	249,329	1,789,348	67,740.00	26.41	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,394,648	549,594	3,944,242	115,945.00	34.02	4.00
5.00	Physical Therapists	416,202	67,383	483,585	10,925.00	44.26	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	443,352	71,779	515,131	10,262.00	50.20	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	122,075	19,764	141,839	2,387.00	59.42	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	9,720		9,720	175.00	55.54	14.00
15.00	Licensed Practical Nurses (LPNs)	556,512		556,512	11,819.00	47.09	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	334,498		334,498	11,520.00	29.04	16.00
17.00	Total Nursing (sum of lines 14 through 16)	900,730		900,730	23,514.00	38.31	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	2,508		2,508	36.00	69.67	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	1,265		1,265	18.00	70.28	24.00
25.00	Respiratory Therapists	4,480		4,480	61.00	73.44	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-7

Date/Time Prepared:  
5/21/2024 3:12 pm

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet S-7

Date/Time Prepared:  
5/21/2024 3:12 pm

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider No.: 315506	Period: From 01/01/2023 To 12/31/2023	Worksheet A Date/Time Prepared: 5/21/2024 3:12 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		2,360,910	2,360,910	0	2,360,910	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,140,159	1,140,159	0	1,140,159	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	543,525	2,121,520	2,665,045	0	2,665,045	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	41,820	403,274	445,094	0	445,094	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	100,801	33,090	133,891	0	133,891	6.00
7.00	00700	HOUSEKEEPING	355,285	26,702	381,987	0	381,987	7.00
8.00	00800	DIETARY	567,824	369,251	937,075	0	937,075	8.00
9.00	00900	NURSING ADMINISTRATION	873,757	100,524	974,281	0	974,281	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	197,286	197,286	0	197,286	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	34,147	20,704	54,851	0	54,851	13.00
15.00	01500	PATIENT ACTIVITIES	150,758	20,643	171,401	0	171,401	15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	SKILLED NURSING FACILITY	3,394,649	941,039	4,335,688	0	4,335,688	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0	26,815	26,815	0	26,815	40.00
41.00	04100	LABORATORY	0	40,044	40,044	0	40,044	41.00
42.00	04200	INTRAVENOUS THERAPY	0	1,251	1,251	0	1,251	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	15,331	15,331	0	15,331	43.00
44.00	04400	PHYSICAL THERAPY	416,202	67,312	483,514	0	483,514	44.00
45.00	04500	OCCUPATIONAL THERAPY	443,352	2,551	445,903	0	445,903	45.00
46.00	04600	SPEECH PATHOLOGY	122,075	1,265	123,340	0	123,340	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,417	22,417	0	22,417	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	454,923	454,923	0	454,923	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS								
71.00	07100	AMBULANCE	0	122,992	122,992	0	122,992	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	7,044,195	8,490,003	15,534,198	0	15,534,198	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	567	567	0	567	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
100.00		TOTAL	7,044,195	8,490,570	15,534,765	0	15,534,765	100.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet A

Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		Adjustments to Expenses (Fr wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	-10,528	2,350,382
3.00	00300	EMPLOYEE BENEFITS	0	1,140,159
4.00	00400	ADMINISTRATIVE & GENERAL	-565,787	2,099,258
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	445,094
6.00	00600	LAUNDRY & LINEN SERVICE	0	133,891
7.00	00700	HOUSEKEEPING	0	381,987
8.00	00800	DIETARY	-467	936,608
9.00	00900	NURSING ADMINISTRATION	0	974,281
10.00	01000	CENTRAL SERVICES & SUPPLY	0	197,286
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0
13.00	01300	SOCIAL SERVICE	0	54,851
15.00	01500	PATIENT ACTIVITIES	0	171,401
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	0	4,335,688
31.00	03100	NURSING FACILITY	0	0
32.00	03200	ICF/IID	0	0
33.00	03300	OTHER LONG TERM CARE	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	0	26,815
41.00	04100	LABORATORY	0	40,044
42.00	04200	INTRAVENOUS THERAPY	0	1,251
43.00	04300	OXYGEN (INHALATION) THERAPY	0	15,331
44.00	04400	PHYSICAL THERAPY	0	483,514
45.00	04500	OCCUPATIONAL THERAPY	0	445,903
46.00	04600	SPEECH PATHOLOGY	0	123,340
47.00	04700	ELECTROCARDIOLOGY	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,417
49.00	04900	DRUGS CHARGED TO PATIENTS	0	454,923
51.00	05100	SUPPORT SURFACES	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>				
71.00	07100	AMBULANCE	0	122,992
73.00	07300	CMHC	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0
81.00	08100	INTEREST EXPENSE	0	0
82.00	08200	UTILIZATION REVIEW - SNF	0	0
83.00	08300	HOSPICE	0	0
89.00		SUBTOTALS (sum of lines 1-84)	-576,782	14,957,416
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	567
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0
93.00	09300	NONPAID WORKERS	0	0
94.00	09400	PATIENTS LAUNDRY	0	0
100.00		TOTAL	-576,782	14,957,983

Health Financial Systems		MC WASHINGTON TWP		In Lieu of Form CMS-2540-10	
RECLASSIFICATIONS		Provider No.: 315506	Period: From 01/01/2023 To 12/31/2023	Worksheet A-6 Date/Time Prepared: 5/21/2024 3:12 pm	
		Increases			
		Cost Center	Line #	Salary	Non Salary
		2.00	3.00	4.00	5.00
100.00	TOTALS				
	Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)			0	0 100.00

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



Health Financial Systems		MC WASHINGTON TWP		In Lieu of Form CMS-2540-10	
RECLASSIFICATIONS		Provider No.: 315506		Period: From 01/01/2023 To 12/31/2023	Worksheet A-6  Date/Time Prepared: 5/21/2024 3:12 pm
		Decreases			
		Cost Center	Line #	Salary	Non Salary
		6.00	7.00	8.00	9.00
TOTALS					
100.00				0	0
					100.00

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

MCRIF32 - 10.17.178.1

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet A-7

Date/Time Prepared:  
5/21/2024 3:12 pm

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	0	52,075	0	52,075	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	0	58,385	0	58,385	0	6.00
7.00	Subtotal (sum of lines 1-6)	0	110,460	0	110,460	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	0	110,460	0	110,460	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	52,075	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	58,385	0				6.00
7.00	Subtotal (sum of lines 1-6)	110,460	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	110,460	0				9.00

## ADJUSTMENTS TO EXPENSES

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet A-8

Date/Time Prepared:  
5/21/2024 3:12 pm

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		
				Cost Center	Line No.	
1.00	Investment income on restricted funds (chapter 2)	B	-10,528	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-234,565			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests	B	-467	DIETARY	8.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts	B	-181	ADMINISTRATIVE & GENERAL	4.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00	Other adjustment (specify)		0		0.00	25.00
25.01	BAD DEBTS	A	-224,400	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	NON DEDUCTIBLE ASSOC DUES	A	-88	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	MARKETING	A	-40,750	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	DONATIONS	A	-500	ADMINISTRATIVE & GENERAL	4.00	25.04
25.05	RESIDENT MISSING ITEMS	A	-2,822	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06	FINES & PENALTIES	A	-80	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	CUSTOMER REIMBURSEMENT	A	-14,418	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08	CORPORATE SERVICES FEE	A	-47,983	ADMINISTRATIVE & GENERAL	4.00	25.08
100.00	Total (sum of lines 1 through 99) (Transfer to worksheet A, col. 6, line 100)		-576,782			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
5/21/2024 3:12 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
<b>PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00		4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
<b>PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00		520,409	754,974	-234,565	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to worksheet A-8, column 3, line 12.	520,409	754,974	-234,565	10.00

