

Hope Creek Care Center

Provider # 14-5269



Client Copy

FYE: November 30, 2019



RSM US LLP

June 29, 2020

20 N. Martingale Road
Suite 500
Schaumburg, IL 60173-2420

Ms. Trudy Whittington
Hope Creek Care Center
4343 Kennedy Drive
East Moline, IL 61244

O 847 517 7070
F 847 517 7067

amanda.springborn@rsmus.com

Dear Ms. Whittington:

The Medicare Cost Report CMS 2540-10 for Hope Creek Care Center was electronically filed for the year ended November 30, 2019.

You will receive an email with an electronic copy for your records.

Results of Cost Report:

The cost report for Hope Creek Care Center results in a balance of \$0 due to/from Medicare.

Questions:

If you have any questions or concerns regarding any of the information contained in the cost report or this letter, please give me a call at (314) 925-3838.

Sincerely,
RSM US LLP

A handwritten signature in black ink that reads "Amanda Springborn".

Amanda Springborn
Director

Enclosures



RSM US LLP

To the Board of Directors
Hope Creek Care Center
East Moline, Illinois

We have prepared the Medicare Cost Report form 2540-10 for Hope Creek Care Center for the period ending November 30, 2019 included in the accompanying prescribed form in accordance with the requirements of the Centers for Medicare & Medicaid Services.

While cost report preparation involves assembly of information in a financial statement format, that information is solely for cost report purposes and should not be used for any other purpose. Management is responsible for the representations contained in the cost report and should review the cost report thoroughly before signing and submitting.

The cost report is subject to review by the facility's intermediary and others with oversight responsibility. Professional judgment is used in resolving questions where the cost report and reimbursement rules and regulations are unclear. The facility's intermediary and other reviewers may choose to interpret rules and regulations differently than what was reflected in the as filed cost report. As a result of these reviews, adjustments to the cost report may be proposed which could have an adverse effect on the cost report settlement.

RSM US LLP

Schaumburg, Illinois
June 29, 2020

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

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

FORM APPROVED

OMB NO. 0938-0463

Expires: 12/31/2021

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

Provider CCN: 145269

Period:
From 12/01/2018
To 11/30/2019Worksheet S
Parts I, II & III
Date/Time Prepared:
6/30/2020 10:33 am

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 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 6/30/2020 Time: 10:33 am
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: 6. Contractor No. 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF 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 12/01/2018 and ending 11/30/2019 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

Encryption Information

ECR: Date: 6/30/2020 Time: 10:33 am
xz8gut1Ww7dc:9nhJGSeH2I n4SC50
UJdHOWi PtNFYcMdVpmhHSYI ycUfJv
d9LX03sjLAORsYbg
PI: Date: 6/30/2020 Time: 10:33 am
.2HcJZ3KUBdXj GCny0l Mhme0vu2I UO
11mdn01kDgx9Cbrgnq0YbZC4kg9cTN
:FHE05KXwa0GrR1e

(Signed) TRUDY WHITTINGTON

Chief Financial Officer or Administrator of Provider(s)

INTERIM ADMINISTRATOR

Title

07/01/2020 06:48:03 AM (PT)

Date

	Title V	Title XVIII		Title XIX
		Part A	Part B	
1.00	1.00	2.00	3.00	4.00
2.00				
3.00				
4.00				
5.00				
6.00				
7.00				
7.10				
100.00 TOTAL		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 12/01/2018

Worksheet S-2

Part I

To 11/30/2019

Date/Time Prepared:

6/30/2020 10:33 am

	1.00	2.00	3.00					
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:							1.00 2.00 3.00 3.01	
1.00	Street: 4343 Kennedy Drive	PO Box:						
2.00	City: East Moline	State: IL	Zip Code: 61244					
3.00	County: Rock Island	CBSA Code: 19340	Urban/Rural: U					
3.01	CBSA Code: 19340			Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)	
				1.00	2.00	3.00	V XVIII XIX	
							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: 1.00	To: 2.00		
14.00	Cost Reporting Period (mm/dd/yyyy)				12/01/2018	11/30/2019	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					561,271	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					561,271	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.					0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N	28.00	
					Part A 1.00	Part B 2.00	Other 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	N
30.00	Nursing Facility							
31.00	ICF/IID							
32.00	SNF-Based HHA					N	N	
33.00	SNF-Based RHC							
34.00	SNF-Based FQHC							
35.00	SNF-Based CMHC							
36.00	SNF-Based OLTC					N		
					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 1.00	Paid Losses 2.00	Self Insurance 3.00	
41.00	List malpractice premiums and paid losses:					0	0	0
							41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No.: 145269	Period: From 12/01/2018 To 11/30/2019	Worksheet S-2 Part I Date/Time Prepared: 6/30/2020 10:33 am
				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 12/01/2018
To 11/30/2019Worksheet S-2
Part II
Date/Time Prepared:
6/30/2020 10:33 am

			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	07/31/2020
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	06/19/2020	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		
13.00	PS&R Data 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

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

Provider No.: 145269

Period:

From 12/01/2018

To 11/30/2019

Worksheet S-3

Part I

Date/Time Prepared:

6/30/2020 10:33 am

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	89,425	0	2,048	33,343	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	89,425	0	2,048	33,343	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	17,748	53,139	0	53	8	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)	17,748	53,139	0	53	8	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	49	110	0.00	38.64	4,167.88	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	7.00
8.00	Total (Sum of lines 1-7)	49	110	0.00	38.64	4,167.88	8.00
Component		Average Length of Stay			Admissions		
		Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
1.00	SKILLED NURSING FACILITY	483.08	0	57	20	106	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)	483.08	0	57	20	106	8.00
Component		Admissions			Full Time Equivalent		
		Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	183	185.12	0.00	0	0	1.00
2.00	NURSING FACILITY	0	0.00	0.00	0	0	2.00
3.00	ICF/IID	0	0.00	0.00	0	0	3.00
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00	0	0	4.00
5.00	Other Long Term Care	0	0.00	0.00	0	0	5.00
6.00	SNF-Based CMHC	0	0.00	0.00	0	0	6.00
6.10	SNF-Based CORF	0	0.00	0.00	0	0	6.10
7.00	HOSPICE	0	0.00	0.00	0	0	7.00
8.00	Total (Sum of lines 1-7)	183	185.12	0.00	0	0	8.00

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)							
PART II - DIRECT SALARIES												
SALARIES												
1.00	Total salaries (See Instructions)	6,708,542	0	6,708,542	385,051.00	17.42						
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)	6,708,542	0	6,708,542	385,051.00	17.42						
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)	6,708,542	0	6,708,542	385,051.00	17.42						
OTHER WAGES & RELATED COSTS												
14.00	Contract Labor: Patient Related & Mgmt	1,892,294	0	1,892,294	44,563.00	42.46						
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)	2,958,484	0	2,958,484		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)	2,958,484	0	2,958,484		22.00						

Provider No.: 145269
Period:
From 12/01/2018
To 11/30/2019
Worksheet S-3
Part III
Date/Time Prepared:
6/30/2020 10:33 am

