

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: 6/30/2018

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

Provider CCN: 145269

Period:
From 12/01/2015
To 11/30/2016

Worksheet S
Parts I, II & III
Date/Time Prepared:
5/4/2017 12:52 pm

PART I - COST REPORT STATUS

Provider use only	1. [<input checked="" type="checkbox"/>] Electronically filed cost report 2. [<input type="checkbox"/>] Manually submitted cost report 3. [<input type="checkbox"/>] If this is an amended report enter the number of times the provider resubmitted this cost report	Date: _____ Time: _____
Contractor use only	4. [<input checked="" type="checkbox"/>] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	5. Date Received: 04/27/2017 6. Contractor No. 05901 7. [<input type="checkbox"/>] First Cost Report for this Provider CCN 8. [<input type="checkbox"/>] Last Cost Report for this Provider CCN 9. NPI Date: 10. [<input type="checkbox"/>] If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4

PART II - CERTIFICATION

MI REPRESENTATION 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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 HOPE CREEK CARE CENTER (145269) for the cost reporting period beginning 12/01/2015 and ending 11/30/2016 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.

Officer or Administrator of Provider(s)

Printed Name

Signed

Title

Date

	Title V	Title XVIII		Title XIX	
		Part A	Part B		
1.00	1.00	2.00	3.00	4.00	
1.00 PART III - SETTLEMENT SUMMARY					
2.00 SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0		4.00
5.00 SNF - BASED RHC I	0		0		5.00
6.00 SNF - BASED FOHC I	0		0		6.00
7.00 SNF - BASED CMHC I	0		0		7.00
7.10 SNF - BASED CORF I	0		0		7.10
100.00 TOTAL	0	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 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 INDENTIFICATION DATA

Provider No.: 145269

Period:

From 12/01/2015

Worksheet S-2

Part I

To 11/30/2016

Date/Time Prepared:

5/4/2017 12:52 pm

	1.00	2.00	3.00							
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:										
1.00	Street: 4343 KENNEDY DRIVE	PO Box:					1.00			
2.00	City: EAST MOLINE	State: IL	Zip Code: 61244				2.00			
3.00	County: ROCK ISLAND	CBSA Code: 19340	Urban/Rural: U				3.00			
3.01	CBSA Code:						3.01			
			Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
			1.00	2.00	3.00	4.00	5.00	6.00		
SNF and SNF-Based Component Identification:										
4.00	SNF	HOPE CREEK CARE CENTER	145269	10/01/1997	N	P	N			
5.00	Nursing Facility						4.00			
6.00	ICF/IID						5.00			
7.00	SNF-Based HHA						6.00			
8.00	SNF-Based RHC						7.00			
9.00	SNF-Based FQHC						8.00			
10.00	SNF-Based CMHC						9.00			
11.00	SNF-Based OLTC						10.00			
12.00	SNF-Based HOSPICE						11.00			
13.00	SNF-Based CORF						12.00			
				From:	To:					
				1.00	2.00					
14.00	Cost Reporting Period (mm/dd/yy)	12/01/2015			11/30/2016			14.00		
15.00	Type of Control (See Instructions)	9			Y/N			15.00		
							1.00			
Type of Freestanding Skilled Nursing Facility										
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					Y		16.00		
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?					N		17.00		
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.					Y		18.00		
Miscellaneous Cost Reporting Information										
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.00		
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.					N		19.01		
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.										
20.00	Straight Line					548,623		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					548,623		23.00		
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00		
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					Y		25.00		
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00		
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00		
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00		
							Part A	Part B	Other	
							1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.										
29.00	Skilled Nursing Facility					N		N	29.00	
30.00	Nursing Facility					N		N	30.00	
31.00	ICF/IID					N		N	31.00	
32.00	SNF-Based HHA					N		N	32.00	
33.00	SNF-Based RHC					N		N	33.00	
34.00	SNF-Based FQHC					N		N	34.00	
35.00	SNF-Based CMHC					N		N	35.00	
36.00	SNF-Based OLTC					N		N	36.00	
							Y/N			
							1.00	2.00		
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N			38.00	
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	41.00	

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

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet S-2
Part I
Date/Time Prepared:
5/4/2017 12:52 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.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter the name and address of the home office on the lines below.			
45.00	Name:	Contractor's Name:	Contractor's Number:	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 QUESTIONS

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet S-2
Part II
Date/Time Prepared:
5/4/2017 12:52 pm

			Y/N	Date	
			1.00	2.00	
<p>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)</p> <p>Completed by All Skilled Nursing Facilities</p> <p>Provider Organization and Operation</p>					
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
<p>Financial Data and Reports</p> <p>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.</p> <p>Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.</p>					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	06/30/2017
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	
<p>Approved Educational Activities</p> <p>Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)</p> <p>Were costs claimed for Allied Health Programs? (Y/N) see instructions.</p> <p>Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.</p>					
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		
<p>Bad Debts</p> <p>Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.</p> <p>If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.</p> <p>If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.</p> <p>Bed Complement</p> <p>Have total beds available changed from prior cost reporting period? If "Y", see instructions.</p>					
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
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
			Part A		Part B
			Description	Y/N	Date
			0	1.00	2.00
					3.00
<p>PS&R Data</p> <p>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.)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:</p> <p>Was the cost report prepared only using the provider's records? If "Y" see Instructions.</p>					
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	04/13/2017	N
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/A	N		N
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N

	Part B			
		Date		
		4.00		
PS&R Data				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)			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

		1.00	
Cost Report Preparer Contact Information			
1. 00	First Name		1. 00
2. 00	Last Name		2. 00
3. 00	Title		3. 00
4. 00	Employer		4. 00
5. 00	Phone Number		5. 00
6. 00	E-mail Address		6. 00
7. 00	Department		7. 00
8. 00	Mailing Address 1		8. 00
9. 00	Mailing Address 2		9. 00
10. 00	City		10. 00
11. 00	State		11. 00
12. 00	Zip		12. 00
Officer or Administrator of Provider Contact Information			
13. 00	First Name	LYNDA	13. 00
14. 00	Last Name	VOGTT	14. 00
15. 00	Title	ADMINISTRATOR	15. 00
16. 00	Employer	HOPE CREEK CARE CENTER	16. 00
17. 00	Phone Number	3097966600	17. 00
18. 00	E-mail Address	LVOGTT@HOPECREEKCARE. COM	18. 00
19. 00	Department		19. 00
20. 00	Mailing Address 1	4343 KENNEDY DR.	20. 00
21. 00	Mailing Address 2		21. 00
22. 00	City	EAST MOLINE	22. 00
23. 00	State		23. 00
24. 00	Zip	61244	24. 00

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

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet S-3
Part I
Date/Time Prepared:
5/4/2017 12:52 pm

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	SKILLED NURSING FACILITY	245	89,670	0	4,358	45,204	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
6.10	SNF-Based CORF	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	245	89,670	0	4,358	45,204	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	30,201	79,763	0	78	85	1.00
2.00	NURSING FACILITY	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
6.10	SNF-Based CORF	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	30,201	79,763	0	78	85	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	153	316	0.00	55.87	531.81	1.00
2.00	NURSING FACILITY	0	0	0.00	0	0	2.00
3.00	ICF/IID	0	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00
5.00	Other Long Term Care	0	0	0	0	0	5.00
6.00	SNF-Based CMHC	0	0	0	0	0	6.00
6.10	SNF-Based CORF	0	0	0	0	0	6.10
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	153	316	0.00	55.87	531.81	8.00
Component		Admissions					
		Average Length of Stay	Total	Title V	Title XVIII	Title XIX	Other
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	252.41	0	105	50	150	1.00
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00
3.00	ICF/IID	0.00	0	0	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00
5.00	Other Long Term Care	0.00	0	0	0	0	5.00
6.00	SNF-Based CMHC	0.00	0	0	0	0	6.00
6.10	SNF-Based CORF	0.00	0	0	0	0	6.10
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	252.41	0	105	50	150	8.00
Component		Admissions			Full Time Equivalent		
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	305	239.24	0.00			
2.00	NURSING FACILITY	0	0.00	0.00			
3.00	ICF/IID	0	0.00	0.00			
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			
5.00	Other Long Term Care	0	0.00	0.00			
6.00	SNF-Based CMHC	0	0.00	0.00			
6.10	SNF-Based CORF	0	0.00	0.00			
7.00	HOSPICE	0	0.00	0.00			
8.00	Total (Sum of lines 1-7)	305	239.24	0.00			