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
5/21/2024 3:12 pm

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

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

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

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

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

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

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

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDGS & FIXTURES				
		0	1.00	3.00	3A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	2,350,382	2,350,382			1.00
3.00	00300	EMPLOYEE BENEFITS	1,140,159	43,512	1,183,671		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,099,258	83,280	91,331	2,273,869	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	445,094	69,948	7,027	522,069	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	133,891	73,125	16,938	223,954	6.00
7.00	00700	HOUSEKEEPING	381,987	17,303	59,700	458,990	7.00
8.00	00800	DIETARY	936,608	311,278	95,414	1,343,300	8.00
9.00	00900	NURSING ADMINISTRATION	974,281	75,621	146,822	1,196,724	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	197,286	12,934	0	210,220	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	13,048	0	13,048	12.00
13.00	01300	SOCIAL SERVICE	54,851	7,659	5,738	68,248	13.00
15.00	01500	PATIENT ACTIVITIES	171,401	11,913	25,333	208,647	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	4,335,688	1,456,770	570,419	6,362,877	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	26,815	0	0	26,815	40.00
41.00	04100	LABORATORY	40,044	0	0	40,044	41.00
42.00	04200	INTRAVENOUS THERAPY	1,251	0	0	1,251	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	15,331	0	0	15,331	43.00
44.00	04400	PHYSICAL THERAPY	483,514	72,955	69,937	626,406	44.00
45.00	04500	OCCUPATIONAL THERAPY	445,903	72,955	74,499	593,357	45.00
46.00	04600	SPEECH PATHOLOGY	123,340	3,914	20,513	147,767	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,417	11,800	0	34,217	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	454,923	0	0	454,923	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	122,992	0	0	122,992	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	14,957,416	2,338,015	1,183,671	14,945,049	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	567	12,367	0	12,934	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	14,957,983	2,350,382	1,183,671	14,957,983	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	615,660				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	20,904	285,006			6.00
7.00	00700	HOUSEKEEPING	4,946	0	546,219		7.00
8.00	00800	DIETARY	88,985	0	82,408	1,755,505	8.00
9.00	00900	NURSING ADMINISTRATION	21,618	0	20,020	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	3,698	0	3,424	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	3,730	0	3,454	0	12.00
13.00	01300	SOCIAL SERVICE	2,189	0	2,028	0	13.00
15.00	01500	PATIENT ACTIVITIES	3,406	0	3,154	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	416,445	285,006	385,669	1,755,505	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	20,856	0	19,314	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	20,856	0	19,314	0	45.00
46.00	04600	SPEECH PATHOLOGY	1,119	0	1,036	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,373	0	3,124	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	612,125	285,006	542,945	1,755,505	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	3,535	0	3,274	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	615,660	285,006	546,219	1,755,505	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	
		10.00	12.00	13.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	255,028				10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	22,571			12.00
13.00	01300	SOCIAL SERVICE	0	0	84,700		13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	252,611	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	229,007	22,571	84,700	252,611	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,021	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	255,028	22,571	84,700	252,611	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	255,028	22,571	84,700	252,611	100.00



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		Post Stepdown Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	0 12,387,954	30.00
31.00	03100	NURSING FACILITY	0 0	31.00
32.00	03200	ICF/IID	0 0	32.00
33.00	03300	OTHER LONG TERM CARE	0 0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	0 31,622	40.00
41.00	04100	LABORATORY	0 47,223	41.00
42.00	04200	INTRAVENOUS THERAPY	0 1,475	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0 18,079	43.00
44.00	04400	PHYSICAL THERAPY	0 778,871	44.00
45.00	04500	OCCUPATIONAL THERAPY	0 739,898	45.00
46.00	04600	SPEECH PATHOLOGY	0 176,412	46.00
47.00	04700	ELECTROCARDIOLOGY	0 0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 72,869	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0 536,477	49.00
51.00	05100	SUPPORT SURFACES	0 0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
71.00	07100	AMBULANCE	0 145,041	71.00
73.00	07300	CMHC	0 0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW - SNF		82.00
83.00	08300	HOSPICE	0 0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	0 14,935,921	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0 0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0 22,062	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0 0	92.00
93.00	09300	NONPAID WORKERS	0 0	93.00
94.00	09400	PATIENTS LAUNDRY	0 0	94.00
98.00		Cross Foot Adjustments	0 0	98.00
99.00		Negative Cost Centers	0 0	99.00
100.00		TOTAL	0 14,957,983	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2024 3:12 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
			RELATED COSTS				
			BLDGS & FIXTURES				
		0	1.00	2A	3.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS	0 43,512	43,512	43,512		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0 83,280	83,280	3,357	86,637	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0 69,948	69,948	258	3,566	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0 73,125	73,125	623	1,530	6.00
7.00	00700	HOUSEKEEPING	0 17,303	17,303	2,195	3,135	7.00
8.00	00800	DIETARY	0 311,278	311,278	3,507	9,175	8.00
9.00	00900	NURSING ADMINISTRATION	0 75,621	75,621	5,397	8,174	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0 12,934	12,934	0	1,436	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0 13,048	13,048	0	89	12.00
13.00	01300	SOCIAL SERVICE	0 7,659	7,659	211	466	13.00
15.00	01500	PATIENT ACTIVITIES	0 11,913	11,913	931	1,425	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	0 1,456,770	1,456,770	20,969	43,461	30.00
31.00	03100	NURSING FACILITY	0 0	0	0	0	31.00
32.00	03200	ICF/IID	0 0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0 0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0 0	0	0	183	40.00
41.00	04100	LABORATORY	0 0	0	0	274	41.00
42.00	04200	INTRAVENOUS THERAPY	0 0	0	0	9	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0 0	0	0	105	43.00
44.00	04400	PHYSICAL THERAPY	0 72,955	72,955	2,571	4,278	44.00
45.00	04500	OCCUPATIONAL THERAPY	0 72,955	72,955	2,739	4,053	45.00
46.00	04600	SPEECH PATHOLOGY	0 3,914	3,914	754	1,009	46.00
47.00	04700	ELECTROCARDIOLOGY	0 0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 11,800	11,800	0	234	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0 0	0	0	3,107	49.00
51.00	05100	SUPPORT SURFACES	0 0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS							
71.00	07100	AMBULANCE	0 0	0	0	840	71.00
73.00	07300	CMHC	0 0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0 0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)		0 2,338,015	2,338,015	43,512	86,549	89.00
NONREIMBURSABLE COST CENTERS							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0 0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0 12,367	12,367	0	88	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0 0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0 0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0 0	0	0	0	94.00
98.00		Cross Foot Adjustments		0			98.00
99.00		Negative Cost Centers		0	0	0	99.00
100.00		TOTAL	0 2,350,382	2,350,382	43,512	86,637	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	73,772				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,505	77,783			6.00
7.00	00700	HOUSEKEEPING	593	0	23,226		7.00
8.00	00800	DIETARY	10,663	0	3,504	338,127	8.00
9.00	00900	NURSING ADMINISTRATION	2,590	0	851	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	443	0	146	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	447	0	147	0	12.00
13.00	01300	SOCIAL SERVICE	262	0	86	0	13.00
15.00	01500	PATIENT ACTIVITIES	408	0	134	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	49,901	77,783	16,400	338,127	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,499	0	821	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	2,499	0	821	0	45.00
46.00	04600	SPEECH PATHOLOGY	134	0	44	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	404	0	133	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	73,348	77,783	23,087	338,127	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	424	0	139	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	73,772	77,783	23,226	338,127	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	Subtotal	
		10.00	12.00	13.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	14,959				10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	13,731			12.00
13.00	01300	SOCIAL SERVICE	0	0	8,684		13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	14,811	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	13,433	13,731	8,684	14,811	2,146,703 30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	183 40.00
41.00	04100	LABORATORY	0	0	0	0	274 41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	9 42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	105 43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	83,124 44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	83,067 45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	5,855 46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,526	0	0	0	14,097 48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,107 49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0 51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	0	0	0	0	840 71.00
73.00	07300	CMHC	0	0	0	0	0 73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	0 83.00
89.00		SUBTOTALS (sum of lines 1-84)	14,959	13,731	8,684	14,811	2,337,364 89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	13,018 91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0 93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0 94.00
98.00		Cross Foot Adjustments	0			0	0 98.00
99.00		Negative Cost Centers	0	0	0	0	0 99.00
100.00		TOTAL	14,959	13,731	8,684	14,811	2,350,382 100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		Post Step-Down Adjustments	Total	
		17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	00300	EMPLOYEE BENEFITS		3.00
4.00	00400	ADMINISTRATIVE & GENERAL		4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	00600	LAUNDRY & LINEN SERVICE		6.00
7.00	00700	HOUSEKEEPING		7.00
8.00	00800	DIETARY		8.00
9.00	00900	NURSING ADMINISTRATION		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY		10.00
12.00	01200	MEDICAL RECORDS & LIBRARY		12.00
13.00	01300	SOCIAL SERVICE		13.00
15.00	01500	PATIENT ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	2,146,703	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF/IID	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
40.00	04000	RADIOLOGY	183	40.00
41.00	04100	LABORATORY	274	41.00
42.00	04200	INTRAVENOUS THERAPY	9	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	105	43.00
44.00	04400	PHYSICAL THERAPY	83,124	44.00
45.00	04500	OCCUPATIONAL THERAPY	83,067	45.00
46.00	04600	SPEECH PATHOLOGY	5,855	46.00
47.00	04700	ELECTROCARDIOLOGY	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,097	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	3,107	49.00
51.00	05100	SUPPORT SURFACES	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
71.00	07100	AMBULANCE	840	71.00
73.00	07300	CMHC	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW - SNF		82.00
83.00	08300	HOSPICE	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	2,337,364	89.00
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	13,018	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
98.00		Cross Foot Adjustments	0	98.00
99.00		Negative Cost Centers	0	99.00
100.00		TOTAL	2,350,382	100.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B-1

Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
		BLDGS & FIXTURES (SQUARE FEET)					
		1.00	3.00	4A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	41,431				1.00
3.00	00300	EMPLOYEE BENEFITS	767	7,044,195			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,468	543,525	-2,273,869	12,684,114	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,233	41,820	0	522,069	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,289	100,801	0	223,954	6.00
7.00	00700	HOUSEKEEPING	305	355,285	0	458,990	7.00
8.00	00800	DIETARY	5,487	567,824	0	1,343,300	8.00
9.00	00900	NURSING ADMINISTRATION	1,333	873,757	0	1,196,724	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	228	0	0	210,220	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	230	0	0	13,048	12.00
13.00	01300	SOCIAL SERVICE	135	34,147	0	68,248	13.00
15.00	01500	PATIENT ACTIVITIES	210	150,758	0	208,647	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	25,679	3,394,649	0	6,362,877	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	26,815	40.00
41.00	04100	LABORATORY	0	0	0	40,044	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	1,251	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	15,331	43.00
44.00	04400	PHYSICAL THERAPY	1,286	416,202	0	626,406	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,286	443,352	0	593,357	45.00
46.00	04600	SPEECH PATHOLOGY	69	122,075	0	147,767	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	208	0	0	34,217	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	454,923	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	07100	AMBULANCE	0	0	0	122,992	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	41,213	7,044,195	-2,273,869	12,671,180	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	218	0	0	12,934	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per wkst. B, Part I)	2,350,382	1,183,671		2,273,869	102.00
103.00		Unit cost multiplier (wkst. B, Part I)	56.730033	0.168035		0.179269	103.00
104.00		Cost to be allocated (per wkst. B, Part II)		43,512		86,637	104.00
105.00		Unit cost multiplier (wkst. B, Part II)		0.006177		0.006830	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B-1

Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE	39,660					6.00
7.00	00700	HOUSEKEEPING	0	36,369				7.00
8.00	00800	DIETARY	0	5,487	118,980			8.00
9.00	00900	NURSING ADMINISTRATION	0	1,333	0	139,458		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	228	0	0	219,703	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	230	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	135	0	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	210	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	39,660	25,679	118,980	139,458	197,286	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	1,286	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	1,286	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	69	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	208	0	0	22,417	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	39,660	36,151	118,980	139,458	219,703	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	218	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per wkst. B, Part I)	285,006	546,219	1,755,505	1,452,898	255,028	102.00
103.00		Unit cost multiplier (wkst. B, Part I)	7.186233	15.018807	14.754623	10.418176	1.160785	103.00
104.00		Cost to be allocated (per wkst. B, Part II)	77,783	23,226	338,127	92,633	14,959	104.00
105.00		Unit cost multiplier (wkst. B, Part II)	1.961246	0.638621	2.841881	0.664236	0.068087	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet B-1

Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE  (PATIENT CENSUS)	OTHER GENERAL SERVICE		
				PATIENT ACTIVITIES (PATIENT CENSUS)		
				12.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	00300	EMPLOYEE BENEFITS				3.00
4.00	00400	ADMINISTRATIVE & GENERAL				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	00600	LAUNDRY & LINEN SERVICE				6.00
7.00	00700	HOUSEKEEPING				7.00
8.00	00800	DIETARY				8.00
9.00	00900	NURSING ADMINISTRATION				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY				10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	39,660			12.00
13.00	01300	SOCIAL SERVICE	0	39,660		13.00
15.00	01500	PATIENT ACTIVITIES	0	0	39,660	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	SKILLED NURSING FACILITY	39,660	39,660	39,660	30.00
31.00	03100	NURSING FACILITY	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00	04000	RADIOLOGY	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS						
71.00	07100	AMBULANCE	0	0	0	71.00
73.00	07300	CMHC	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	08100	INTEREST EXPENSE				81.00
82.00	08200	UTILIZATION REVIEW - SNF				82.00
83.00	08300	HOSPICE	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	39,660	39,660	39,660	89.00
NONREIMBURSABLE COST CENTERS						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	94.00
98.00		Cross Foot Adjustments				98.00
99.00		Negative Cost Centers				99.00
102.00		Cost to be allocated (per wkst. B, Part I)	22,571	84,700	252,611	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.569112	2.135653	6.369415	103.00
104.00		Cost to be allocated (per wkst. B, Part II)	13,731	8,684	14,811	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.346218	0.218961	0.373449	105.00



RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet C

Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description			Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	31,622	2,880	10.979861	40.00
41.00	04100	LABORATORY	47,223	21,779	2.168281	41.00
42.00	04200	INTRAVENOUS THERAPY	1,475	2,831	0.521017	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	18,079	3,281	5.510210	43.00
44.00	04400	PHYSICAL THERAPY	778,871	852,595	0.913530	44.00
45.00	04500	OCCUPATIONAL THERAPY	739,898	863,967	0.856396	45.00
46.00	04600	SPEECH PATHOLOGY	176,412	347,620	0.507485	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	72,869	5,448	13.375367	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	536,477	308,644	1.738174	49.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
71.00	07100	AMBULANCE	145,041	0	0.000000	71.00
100.00		Total	2,547,967	2,409,045		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No.: 315506		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part I Date/Time Prepared: 5/21/2024 3:12 pm	
				Title XVIII (1)		Skilled Nursing Facility		PPS	
				Health Care Program Charges		Health Care Program Cost			
				Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
				1.00	2.00	3.00	4.00	5.00	
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>									
<b>ANCILLARY SERVICE COST CENTERS</b>									
40.00	04000	RADIOLOGY	10.979861	350	0		3,843	0	40.00
41.00	04100	LABORATORY	2.168281	13,762	0		29,840	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.521017	0	0		0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	5.510210	0	0		0	0	43.00
44.00	04400	PHYSICAL THERAPY	0.913530	425,974	0		389,140	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0.856396	441,304	0		377,931	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.507485	214,277	0		108,742	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0		0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	13.375367	5,280	0		70,622	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.738174	263,552	0		458,099	0	49.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0		0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
71.00	07100	AMBULANCE (2)	0.000000		0			0	71.00
100.00		Total (Sum of lines 40 - 71)		1,364,499	0		1,438,217	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No.: 315506		Period: From 01/01/2023 To 12/31/2023		Worksheet D Parts II-III Date/Time Prepared: 5/21/2024 3:12 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description									
								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From worksheet C, column 3, line 49)						1.738174	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						630	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to worksheet E, Part I, line 18)						1,095	3.00
Cost Center Description				Total Cost (From wkst. B, Part I, Col. 18	Nursing & Allied Health (From wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
				1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	31,622	0	0.000000	3,843	0	40.00	
41.00	04100	LABORATORY	47,223	0	0.000000	29,840	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	1,475	0	0.000000	0	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	18,079	0	0.000000	0	0	43.00	
44.00	04400	PHYSICAL THERAPY	778,871	0	0.000000	389,140	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	739,898	0	0.000000	377,931	0	45.00	
46.00	04600	SPEECH PATHOLOGY	176,412	0	0.000000	108,742	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	72,869	0	0.000000	70,622	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	536,477	0	0.000000	458,099	0	49.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
100.00		Total (Sum of lines 40 - 52)	2,402,926	0		1,438,217	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No.: 315506	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Parts I-II Date/Time Prepared: 5/21/2024 3:12 pm
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		39,660	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		9,424	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		12,387,954	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		15,978,771	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.775276	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		12,387,954	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		312.35	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,943,586	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		2,943,586	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		2,146,703	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		54.13	21.00
22.00	Program capital related cost (Line 3 times line 21)		510,121	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		2,433,465	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		2,433,465	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		39,660	1.00
2.00	Program inpatient days (see instructions)		9,424	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.237620	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet E  
Part I  
Date/Time Prepared:  
5/21/2024 3:12 pm

Title XVIII

Skilled Nursing  
Facility

PPS

1.00

**PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT**

1.00	Inpatient PPS amount (See Instructions)	6,492,521	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	6,492,521	3.00
4.00	Primary payor amounts	12,066	4.00
5.00	Coinsurance	1,182,000	5.00
6.00	Allowable bad debts (From your records)	366,294	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	263,771	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	238,091	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	5,536,546	11.00
12.00	Interim payments (See instructions)	5,323,180	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	4,762	14.75
14.99	Sequestration amount (see instructions)	105,969	14.99
15.00	Balance due provider/program (see Instructions)	102,635	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

**PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY**

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	1,095	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	1,095	19.00
20.00	Medicare Part B ancillary charges (See instructions)	630	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	630	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	630	25.00
26.00	Interim payments (See instructions)	401	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	13	28.99
29.00	Balance due provider/program (see instructions)	216	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet E-1

Date/Time Prepared:  
5/21/2024 3:12 pm

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		5,339,532		401	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM	06/09/2023	16,352		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		-16,352		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to wkst. E, Part I line 12 for Part A, and line 26 for Part B)		5,323,180		401	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		102,635		216	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,425,815		617	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

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

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

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet G

Date/Time Prepared:  
5/21/2024 3:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	703,895	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,944,777	0	0	0	4.00
5.00	Other receivables	60,254	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-75,352	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	89,918	0	0	0	8.00
9.00	Other current assets	44,064	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	3,767,556	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	52,075	0	0	0	17.00
18.00	Less: Accumulated Amortization	-2,758	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	58,385	0	0	0	23.00
24.00	Less: Accumulated depreciation	-8,325	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	99,377	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	79,903	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	79,903	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	3,946,836	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	588,007	0	0	0	35.00
36.00	Salaries, wages, and fees payable	431,332	0	0	0	36.00
37.00	Payroll taxes payable	22,047	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	60,734	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	1,973,992	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	3,076,112	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	3,076,112	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	870,724				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	870,724	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	3,946,836	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet G-1