	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	Empl oyee Benefits	0	0	0	0.00	0.00	1.00
2.00	Admi nistrative & General	407, 158	0	407, 158	17, 934.00	22.70	2.00
3.00	Plant Operation, Maintenance & Repairs	186, 590	0	186, 590	10, 072.00	18.53	3.00
4.00	Laundry & Linen Service	246, 181	0	246, 181	15, 718.00	15.66	4.00
5.00	Housekeeping	272, 905	0	272, 905	19, 124.00	14.27	5.00
6.00	Dietary	608, 620	0	608, 620	42, 462.00	14.33	6.00
7.00	Nursing Administration	0	112, 133	112, 133	2, 880.00	38.94	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	467, 872	0	467, 872	24, 975.00	18.73	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, 189, 326	112, 133	2, 301, 459	133, 165.00	17.28	14.00

	Provider No. : 145269	Period: From 12/01/2018 To 11/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 6/30/2020 10:33 am
		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	877, 945	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, 760, 429	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	86, 255	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	233, 855	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)	2, 958, 484	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 12/01/2018

To 11/30/2019

Worksheet S-3

Part V

Date/Time Prepared:

6/30/2020 10:33 am

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)	408,488	109,546	518,034	14,782.00	35.04	1.00						
2.00 Licensed Practical Nurses (LPNs)	1,090,083	292,333	1,382,416	49,731.00	27.80	2.00						
3.00 Certified Nursing Assistant/Nursing Assistants/Aides	2,622,413	703,265	3,325,678	172,793.00	19.25	3.00						
4.00 Total Nursing (sum of lines 1 through 3)	4,120,984	1,105,144	5,226,128	237,306.00	22.02	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	178,467	47,860	226,327	9,306.00	24.32	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	107,632	28,864	136,496	5,274.00	25.88	13.00						
Contract Labor												
Nursing Occupations												
14.00 Registered Nurses (RNs)	367,722		367,722	7,695.00	47.79	14.00						
15.00 Licensed Practical Nurses (LPNs)	613,880		613,880	14,919.00	41.15	15.00						
16.00 Certified Nursing Assistant/Nursing Assistants/Aides	350,676		350,676	12,753.00	27.50	16.00						
17.00 Total Nursing (sum of lines 14 through 16)	1,332,278		1,332,278	35,367.00	37.67	17.00						
18.00 Physical Therapists	250,019		250,019	4,435.00	56.37	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	206,653		206,653	3,149.00	65.62	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	103,344		103,344	1,612.00	64.11	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	410	10.00	
11.00	RUB	635	11.00	
12.00	RUA	140	12.00	
13.00	RVC	241	13.00	
14.00	RVB	145	14.00	
15.00	RVA	13	15.00	
16.00	RHC	54	16.00	
17.00	RHB	0	17.00	
18.00	RHA	9	18.00	
19.00	RMC	0	19.00	
20.00	RMB	20	20.00	
21.00	RMA	6	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	0	29.00	
30.00	HD1	0	30.00	
31.00	HC2	0	31.00	
32.00	HC1	0	32.00	
33.00	HB2	0	33.00	
34.00	HB1	0	34.00	
35.00	LE2	0	35.00	
36.00	LE1	0	36.00	
37.00	LD2	7	37.00	
38.00	LD1	5	38.00	
39.00	LC2	0	39.00	
40.00	LC1	0	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	5	46.00	
47.00	CC2	1	47.00	
48.00	CC1	8	48.00	
49.00	CB2	0	49.00	
50.00	CB1	0	50.00	
51.00	CA2	0	51.00	
52.00	CA1	1	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	0	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	4	70.00	
71.00	PC2	0	71.00	
72.00	PC1	0	72.00	
73.00	PB2	0	73.00	
74.00	PB1	1	74.00	
75.00	PA2	0	75.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 145269

Period:

From 12/01/2018

To 11/30/2019

Worksheet S-7

Date/Time Prepared:
6/30/2020 10:33 am

		Group	Days	
		1.00	2.00	
76.00		PA1	0	76.00
99.00		AAA	2	99.00
100.00	TOTAL		1,707	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	5,594,012	56.69	Y	101.00
102.00	Recruitment	0	0.00		102.00
103.00	Retention of employees	0	0.00		103.00
104.00	Training	0	0.00		104.00
105.00	OTHER (SPECIFY)	0	0.00		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)	9,867,011			106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES				Provider No.: 145269	Period: From 12/01/2018 To 11/30/2019	Worksheet A
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES		464,750	464,750	0	464,750
2.00	00200 CAP REL COSTS - MOBILE EQUIPMENT		0	0	0	0
3.00	00300 EMPLOYEE BENEFITS	0	1,799,061	1,799,061	0	1,799,061
4.00	00400 ADMINISTRATIVE & GENERAL	407,158	1,809,087	2,216,245	0	2,216,245
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	186,590	378,710	565,300	0	565,300
6.00	00600 LAUNDRY & LINEN SERVICE	246,181	11,634	257,815	0	257,815
7.00	00700 HOUSEKEEPING	272,905	45,028	317,933	0	317,933
8.00	00800 DIETARY	608,620	464,298	1,072,918	0	1,072,918
9.00	00900 NURSING ADMINISTRATION	0	0	0	112,133	112,133
10.00	01000 CENTRAL SERVICES & SUPPLY	0	201,868	201,868	-2,610	199,258
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	467,872	2,208	470,080	0	470,080
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	4,340,749	1,365,396	5,706,145	-112,133	5,594,012
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	2,610	2,610
41.00	04100 LABORATORY	0	9,426	9,426	0	9,426
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	250,019	250,019	0	250,019
45.00	04500 OCCUPATIONAL THERAPY	178,467	210,903	389,370	0	389,370
46.00	04600 SPEECH PATHOLOGY	0	103,344	103,344	0	103,344
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,844	22,844	0	22,844
49.00	04900 DRUGS CHARGED TO PATIENTS	0	231,393	231,393	0	231,393
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
81.00	08100 INTEREST EXPENSE		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)	6,708,542	7,369,969	14,078,511	0	14,078,511
NONREIMBURSABLE COST CENTERS						
90.00	09000 GIFT, 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
100.00	TOTAL	6,708,542	7,369,969	14,078,511	0	14,078,511

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	553, 315	1, 018, 065	1.00
2.00 00200	CAP REL COSTS - MOBILE EQUIPMENT	0	0	2.00
3.00 00300	EMPLOYEE BENEFITS	1, 198, 055	2, 997, 116	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	-409, 950	1, 806, 295	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	258	565, 558	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	257, 815	6.00
7.00 00700	HOUSEKEEPING	0	317, 933	7.00
8.00 00800	DIETARY	-7, 781	1, 065, 137	8.00
9.00 00900	NURSING ADMINISTRATION	0	112, 133	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	-5, 971	193, 287	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	470, 080	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	5, 594, 012	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	2, 610	40.00
41.00 04100	LABORATORY	0	9, 426	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	250, 019	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	389, 370	45.00
46.00 04600	SPEECH PATHOLOGY	0	103, 344	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22, 844	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	231, 393	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)	1, 327, 926	15, 406, 437	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	1, 327, 926	15, 406, 437	100.00

	Increases				
	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00	
(1) A - NURSING ADMIN	NURSING ADMINISTRATION	9.00	112,133	0	1.00
1.00					
(1) B - RADI OLOGY	RADI OLOGY	40.00		2,610	2.00
2.00					
TOTALS					
100.00	Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		112,133	2,610	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.