	Amount Reported	Reclassified 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)							
PART II - DIRECT SALARIES												
SALARIES												
1.00	Total salaries (See Instructions)	7,932,572	0	7,932,572	497,616.00	15.94						
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)	7,932,572	0	7,932,572	497,616.00	15.94						
7.00	Other Long Term Care	0	0	0	0.00	0.00						
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00						
9.00	CMHC	0	0	0	0.00	0.00						
9.10	CORF					9.10						
10.00	HOSPI CE	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)	7,932,572	0	7,932,572	497,616.00	15.94						
OTHER WAGES & RELATED COSTS												
14.00	Contract Labor: Patient Related & Mgmt	2,054,758	0	2,054,758	56,683.00	36.25						
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00						
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00						
WAGE-RELATED COSTS												
17.00	Wage-related costs core (See Part IV)	1,654,034	0	1,654,034		17.00						
18.00	Wage-related costs other (See Part IV)	0	0	0		18.00						
19.00	Wage related costs (excluded units)	0	0	0		19.00						
20.00	Physician Part A - WRC	0	0	0		20.00						
21.00	Physician Part B - WRC	0	0	0		21.00						
22.00	Total Adjusted Wage Related cost (see instructions)	1,654,034	0	1,654,034		22.00						

Provider No.: 145269
Period:
From 12/01/2015
To 11/30/2016
Worksheet S-3
Part III
Date/Time Prepared:
5/4/2017 12:52 pm

	Amount Reported	Reclassified 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
PART III - OVERHEAD COST - DIRECT SALARIES							
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	325, 587	0	325, 587	20, 336.00	16.01	2.00
3.00	Plant Operation, Maintenance & Repairs	196, 414	0	196, 414	9, 978.00	19.68	3.00
4.00	Laundry & Linen Service	266, 719	0	266, 719	18, 323.00	14.56	4.00
5.00	Housekeeping	354, 734	0	354, 734	25, 645.00	13.83	5.00
6.00	Dietary	740, 247	0	740, 247	53, 716.00	13.78	6.00
7.00	Nursing Administration	0	139, 331	139, 331	4, 377.00	31.83	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	515, 476	0	515, 476	44, 090.00	11.69	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	0	0	0	0.00	0.00	13.00
14.00	Total (sum lines 1 thru 13)	2, 399, 177	139, 331	2, 538, 508	176, 465.00	14.39	14.00

	Provider No. : 145269	Period: From 12/01/2015 To 11/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/4/2017 12:52 pm
		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	1,654,032	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,654,034	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST (NON CORE)	0	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No.: 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet S-3

Part V

Date/Time Prepared:

5/4/2017 12:52 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)							
Direct Salaries												
Nursing Occupations												
1.00 Registered Nurses (RNs)	507, 582	108, 713	616, 295	20, 256. 00	30. 43	1. 00						
2.00 Licensed Practical Nurses (LPNs)	1, 354, 522	290, 109	1, 644, 631	67, 650. 00	24. 31	2. 00						
3.00 Certified Nursing Assistant/Nursing Assistants/Aides	3, 258, 572	697, 915	3, 956, 487	233, 245. 00	16. 96	3. 00						
4.00 Total Nursing (sum of lines 1 through 3)	5, 120, 676	1, 096, 737	6, 217, 413	321, 151. 00	19. 36	4. 00						
5.00 Physical Therapists	0	0	0	0. 00	0. 00	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	0	0	0	0. 00	0. 00	8. 00						
9.00 Occupational Therapy Assistants	0	0	0	0. 00	0. 00	9. 00						
10.00 Occupational Therapy Aides	139, 644	29, 909	169, 553	8, 571. 00	19. 78	10. 00						
11.00 Speech Therapists	0	0	0	0. 00	0. 00	11. 00						
12.00 Respiratory Therapists	0	0	0	0. 00	0. 00	12. 00						
13.00 Other Medical Staff	708, 170	151, 675	859, 845	44, 090. 00	19. 50	13. 00						
Contract Labor												
Nursing Occupations												
14.00 Registered Nurses (RNs)	126, 124		126, 124	2, 824. 00	44. 66	14. 00						
15.00 Licensed Practical Nurses (LPNs)	211, 031		211, 031	7, 456. 00	28. 30	15. 00						
16.00 Certified Nursing Assistant/Nursing Assistants/Aides	708, 763		708, 763	29, 486. 00	24. 04	16. 00						
17.00 Total Nursing (sum of lines 14 through 16)	1, 045, 918		1, 045, 918	39, 766. 00	26. 30	17. 00						
18.00 Physical Therapists	381, 115		381, 115	6, 782. 00	56. 20	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	395, 227		395, 227	6, 347. 00	62. 27	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	232, 498		232, 498	3, 788. 00	61. 38	24. 00						
25.00 Respiratory Therapists	0		0	0. 00	0. 00	25. 00						
26.00 Other Medical Staff	0		0	0. 00	0. 00	26. 00						

	Group	Days	
		1.00	2.00
1.00	RUX	0	1.00
2.00	RUL	0	2.00
3.00	RVX	0	3.00
4.00	RVL	0	4.00
5.00	RHX	0	5.00
6.00	RHL	0	6.00
7.00	RMX	0	7.00
8.00	RML	0	8.00
9.00	RLX	0	9.00
10.00	RUC	888	10.00
11.00	RUB	423	11.00
12.00	RUA	1,491	12.00
13.00	RVC	486	13.00
14.00	RVB	270	14.00
15.00	RVA	322	15.00
16.00	RHC	222	16.00
17.00	RHB	47	17.00
18.00	RHA	97	18.00
19.00	RMC	19	19.00
20.00	RMB	0	20.00
21.00	RMA	5	21.00
22.00	RLB	0	22.00
23.00	RLA	0	23.00
24.00	ES3	0	24.00
25.00	ES2	0	25.00
26.00	ES1	0	26.00
27.00	HE2	0	27.00
28.00	HE1	0	28.00
29.00	HD2	5	29.00
30.00	HD1	6	30.00
31.00	HC2	0	31.00
32.00	HC1	0	32.00
33.00	HB2	0	33.00
34.00	HB1	4	34.00
35.00	LE2	0	35.00
36.00	LE1	0	36.00
37.00	LD2	0	37.00
38.00	LD1	16	38.00
39.00	LC2	0	39.00
40.00	LC1	2	40.00
41.00	LB2	0	41.00
42.00	LB1	0	42.00
43.00	CE2	0	43.00
44.00	CE1	0	44.00
45.00	CD2	0	45.00
46.00	CD1	0	46.00
47.00	CC2	0	47.00
48.00	CC1	0	48.00
49.00	CB2	0	49.00
50.00	CB1	6	50.00
51.00	CA2	0	51.00
52.00	CA1	5	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	0	63.00
64.00	BB1	1	64.00
65.00	BA2	0	65.00
66.00	BA1	0	66.00
67.00	PE2	0	67.00
68.00	PE1	0	68.00
69.00	PD2	0	69.00
70.00	PD1	10	70.00
71.00	PC2	0	71.00
72.00	PC1	1	72.00
73.00	PB2	0	73.00
74.00	PB1	0	74.00
75.00	PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016

Worksheet S-7

		Group	Days	
		1.00	2.00	
76.00		PA1		7 76.00
99.00		AAA		25 99.00
100.00	TOTAL			4,358 100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing	6,372,632	46.55	Y	101.00
102.00	Recruitment	0	0.00	N/A	102.00
103.00	Retention of employees	0	0.00	N/A	103.00
104.00	Training	0	0.00	N/A	104.00
105.00	OTHER (SPECIFY)	0	0.00	N/A	105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		13,691,205		106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 145269