Date/Time Prepared:  
5/21/2024 3:12 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		284,111		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		586,610				2.00
3.00	Total (sum of line 1 and line 2)		870,721		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00	ROUNDING	3		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		3		0		10.00
11.00	Subtotal (line 3 plus line 10)		870,724		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		870,724		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00	ROUNDING		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00



## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023Worksheet G-2  
Parts I-II  
Date/Time Prepared:  
5/21/2024 3:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	15,978,771		15,978,771	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	15,978,771		15,978,771	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	2,409,045	0	2,409,045	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	ROUTINE CHARGES / BED HOLD	133,565	0	133,565	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to worksheet G-3, Line 1)	18,521,381	0	18,521,381	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per worksheet A, Col. 3, Line 100)			15,534,765	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			15,534,765	15.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 315506

Period:  
From 01/01/2023  
To 12/31/2023

Worksheet G-3

Date/Time Prepared:  
5/21/2024 3:12 pm

		1.00	
1.00	Total patient revenues (From wkst. G-2, Part I, col. 3, line 14)	18,521,381	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,411,735	2.00
3.00	Net patient revenues (Line 1 minus line 2)	16,109,646	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	15,534,765	4.00
5.00	Net income from service to patients (Line 3 minus 4)	574,881	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,528	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	467	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	181	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	259	24.00
24.01	BARBER BEAUTY	294	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	11,729	25.00
26.00	Total (Line 5 plus line 25)	586,610	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	586,610	31.00

**SEWELL SNF OPERATIONS LLC  
AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**COMBINED FINANCIAL STATEMENTS  
AND  
SUPPLEMENTARY INFORMATION**

**FOR THE PERIOD FROM JANUARY 25, 2023 (COMMENCEMENT OF OPERATIONS)  
THROUGH DECEMBER 31, 2023**



**Combined Financial Statements and Supplementary Information**

**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**FOR THE PERIOD FROM JANUARY 25, 2023 (COMMENCEMENT OF OPERATIONS)  
THROUGH DECEMBER 31, 2023**

**TABLE OF CONTENTS**

Independent Auditor's Report.....	1
-----------------------------------	---

**Combined Financial Statements**

Combined Balance Sheet.....	3
Combined Statement of Operations.....	5
Combined Statement of Changes in Member's Deficit.....	6
Combined Statement of Cash Flows.....	7
Notes to Combined Financial Statements.....	8
Independent Auditor's Report on Supplementary Information.....	22

**Supplementary Information**

Combining Balance Sheet.....	23
Combining Statement of Operations.....	25

## INDEPENDENT AUDITOR'S REPORT

To the Member of  
Sewell SNF Operations LLC and West Deptford SNF Operations LLC

We have audited the accompanying combined financial statements of Sewell SNF Operations LLC and West Deptford SNF Operations LLC (New Jersey limited liability companies) (collectively, the "Company" or the "Companies"), which comprise the combined balance sheet as of December 31, 2023, and the related combined statements of operations, changes in member's deficit, and cash flows for the period from January 25, 2023 (commencement of operations) through December 31, 2023, and the related notes to the combined financial statements.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Companies as of December 31, 2023, and the results of their operations and their cash flows for the period from January 25, 2023 (commencement of operations) through December 31, 2023 in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Combined Financial Statements**

Management is responsible for the preparation and fair presentation of the combined 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 combined financial statements that are free from material misstatement, whether due to fraud or error.

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

## **Auditor's Responsibilities for the Audit of the Combined Financial Statements**

Our objectives are to obtain reasonable assurance about whether the combined 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 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 combined financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined 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 combined 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 the Company'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 combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company'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.

*Pease Bell CPAs, LLC*

Cleveland, Ohio  
August 19, 2024

**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**COMBINED BALANCE SHEET**

**DECEMBER 31, 2023**

**ASSETS**

**CURRENT ASSETS**

Cash	\$ 1,532,021
Resident accounts receivable, net of allowance for credit losses of \$350,000	5,286,713
Other receivables	70,334
Prepaid expenses and other current assets	<u>745,868</u>

**TOTAL CURRENT ASSETS** 7,634,936

**PROPERTY AND EQUIPMENT, NET**

246,716

**OTHER ASSETS**

Deposits	533,055
Escrow deposits	90,367
Advances receivable - affiliates	2,287,528
Operating lease right-of-use assets, net	<u>57,359,625</u>

**TOTAL OTHER ASSETS** 60,270,575

\$ 68,152,227

See notes to combined financial statements.

**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**COMBINED BALANCE SHEET**

**DECEMBER 31, 2023**

**LIABILITIES AND MEMBER'S DEFICIT**

**CURRENT LIABILITIES**

Line of credit	\$ 2,000,000
Current maturities of operating lease liabilities	776,121
Accounts payable	814,682
Accounts payable - related party	130,995
Accrued expenses	118,104
Accrued payroll and related costs	<u>981,091</u>

**TOTAL CURRENT LIABILITIES** 4,820,993

**LONG-TERM LIABILITIES**

Operating lease liabilities, net of current maturities	57,549,121
Advances payable - affiliates	787,376
Advances payable - member	<u>5,219,986</u>

**TOTAL LONG-TERM LIABILITIES** 63,556,483

**TOTAL LIABILITIES** 68,377,476

**MEMBER'S DEFICIT**

(225,249)

\$ 68,152,227

See notes to combined financial statements.



**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**COMBINED STATEMENT OF OPERATIONS**

**FOR THE PERIOD FROM JANUARY 25, 2023 (COMMENCEMENT OF OPERATIONS)  
THROUGH DECEMBER 31, 2023**

**REVENUES**

Net resident service revenues	\$ 30,074,727
Other revenue	<u>2,365</u>

**TOTAL REVENUES** 30,077,092

**OPERATING EXPENSES**

Nursing	12,247,181
Lease expense	5,424,742
General and administrative	3,312,683
Ancillary services	2,723,238
Dietary	1,814,311
Management fee	1,535,844
Housekeeping and laundry	1,066,578
Bed tax assessment	777,099
Facility maintenance	350,139
Provision for expected credit losses	350,000
Activities	339,347
Social services	163,105
Depreciation and amortization	<u>28,025</u>

**TOTAL OPERATING EXPENSES** 30,132,292

**LOSS FROM OPERATIONS** (55,200)

**OTHER EXPENSE**

Interest expense, net	(51,091)
Start-up expenses	<u>(118,958)</u>

**TOTAL OTHER EXPENSE** (170,049)

**NET LOSS** \$ (225,249)

See notes to combined financial statements.

**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**COMBINED STATEMENT OF CHANGES IN MEMBER'S DEFICIT**

**FOR THE PERIOD FROM JANUARY 25, 2023 (COMMENCEMENT OF  
THROUGH DECEMBER 31, 2023**

<b>BALANCE - JANUARY 25, 2023 (COMMENCEMENT OF OPERATIONS)</b>	\$ -
Net loss	<u>(225,249)</u>
<b>BALANCE - DECEMBER 31, 2023</b>	<u><u>\$ (225,249)</u></u>

See notes to combined financial statements.

**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**COMBINED STATEMENT OF CASH FLOWS**

**FOR THE PERIOD FROM JANUARY 25, 2023 (COMMENCEMENT OF OPERATIONS)  
THROUGH DECEMBER 31, 2023**

**CASH FLOWS FROM OPERATING ACTIVITIES**

Net loss	\$ (225,249)
Adjustments to reconcile net loss to net cash and restricted cash used in operating activities:	
Depreciation and amortization	28,025
Provision for expected credit losses	350,000
Changes in operating assets and liabilities:	
Resident accounts receivable	(5,636,713)
Other receivables	(70,334)
Prepaid expenses and other current assets	(745,868)
Deposits	(533,055)
Operating lease right-of-use assets and liabilities, net	965,617
Accounts payable	814,682
Accounts payable - related party	130,995
Accrued expenses	118,104
Accrued payroll and related costs	<u>981,091</u>

**NET CASH AND RESTRICTED CASH USED IN  
OPERATING ACTIVITIES**

(3,822,705)

**CASH FLOWS FROM INVESTING ACTIVITIES**

Purchases of property and equipment	(274,741)
Advances to affiliates	<u>(2,287,528)</u>

**NET CASH AND RESTRICTED CASH USED IN  
INVESTING ACTIVITIES**

(2,562,269)

**CASH FLOWS FROM FINANCING ACTIVITIES**

Net borrowings on lines of credit	2,000,000
Advances from affiliates	787,376
Advances from member	<u>5,219,986</u>

**NET CASH AND RESTRICTED CASH PROVIDED BY  
FINANCING ACTIVITIES**

8,007,362

**NET INCREASE IN CASH AND RESTRICTED CASH**

1,622,388

Cash and restricted cash at beginning of period

-

**CASH AND RESTRICTED CASH AT END OF PERIOD**

\$ 1,622,388

See notes to combined financial statements.