	Decreases				
	Cost Center	Line #	Salary	Non Salary	
	6.00	7.00	8.00	9.00	
1.00	(1) A - NURSING ADMIN	SKILLED NURSING FACILITY	30.00	112,133	0 1.00
2.00	(1) B - RADIOLOGY	CENTRAL SERVICES & SUPPLY	10.00		2,610 2.00
	TOTALS			112,133	2,610 100.00
	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.

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No. : 145269

Period:
From 12/01/2018
To 11/30/2019Worksheet A-7
Date/Time Prepared:
6/30/2020 10:33 am

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	418,659	19,875	0	19,875	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	933,705	5,276	0	5,276	0	6.00
7.00 Subtotal (sum of lines 1-6)	22,680,443	25,151	0	25,151	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	22,680,443	25,151	0	25,151	0	9.00
Description		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
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	438,534	0	0	0	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	938,981	0	0	0	0	6.00
7.00 Subtotal (sum of lines 1-6)	22,705,594	0	0	0	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	22,705,594	0	0	0	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	-7,956	CAP REL COSTS - BLDGS & FIXTURES		1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0			0.00
3.00	Refunds and rebates of expenses (chapter 8)		0			0.00
4.00	Rental of provider space by suppliers (chapter 8)		0			0.00
5.00	Telephone services (pay stations excluded) (chapter 21)	B	-1,177	ADMINISTRATIVE & GENERAL		4.00
6.00	Television and radio service (chapter 21)	B	-6,941	ADMINISTRATIVE & GENERAL		4.00
7.00	Parking lot (chapter 21)		0			0.00
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
10.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	1,581,207			12.00
13.00	Laundry and linen service		0			0.00
14.00	Revenue - Employee meals		0			0.00
15.00	Cost of meals - Guests	B	-7,781	DIETARY		8.00
16.00	Sale of medical supplies to other than patients	A	-5,971	CENTRAL SERVICES & SUPPLY		10.00
17.00	Sale of drugs to other than patients		0			0.00
18.00	Sale of medical records and abstracts		0			0.00
19.00	Vending machines		0			0.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW		82.00
23.00	Depreciation--buildings and fixtures	A	561,271	CAP REL COSTS - BLDGS & FIXTURES		1.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT		2.00
25.00	Nonallowable Expenses	A	-1,180,766	ADMINISTRATIVE & GENERAL		4.00
25.01			0			0.00
25.02	Provider Bed Tax	A	442,949	ADMINISTRATIVE & GENERAL		4.00
25.03	Offset Admissions Coordinator	A	-41,872	ADMINISTRATIVE & GENERAL		4.00
25.04	Offset Misc Revenue	B	-5,037	ADMINISTRATIVE & GENERAL		4.00
25.05			0			0.00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		1,327,926			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

Period:

From 12/01/2018

To 11/30/2019

Worksheet A-8-1

Parts I-II

Date/Time Prepared:

6/30/2020 10:33 am

	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	IMRF	2.00
3.00		4.00	ADMINISTRATIVE & GENERAL	Welfare Committee	3.00
4.00		4.00	ADMINISTRATIVE & GENERAL	Risk Management	4.00
5.00		4.00	ADMINISTRATIVE & GENERAL	General Management	5.00
6.00		4.00	ADMINISTRATIVE & GENERAL	Auditor	6.00
7.00		4.00	ADMINISTRATIVE & GENERAL	Information Systems	7.00
8.00		4.00	ADMINISTRATIVE & GENERAL	Treasurer	8.00
9.00		4.00	ADMINISTRATIVE & GENERAL	County Board	9.00
9.01		5.00	PLANT OPERATION, MAINT. & REPAIRS	County Buildings	9.01
9.02		3.00	EMPLOYEE BENEFITS	FICA	9.02
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	4.00			10.00
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		86,255	0	86,255	1.00
2.00		877,945	0	877,945	2.00
3.00		12,326	0	12,326	3.00
4.00		229,243	0	229,243	4.00
5.00		12,612	0	12,612	5.00
6.00		23,111	0	23,111	6.00
7.00		46,844	0	46,844	7.00
8.00		295	0	295	8.00
9.00		58,463	0	58,463	9.00
9.01		258	0	258	9.01
9.02		233,855	0	233,855	9.02
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	1,581,207	0	1,581,207	10.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS		Provider No.: 145269	Period: From 12/01/2018 To 11/30/2019	Worksheet A-8-1 Parts I-II Date/Time Prepared: 6/30/2020 10:33 am
	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:	County	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 12/01/2018 To 11/30/2019	Worksheet B Part I Date/Time Prepared: 6/30/2020 10: 33 am	
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	
		BLDG'S & FI XTURES	MOVABLE EQUIPMENT	1. 00	2. 00	3. 00	3A
GENERAL SERVICE COST CENTERS							
1. 00 00100	CAP REL COSTS - BLDGS & FI XTURES	1, 018, 065	1, 018, 065				1. 00
2. 00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	0	0	2, 997, 116	2. 00
3. 00 00300	EMPLOYEE BENEFITS	2, 997, 116	0	0	0	2, 997, 116	3. 00
4. 00 00400	ADMI NI STRATIVE & GENERAL	1, 806, 295	118, 968	0	181, 902	2, 107, 165	4. 00
5. 00 00500	PLANT OPERATI ON, MAINT. & REPAIRS	565, 558	50, 653	0	83, 361	699, 572	5. 00
6. 00 00600	LAUNDRY & LINEN SERVICE	257, 815	22, 959	0	109, 984	390, 758	6. 00
7. 00 00700	HOUSEKEEPING	317, 933	7, 882	0	121, 923	447, 738	7. 00
8. 00 00800	DI ETARY	1, 065, 137	62, 634	0	271, 908	1, 399, 679	8. 00
9. 00 00900	NURSING ADMI NI STRATION	112, 133	18, 945	0	50, 097	181, 175	9. 00
10. 00 01000	CENTRAL SERVICES & SUPPLY	193, 287	13, 554	0	0	206, 841	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	470, 080	2, 670	0	209, 027	681, 777	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	SKI LLED NURSING FACILITY	5, 594, 012	689, 673	0	1, 889, 182	8, 172, 867	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	RADI OLOGY	2, 610	0	0	0	2, 610	40. 00
41. 00 04100	LABORATORY	9, 426	0	0	0	9, 426	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	250, 019	9, 626	0	0	259, 645	44. 00
45. 00 04500	OCCUPATIONAL THERAPY	389, 370	14, 991	0	79, 732	484, 093	45. 00
46. 00 04600	SPEECH PATHOLOGY	103, 344	3, 979	0	0	107, 323	46. 00
47. 00 04700	ELECTROCARDIOLOGY	0	0	0	0	0	47. 00
48. 00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	22, 844	1, 531	0	0	24, 375	48. 00
49. 00 04900	DRUGS CHARGED TO PATIENTS	231, 393	0	0	0	231, 393	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	UTI LI ZATION REVIE W						82. 00
83. 00 08300	HOSPI CE	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)	15, 406, 437	1, 018, 065	0	2, 997, 116	15, 406, 437	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	15, 406, 437	1, 018, 065	0	2, 997, 116	15, 406, 437	100. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 145269