Period: From 12/01/2015 To 11/30/2016

Worksheet A Date/Time Prepared: 5/4/2017 12:52 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification	Reclassified Trial Balance (col. 3 + col. 4)	
				Increase/Decrease (From Wkst A-6)		
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES		10,393,530	0	10,393,530	1.00
2.00 00200	CAP REL COSTS - MOBILE EQUIPMENT	0	0	0	0	2.00
3.00 00300	EMPLOYEE BENEFITS	0	1,698,985	0	1,698,985	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	325,587	2,598,778	0	2,924,365	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	196,414	403,551	599,965	0	599,965
6.00 00600	LAUNDRY & LINEN SERVICE	266,719	23,410	290,129	0	290,129
7.00 00700	HOUSEKEEPING	354,734	85,450	440,184	0	440,184
8.00 00800	DIETARY	740,247	659,125	1,399,372	0	1,399,372
9.00 00900	NURSING ADMINISTRATION	0	0	0	139,331	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	376,662	376,662	0	376,662
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	515,476	8,081	523,557	0	523,557
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	5,393,751	1,118,212	6,511,963	-139,331	6,372,632
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
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	0	3,000	3,000
41.00 04100	LABORATORY	0	20,446	20,446	-3,000	17,446
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	381,140	381,140	0	381,140
45.00 04500	OCCUPATIONAL THERAPY	139,644	411,115	550,759	0	550,759
46.00 04600	SPEECH PATHOLOGY	0	232,498	232,498	0	232,498
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	62,920	62,920	0	62,920
49.00 04900	DRUGS CHARGED TO PATIENTS	0	352,286	352,286	0	352,286
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FQHC	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
72.00 07200	CORF	0	0	0	0	72.00
73.00 07300	CMHC	0	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	80.00
81.00 08100	INTEREST EXPENSE		0	0	0	81.00
82.00 08200	UTILIZATION REVIEW	0	0	0	0	82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	7,932,572	18,826,189	26,758,761	0	26,758,761
NONREIMBURSABLE COST CENTERS						
90.00 09000	GI FT, 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
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
100.00	TOTAL	7,932,572	18,826,189	26,758,761	0	26,758,761

Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For All location (col. 5 +- col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	546,542	10,940,072	1.00
2.00 00200	CAP REL COSTS - MOBILE EQUIPMENT	0	0	2.00
3.00 00300	EMPLOYEE BENEFITS	128,818	1,827,803	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	-202,215	2,722,150	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	210	600,175	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	290,129	6.00
7.00 00700	HOUSEKEEPING	0	440,184	7.00
8.00 00800	DIETARY	0	1,399,372	8.00
9.00 00900	NURSING ADMINISTRATION	0	139,331	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	376,662	10.00
11.00 01100	PHARMACY	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	523,557	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	14.00
15.00 01500	OTHER GENERAL SERVICE COST CENTERS	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	SKILLED NURSING FACILITY	0	6,372,632	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
ANCILLARY SERVICE COST CENTERS				
40.00 04000	RADIOLOGY	0	3,000	40.00
41.00 04100	LABORATORY	0	17,446	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	381,140	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	550,759	45.00
46.00 04600	SPEECH PATHOLOGY	0	232,498	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	62,920	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	352,286	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	52.00
OUTPATIENT SERVICE COST CENTERS				
60.00 06000	CLINIC	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	61.00
62.00 06200	FQHC	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
OTHER REIMBURSABLE COST CENTERS				
70.00 07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00 07100	AMBULANCE	0	0	71.00
72.00 07200	CORF	0	0	72.00
73.00 07300	CMHC	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	74.00
SPECIAL PURPOSE COST CENTERS				
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00 08100	INTEREST EXPENSE	0	0	81.00
82.00 08200	UTILIZATION REVIEW	0	0	82.00
83.00 08300	HOSPICE	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	473,355	27,232,116	89.00
NONREIMBURSABLE COST CENTERS				
90.00 09000	GI FT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	95.00
100.00	TOTAL	473,355	27,232,116	100.00

	Increases				
	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00	
(1) A - RECLASS NURSING ADMIN SALARIES					
1.00	NURSING ADMINISTRATION	9.00	139,331	0	1.00
(1) C - RECLASS RADI OLOGY	RADI OLOGY	40.00	0	3,000	2.00
TOTALS					
100.00	Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		139,331	3,000	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.

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MCRI F32 - 7.7.160.1

	Decreases				
	Cost Center	Line #	Salary	Non Salary	
	6.00	7.00	8.00	9.00	
1.00	(1) A - RECLASS NURSING ADMIN SALARIES	SKILLED NURSING FACILITY	30.00	139,331	0 1.00
2.00	(1) C - RECLASS RADI OLOGY	LABORATORY	41.00	0	3,000 2.00
	TOTALS			139,331	3,000 100.00
	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.

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MCRI F32 - 7.7.160.1

Description	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	1,616,526	0	0	0	0	1.00
2.00 Land Improvements	0	0	0	0	0	2.00
3.00 Buildings and Fixtures	19,711,553	0	0	0	0	3.00
4.00 Building Improvements	401,102	17,557	0	17,557	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	913,963	0	0	0	39,001	6.00
7.00 Subtotal (sum of lines 1-6)	22,643,144	17,557	0	17,557	39,001	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	22,643,144	17,557	0	17,557	39,001	9.00
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
	Ending Balance	Fully Depreciated Assets				
	6.00	7.00				
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	1,616,526	0				1.00
2.00 Land Improvements	0	0				2.00
3.00 Buildings and Fixtures	19,711,553	0				3.00
4.00 Building Improvements	418,659	0				4.00
5.00 Fixed Equipment	0	0				5.00
6.00 Movable Equipment	874,962	0				6.00
7.00 Subtotal (sum of lines 1-6)	22,621,700	0				7.00
8.00 Reconciling Items	0	0				8.00
9.00 Total (line 7 minus line 8)	22,621,700	0				9.00

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center		Line No.
				1.00	2.00	3.00
1.00	Investment income on restricted funds (chapter 2)	B	-2,081	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)	B	-6,941	ADMISSION STRATEGIC & GENERAL		4.00 5.00
6.00	Television and radio service (chapter 21)	B	-13,868	ADMISSION STRATEGIC & GENERAL		4.00 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	513,722			12.00
13.00	Laundry and linen service		0			0.00 13.00
14.00	Revenue - Employee meals		0			0.00 14.00
15.00	Cost of meals - Guests		0			0.00 15.00
16.00	Sale of medical supplies to other than patients		0			0.00 16.00
17.00	Sale of drugs to other than patients		0			0.00 17.00
18.00	Sale of medical records and abstracts		0			0.00 18.00
19.00	Vending machines		0			0.00 19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW		82.00 22.00
23.00	Depreciation--buildings and fixtures	A	548,623	CAP REL COSTS - BLDGS & FIXTURES		1.00 23.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOBILE EQUIPMENT		2.00 24.00
25.00	NONALLOWABLE EXPENSES	A	-1,074,971	ADMISSION STRATEGIC & GENERAL		4.00 25.00
25.01	PROVIDER BED TAX	A	589,567	ADMISSION STRATEGIC & GENERAL		4.00 25.01
25.02	NONALLOWABLE SALARY	A	-80,693	ADMISSION STRATEGIC & GENERAL		4.00 25.02
25.03	OFFSET MED REVENUE	B	-3	ADMISSION STRATEGIC & GENERAL		4.00 25.03
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		473,355			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.: 145269

Worksheet A-8-1

Period:

From 12/01/2015

To 11/30/2016

Parts I-II

Date/Time Prepared:

5/4/2017 12:52 pm

	Line No.	Cost Center		Expense Items	
		1.00	2.00		
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		3.00	EMPLOYEE BENEFITS	WORKER'S COMP	1.00
2.00		3.00	EMPLOYEE BENEFITS	UNEMPLOYMENT COMP	2.00
3.00		4.00	ADMISSION STRATEGIC & GENERAL	WELFARE COMMITTEE	3.00
4.00		4.00	ADMISSION STRATEGIC & GENERAL	RISK MANAGEMENT	4.00
5.00		4.00	ADMISSION STRATEGIC & GENERAL	GENERAL MANAGEMENT	5.00
6.00		4.00	ADMISSION STRATEGIC & GENERAL	AUDITOR	6.00
7.00		4.00	ADMISSION STRATEGIC & GENERAL	INFORMATION SYSTEMS	7.00
8.00		4.00	ADMISSION STRATEGIC & GENERAL	TREASURER	8.00
9.00		4.00	ADMISSION STRATEGIC & GENERAL	COUNTY BOARD	9.00
9.01		5.00	PLANT OPERATION, MAINT. & REPAIRS	COUNTY BUILDINGS	9.01
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		128,818	0	128,818	1.00
2.00		0	0	0	2.00
3.00		12,326	0	12,326	3.00
4.00		226,276	0	226,276	4.00
5.00		10,649	0	10,649	5.00
6.00		23,559	0	23,559	6.00
7.00		39,658	0	39,658	7.00
8.00		330	0	330	8.00
9.00		71,896	0	71,896	9.00
9.01		210	0	210	9.01
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	513,722	0	513,722	10.00

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

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet A-8-1
Parts I-II
Date/Time Prepared:
5/4/2017 12:52 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	G	ROCK ISLAND COUNTY	100.00	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	ROCK ISLAND COUNTY	0.00	COUNTY GOVERNMENT	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. : 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet B

Part I

Date/Time Prepared:

5/4/2017 12:52 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG'S & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	3A
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	10, 940, 072	10, 940, 072	0	0	0 1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	0	0	0 2.00
3.00 00300	EMPLOYEE BENEFITS	1, 827, 803	0	0	1, 827, 803	0 3.00
4.00 00400	ADMINISTRATIVE & GENERAL	2, 722, 150	1, 278, 419	0	75, 021	4, 075, 590 4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	600, 175	544, 317	0	45, 257	1, 189, 749 5.00
6.00 00600	LAUNDRY & LINEN SERVICE	290, 129	246, 711	0	61, 457	598, 297 6.00
7.00 00700	HOUSEKEEPING	440, 184	84, 704	0	81, 737	606, 625 7.00
8.00 00800	DIETARY	1, 399, 372	673, 064	0	170, 565	2, 243, 001 8.00
9.00 00900	NURSING ADMINISTRATION	139, 331	203, 582	0	32, 104	375, 017 9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	376, 662	113, 578	0	0	490, 240 10.00
11.00 01100	PHARMACY	0	0	0	0	0 11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 12.00
13.00 01300	SOCIAL SERVICE	523, 557	28, 692	0	118, 774	671, 023 13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0 14.00
15.00 01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0 15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	6, 372, 632	7, 411, 193	0	1, 210, 712	14, 994, 537 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	3, 000	0	0	0	3, 000 40.00
41.00 04100	LABORATORY	17, 446	0	0	0	17, 446 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	381, 140	100, 603	0	0	481, 743 44.00
45.00 04500	OCCUPATIONAL THERAPY	550, 759	145, 377	0	32, 176	728, 312 45.00
46.00 04600	SPEECH PATHOLOGY	232, 498	61, 312	0	0	293, 810 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	62, 920	48, 520	0	0	111, 440 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	352, 286	0	0	0	352, 286 49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	0 51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0 60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0 61.00
62.00 06200	FQHC	0	0	0	0	0 62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0 63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0 70.00
71.00 07100	AMBULANCE	0	0	0	0	0 71.00
72.00 07200	CORF	0	0	0	0	0 72.00
73.00 07300	CMHC	0	0	0	0	0 73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0 74.00
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					82.00
83.00 08300	HOSPICE	0	0	0	0	0 83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0 84.00
89.00	SUBTOTALS (sum of lines 1-84)	27, 232, 116	10, 940, 072	0	1, 827, 803	27, 232, 116 89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GI FT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0 91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0 93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0 94.00
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 95.00
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00
99.00	Negative Cost Centers	0	0	0	0	0 99.00
100.00	TOTAL	27, 232, 116	10, 940, 072	0	1, 827, 803	27, 232, 116 100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet B
Part I
Date/Time Prepared:
5/4/2017 12:52 pm

Cost Center Description	ADMISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	0	0	0	0	0 1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	0	0	0 2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	0 3.00
4.00 00400	ADMISTRATIVE & GENERAL	4,075,590	0	0	0	0 4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	209,398	1,399,147	0	0	0 5.00
6.00 00600	LAUNDRY & LINEN SERVICE	105,301	37,860	741,458	0	0 6.00
7.00 00700	HOUSEKEEPING	106,767	12,999	0	726,391	0 7.00
8.00 00800	DIETARY	394,773	103,288	0	55,647	2,796,709 8.00
9.00 00900	NURSING ADMINISTRATION	66,004	31,242	0	16,831	0 9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	86,283	17,430	0	9,390	0 10.00
11.00 01100	PHARMACY	0	0	0	0	0 11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 12.00
13.00 01300	SOCIAL SERVICE	118,101	4,403	0	2,372	0 13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0 14.00
15.00 01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0 15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	2,639,064	1,137,321	741,458	612,734	2,796,709 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	528	0	0	0	0 40.00
41.00 04100	LABORATORY	3,071	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	84,788	15,439	0	8,318	0 44.00
45.00 04500	OCCUPATIONAL THERAPY	128,184	22,310	0	12,019	0 45.00
46.00 04600	SPEECH PATHOLOGY	51,711	9,409	0	5,069	0 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,614	7,446	0	4,011	0 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	62,003	0	0	0	0 49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0 50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	0 51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0 60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0 61.00
62.00 06200	FQHC	0	0	0	0	0 62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0 63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0 70.00
71.00 07100	AMBULANCE	0	0	0	0	0 71.00
72.00 07200	CORF	0	0	0	0	0 72.00
73.00 07300	CMHC	0	0	0	0	0 73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0 74.00
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					82.00
83.00 08300	HOSPICE	0	0	0	0	0 83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0 84.00
89.00	SUBTOTALS (sum of lines 1-84)	4,075,590	1,399,147	741,458	726,391	2,796,709 89.00
NONREIMBURSABLE COST CENTERS						
90.00 09000	GI FT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0 91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	0 93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0 94.00
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 95.00
98.00	Cross Foot Adjustments	0	0	0	0	0 98.00
99.00	Negative Cost Centers	0	0	0	0	0 99.00
100.00	TOTAL	4,075,590	1,399,147	741,458	726,391	2,796,709 100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet B

Part I

Date/Time Prepared:

5/4/2017 12:52 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	0	0	0	0	0
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	0	0	0
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0	0
4.00	00400	ADMINISTRATIVE & GENERAL	0	0	0	0	0
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	0	0
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	00700	HOUSEKEEPING	0	0	0	0	0
8.00	00800	DIETARY	0	0	0	0	0
9.00	00900	NURSING ADMINISTRATION	489,094	0	0	0	0
10.00	01000	CENTRAL SERVICES & SUPPLY	0	603,343	0	0	0
11.00	01100	PHARMACY	0	0	0	0	0
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
13.00	01300	SOCIAL SERVICE	0	0	0	0	795,899
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	489,094	603,343	0	0	795,899
31.00	03100	NURSING FACILITY	0	0	0	0	0
32.00	03200	ICF/IID	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	0
41.00	04100	LABORATORY	0	0	0	0	0
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00	04400	PHYSICAL THERAPY	0	0	0	0	0
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	0
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0	0	0
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00	06200	FQHC	0	0	0	0	0
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	0
72.00	07200	CORF	0	0	0	0	0
73.00	07300	CMHC	0	0	0	0	0
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0	0
81.00	08100	INTEREST EXPENSE	0	0	0	0	0
82.00	08200	UTILIZATION REVIEW	0	0	0	0	0
83.00	08300	HOSPICE	0	0	0	0	0
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	489,094	603,343	0	0	795,899
NONREIMBURSABLE COST CENTERS							
90.00	09000	GI FT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00		Cross Foot Adjustments	0	0	0	0	0
99.00		Negative Cost Centers	0	0	0	0	0
100.00		TOTAL	489,094	603,343	0	0	795,899
							100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet B