**SEWELL SNF OPERATIONS LLS AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**NOTES TO COMBINED FINANCIAL STATEMENTS**

**FOR THE PERIOD FROM JANUARY 25 (COMMENCEMENT OF OPERATIONS) THROUGH  
DECEMBER 31, 2023**

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Description of entities:** Sewell SNF Operations LLC and West Deptford SNF Operations LLC (collectively, the “Company” or “Companies”) are limited liability companies affiliated through common ownership that were incorporated in the state of New Jersey in December 2022. The Companies operate two skilled nursing facilities located in the state of New Jersey with a combined capacity of 276 beds (the “Facilities”) as detailed below.

<b><u>Legal Name of Entity</u></b>	<b><u>DBA Name of Entity</u></b>	<b><u>Facility Location</u></b>	<b><u>Licensed Beds</u></b>
Sewell SNF Operations LLC	Promedica Skilled Nursing & Rehab – Washington Twp	Sewell, NJ	120
West Deptford SNF Operations LLC	Promedica Skilled Nursing & Rehab – West Deptford	West Deptford, NJ	156

**Transfer of operations:** Effective January 25, 2023 (commencement of operations), the Company assumed the facilities’ operating licenses, Medicare and Medicaid provider numbers and agreements, and certain other facility contracts from an unrelated former operator of the Facilities. No value was assigned to these intangible assets. The Company, at its sole discretion, hired the existing employees as of the date of transfer. The Company assumed \$975,460 of compensated absence liability in exchange for cash. Also, subsequent to the transfer of operations, certain accounts receivable of the Company were collected by the former operator and certain receivables of the former operator were collected by the Company. The net amount due to the Company from the former operator is \$15,843 at December 31, 2023 and is reported within other receivables in the accompanying combined balance sheet.

**Principles of combination:** The accompanying combined financial statements include the accounts of the Companies, which are under common ownership and management, are co-borrowers on a line of credit (see Note 3), and are lessees under a master lease agreement (see Note 4). All significant transactions between the Companies have been eliminated in combination.

**Basis of presentation:** The accompanying combined financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

**Variable interest entities:** The Company follows Financial Accounting Standards Board (“FASB”) Accounting Standards Update (“ASU”) No. 2018-17 “*Targeted Improvements to Related Party Guidance for Variable Interest Entities*”, which allows a private company to elect, under certain circumstances, not to consolidate certain variable interest entities, including variable interest entities in common control leasing arrangements. Accordingly, the Company does not consolidate Sewell SNF Realty LLC and West Deptford SNF Realty LLC (the “Propcos”) or WDS SNF Consulting LLC (“WDS”), which are commonly-controlled entities. The Propcos have entered into a purchase option agreement to purchase the Facilities’ real estate from unrelated property owners (the “lessor”) (see Note 4). The Company has an agreement with WDS for WDS to manage the operations of the Company (see Note 5).

**Limited liability companies:** As limited liability companies, no member, director, manager, agent, or employee of the Companies are personally liable for the debts, obligations, or liabilities of the Companies whether arising in contract, tort, or otherwise, or for the acts or omissions of any other member, director, manager, agent, or employee of the Companies, unless the individual has signed a specific personal guarantee.

**Concentrations of credit risk:** Financial instruments that potentially subject the Company to concentrations of credit risk consist of cash deposits and accounts receivable. Cash deposits are maintained with a high-quality financial institution, and the composition and maturities of temporary cash investments, if any, are regularly monitored by management. The Company controls credit risk associated with accounts receivable through its monitoring procedures and by establishing an allowance for credit losses when considered necessary.

The Company’s operations are located in New Jersey and are economically dependent on the residents living in that geographic area. See Note 7 regarding concentrations in resident service revenues and resident accounts receivable.

**Cash and cash equivalents:** The Company considers all highly-liquid investments with an initial maturity of three months or less to be cash equivalents. As of December 31, 2023, there were no cash equivalents held. Cash, which consists of checking and savings accounts at a financial institution, may exceed the federal insurance limit from time to time; however, management does not believe that the Company is exposed to any substantial risk.

**Escrow deposits:** The Company maintains a capital reserve escrow account with the lessor at an amount considered by the Company to be adequate and in compliance with the lease agreement described in Note 4. This restricted cash reserve is included in cash and restricted cash in the accompanying combined statement of cash flows.

**Deposits:** The lessor required a deposit of \$492,442 at the commencement of the lease. The deposit is included in deposits in the accompanying combined balance sheet. See Note 4 for further discussion.

**Resident accounts receivable:** Resident accounts receivable represents amounts due from payors for amounts billed for resident services provided. The Company provides an allowance for credit losses that is estimated utilizing current accounts receivable aging reports, historical collections data and other factors. In addition, the Company monitors collections and payments from payors and maintains an allowance based upon applying an expected credit loss rate to receivables based on the historical loss rate from similar payors adjusted for current conditions, including any specific payor collection issues identified, and forecasts of economic conditions. Management monitors these factors and determines the estimated provision for credit losses. Historical credit losses have generally resulted from uncollectible private balances, some uncollectible coinsurance and deductibles, and other factors. Receivables that are deemed to be uncollectible are written-off. The allowance for credit losses is assessed by management, with changes in estimated losses being recorded in the combined statement of operations in the period identified. It is reasonably possible that the Company's estimate of the allowance for credit losses will change in the near term. At December 31, 2023, the allowance for credit losses totaled \$350,000, which management believes is adequate.

Management believes that the historical loss information it has compiled is a reasonable basis on which to determine the expected credit losses for receivables because the composition of receivables as of December 31, 2023 is consistent with that used in developing the historical credit-loss percentages (i.e., the similar risk characteristics of its payors and its credit policies has not changed significantly over time). Changes to the historical loss rate have not been material to the combined financial statements. Management developed its estimate based on its analysis of historical losses and assessment of future expected losses.

The following table provides a reconciliation of the changes in the allowance for credit losses for the period from January 25, 2023 (commencement of operations) through December 31, 2023:

Allowance for credit losses – beginning of period	\$ -
Additional provision for expected credit losses	350,000
Write-offs of receivables	-
	<hr/>
Allowance for credit losses – end of period	<u>\$ 350,000</u>

**Net resident service revenues:** Net resident service revenues and the corresponding accounts receivable, are reported on an accrual basis as services are performed at their estimated net realizable amounts from residents, third-party payors, and others for services rendered.

The Company records revenues for inpatient services and the related receivables in the accounting records at the Company's established billing rates in the period the related services are rendered. The provision for contractual adjustments, which represents the difference between the established billing rates and predetermined reimbursement rates, is deducted from gross revenues to determine net revenues. These predetermined reimbursement rates may be based on a provider's actual costs subject to program ceilings and other limitations or on established rates based on acuity and services provided as determined by the federal and state-funded programs. Services provided to Medicare beneficiaries are based on clinical, diagnostic, and other factors. Services provided to Medicaid beneficiaries are paid at determined rates per day. The Company is exposed to the risk of changes in Medicare and Medicaid reimbursement rates.

Amounts earned under federal and state programs with respect to nursing home patients are subject to review by the third-party payors which may result in retroactive adjustments. In the opinion of management, adequate provision has been made for any adjustments that may result from such reviews. Retroactive adjustments, if any, are recorded when objectively determinable, generally within three years of the close of a reimbursement year depending upon the timing of appeals and third-party settlement reviews or audits, and final settlements are reported in operations in the year of settlement.

The Company records revenues for rehabilitation services and other ancillary services and the related receivables at the time services or products are provided or delivered to the customer. Upon delivery of services or products, the Company has no additional performance obligation to the customer.

The Company follows Accounting Standards Codification ("ASC") 606 for all contracts. The amount of revenue recognized reflects the consideration to which the Company expects to be entitled to receive in exchange for these services. ASC 606 requires companies to exercise judgment and recognize revenue in accordance with the standard's core principle by applying the following five steps:

Step 1: Identify the contract with a customer.

Step 2: Identify the performance obligations in the contract.

Step 3: Determine the transaction price.

Step 4: Allocate the transaction price to the performance obligations in the contract.

Step 5: Recognize revenue when (or as) the entity satisfies a performance obligation.

Performance obligations are promises made in a contract to transfer a distinct good or service to the customer. A contract's transaction price is allocated to each distinct performance obligation and recognized as revenue when, or as, the performance obligation is satisfied. The Company has concluded that its contracts with patients and residents represent a bundle of distinct services that are substantially the same, with the same pattern of transfer to the customer. Accordingly, the promise to provide quality care is accounted for as a single performance obligation with revenue recognized at a point-in-time as services are provided.

The Company performs analyses using the application of the portfolio approach as a practical expedient to group patient contracts with similar characteristics, such that revenue for a given portfolio would not be materially different than if it were evaluated on a contract-by-contract basis. These analyses incorporated consideration of reimbursements at varying rates from Medicaid, Medicare, Managed Care, Hospice, and Private Pay for services provided. It was determined that the contracts are not materially different within the following groups: Medicaid, Medicare, Managed Care, Hospice, and Private Pay.