Period:
From 12/01/2018
To 11/30/2019Worksheet B
Part I
Date/Time Prepared:
6/30/2020 10:33 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
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					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,107,165				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	110,842	810,414			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	61,912	21,929	474,599		6.00
7.00	00700	HOUSEKEEPING	70,941	7,529	0	526,208	7.00
8.00	00800	DIETARY	221,768	59,827	0	40,311	1,721,585
9.00	00900	NURSING ADMINISTRATIVE	28,706	18,096	0	12,193	0
10.00	01000	CENTRAL SERVICES & SUPPLY	32,772	12,946	0	8,723	0
11.00	01100	PHARMACY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	11.00
13.00	01300	SOCIAL SERVICE	108,022	2,550	0	1,718	0
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	12.00
15.00	01500	OTHER GENERAL SERVICE COST CENTERS	0	0	0	0	13.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	SKILLED NURSING FACILITY	1,294,927	658,761	474,599	443,874	1,721,585
31.00	03100	NURSING FACILITY	0	0	0	0	30.00
32.00	03200	ICF/IID	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	32.00
ANCILLARY SERVICE COST CENTERS							
40.00	04000	RADIOLOGY	414	0	0	0	0
41.00	04100	LABORATORY	1,493	0	0	0	40.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	42.00
44.00	04400	PHYSICAL THERAPY	41,139	9,194	0	6,195	0
45.00	04500	OCCUPATIONAL THERAPY	76,701	14,319	0	9,648	0
46.00	04600	SPEECH PATHOLOGY	17,004	3,801	0	2,561	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	43.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,862	1,462	0	985	0
49.00	04900	DRUGS CHARGED TO PATIENTS	36,662	0	0	0	44.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	45.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	46.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	CLINIC	0	0	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	60.00
62.00	06200	FQHC	0	0	0	0	61.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0
71.00	07100	AMBULANCE	0	0	0	0	70.00
72.00	07200	CORF	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	72.00
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	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	2,107,165	810,414	474,599	526,208	1,721,585
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	90.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	91.00
93.00	09300	NONPAID WORKERS	0	0	0	0	92.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	93.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	0	95.00
99.00		Negative Cost Centers	0	0	0	0	96.00
100.00		TOTAL	2,107,165	810,414	474,599	526,208	1,721,585

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 145269

Period:

From 12/01/2018

To 11/30/2019

Worksheet B

Part I

Date/Time Prepared:

6/30/2020 10:33 am

Cost Center Description		NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
		ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICE	
		9.00	10.00	11.00	12.00	13.00	
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					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	240, 170	261, 282	0		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	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	0	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	240, 170	261, 282	0	0	794, 067
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, 170	261, 282	0	0	794, 067
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, 170	261, 282	0	0	794, 067
							100.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider No. : 145269	Period: From 12/01/2018 To 11/30/2019	Worksheet B Part I Date/Time Prepared: 6/30/2020 10:33 am
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
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	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	0	14,062,132	14,062,132
31.00 03100	NURSING FACILITY	0	0	0	0
32.00 03200	ICF/IID	0	0	0	0
33.00 03300	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
40.00 04000	RADIOLOGY	0	0	3,024	3,024
41.00 04100	LABORATORY	0	0	10,919	10,919
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0
44.00 04400	PHYSICAL THERAPY	0	0	316,173	316,173
45.00 04500	OCCUPATIONAL THERAPY	0	0	584,761	584,761
46.00 04600	SPEECH PATHOLOGY	0	0	130,689	130,689
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,684	30,684
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	268,055	268,055
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0
51.00 05100	SUPPORT SURFACES	0	0	0	0
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60.00 06000	CLINIC	0	0	0	0
61.00 06100	RURAL HEALTH CLINIC	0	0	0	0
62.00 06200	FQHC				62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
70.00 07000	HOME HEALTH AGENCY COST	0	0	0	0
71.00 07100	AMBULANCE	0	0	0	0
72.00 07200	CORF	0	0	0	0
73.00 07300	CMHC	0	0	0	0
74.00 07400	OTHER REIMBURSABLE COST	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
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0
89.00	SUBTOTALS (sum of lines 1-84)	0	0	15,406,437	15,406,437
NONREIMBURSABLE COST CENTERS					
90.00 09000	GI FT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0
93.00 09300	NONPAID WORKERS	0	0	0	0
94.00 09400	PATIENTS LAUNDRY	0	0	0	0
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
98.00	Cross Foot Adjustments	0	0	0	0
99.00	Negative Cost Centers	0	0	0	0
100.00	TOTAL	0	0	15,406,437	15,406,437

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 145269

Worksheet B

Part II

Date/Time Prepared:

6/30/2020 10:33 am

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	118,968	0	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	50,653	0	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	22,959	0	6.00
7.00 00700	HOUSEKEEPING	0	7,882	0	7.00
8.00 00800	DIETARY	0	62,634	0	8.00
9.00 00900	NURSING ADMINISTRATION	0	18,945	0	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	13,554	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	2,670	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	689,673	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	9,626	0	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	14,991	0	45.00
46.00 04600	SPEECH PATHOLOGY	0	3,979	0	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,531	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	1,018,065	0	1,018,065
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	1,018,065	0	1,018,065
					0100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 145269

Period:

From 12/01/2018

To 11/30/2019

Worksheet B

Part II

Date/Time Prepared:

6/30/2020 10:33 am

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
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					3.00
4.00	00400	ADMINISTRATIVE & GENERAL	118, 968				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	6, 258	56, 911			5.00
6.00	00600	LAUNDRY & LINEN SERVICE	3, 495	1, 540	27, 994		6.00
7.00	00700	HOUSEKEEPING	4, 005	529	0	12, 416	7.00
8.00	00800	DIETARY	12, 520	4, 201	0	951	80, 306
9.00	00900	NURSING ADMINISTRATIVE	1, 621	1, 271	0	288	0
10.00	01000	CENTRAL SERVICES & SUPPLY	1, 850	909	0	206	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	6, 098	179	0	41	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	73, 113	46, 260	27, 994	10, 473	80, 306
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	23	0	0	0	0
41.00	04100	LABORATORY	84	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	2, 323	646	0	146	0
45.00	04500	OCCUPATIONAL THERAPY	4, 330	1, 006	0	228	0
46.00	04600	SPEECH PATHOLOGY	960	267	0	60	0
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	218	103	0	23	0
49.00	04900	DRUGS CHARGED TO PATIENTS	2, 070	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					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)	118, 968	56, 911	27, 994	12, 416	80, 306
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	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	118, 968	56, 911	27, 994	12, 416	80, 306
							100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 145269

Period:

From 12/01/2018

To 11/30/2019

Worksheet B

Part II

Date/Time Prepared:

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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					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	22,125				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	16,519			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	0	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	22,125	16,519	0	0	8,988
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					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)	22,125	16,519	0	0	8,988
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	PHYSICAL 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	22,125	16,519	0	0	8,988
							100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 145269

Period:

From 12/01/2018

To 11/30/2019

Worksheet B

Part II

Date/Time Prepared:

6/30/2020 10:33 am

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					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	0				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	0			15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	SKILLED NURSING FACILITY	0	0	975, 451	0	975, 451
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	23	0	23
41.00 04100	LABORATORY	0	0	84	0	84
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	12, 741	0	12, 741
45.00 04500	OCCUPATIONAL THERAPY	0	0	20, 555	0	20, 555
46.00 04600	SPEECH PATHOLOGY	0	0	5, 266	0	5, 266
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1, 875	0	1, 875
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	2, 070	0	2, 070
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	1, 018, 065	0	1, 018, 065
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	1, 018, 065	0	1, 018, 065

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 145269

Worksheet B-1

Period:

From 12/01/2018

To 11/30/2019

Date/Time Prepared:

6/30/2020 10:33 am

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	6,708,542	-2,107,165	13,299,272	1.00
2.00 00200 CAP REL COSTS - MOVABLE EQUIPMENT	0	0	407,158	0	2,00	2.00
3.00 00300 EMPLOYEE BENEFITS	0	0	186,590	0	3,00	3.00
4.00 00400 ADMINISTRATIVE & GENERAL	13,991	0	246,181	0	4,00	4.00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS	5,957	0	272,905	0	5,00	5.00
6.00 00600 LAUNDRY & LINEN SERVICE	2,700	0	608,620	0	6,00	6.00
7.00 00700 HOUSEKEEPING	927	0	112,133	0	7,00	7.00
8.00 00800 DIETARY	7,366	0	0	0	8,00	8.00
9.00 00900 NURSING ADMINISTRATION	2,228	0	0	0	9,00	9.00
10.00 01000 CENTRAL SERVICES & SUPPLY	1,594	0	0	0	10,00	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	467,872	0	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	81,108	0	4,228,616	0	8,172,867	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	0	40.00
41.00 04100 LABORATORY	0	0	0	0	0	41.00
42.00 04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00 04400 PHYSICAL THERAPY	1,132	0	0	0	0	44.00
45.00 04500 OCCUPATIONAL THERAPY	1,763	0	178,467	0	484,093	45.00
46.00 04600 SPEECH PATHOLOGY	468	0	0	0	0	46.00
47.00 04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	180	0	0	0	0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	0	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 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	0	0	0	0	0	80.00
81.00 08100 INTEREST EXPENSE	0	0	0	0	0	81.00
82.00 08200 UTILITY ZATION REVIEW	0	0	0	0	0	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	6,708,542	-2,107,165	13,299,272	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)	1,018,065	0	2,997,116		2,107,165	102.00
103.00 Unit cost multiplier (Wkst. B, Part I)	8.503149	0.000000	0.446761		0.158442	103.00
104.00 Cost to be allocated (per Wkst. B, Part II)			0		118,968	104.00
105.00 Unit cost multiplier (Wkst. B, Part III)			0.000000		0.008945	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 145269

Worksheet B-1

Period: From 12/01/2018 To 11/30/2019

Date/Time Prepared: 6/30/2020 10:33 am

Cost Center Description		PLANT OPERATIONS, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	NURSING ADMINISTRATION (DIRECT NURS. 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	53,139			6.00
7.00	00700 HOUSEKEEPING	927	0	96,153		7.00
8.00	00800 DIETARY	7,366	0	7,366	159,417	8.00
9.00	00900 NURSING ADMINISTRATION	2,228	0	2,228	0	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	1,594	0	1,594	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	53,139	81,108	159,417	242,580
31.00	03100 NURSING FACILITY	0	0	0	0	30.00
32.00	03200 ICF/IID	0	0	0	0	31.00
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	32.00
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	1,132	0	1,132	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	1,763	0	1,763	0	45.00
46.00	04600 SPEECH PATHOLOGY	468	0	468	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	180	0	180	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	08900 SUBTOTALS (sum of lines 1-84)	99,780	53,139	96,153	159,417	242,580
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)	810,414	474,599	526,208	1,721,585	240,170
103.00	Unit cost multiplier (Wkst. B, Part I)	8.122008	8.931275	5.472611	10.799256	0.990065
104.00	Cost to be allocated (per Wkst. B, Part II)	56,911	27,994	12,416	80,306	22,125
105.00	Unit cost multiplier (Wkst. B, Part III)	0.570365	0.526807	0.129128	0.503748	0.091207

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 145269

Worksheet B-1

Period: From 12/01/2018 To 11/30/2019

Date/Time Prepared: 6/30/2020 10:33 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	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	53, 139					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	53, 139	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	53, 139	0	0	53, 139	0	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	0	40.00
41.00	04100 LABORATORY	0	0	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	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)	53, 139	0	0	53, 139	0	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)	261, 282	0	0	794, 067	0	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	4. 916954	0. 000000	0. 000000	14. 943206	0. 000000	103. 00
104.00	Cost to be allocated (per Wkst. B, Part II)	16, 519	0	0	8, 988	0	104. 00
105.00	Unit cost multiplier (Wkst. B, Part III)	0. 310864	0. 000000	0. 000000	0. 169141	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	GI FT, 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 12/01/2018

To 11/30/2019

Worksheet C

Date/Time Prepared:

6/30/2020 10:33 am

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, 024	2, 610	1. 158621	40. 00
41. 00	04100 LABORATORY	10, 919	9, 393	1. 162461	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	316, 173	273, 914	1. 154278	44. 00
45. 00	04500 OCCUPATIONAL THERAPY	584, 761	190, 675	3. 066794	45. 00
46. 00	04600 SPEECH PATHOLOGY	130, 689	119, 930	1. 089711	46. 00
47. 00	04700 ELECTROCARDIOLOGY	0	0	0. 000000	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	30, 684	76	403. 736842	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	268, 055	157, 610	1. 700749	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	1, 344, 305	754, 208		100. 00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No.: 145269

Worksheet D

Part I

From 12/01/2018
To 11/30/2019
Date/Time Prepared:
6/30/2020 10:33 am

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	1.158621	2,610	0	3,024	
41.00 04100	LABORATORY	1.162461	9,393	0	10,919	
42.00 04200	INTRAVENOUS THERAPY	0.000000	0	0	0	
43.00 04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	
44.00 04400	PHYSICAL THERAPY	1.154278	191,739	0	221,320	
45.00 04500	OCCUPATIONAL THERAPY	3.066794	190,675	0	584,761	
46.00 04600	SPEECH PATHOLOGY	1.089711	119,930	0	130,689	
47.00 04700	ELECTROCARDIOLOGY	0.000000	0	0	0	
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	403.736842	20	0	8,075	
49.00 04900	DRUGS CHARGED TO PATIENTS	1.700749	157,610	0	268,055	
50.00 05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	
51.00 05100	SUPPORT SURFACES	0.000000	0	0	0	
52.00 05200	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	
OUTPATIENT SERVICE COST CENTERS						
60.00 06000	CLINIC	0.000000	0	0	0	
61.00 06100	RURAL HEALTH CLINIC				60.00	
62.00 06200	FQHC				61.00	
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	62.00	
71.00 07100	AMBULANCE (2)	0.000000	0	0	63.00	
100.00	Total (Sum of lines 40 - 71)		671,977	0	1,226,843	