Part I

Date/Time Prepared:

5/4/2017 12:52 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	Subtotal	Post Stepdown Adjustments	Total	
		COST CENTERS				
		14.00	15.00	16.00	17.00	18.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	0	0	0	0	0
2.00 00200	CAP REL COSTS - MOBILE EQUIPMENT	0	0	0	0	0
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	0	0	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00 00700	HOUSEKEEPING	0	0	0	0	7.00
8.00 00800	DIETARY	0	0	0	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	0	0	0	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	0	24,810,159	0	24,810,159
31.00 03100	NURSING FACILITY	0	0	0	0	0
32.00 03200	ICF/IID	0	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	3,528	0	3,528
41.00 04100	LABORATORY	0	0	20,517	0	20,517
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00 04400	PHYSICAL THERAPY	0	0	590,288	0	590,288
45.00 04500	OCCUPATIONAL THERAPY	0	0	890,825	0	890,825
46.00 04600	SPEECH PATHOLOGY	0	0	359,999	0	359,999
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	142,511	0	142,511
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	414,289	0	414,289
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	0	0	0
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00 06200	FQHC	0	0	0	0	0
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00 07100	AMBULANCE	0	0	0	0	0
72.00 07200	CORF	0	0	0	0	0
73.00 07300	CMHC	0	0	0	0	0
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0	0
81.00 08100	INTEREST EXPENSE	0	0	0	0	0
82.00 08200	UTILIZATION REVIEW	0	0	0	0	0
83.00 08300	HOSPICE	0	0	0	0	0
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	0	0	27,232,116	0	27,232,116
NONREIMBURSABLE COST CENTERS						
90.00 09000	GI FT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00 09300	NONPAID WORKERS	0	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00	Cross Foot Adjustments	0	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0	0
100.00	TOTAL	0	0	27,232,116	0	27,232,116

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 145269

Worksheet B

Part II

Date/Time Prepared:

5/4/2017 12:52 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS
		BLDG'S & FIXTURES	MOVABLE EQUIPMENT		
		0	1.00	2.00	2A
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT				2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	1,278,419	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	544,317	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	246,711	0	6.00
7.00 00700	HOUSEKEEPING	0	84,704	0	7.00
8.00 00800	DIETARY	0	673,064	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	203,582	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	113,578	0	10.00
11.00 01100	PHARMACY	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	28,692	0	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	14.00
15.00 01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	SKILLED NURSING FACILITY	0	7,411,193	0	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	100,603	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	145,377	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	61,312	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,520	0	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00 06200	FOHC	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	71.00
72.00 07200	CORF	0	0	0	72.00
73.00 07300	CMHC	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	74.00
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				82.00
83.00 08300	HOSPICE	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	10,940,072	0	10,940,072
NONREIMBURSABLE COST CENTERS					
90.00 09000	GI FT, 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
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	99.00
100.00	TOTAL	0	10,940,072	0	10,940,072
					0100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet B
Part II
Date/Time Prepared:
5/4/2017 12:52 pm

Cost Center Description	ADMISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00 00400	ADMISTRATIVE & GENERAL	1,278,419	0	0	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	65,684	610,001	0	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	33,031	16,506	296,248	0	6.00
7.00 00700	HOUSEKEEPING	33,491	5,667	0	123,862	7.00
8.00 00800	DIETARY	123,832	45,032	0	9,489	851,417
9.00 00900	NURSING ADMINISTRATION	20,704	13,621	0	2,870	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	27,065	7,599	0	1,601	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	37,046	1,920	0	404	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	827,810	495,850	296,248	104,483	851,417
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
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	166	0	0	0	40.00
41.00 04100	LABORATORY	963	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	26,596	6,731	0	1,418	44.00
45.00 04500	OCCUPATIONAL THERAPY	40,209	9,727	0	2,049	45.00
46.00 04600	SPEECH PATHOLOGY	16,221	4,102	0	864	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,152	3,246	0	684	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	19,449	0	0	0	49.00
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00 05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	60.00
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00 06200	FQHC	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00 07100	AMBULANCE	0	0	0	0	71.00
72.00 07200	CORF	0	0	0	0	72.00
73.00 07300	CMHC	0	0	0	0	73.00
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
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					82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	Subtotals (sum of lines 1-84)	1,278,419	610,001	296,248	123,862	851,417
NONREIMBURSABLE COST CENTERS						
90.00 09000	GI FT, 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
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00	Cross Foot Adjustments			0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	1,278,419	610,001	296,248	123,862	851,417
						100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet B

Part II

Date/Time Prepared:

5/4/2017 12:52 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	00200	CAP REL COSTS - MOBILE EQUIPMENT					2.00
3.00	00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	0	0	0	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	0	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	00700	HOUSEKEEPING	0	0	0	0	7.00
8.00	00800	DIETARY	0	0	0	0	8.00
9.00	00900	NURSING ADMINISTRATION	240,777	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	149,843	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	240,777	149,843	0	0	68,062
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
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	74.00
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					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	240,777	149,843	0	0	68,062
NONREIMBURSABLE COST CENTERS							
90.00	09000	GI FT, 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
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	240,777	149,843	0	0	68,062
							100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet B

Part II

Date/Time Prepared:

5/4/2017 12:52 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	Subtotal	Post Step-Down Adjustments	Total	
		COST CENTERS				
		14.00	15.00	16.00	17.00	18.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOBILE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	0	0	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00 00700	HOUSEKEEPING	0	0	0	0	7.00
8.00 00800	DIETARY	0	0	0	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	0	0	0	13.00
14.00 01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	14.00
15.00 01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	0	10,445,683	0	10,445,683
31.00 03100	NURSING FACILITY	0	0	0	0	0
32.00 03200	ICF/IID	0	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
40.00 04000	RADIOLOGY	0	0	166	0	166
41.00 04100	LABORATORY	0	0	963	0	963
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0
44.00 04400	PHYSICAL THERAPY	0	0	135,348	0	135,348
45.00 04500	OCCUPATIONAL THERAPY	0	0	197,362	0	197,362
46.00 04600	SPEECH PATHOLOGY	0	0	82,499	0	82,499
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	58,602	0	58,602
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	19,449	0	19,449
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	0	0	0
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0	0
62.00 06200	FQHC					62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00 07100	AMBULANCE	0	0	0	0	0
72.00 07200	CORF	0	0	0	0	0
73.00 07300	CMHC	0	0	0	0	0
74.00 07400	OTHER REIMBURSABLE COST	0	0	0	0	0
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					82.00
83.00 08300	HOSPICE	0	0	0	0	0
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	0	0	10,940,072	0	10,940,072
NONREIMBURSABLE COST CENTERS						
90.00 09000	GI FT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	0
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0
93.00 09300	NONPAID WORKERS	0	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	0
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
98.00	Cross Foot Adjustments	0	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0	0
100.00	TOTAL	0	0	10,940,072	0	10,940,072
						100.00