In order to determine the transaction price, the Company estimates the amount of variable consideration at the beginning of the contract using the expected value method. The estimates consider (i) payor type, (ii) historical payment trends, (iii) the maturity of the portfolio, and (iv) geographic payment trends throughout a class of similar payors. The Company typically enters into agreements with third-party payors that provide for payments at amounts different from the established billing charges. These arrangement terms provide for subsequent settlement and cash flows that may occur well after the service is provided. The Company adjusts the estimates of variable consideration such that it is probable that a significant reversal of previously recognized revenue will not occur throughout the life of the contract. Changes in the Company's expectation of the amount it will receive from the patient or third-party payors will be recorded in revenue unless there is a specific event that suggests the patient or third-party payor no longer has the ability and intent to pay the amount due and, therefore, the changes in its estimate of variable consideration better represent an impairment, or credit loss. These estimates are re-assessed each reporting period, and any amounts allocated to a satisfied performance obligation are recognized as revenue or a reduction of revenue in the period in which the transaction price changes. The Company satisfies its performance obligation by providing quality of care services to its patients and residents on a daily basis until termination of the contract. The performance obligation is recognized on a daily basis, for which the services are provided. For these contracts, the Company has the right to consideration from the customer in an amount that directly corresponds with the value to the customer of the Company's performance to date. Therefore, the Company recognizes revenue based on the amount billable to the customer in accordance with the practical expedient in ASC 606-10-55-18. Additionally, because the Company applied ASC 606 using certain practical expedients, the Company elected not to disclose the aggregate amount of the transaction price for unsatisfied, or partially unsatisfied, performance obligations for all contracts with an original expected length of one year or less.

#### *Disaggregation of Revenues and Accounts Receivable*

The Company disaggregates revenue from contracts with customers by payor type. The Company notes that disaggregation of revenue into these categories achieves the disclosure objectives to depict how the nature, amount, timing and uncertainty of revenue and cash flows are affected by economic factors. The payment terms and conditions within the Company's revenue-generating contracts vary by contract type and payor source. Payments are generally received within 30 to 90 days after billing.

**Property and equipment:** Property and equipment owned by the Company is stated at cost. Maintenance and repairs are expensed, while expenditures for renewals which prolong the lives of the assets are capitalized. For financial reporting purposes, depreciation and amortization of property and equipment is provided for by using the straight-line method based on the estimated service lives of the assets as follows:

Leasehold improvements	10 years
Equipment	5 years

The cost of assets sold or retired and the related amounts of accumulated depreciation and amortization are removed from the accounts in the year of disposal. Any resulting profit or loss is reflected in current operations.

As described in Note 4, the Company leases the Facilities, and most of the furniture and equipment needed to operate the Facilities, from an unrelated entity.

Leasehold improvements are amortized using the straight-line method over the shorter of the remaining lease term, including renewal options that we are reasonably certain to exercise, or the estimated useful life of the improvement.



**Impairment of long-lived assets:** The Company assesses the impairment of long-lived assets whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. The Company assesses the fair value of the assets based on the undiscounted future cash flow that the assets are expected to generate and recognizes an impairment loss when estimated undiscounted future cash flow expected to result from the use of the asset plus net proceeds expected from disposition of the asset, if any, are less than the carrying amount of the asset. When the Company identifies an impairment, it reduces the carrying amount of the asset to its estimated fair value based on a discounted cash flow approach or, when available and appropriate, to comparable market values. Based on the Company's evaluation there is no impairment of these assets at December 31, 2023.

**Compensated absences:** Employees of the Company are entitled to paid vacation days depending on job classification, length of service, and hours worked. At December 31, 2023 the total amount accrued for compensated absences was \$470,917 and is included in accrued payroll and related costs in the accompanying combined balance sheet.

**Advertising costs:** The Company expenses advertising costs in the period in which they are incurred. Advertising expenses totaled \$80,505 in the period from January 25, 2023 (commencement of operations) through December 31, 2023.

**Income taxes:** The Company is not a taxpaying entity for federal or state income tax purposes. Consequently, federal and state income taxes are not payable, or provided for, by the Company. The members are taxed individually on the Company's earnings. Local income taxes are accrued at statutory rates, as applicable.

**Member distributions:** In accordance with the Company's operating agreement, the Company generally makes distributions to fund the member's respective income tax liabilities resulting from the taxable income from the Company. Other discretionary distributions may also be made.

**Recording of insured claims:** When applicable, the Company records anticipated insurance claims liabilities and related insurance recoveries for medical malpractice claims and similar contingent liabilities in the accompanying combined balance sheet on a gross basis. Any estimated insurance recovery provided under the existing policy is reflected as a receivable on the same basis as the liability, subject to the need for a valuation allowance for credit losses. At December 31, 2023 there were no such receivables or liabilities.

**Use of estimates:** The preparation of the combined financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant estimates relate to variable consideration for net resident service revenue recognition, assessing the expected credit losses of resident accounts receivable, legal and professional claims liabilities and receivables for related insurance recoveries, depreciation and amortization, asset valuations and useful lives. These estimates may be adjusted as more current information becomes available, and any adjustments could be significant.

**Combined statement of cash flows:** Interest paid in the period from January 25, 2023 (commencement of operations) through December 31, 2023 totaled \$55,476.

The following table provides a reconciliation of cash and escrow deposits reported within the combined balance sheet that sum to the total of the same such amounts shown on the combined statement of cash flows.

Cash	\$ 1,532,021
Escrow deposits	<u>90,367</u>
Total cash and restricted cash shown in the combined statement of cash flows	<u>\$ 1,622,388</u>

**Leases:** The Company determines whether an agreement contains a lease at inception based on the Company's right to obtain substantially all of the economic benefits from the use of the identified asset and its right to direct the use of the identified asset. Operating leases are included in the operating lease right-of-use ("ROU") assets, current maturities of operating lease liabilities, and long-term operating lease liabilities in the accompanying combined balance sheet. Finance leases, when applicable, are included in property and equipment, current maturities of finance lease liability, and long-term finance lease liability in the accompanying combined balance sheet.

ROU assets represent the Company's right to use an underlying asset for the lease term, and operating lease liabilities represent its obligation to make lease payments arising from the lease. Operating lease ROU assets and liabilities are recognized on the commencement date based on the present value of the lease payments over the lease term. Lease payments are discounted using the rate implicit in the lease or, if not readily available, the Company's incremental borrowing rate based on information available at the lease commencement. The incremental borrowing rate for a lease is the rate of interest the Company would have to pay on a collateralized basis to borrow an amount equal to the lease payments for the asset under similar terms. The operating lease ROU assets are increased by any prepaid lease payments and initial direct costs and reduced by any lease incentives. The lease terms may include options to extend or terminate the lease when it is reasonably certain that the Company will exercise such options. Variable lease payments that depend on an index or a rate are included in the determination of ROU assets and lease liabilities using the index or rate at the lease commencement date. Variable lease payments that do not depend on an index or rate or resulting from changes in an index or rate subsequent to the lease commencement date, are recorded as lease expense in the period in which the obligation for the payment is incurred. Lease expense for operating lease payments is recognized on a straight-line basis over the lease term and is included in operating expenses in the combined statement of operations. For finance leases, the lessee recognizes interest expense and amortization of finance lease ROU assets. The Company's lease does not contain any residual value guarantees or material restrictive covenants.

The Company elected the short-term lease practical expedient, which allows the Company to not record an operating lease ROU asset and operating lease liability for any lease with a term of twelve months or less at lease commencement, and also elected the single component practical expedient for all asset classes, which allows the Company to include both lease and non-lease components associated with a lease as a single lease component when determining the value of the operating lease ROU assets and operating lease liability.

**Recently adopted accounting standards:** In June 2016, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2016-13, “*Measurement of Credit Losses on Financial Instruments*”, which significantly changed how entities measure credit losses for most financial assets and certain other instruments that are not measured at fair value through net income. The most significant change in this standard is a shift from the incurred loss model to the current expected credit loss model (“CECL”). Under the standard, disclosures are required to provide users of the combined financial statements with useful information in analyzing an entity’s exposure to credit risk and the measurement of credit losses. Financial assets held by the Company that are subject to this standard are resident accounts receivable.

Effective January 25, 2023 (commencement of operations), the Company adopted the standard using the modified retrospective approach. The adoption did not have a material impact on the Company’s combined financial statements and primarily resulted in new and enhanced disclosures only.

**Subsequent events:** In preparing these combined financial statements, management has evaluated events and transactions for potential recognition or disclosure through August 19, 2024, the date the combined financial statements were available to be issued.

## **NOTE 2 – PROPERTY AND EQUIPMENT**

Property and equipment at December 31, 2023 consists of the following:

Equipment	\$ 161,163
Leasehold improvements	113,578
	<hr/>
	274,741
Less - accumulated depreciation and amortization	28,025
	<hr/>
	<u>\$ 246,716</u>

Depreciation and amortization expense in the period from January 25, 2023 (commencement of operations) through December 31, 2023 totaled \$28,025.