(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 12/01/2018
To 11/30/2019Worksheet D
Parts II-III
Date/Time Prepared:
6/30/2020 10:33 am
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. 700749	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	3,024	0	0.000000	3,024
41.00	04100 LABORATORY	10,919	0	0.000000	10,919
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	316,173	0	0.000000	221,320
45.00	04500 OCCUPATIONAL THERAPY	584,761	0	0.000000	584,761
46.00	04600 SPEECH PATHOLOGY	130,689	0	0.000000	130,689
47.00	04700 ELECTROCARDIOLOGY	0	0	0.000000	0
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	30,684	0	0.000000	8,075
49.00	04900 DRUGS CHARGED TO PATIENTS	268,055	0	0.000000	268,055
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)	1,344,305	0		1,226,843
					0100.00

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No.: 145269	Period: From 12/01/2018 To 11/30/2019	Worksheet D-1 Parts I-II Date/Time Prepared: 6/30/2020 10:33 am
		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	53,139 1.00
2.00	Private room days	0 2.00
3.00	Inpatient days including private room days applicable to the Program	2,048 3.00
4.00	Medically necessary private room days applicable to the Program	0 4.00
5.00	Total general inpatient routine service cost	14,062,132 5.00
PRI VATE ROOM DIFFERENTIAL ADJUSTMENT		
6.00	General inpatient routine service charges	9,867,011 6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by Line 6)	1.425166
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)	14,062,132 15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	264.63 16.00
17.00	Program routine service cost (Line 3 times line 16)	541,962 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)	541,962 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)	975,451 20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	18.36 21.00
22.00	Program capital related cost (Line 3 times line 21)	37,601 22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	504,361 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)	504,361 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

PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	53,139 1.00
2.00	Program inpatient days (see instructions)	2,048 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)	0.038540 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 12/01/2018 To 11/30/2019	Worksheet E Part I Date/Time Prepared: 6/30/2020 10:33 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT				
1.00	Inpatient PPS amount (See Instructions)		1,165,528	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)		1,165,528	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		163,910	5.00
6.00	Allowable bad debts (From your records)		0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		0	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		1,001,618	11.00
12.00	Interim payments (See instructions)		981,586	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.99	Sequestration amount (see instructions)		20,032	14.99
15.00	Balance due provider/program (see instructions)		0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		0	19.00
20.00	Medicare Part B ancillary charges (See instructions)		0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		0	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinsurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		0	25.00
26.00	Interim payments (See instructions)		0	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		0	28.99
29.00	Balance due provider/program (see instructions)		0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No.: 145269

Period:
From 12/01/2018
To 11/30/2019Worksheet E-1
Date/Time Prepared:
6/30/2020 10:33 am
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
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		981, 586	0	1.00
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)				2.00
	<u>Program to Provider</u>				
3.01	ADJUSTMENTS TO PROVIDER			0	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
	<u>Provider to Program</u>				
3.50	ADJUSTMENTS TO PROGRAM			0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		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)		981, 586	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	5.01
5.02				0	5.02
5.03				0	5.03
	<u>Provider to Program</u>				
5.50	TENTATIVE TO PROGRAM			0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		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		6.01
6.02	PROVIDER TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		981, 586	0	7.00
			Contractor Name	Contractor Number	
			1.00	2.00	
8.00	Name of Contractor				8.00

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

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

Provider No.: 145269

Period:
From 12/01/2018
To 11/30/2019

Worksheet G
Date/Time Prepared:
6/30/2020 10:33 am

	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	6,548	0	0	0	1.00		
2.00	Temporary investments	598,000	0	0	0	2.00		
3.00	Notes receivable	0	0	0	0	3.00		
4.00	Accounts receivable	791,730	0	0	0	4.00		
5.00	Other receivables	720,860	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	1,969	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)	2,119,107	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)	2,119,107	0	0	0	34.00		
Liabilities and Fund Balances								
CURRENT LIABILITIES								
35.00	Accounts payable	1,449,780	0	0	0	35.00		
36.00	Salaries, wages, and fees payable	302,060	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	700,930	0	0	0	39.00		
40.00	Accrued payments	0	0	0	0	40.00		
41.00	Due to other funds	3,357,268	0	0	0	41.00		
42.00	Other current liabilities	1,904,460	0	0	0	42.00		
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	7,714,498	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)	7,714,498	0	0	0	51.00		
CAPITAL ACCOUNTS								
52.00	General fund balance	-5,595,391	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)	-5,595,391	0	0	0	59.00		
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,119,107	0	0	0	60.00		

STATEMENT OF CHANGES IN FUND BALANCES

Provider No.: 145269

Worksheet G-1

Period:

From 12/01/2018

To 11/30/2019

Date/Time Prepared:

6/30/2020 10:33 am

	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		-4,086,210		1. 00
2. 00	Net income (loss) (from Wkst. G-3, line 31)		-1,509,187		2. 00
3. 00	Total (sum of line 1 and line 2)		-5,595,397		3. 00
4. 00	Additions (credit adjustments)				4. 00
5. 00	Roundi ng	6		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)		6	0	10. 00
11. 00	Subtotal (line 3 plus line 10)		-5,595,391	0	11. 00
12. 00	Deductions (debit t adj ustments)				12. 00
13. 00		0	0	0	13. 00
14. 00		0	0	0	14. 00
15. 00		0	0	0	15. 00
16. 00		0	0	0	16. 00
17. 00		0	0	0	17. 00
18. 00	Total deductions (sum of lines 13 - 17)		0	0	18. 00
19. 00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-5,595,391	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 t adj ustments)				4. 00
5. 00	Roundi ng		0	0	5. 00
6. 00			0	0	6. 00
7. 00			0	0	7. 00
8. 00			0	0	8. 00
9. 00			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 t adj ustments)				12. 00
13. 00			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 12/01/2018

To 11/30/2019

Worksheet G-2

Parts I-II

Date/Time Prepared:

6/30/2020 10:33 am

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	9,867,011	0	9,867,011
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)	9,867,011	0	9,867,011
All Other Care Services				
6.00	ANCILLARY SERVICES	82,231	0	82,231
7.00	CLINIC	0	0	0
8.00	HOME HEALTH AGENCY COST	0	0	0
9.00	AMBULANCE	0	0	0
10.00	RURAL HEALTH CLINIC	0	0	0
10.10	FQHC	0	0	0
11.00	CMHC	0	0	0
11.10	CORF	0	0	0
12.00	HOSPICE	0	0	0
13.00	OTHER (SPECIFY)	0	0	0
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	9,949,242	0	9,949,242
Cost Center Description		1.00	2.00	
PART II - OPERATING EXPENSES				
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			14,078,511
2.00	Add (Specify)	0	0	0
3.00		0	0	0
4.00		0	0	0
5.00		0	0	0
6.00		0	0	0
7.00		0	0	0
8.00	Total Additions (Sum of lines 2 - 7)	0	0	0
9.00	Deduct (Specify)	0	0	0
10.00		0	0	0
11.00		0	0	0
12.00		0	0	0
13.00		0	0	0
14.00	Total Deductions (Sum of lines 9 - 13)	0	0	0
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)	14,078,511	0	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 145269