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDGs & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES	119,728		0			1.00
2.00 00200 CAP REL COSTS - MOVABLE EQUIPMENT		0	0	7,932,572	-4,075,590	2.00
3.00 00300 EMPLOYEE BENEFITS	0	0	325,587		23,156,526	3.00
4.00 00400 ADMINISTRATIVE & GENERAL	13,991	0	196,414	0	4,000	4.00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS	5,957	0	266,719	0	1,189,749	5.00
6.00 00600 LAUNDRY & LINEN SERVICE	2,700	0	354,734	0	598,297	6.00
7.00 00700 HOUSEKEEPING	927	0	740,247	0	606,625	7.00
8.00 00800 DIETARY	7,366	0	139,331	0	2,243,001	8.00
9.00 00900 NURSING ADMINISTRATION	2,228	0	0	0	375,017	9.00
10.00 01000 CENTRAL SERVICES & SUPPLY	1,243	0	0	0	490,240	10.00
11.00 01100 PHARMACY	0	0	0	0	0	11.00
12.00 01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00 01300 SOCIAL SERVICE	314	0	515,476	0	671,023	13.00
14.00 01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00 01500 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 SKILLED NURSING FACILITY	81,108	0	5,254,420	0	14,994,537	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	3,000	40.00
41.00 04100 LABORATORY	0	0	0	0	17,446	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	1,101	0	0	0	481,743	44.00
45.00 04500 OCCUPATIONAL THERAPY	1,591	0	139,644	0	728,312	45.00
46.00 04600 SPEECH PATHOLOGY	671	0	0	0	293,810	46.00
47.00 04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	531	0	0	0	111,440	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	352,286	49.00
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00 05100 SUPPORT SURFACES	0	0	0	0	0	51.00
52.00 05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000 CLINIC	0	0	0	0	0	60.00
61.00 06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00 06200 FOHC	0	0	0	0	0	62.00
63.00 06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS						
70.00 07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00 07100 AMBULANCE	0	0	0	0	0	71.00
72.00 07200 CORF	0	0	0	0	0	72.00
73.00 07300 CMHC	0	0	0	0	0	73.00
74.00 07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS						
80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00 08100 INTEREST EXPENSE						81.00
82.00 08200 UTILITY ZATION REVIEW						82.00
83.00 08300 HOSPICE	0	0	0	0	0	83.00
84.00 08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00 SUBTOTALS (sum of lines 1-84)	119,728	0	7,932,572	-4,075,590	23,156,526	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	0	0	0	0	91.00
92.00 09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00 09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00 09400 PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00 09500 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	95.00
98.00 Cross Foot Adjustments						98.00
99.00 Negative Cost Centers						99.00
102.00 Cost to be allocated (per Wkst. B, Part I)	10,940,072	0	1,827,803		4,075,590	102.00
103.00 Unit cost multiplier (Wkst. B, Part I)	91.374382	0.000000	0.230417		0.176002	103.00
104.00 Cost to be allocated (per Wkst. B, Part II)			0		1,278,419	104.00
105.00 Unit cost multiplier (Wkst. B, Part III)			0.000000		0.055208	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 145269

Worksheet B-1

Period:
From 12/01/2015
To 11/30/2016Date/Time Prepared:
5/4/2017 12:52 pm

Cost Center Description		PLANT OPERATIONS, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOBILE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	99,780					5.00
6.00	00600 LAUNDRY & LINEN SERVICE	2,700	79,763				6.00
7.00	00700 HOUSEKEEPING	927	0	96,153			7.00
8.00	00800 DIETARY	7,366	0	7,366	239,289		8.00
9.00	00900 NURSING ADMINISTRATION	2,228	0	2,228	0	321,151	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	1,243	0	1,243	0		10.00
11.00	01100 PHARMACY	0	0	0	0		11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0		12.00
13.00	01300 SOCIAL SERVICE	314	0	314	0		13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0		14.00
15.00	01500 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0		15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 SKILLED NURSING FACILITY	81,108	79,763	81,108	239,289	321,151	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		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	1,101	0	1,101	0		44.00
45.00	04500 OCCUPATIONAL THERAPY	1,591	0	1,591	0		45.00
46.00	04600 SPEECH PATHOLOGY	671	0	671	0		46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0		47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	531	0	531	0		48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	0	0		49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0		50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0		51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC	0	0	0	0		60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0		61.00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0		70.00
71.00	07100 AMBULANCE	0	0	0	0		71.00
72.00	07200 CORF	0	0	0	0		72.00
73.00	07300 CMHC	0	0	0	0		73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0		74.00
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						82.00
83.00	08300 HOSPICE	0	0	0	0		83.00
84.00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0		84.00
89.00	SUBTOTALS (sum of lines 1-84)	99,780	79,763	96,153	239,289	321,151	89.00
NONREIMBURSABLE COST CENTERS							
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
95.00	09500 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		95.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,399,147	741,458	726,391	2,796,709	489,094	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	14.022319	9,295764	7,554533	11,687579	1,522941	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	610,001	296,248	123,862	851,417	240,777	104.00
105.00	Unit cost multiplier (Wkst. B, Part III)	6.113460	3,714103	1,288176	3,558112	0.749731	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet B-1
Date/Time Prepared:
5/4/2017 12:52 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOBILE EQUIPMENT						2.00
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	79,763					10.00
11.00	01100 PHARMACY	0	0				11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	0			12.00
13.00	01300 SOCIAL SERVICE	0	0	0	79,763		13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0		14.00
15.00	01500 OTHER GENERAL SERVICE COST CENTERS	0	0	0	0		15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 SKILLED NURSING FACILITY	79,763		0	79,763		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
ANCILLARY SERVICE COST CENTERS							
40.00	04000 RADIOLGY		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
50.00	05000 DENTAL CARE - TITLE XIX ONLY		0	0	0		50.00
51.00	05100 SUPPORT SURFACES		0	0	0		51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0		52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000 CLINIC		0	0	0		60.00
61.00	06100 RURAL HEALTH CLINIC		0	0	0		61.00
62.00	06200 FQHC		0	0	0		62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER		0	0	0		63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000 HOME HEALTH AGENCY COST		0	0	0		70.00
71.00	07100 AMBULANCE		0	0	0		71.00
72.00	07200 CORF		0	0	0		72.00
73.00	07300 CMHC		0	0	0		73.00
74.00	07400 OTHER REIMBURSABLE COST		0	0	0		74.00
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						82.00
83.00	08300 HOSPICE		0	0	0		83.00
84.00	08400 OTHER SPECIAL PURPOSE COST CENTERS		0	0	0		84.00
89.00	SUBTOTALS (sum of lines 1-84)	79,763	0	0	79,763		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
95.00	09500 OTHER NONREIMBURSABLE COST CENTERS		0	0	0		95.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	603,343	0	0	795,899		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	7.564196	0.000000	0.000000	9.978298	0.000000	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	149,843	0	0	68,062	0	104.00
105.00	Unit cost multiplier (Wkst. B, Part III)	1.878603	0.000000	0.000000	0.853303	0.000000	105.00

Cost Center Description		OTHER GENERAL SERVICE		
		COST CENTERS (ASSIGNED TIME)		
		15.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES			1.00
2.00	00200 CAP REL COSTS - MOBILE EQUIPMENT			2.00
3.00	00300 EMPLOYEE BENEFITS			3.00
4.00	00400 ADMINISTRATIVE & GENERAL			4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600 LAUNDRY & LINEN SERVICE			6.00
7.00	00700 HOUSEKEEPING			7.00
8.00	00800 DIETARY			8.00
9.00	00900 NURSING ADMINISTRATION			9.00
10.00	01000 CENTRAL SERVICES & SUPPLY			10.00
11.00	01100 PHARMACY			11.00
12.00	01200 MEDICAL RECORDS & LIBRARY			12.00
13.00	01300 SOCIAL SERVICE			13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION			14.00
15.00	01500 OTHER GENERAL SERVICE COST CENTERS	0		15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 SKILLED NURSING FACILITY	0		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
ANCILLARY SERVICE COST CENTERS				
40.00	04000 RADIOLogy	0		40.00
41.00	04100 LABORATORY	0		41.00
42.00	04200 INTRAVENOUS THERAPY	0		42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0		43.00
44.00	04400 PHYSICAL THERAPY	0		44.00
45.00	04500 OCCUPATIONAL THERAPY	0		45.00
46.00	04600 SPEECH PATHOLOGY	0		46.00
47.00	04700 ELECTROCARDIOLOGY	0		47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0		49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0		50.00
51.00	05100 SUPPORT SURFACES	0		51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0		52.00
OUTPATIENT SERVICE COST CENTERS				
60.00	06000 CLINIC	0		60.00
61.00	06100 RURAL HEALTH CLINIC	0		61.00
62.00	06200 FQHC	0		62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0		63.00
OTHER REIMBURSABLE COST CENTERS				
70.00	07000 HOME HEALTH AGENCY COST	0		70.00
71.00	07100 AMBULANCE	0		71.00
72.00	07200 CORF	0		72.00
73.00	07300 CMHC	0		73.00
74.00	07400 OTHER REIMBURSABLE COST	0		74.00
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			82.00
83.00	08300 HOSPICE	0		83.00
84.00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0		84.00
89.00	SUBTOTALS (sum of lines 1-84)	0		89.00
NONREIMBURSABLE COST CENTERS				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91.00	09100 BARBER AND BEAUTY SHOP	0		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
95.00	09500 OTHER NONREIMBURSABLE COST CENTERS	0		95.00
98.00	Cross Foot Adjustments			98.00
99.00	Negative Cost Centers			99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	0		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	0.000000		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	0		104.00
105.00	Unit cost multiplier (Wkst. B, Part III)	0.000000		105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No.: 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet C