## **NOTE 3 – REVOLVING LINE OF CREDIT**

The Company has a \$4,500,000 revolving line of credit agreement with a financial institution under which it may borrow, subject to certain borrowing base limitations. The line of credit matures in September 2024. Borrowings under the line bear interest at the one-month Secured Overnight Financing Rate (5.35% at December 31, 2023) plus an applicable base rate margin of 3.00%. The interest rate at December 31, 2023 was 8.35%. The outstanding balance on the line of credit at December 31, 2023 is \$2,000,000. The line of credit is secured by the assets of the Company and is guaranteed by the member of the Company.

The loan agreement contains certain restrictions with which the Company was in compliance at December 31, 2023.

#### NOTE 4 – OPERATING LEASE

The Company leases the Facilities, and substantially all the furniture and equipment needed to operate the Facilities, via a master leasing arrangement with the lessor. The lease is accounted for as an operating lease with a twenty-year lease term and expires in 2043. The combined monthly base lease payments were \$405,375 in the period from January 25, 2023 (commencement of operations) through December 31, 2023. The base lease payments vary according to a lease payment schedule for the first five years of the lease and then increase 3% annually beginning in lease year six until the lease expires. Prepaid lease expense is \$91,536 at December 31, 2023 and is included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the Company's lease expense recognized for the period from January 25, 2023 (commencement of operations) through December 31, 2023:

Operating lease expense	\$ 5,424,742
Variable lease expense	<u>-</u>
Total operating lease expense	<u>\$ 5,424,742</u>

The lease is on a triple net basis; therefore, the Company is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by the Company.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2023 are as follows:

2024	\$ 4,984,043
2025	5,118,039
2026	4,781,680
2027	4,880,712
2028	5,027,133
Thereafter	<u>89,107,286</u>
Total minimum lease payments	113,898,893
Less: imputed interest	<u>55,573,650</u>
Present value of minimum lease payments	<u>\$ 58,325,243</u>

The Company does not have any material leases that have been signed but have yet to commence as of December 31, 2023.

The following table presents other supplemental lease information at December 31, 2023:

Cash paid for amounts included in the measurement of lease liabilities	\$ 4,459,125
Right-of-use assets obtained in exchange for new lease liabilities	\$ 58,477,298
Weighted average remaining lease term (years)	19.08
Weighted average discount rate	7.31%

The Propcos entered into a purchase option agreement to purchase the Facilities from the lessor for \$53,130,000. The option is available during year 4 of the lease agreement. The Propcos were required to deposit \$5,255,258 with the title company. The Company remitted \$2,255,258 on behalf of the Propcos related to this deposit and have included this amount within advances receivable – affiliates in the accompanying combined balance sheet.

As described in Note 1, the Company does not consolidate the financial statements of the Propcos. The Company's exposure to loss represents the potential loss of assets by the Company relating to the Propcos. As of December 31, 2023, the advances to the Propcos represent the Company's maximum exposure to loss related to the Propcos. Management of the Company expects the risk of loss to be remote.

The lease requires the Company to deposit \$350 per licensed bed in a capital reserve escrow with the lessor by the end of the first lease year. The escrow totaled \$90,367 at December 31, 2023. The Company was in compliance with this requirement by the end of the first lease year (January 2024).

The lease agreement contains certain restrictions and financial reporting requirements. As of December 31, 2023, the Company was in compliance with the financial covenants.

## NOTE 5 – RELATED PARTY TRANSACTIONS

**Advances receivable - affiliates:** The Company has made cash advances to various entities related to the Company in order to accommodate certain cash flow needs of the affiliates. The advances are non-interest bearing and totaled \$2,287,528 at December 31, 2023. This amount is classified as advances receivable - affiliates in the accompanying combined balance sheet. There are no contractual repayment terms, however, management does not expect to collect the balance within twelve months of the combined balance sheet date; therefore, the amounts in advances receivable - affiliates have been classified as a non-current asset.

**Advances payable - affiliates:** The Company has received cash advances from various entities related to the Company in order to accommodate certain cash flow needs of the Company. The advances are non-interest bearing and totaled \$787,376 at December 31, 2023. These amounts are classified as advances payable - affiliates in the accompanying combined balance sheet. There are no contractual repayment terms, however, management does not expect to repay the balance within twelve months of the combined balance sheet date; therefore, the amounts in advances payable - affiliates have been classified as a non-current liability.

**Advances payable - member:** The Company has received cash advances from its member in order to accommodate certain cash flow needs of the Company. The advances are non-interest bearing and totaled \$5,219,986 at December 31, 2023. These amounts are classified as advances payable - member in the accompanying combined balance sheet. There are no contractual repayment terms, however, management does not expect to repay the balance within twelve months of the combined balance sheet date; therefore, the amounts in advances payable - member have been classified as a non-current liability.

**Management fees:** The Company has management agreements with WDS which renew automatically on an annual basis. Pursuant to the agreements, WDS provides consulting services related to the management and operation of the nursing home facilities. The management fee, which is paid monthly, approximates 5% of net resident service revenues. Management fee expense under this arrangement totaled \$1,535,844 during the period from January 25, 2023 (commencement operations) through December 31, 2023. Management believes that the fees are reasonable based upon the services provided. The Company has unpaid Management fees due to WDS totaling \$130,995, which is included in accounts payable – related party in the accompanying combined balance sheet at December 31, 2023.

As described in Note 1, the Company does not consolidate the financial statements of WDS. The Company's exposure to loss represents the potential loss of assets by the Company relating to the non-consolidated management company. As of December 31, 2023, the Company's maximum exposure to loss related to WDS is not significant.

## **NOTE 6 – COMMITMENTS AND CONTINGENCIES**

**Legal actions and claims:** The Company, at times, may be party to various legal actions and claims arising in the ordinary course of its business. The Company's management believes that the ultimate disposition of any legal matters will not have a material adverse effect on the Company's financial position or results of operations.

**Professional liability insurance:** The Company has a general and professional liability insurance policy ("GL/PL"), with coverage on a claims-made basis. The GL/PL coverage, on a per facility basis, has a limit of \$1,000,000 per occurrence and a \$3,000,000 annual aggregate. This policy expires in September 2024. Management is not aware of any pending claims or claims incurred but not reported as of December 31, 2023, therefore, the Company has not recorded anticipated insurance claims liabilities and related insurance recoveries for medical malpractice claims and similar contingent liabilities as of year-end.

There is currently no pending medical malpractice litigation against the Company, nor is management aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits. Based on a review of historical claims experience, management has determined that no liability is necessary at December 31, 2023. The cost of this insurance policy represents the Company's costs for premiums and any claims for the year, which is charged to operations as a current expense.

**Self-insured health care plan:** The Company self-insures its employer provided health care insurance. The Company has entered into an agreement with an unrelated third-party broker to administer its self-insured plan. Claims in excess of certain limits are covered by a stop-loss policy. Monthly premiums paid by the Company per employee, as determined by the broker, are based on historical data and are expected to partially cover all claims both incurred and reported during a typical year and claims incurred but not yet reported, in addition to all costs associated with administering the Plan. The Company records an estimated accrual, when appropriate, if the Company has determined that claims incurred will exceed the amount of premiums paid or reflects a prepaid health insurance premium asset when premiums paid are determined to exceed the total estimate of claims for the year. The administrator of the plan then adjusts the subsequent year per employee premium taking into account any estimated over or underpayment into the insurance claims fund. At December 31, 2023, the Company recorded an accrual of \$109,941 to account for 2023 claims incurred but not reported as of year-end. The related liability is included in accrued payroll and related costs in the accompanying combined balance sheet.

**Facilities' lease:** As described in Note 4, the Company leases the Facilities from an unrelated lessor.

## NOTE 7 – CONCENTRATIONS

**Medicare and Medicaid:** Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. All of the Company's 276 beds are designated for care of patients in Connecticut's Medicaid program.

The following table summarizes net resident service revenues from contracts with customers by payor source for the period from January 25, 2023 (commencement of operations) through December 31, 2023:

Medicare	\$ 11,479,462	38.2%
Medicaid	11,449,319	38.1%
Managed Medicare	4,629,388	15.4%
Private Pay	1,685,102	5.6%
Hospice	831,456	2.7%
	<hr/>	<hr/>
Total	<u>\$ 30,074,727</u>	<u>100.0%</u>

The Company grants credit, without collateral, to its patients, most of whom are local residents and insured under third-party payor agreements. Receivables from residents and third-party payors at December 31, 2023 are summarized in the following table:

Medicare	\$ 1,064,291	20.1%
Medicaid	2,001,591	37.9%
Managed Medicare	1,170,623	22.1%
Private Pay	1,146,289	21.7%
Hospice	253,919	4.8%
	<hr/>	<hr/>
	5,636,713	106.6%
Less: Allowance for credit losses	350,000	6.6%
	<hr/>	<hr/>
Total	<u>\$ 5,286,713</u>	<u>100.0%</u>

The Company's future profitable operation is largely dependent on the laws and regulations governing the Medicare and Medicaid programs. The Company does not expect any changes in the near term in the laws and regulations governing the Medicare and Medicaid programs that could unfavorably impact the Company's results of operations. The Company believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegation of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

### *Medicare Reimbursement*

For Medicare reimbursement, the Patient Driven Payment Model (PDPM) is used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for classifying SNF residents in a covered Medicare Part A stay. Under PDPM, payments are derived primarily from resident characteristics. The model separately identifies and adjusts five different case-mix components for the varied needs and characteristics of a resident's care and then combines these with a non-case-mix component to determine the full SNF PPS Per Diem rate for that resident. Every patient gets classified into one case-mix group in each of the five components. Based on that case-mix group and their associated case-mix index, each component then contributes to the total Per Diem payment.