Period:
From 12/01/2018
To 11/30/2019Worksheet G-3
Date/Time Prepared:
6/30/2020 10:33 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	9,949,242	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)	9,949,242	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	14,078,511	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-4,129,269	5.00
	Other income:		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	7,956	7.00
8.00	Revenues from communications (Telephone and Internet service)	1,177	8.00
9.00	Revenue from television and radio service	6,941	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	2,981	13.00
14.00	Revenue from meals sold to employees and guests	7,782	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	2,593,245	24.01
25.00	Total other income (Sum of lines 6 - 24)	2,620,082	25.00
26.00	Total (Line 5 plus line 25)	-1,509,187	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,509,187	31.00

Rock Island County Illinois: 108 Hope Creek Care C
MCR A

 Year End: November 30, 2019
 Medicare Trial Balance Detail

Prepared by 1 IC8 5/7/2020	Prepared by 2	Prepared by 3	In-Chrg Review
Manager Review AS23 6/29/2020	Partner Review	Reviewed by 4	Reviewed by 5

Account	Book Bal	Tax Adj's	Tax State	Annotation	Tax State 11/18	%Chg
138-00-00-10500 SRF02A Taxes Receivable	2,799,542.00	0.00	2,799,542.00	<u>2506.00</u>	2,767,027.00	1.18
138-00-00-13500 SRF02A Int. Rec. on Investments	367.00	0.00	367.00	<u>NS</u>	479.00	(23.38)
138-00-00-20720 SRF02A Due other funds - transfers	(82,885.00)	0.00	(82,885.00)	<u>NS</u>	(91,115.00)	(9.03)
138-00-00-22320 SRF02A Deferred Revenue	(2,717,023.00)	0.00	(2,717,023.00)	<u>2506.00</u>	(2,676,391.00)	1.52
138-38-00-31110 SRF02A Property taxes	(2,642,506.00)	0.00	(2,642,506.00)	<u>2501.00</u>	(2,639,740.00)	0.10
138-38-00-31112 SRF02A Collectors auction account	(1,077.00)	0.00	(1,077.00)	<u>2501.00</u>	(1,270.00)	(15.20)
138-38-00-36130 SRF02A Collector's interest '90	(2,655.00)	0.00	(2,655.00)	<u>NS</u>	(2,113.00)	25.65
138-38-00-99175 SRF02A Transfer to Hope Creek	2,646,237.00	0.00	2,646,237.00	<u>0906</u>	2,643,123.00	0.12
138 Nursing Home Tax Levy Fund	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>		<u>0.00</u>	<u>0.00</u>
*** Unassigned Accounts ***	0.00	0.00	0.00		0.00	0.00
108-21-10-87200 SRF02 Interest	458,992.00	0.00	458,992.00	<u>5001.00</u>	447,518.00	2.56
108-21-10-87700 SRF02 Rev/Tax anticipation loan interest due	5,758.00	0.00	5,758.00	<u>5001.00</u>	0.00	0.00
108 Hope Creek Care Center	<u>464,750.00</u>	<u>0.00</u>	<u>464,750.00</u>		<u>447,518.00</u>	<u>3.85</u>
A0012 Capital-Rltd Costs-Bldgs. & Fixtures	464,750.00	0.00	464,750.00		447,518.00	3.85
108-21-10-41300 SRF02 Employee Health Benefits	1,476,002.00	0.00	1,476,002.00	<u>6202.00</u>	1,441,829.00	2.37
108-21-10-41309 SRF02 Retirees Employee Health Benefits	284,427.00	0.00	284,427.00	<u>8302</u>	289,519.00	(1.76)
108-21-10-41400 SRF02 Uniform/Clothing	1,981.00	0.00	1,981.00	<u>0370.20A GC</u>	2,375.00	(16.59)
108-21-15-41400 SRF02 Uniform/Clothing	0.00	0.00	0.00	<u>0370.20A GC</u>	125.00	(100.00)
108-21-18-41400 SRF02 Uniform/Clothing	930.00	0.00	930.00	<u>0370.20A GC</u>	1,250.00	(25.60)
108-21-40-41400 SRF02 Uniform/Clothing	2,421.00	0.00	2,421.00	<u>0370.20A GC</u>	3,100.00	(21.90)
108-21-41-41400 SRF02 Uniform/Clothing	22,905.00	0.00	22,905.00	<u>0370.20A GC</u>	26,275.00	(12.83)
108-21-42-41400 SRF02 Uniform/Clothing	4,361.00	0.00	4,361.00	<u>0370.20A GC</u>	5,000.00	(12.78)
108-21-43-41400 SRF02 Uniform/Clothing	1,786.00	0.00	1,786.00	<u>0370.20A GC</u>	2,300.00	(22.35)
108-21-44-41400 SRF02 Uniform/Clothing	1,175.00	0.00	1,175.00	<u>0370.20A GC</u>	1,250.00	(6.00)
108-21-47-41400 SRF02 Uniform/Clothing	2,270.00	0.00	2,270.00	<u>0370.20A GC</u>	2,250.00	0.89
108-21-89-41400 SRF02 Uniform/Clothing	803.00	0.00	803.00	<u>0370.20A GC</u>	1,075.00	(25.30)
108 Hope Creek Care Center	<u>1,799,061.00</u>	<u>0.00</u>	<u>1,799,061.00</u>		<u>1,776,348.00</u>	<u>1.28</u>
A0032 Employee Benefits - Other	1,799,061.00	0.00	1,799,061.00		1,776,348.00	1.28
108-21-10-41100 SRF02 Salaries and wages	403,554.00	0.00	403,554.00	<u>8102 8101</u>	446,111.00	(9.54)
108-21-10-41200 SRF02 Overtime	3,604.00	0.00	3,604.00	<u>8102 8101</u>	8,541.00	(57.80)
108-21-15-41100 SRF02 Salaries and wages	0.00	0.00	0.00	<u>8102 8101</u>	33,593.00	(100.00)
108 Hope Creek Care Center	<u>407,158.00</u>	<u>0.00</u>	<u>407,158.00</u>		<u>488,245.00</u>	<u>(16.61)</u>
A0041 Administrative and General - Salaries	407,158.00	0.00	407,158.00		488,245.00	(16.61)
108-21-10-52100 SRF02 Office Supplies	5,945.00	0.00	5,945.00	<u>0370.20A GC</u>	10,673.00	(44.30)
108-21-10-52200 SRF02 Operating Supplies	1,840.00	0.00	1,840.00	<u>0370.20A GC</u>	3,354.00	(45.14)
108-21-10-52400 SRF02 Small Tools & Equip under \$1,000	1,195.00	0.00	1,195.00	<u>0370.20A GC</u>	6,825.00	(82.49)
108-21-10-52700 SRF02 Books & Periodicals	175.00	0.00	175.00	<u>0370.20A GC</u>	495.00	(64.65)
108-21-10-63000 SRF02 Training & Education	135.00	0.00	135.00	<u>0370.20A GC</u>	3,871.00	(96.51)
108-21-10-63100 SRF02 Professional Services	48,367.00	0.00	48,367.00	<u>0370.20A GC</u>	20,250.00	138.85
108-21-10-631BG SRF02 Background Checks	3,643.00	0.00	3,643.00	<u>0370.20A GC</u>	4,793.00	(23.99)
108-21-10-63200 SRF02 Communications	15,986.00	0.00	15,986.00	<u>0370.20A GC</u>	19,204.00	(16.76)
108-21-10-632CB SRF02 Cable for Residents	20,057.00	0.00	20,057.00	<u>0370.20A GC</u>	18,624.00	7.69
108-21-10-632PH SRF02 Phone Svc. Residents	10,455.00	0.00	10,455.00	<u>0370.20A GC</u>	10,456.00	(0.01)
108-21-10-63300 SRF02 Travel	148.00	0.00	148.00	<u>0370.20A GC</u>	1,029.00	(85.62)
108-21-10-63400 SRF02 Publishing	792.00	0.00	792.00	<u>0370.20A GC</u>	754.00	5.04
108-21-10-63500 SRF02 Printing & Duplicating	1,177.00	0.00	1,177.00	<u>0370.20A GC</u>	1,600.00	(26.44)
108-21-10-63600 SRF02 Insurance	22,069.00	0.00	22,069.00	<u>0370.20A GC</u>	48,656.00	(54.64)
108-21-10-63900 SRF02 Rentals	200.00	0.00	200.00	<u>0370.20A GC</u>	318.00	(37.11)
108-21-10-64200 SRF02 Dues & memberships	820.00	0.00	820.00	<u>0370.20A GC</u>	1,644.00	(50.12)
108-21-10-64400 SRF02 Outside Contractual	230,241.00	0.00	230,241.00	<u>0370.20A GC</u>	179,518.00	28.26
108-21-10-99112 SRF02 Transfer to Other Agencies	264,392.00	0.00	264,392.00	<u>0370.20A GC</u>	358,539.00	(26.26)