Date/Time Prepared:

5/4/2017 12:52 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	
ANCILLARY SERVICE COST CENTERS					
40. 00	04000 RADI OLOGY	3, 528	3, 000	1. 176000	40. 00
41. 00	04100 LABORATORY	20, 517	10, 319	1. 988274	41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0	0. 000000	42. 00
43. 00	04300 OXYGEN (INHALATION) THERAPY	0	0	0. 000000	43. 00
44. 00	04400 PHYSICAL THERAPY	590, 288	510, 941	1. 155296	44. 00
45. 00	04500 OCCUPATIONAL THERAPY	890, 825	456, 411	1. 951804	45. 00
46. 00	04600 SPEECH PATHOLOGY	359, 999	432, 250	0. 832849	46. 00
47. 00	04700 ELECTROCARDIOLOGY	0	0	0. 000000	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	142, 511	2, 389	59. 652993	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	414, 289	321, 314	1. 289359	49. 00
50. 00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0. 000000	50. 00
51. 00	05100 SUPPORT SURFACES	0	0	0. 000000	51. 00
52. 00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0. 000000	52. 00
OUTPATIENT SERVICE COST CENTERS					
60. 00	06000 CLINIC	0	0	0. 000000	60. 00
61. 00	06100 RURAL HEALTH CLINIC				61. 00
62. 00	06200 FQHC				62. 00
63. 00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0. 000000	63. 00
71. 00	07100 AMBULANCE	0	0	0. 000000	71. 00
100. 00	Total	2, 421, 957	1, 736, 624		100. 00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No.: 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet D

Part I

Date/Time Prepared:

5/4/2017 12:52 pm

Title XVIII (1)

Skilled Nursing Facility

PPS

Cost Center Description	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost				
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)			
		1.00	2.00	3.00	4.00			
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00 04000	RADIOLOGY	1.176000	3,000	0	3,528	0 40.00		
41.00 04100	LABORATORY	1.988274	10,319	0	20,517	0 41.00		
42.00 04200	INTRAVENOUS THERAPY	0.000000	0	0	0	0 42.00		
43.00 04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0 43.00		
44.00 04400	PHYSICAL THERAPY	1.155296	373,890	0	431,954	0 44.00		
45.00 04500	OCCUPATIONAL THERAPY	1.951804	456,411	0	890,825	0 45.00		
46.00 04600	SPEECH PATHOLOGY	0.832849	432,250	0	359,999	0 46.00		
47.00 04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00		
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	59.652993	2,307	0	137,619	0 48.00		
49.00 04900	DRUGS CHARGED TO PATIENTS	1.289359	321,314	0	414,289	0 49.00		
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0 50.00		
51.00 05100	SUPPORT SURFACES	0.000000	0	0	0	0 51.00		
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 52.00		
OUTPATIENT SERVICE COST CENTERS								
60.00 06000	CLINIC	0.000000	0	0	0	0 60.00		
61.00 06100	RURAL HEALTH CLINIC					61.00		
62.00 06200	FQHC					62.00		
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0 63.00		
71.00 07100	AMBULANCE (2)	0.000000	0	0	0	0 71.00		
100.00	Total (Sum of lines 40 - 71)		1,599,491	0	2,258,731	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.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet D
Parts II-III
Date/Time Prepared:
5/4/2017 12:52 pm
PPS

Title XVIII Skilled Nursing Facility

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. 289359	1.00
2.00	Program vaccine charges (From your records, or the PS&R)			0	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)			0	3.00
Cost Center Description		Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4) Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
		1.00	2.00	3.00	4.00
					5.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH					
ANCILLARY SERVICE COST CENTERS					
40.00	04000 RADIOLogy	3,528	0	0.000000	3,528
41.00	04100 LABORATORY	20,517	0	0.000000	20,517
42.00	04200 INTRAVENOUS THERAPY	0	0	0.000000	0
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0.000000	0
44.00	04400 PHYSICAL THERAPY	590,288	0	0.000000	431,954
45.00	04500 OCCUPATIONAL THERAPY	890,825	0	0.000000	890,825
46.00	04600 SPEECH PATHOLOGY	359,999	0	0.000000	359,999
47.00	04700 ELECTROCARDIOLOGY	0	0	0.000000	0
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	142,511	0	0.000000	137,619
49.00	04900 DRUGS CHARGED TO PATIENTS	414,289	0	0.000000	414,289
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0
51.00	05100 SUPPORT SURFACES	0	0	0.000000	0
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0
100.00	Total (Sum of lines 40 - 52)	2,421,957	0		2,258,731
					0100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No.: 145269	Period: From 12/01/2015 To 11/30/2016	Worksheet D-1 Parts I-II Date/Time Prepared: 5/4/2017 12:52 pm
Title XVIII		Skilled Nursing Facility	PPS	

		1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS			
INPATIENT DAYS			
1.00	Inpatient days including private room days	79,763	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	4,358	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	<u>Total general inpatient routine service cost</u>	24,810,159	5.00
PRI VATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	13,691,205	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by Line 6)	1.812124	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)	24,810,159	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	311.05	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,355,556	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	1,355,556	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)	10,445,683	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	130.96	21.00
22.00	Program capital related cost (Line 3 times line 21)	570,724	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	784,832	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)	784,832	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00

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

		1.00	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
INPATIENT DAYS			
1.00	Total SNF inpatient days	79,763	1.00
2.00	Program inpatient days (see instructions)	4,358	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)	0.054637	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.: 145269	Period: From 12/01/2015 To 11/30/2016	Worksheet E Part I Date/Time Prepared: 5/4/2017 12:52 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)	2,178,312	1.00	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00	2.00
3.00	Subtotal (Sum of lines 1 and 2)	2,178,312	3.00	3.00
4.00	Primary payor amounts	0	4.00	4.00
5.00	Coinsurance	384,605	5.00	5.00
6.00	Reimbursable bad debts (From your records)	0	6.00	6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	0	7.00	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	0	8.00	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00	9.00
10.00	Utilization review	0	10.00	10.00
11.00	Subtotal (See instructions)	1,793,707	11.00	11.00
12.00	Interim payments (See instructions)	1,757,833	12.00	12.00
13.00	Tentative adjustment	0	13.00	13.00
14.00	OTHER ADJUSTMENT (SEE INSTRUCTIONS)	0	14.00	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50	14.50
14.99	Sequestration amount (see instructions)	35,874	14.99	14.99
15.00	Balance due provider/program (see instructions)	0	15.00	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00	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	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00	21.00
22.00	Primary payor amounts	0	22.00	22.00
23.00	Coinsurance and deductibles	0	23.00	23.00
24.00	Reimbursable bad debts (From your records)	0	24.00	24.00
24.01	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	24.01	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00	25.00
26.00	Interim payments (See instructions)	0	26.00	26.00
27.00	Tentative adjustment	0	27.00	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00	28.00
28.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	28.50	28.50
28.99	Sequestration amount (see instructions)	0	28.99	28.99
29.00	Balance due provider/program (see instructions)	0	29.00	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	30.00	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet E-1
Date/Time Prepared:
5/4/2017 12:52 pm
PPS