### *New Jersey Medicaid Reimbursement*

The Medicaid reimbursement system for nursing facilities in the State of New Jersey (the "State") is a managed care reimbursement model. Under this model, the State provides funding to managed care organizations ("MCOs") to coordinate all healthcare services, including long-term care services, for Medicaid beneficiaries. In turn, the MCOs will reimburse nursing facilities for services rendered to Medicaid beneficiaries admitted to nursing facilities. The reimbursement received by the nursing facilities is negotiated between the MCOs and the nursing facilities.

The Centers for Medicare and Medicaid Services ("CMS") approved a State Plan implementing a provider assessment (the "Assessment") charged to the state's nursing homes. The Assessment requires all nonexempt New Jersey nursing homes to pay a fee to the Department of Health and Social Services ("DHSS") based upon all non-Medicare days. Assessment fees were applied to each non-Medicare census day at a rate of \$14.67 per day. Assessment fees are paid on a quarterly basis. Assessment fees totaled \$777,099 during the period from January 25, 2023 (commencement of operations) through December 31, 2023 and are included in operating expenses in the accompanying combined statement of operations. Assessment fees payable totaled \$288,398 at December 31, 2023 and are included in accounts payable in the accompanying combined balance sheet.

**Vendors:** The Company is dependent on third-party service providers, manufacturers, distributors, and dealers for a substantial portion of its rehabilitation services, and for all its food, pharmaceutical and healthcare services and supplies. During the period from January 25, 2023 (commencement of operations) through December 31, 2023, purchases from its largest vendor accounted for approximately 11% of the total for such services and supplies. At December 31, 2023, the amount owed to this vendor is insignificant. Management believes no significant risk is present under these arrangements due to other service providers and suppliers being readily available.

### **NOTE 8 – MEMBER'S DEFICIT**

The Company has one class of membership units, for which the respective rights, preferences and privileges are defined in the operating agreements.



## **NOTE 9 – SUBSEQUENT EVENTS**

Effective January 1, 2024, the Company sponsors a 401(k) profit-sharing plan covering substantially all employees of the Company. Participants may elect to defer a portion of their annual compensation by contributing to the 401(k) plan, subject to plan provisions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Employer contributions are solely at the discretion of the Company's management.



Pease Bell CPAs, LLC  
peasebell.com

## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Member of  
Sewell SNF Operations LLC and West Deptford SNF Operations LLC

We have audited the accompanying combined financial statements of Sewell SNF Operations LLC and West Deptford SNF Operations LLC (collectively, the "Company" or the "Companies") for the period from January 25, 2023 (commencement of operations) through December 31, 2023, and our report thereon dated August 15, 2024, which expressed an unmodified opinion on those combined financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary information included in the accompanying combining schedules on pages 23 through 25 is presented for purposes of additional analysis and is not a required part of the combined 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 combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined 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 combined financial statements as a whole.

*Pease Bell CPAs, LLC*

Cleveland, Ohio  
August 19, 2024

**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**COMBINING BALANCE SHEET**

**DECEMBER 31, 2023**

**ASSETS**

	Sewell SNF Operations LLC	West Deptford SNF Operations LLC	Eliminations	Total
<b>CURRENT ASSETS</b>				
Cash	\$ 703,895	\$ 828,126	\$ -	\$ 1,532,021
Resident accounts receivable, net	2,420,002	2,866,711	-	5,286,713
Other receivables	113,267	(42,933)	-	70,334
Prepaid expenses and other current assets	352,122	393,746	-	745,868
<b>TOTAL CURRENT ASSETS</b>	3,589,286	4,045,650	-	7,634,936
<b>PROPERTY AND EQUIPMENT, NET</b>	99,377	147,339	-	246,716
<b>OTHER ASSETS</b>				
Deposits	254,718	278,337	-	533,055
Escrow deposits	39,290	51,077	-	90,367
Advances receivable - affiliates	1,178,368	1,859,139	(749,979)	2,287,528
Operating lease right-of-use assets, net	24,664,639	32,694,986	-	57,359,625
<b>TOTAL OTHER ASSETS</b>	26,137,015	34,883,539	(749,979)	60,270,575
	<u>\$ 29,825,678</u>	<u>\$ 39,076,528</u>	<u>\$ (749,979)</u>	<u>\$ 68,152,227</u>

See independent auditor's report on supplementary information.

**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC**

**COMBINING BALANCE SHEET**

**DECEMBER 31, 2023**

**LIABILITIES AND MEMBER'S EQUITY (DEFICIT)**

	Sewell SNF Operations LLC	West Deptford SNF Operations LLC	Eliminations	Total
<b>CURRENT LIABILITIES</b>				
Line of credit	\$ -	\$ 2,000,000	\$ -	\$ 2,000,000
Current maturities of operating lease liabilities	333,732	442,389	-	776,121
Accounts payable	303,504	511,178	-	814,682
Accounts payable - related party	57,999	72,996	-	130,995
Accrued expenses	23,520	94,584	-	118,104
Accrued payroll and related costs	462,647	518,444	-	981,091
<b>TOTAL CURRENT LIABILITIES</b>	1,181,402	3,639,591	-	4,820,993
<b>LONG-TERM LIABILITIES</b>				
Operating lease liabilities, net of current maturities	24,746,122	32,802,999	-	57,549,121
Advances payable - affiliates	843,882	693,473	(749,979)	787,376
Advances payable - member	2,787,291	2,432,695	-	5,219,986
<b>TOTAL LONG-TERM LIABILITIES</b>	28,377,295	35,929,167	(749,979)	63,556,483
<b>TOTAL LIABILITIES</b>	29,558,697	39,568,758	(749,979)	68,377,476
<b>MEMBER'S EQUITY (DEFICIT)</b>	266,981	(492,230)	-	(225,249)
	<u>\$ 29,825,678</u>	<u>\$ 39,076,528</u>	<u>\$ (749,979)</u>	<u>\$ 68,152,227</u>

See independent auditor's report on supplementary information.

**SEWELL SNF OPERATIONS LLC AND  
WEST DEPTFORD SNF OPERATIONS LLC  
COMBINING STATEMENT OF OPERATIONS**

**FOR THE PERIOD FROM JANUARY 25, 2023 (COMMENCEMENT OF OPERATIONS)  
THROUGH DECEMBER 31, 2023**

	Sewell SNF Operations LLC	West Deptford SNF Operations LLC	Eliminations	Total
<b>REVENUES</b>				
Net resident service revenues	\$ 14,782,672	\$ 15,292,055	\$ -	\$ 30,074,727
Other revenue	794	1,571	-	2,365
<b>TOTAL REVENUES</b>	14,783,466	15,293,626	-	30,077,092
<b>OPERATING EXPENSES</b>				
Nursing	5,820,223	6,426,958	-	12,247,181
Lease expense	2,332,639	3,092,103	-	5,424,742
General and administrative	1,698,786	1,613,897	-	3,312,683
Ancillary services	1,486,875	1,236,363	-	2,723,238
Dietary	956,160	858,151	-	1,814,311
Management fee	754,974	780,870	-	1,535,844
Housekeeping and laundry	545,821	520,757	-	1,066,578
Bed tax assessment	312,838	464,261	-	777,099
Facility maintenance	106,274	243,865	-	350,139
Provision for expected credit losses	175,000	175,000	-	350,000
Activities	178,852	160,495	-	339,347
Social services	50,603	112,502	-	163,105
Depreciation and amortization	11,083	16,942	-	28,025
<b>TOTAL OPERATING EXPENSES</b>	14,430,128	15,702,164	-	30,132,292
<b>INCOME (LOSS) FROM OPERATIONS</b>	353,338	(408,538)	-	(55,200)
<b>OTHER EXPENSE</b>				
Interest expense, net	(26,124)	(24,967)	-	(51,091)
Start-up expenses	(60,233)	(58,725)	-	(118,958)
<b>TOTAL OTHER EXPENSE</b>	(86,357)	(83,692)	-	(170,049)
<b>NET INCOME (LOSS)</b>	<u>\$ 266,981</u>	<u>\$ (492,230)</u>	<u>\$ -</u>	<u>\$ (225,249)</u>

See independent auditor's report on supplementary information.