		Title XVIII	Skilled Nursing Facility		
		Inpatient Part A	Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0 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		1,757,833 0		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
<u>Program to Provider</u>					
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
<u>Provider to Program</u>					
3.50	ADJUSTMENTS TO PROGRAM			0	0 3.50
3.51				0	0 3.51
3.52				0	0 3.52
3.53				0	0 3.53
3.54				0	0 3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)			0	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)		1,757,833		0 4.00
<u>TO BE COMPLETED BY CONTRACTOR</u>					
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
<u>Program to Provider</u>					
5.01	TENTATIVE TO PROVIDER			0	0 5.01
5.02				0	0 5.02
5.03				0	0 5.03
<u>Provider to Program</u>					
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		0		0 6.01
6.02	PROVIDER TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		1,757,833		0 7.00
				Contractor Name	Contractor Number
				1.00	2.00
8.00	Name of Contractor			Wisconsin Physician Services	05901 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.: 145269

Period:
From 12/01/2015
To 11/30/2016

Worksheet G
Date/Time Prepared:
5/4/2017 12:52 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund					
					1.00 2.00 3.00 4.00				
Assets									
CURRENT ASSETS									
1.00	Cash on hand and in banks	365,285	0	0	0 1.00				
2.00	Temporary investments	339,000	0	0	0 2.00				
3.00	Notes receivable	0	0	0	0 3.00				
4.00	Accounts receivable	2,162,848	0	0	0 4.00				
5.00	Other receivables	1,252,972	0	0	0 5.00				
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0 6.00				
7.00	Inventory	0	0	0	0 7.00				
8.00	Prepaid expenses	119	0	0	0 8.00				
9.00	Other current assets	0	0	0	0 9.00				
10.00	Due from other funds	0	0	0	0 10.00				
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	4,120,224	0	0	0 11.00				
FIXED ASSETS									
12.00	Land	0	0	0	0 12.00				
13.00	Land improvements	0	0	0	0 13.00				
14.00	Less: Accumulated depreciation	0	0	0	0 14.00				
15.00	Buildings	0	0	0	0 15.00				
16.00	Less: Accumulated depreciation	0	0	0	0 16.00				
17.00	Leasehold improvements	0	0	0	0 17.00				
18.00	Less: Accumulated amortization	0	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	0	0	0	0 23.00				
24.00	Less: Accumulated depreciation	0	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)	0	0	0	0 28.00				
OTHER ASSETS									
29.00	Investments	0	0	0	0 29.00				
30.00	Deposits on leases	0	0	0	0 30.00				
31.00	Due from owners/officers	0	0	0	0 31.00				
32.00	Other assets	0	0	0	0 32.00				
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0 33.00				
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	4,120,224	0	0	0 34.00				
Liabilities and Fund Balances									
CURRENT LIABILITIES									
35.00	Accounts payable	2,144,793	0	0	0 35.00				
36.00	Salaries, wages, and fees payable	276,473	0	0	0 36.00				
37.00	Payroll taxes payable	0	0	0	0 37.00				
38.00	Notes & loans payable (Short term)	0	0	0	0 38.00				
39.00	Deferred income	2,009,439	0	0	0 39.00				
40.00	Accrued payments	0	0	0	0 40.00				
41.00	Due to other funds	435,900	0	0	0 41.00				
42.00	Other current liabilities	4,460	0	0	0 42.00				
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	4,871,065	0	0	0 43.00				
LONG TERM LIABILITIES									
44.00	Mortgage payable	0	0	0	0 44.00				
45.00	Notes payable	0	0	0	0 45.00				
46.00	Unsecured loans	0	0	0	0 46.00				
47.00	Loans from owners:	0	0	0	0 47.00				
48.00	Other long term liabilities	0	0	0	0 48.00				
49.00	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)	4,871,065	0	0	0 51.00				
CAPITAL ACCOUNTS									
52.00	General fund balance	-750,841	0	0	0 52.00				
53.00	Specific purpose fund		0	0	0 53.00				
54.00	Donor created - endowment fund balance - restricted		0	0	0 54.00				
55.00	Donor created - endowment fund balance - unrestricted		0	0	0 55.00				
56.00	Governing body created - endowment fund balance		0	0	0 56.00				
57.00	Plant fund balance - invested in plant		0	0	0 57.00				
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion		0	0	0 58.00				
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-750,841	0	0	0 59.00				
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	4,120,224	0	0	0 60.00				

STATEMENT OF CHANGES IN FUND BALANCES

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet G-1
Date/Time Prepared:
5/4/2017 12:52 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		-209, 802		0	1. 00
2. 00	Net income (loss) (from Wkst. G-3, line 31)		-541, 038		0	2. 00
3. 00	Total (sum of line 1 and line 2)		-750, 840		0	3. 00
4. 00	Additions (credit adjustments)				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	Total additions (sum of line 5 - 9)		0		0	10. 00
11. 00	Subtotal (line 3 plus line 10)		-750, 840		0	11. 00
12. 00	Deductions (debit adjustments)				0	12. 00
13. 00	ROUNDING	1		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)		1		0	18. 00
19. 00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-750, 841		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)	0		0		2. 00
3. 00	Total (sum of line 1 and line 2)	0		0		3. 00
4. 00	Additions (credit adjustments)				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	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)				0	12. 00
13. 00	ROUNDING			0	0	13. 00
14. 00				0	0	14. 00
15. 00				0	0	15. 00
16. 00				0	0	16. 00
17. 00				0	0	17. 00
18. 00	Total deductions (sum of lines 13 - 17)	0		0		18. 00
19. 00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0		19. 00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 145269

Period:

From 12/01/2015

To 11/30/2016

Worksheet G-2

Parts I-II

Date/Time Prepared:

5/4/2017 12:52 pm

Cost Center Description		Inpatient	Outpatient	Total
		1.00	2.00	3.00
PART I - PATIENT REVENUES				
General Inpatient Routine Care Services				
1.00	SKILLED NURSING FACILITY	13,691,205	0	13,691,205
2.00	NURSING FACILITY	0	0	0
3.00	ICF/IID	0	0	0
4.00	OTHER LONG TERM CARE	0	0	0
5.00	Total general inpatient care services (Sum of lines 1 - 4)	13,691,205	0	13,691,205
All Other Care Services				
6.00	ANCILLARY SERVICES	137,133	0	137,133
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
11.10	CORF	0	0	11.10
12.00	HOSPICE	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	13,828,338	0	13,828,338
		1.00	2.00	
PART II - OPERATING EXPENSES				
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			26,758,761
2.00	Add (Specify)	0	0	2.00
3.00		0	0	3.00
4.00		0	0	4.00
5.00		0	0	5.00
6.00		0	0	6.00
7.00		0	0	7.00
8.00	Total Additions (Sum of lines 2 - 7)	0	0	8.00
9.00	Deduct (Specify)	0	0	9.00
10.00		0	0	10.00
11.00		0	0	11.00
12.00		0	0	12.00
13.00		0	0	13.00
14.00	Total Deductions (Sum of lines 9 - 13)	0	0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)	26,758,761	0	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 145269

Period:
From 12/01/2015
To 11/30/2016Worksheet G-3
Date/Time Prepared:
5/4/2017 12:52 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	13,828,338	1.00
2.00	Less: contractual allowances and discounts on patients accounts	0	2.00
3.00	Net patient revenues (Line 1 minus line 2)	13,828,338	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	26,758,761	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-12,930,423	5.00
	Other income:		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,081	7.00
8.00	Revenues from communications (Telephone and Internet service)	6,941	8.00
9.00	Revenue from television and radio service	17,314	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	8,561	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	0	24.00
24.01	OTHER REVENUE	12,354,489	24.01
25.00	Total other income (Sum of lines 6 - 24)	12,389,386	25.00
26.00	Total (Line 5 plus line 25)	-541,037	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00	ROUNDING	1	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	1	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-541,038	31.00