Rock Island County Illinois: 108 Hope Creek Care C
MCR A-1
Year End: November 30, 2019
Medicare Trial Balance Detail

Prepared by 1 ICB 5/7/2020	Prepared by 2	Prepared by 3	In-Chrg Review
Manager Review AS23 6/29/2020	Partner Review	Reviewed by 4	Reviewed by 5

Account	Book Bal	Tax Adj's	Tax State	Annotation	Tax State 11/18	%Chg
108-21-18-52700 SRF02 Books & Periodicals	80.00	0.00	80.00	0370 .20A GC	0.00	0.00
108-21-41-63300 SRF02 Travel	176.00	0.00	176.00	0370 .20A GC	426.00	(58.69)
108-21-47-63300 SRF02 Travel	428.00	0.00	428.00	0370 .20A GC	76.00	463.16
108 Hope Creek Care Center	628,321.00	0.00	628,321.00		691,105.00	(9.08)
A0042 Administrative and General - Other	628,321.00	0.00	628,321.00		691,105.00	(9.08)
108-21-10-65100 SRF02 Bad debt expenses	0.00	0.00	0.00	0370 .20A GC	1.00	(100.00)
108-21-10-87100 SRF02 Principal	1,170,000.00	0.00	1,170,000.00	5001 .00	665,000.00	75.94
108-21-15-52100 SRF02 Office Supplies	0.00	0.00	0.00	0370 .20A GC	25.00	(100.00)
108-21-15-52200 SRF02 Operating Supplies	265.00	0.00	265.00	0370 .20A GC	1,568.00	(83.10)
108-21-15-52600 SRF02 Food Purchases	303.00	0.00	303.00	0370 .20A GC	858.00	(64.69)
108-21-15-63000 SRF02 Training & Education	0.00	0.00	0.00	0370 .20A GC	750.00	(100.00)
108-21-15-63100 SRF02 Professional Services	3,900.00	0.00	3,900.00	0370 .20A GC	6,616.00	(41.05)
108-21-15-63200 SRF02 Communications	0.00	0.00	0.00	0370 .20A GC	4,923.00	(100.00)
108-21-15-63300 SRF02 Travel	219.00	0.00	219.00	0370 .20A GC	1.00	21800.00
108-21-15-63400 SRF02 Publishing	5,955.00	0.00	5,955.00	0370 .20A GC	5,513.00	8.02
108-21-15-63500 SRF02 Printing & Duplicating	0.00	0.00	0.00	0370 .20A GC	2,253.00	(100.00)
108-21-15-64200 SRF02 Dues & memberships	0.00	0.00	0.00	0370 .20A GC	10.00	(100.00)
108-21-41-64200 SRF02 Dues & memberships	124.00	0.00	124.00	0370 .20A GC	0.00	0.00
108 Hope Creek Care Center	1,180,766.00	0.00	1,180,766.00		687,518.00	71.74
A0043 Total G & A-non-related	1,180,766.00	0.00	1,180,766.00		687,518.00	71.74
108-21-18-41100 SRF02 Salaries and wages	178,959.00	0.00	178,959.00	8102 8101	200,013.00	(10.53)
108-21-18-41200 SRF02 Overtime	7,631.00	0.00	7,631.00	8102 8101	2,784.00	174.10
108 Hope Creek Care Center	186,590.00	0.00	186,590.00		202,797.00	(7.99)
A0051 Plant Operation, Maintenance - Salaries	186,590.00	0.00	186,590.00		202,797.00	(7.99)
108-21-18-41700 SRF02 Tool Allowance	0.00	0.00	0.00	0370 .20A GC	100.00	(100.00)
108-21-18-52200 SRF02 Operating Supplies	12,954.00	0.00	12,954.00	0370 .20A GC	25,818.00	(49.83)
108-21-18-52300 SRF02 Repair/Maintenance Supplies	18,256.00	0.00	18,256.00	0370 .20A GC	15,093.00	20.96
108-21-18-52400 SRF02 Small Tools & Equip under \$1,000	3,195.00	0.00	3,195.00	0370 .20A GC	2,939.00	8.71
108-21-18-63000 SRF02 Training & Education	1,040.00	0.00	1,040.00	0370 .20A GC	0.00	0.00
108-21-18-63100 SRF02 Professional Services	22,627.00	0.00	22,627.00	0370 .20A GC	24,322.00	(6.97)
108-21-18-63200 SRF02 Communications	480.00	0.00	480.00	0370 .20A GC	480.00	0.00
108-21-18-63300 SRF02 Travel	3,093.00	0.00	3,093.00	0370 .20A GC	4,113.00	(24.80)
108-21-18-63700 SRF02 Public Utility Services	259,592.00	0.00	259,592.00	0370 .20A GC	287,897.00	(9.83)
108-21-18-63800 SRF02 Repairs & Maintenance	11,674.00	0.00	11,674.00	0370 .20A GC	8,787.00	32.86
108-21-18-63900 SRF02 Rentals	175.00	0.00	175.00	0370 .20A GC	88.00	98.86
108-21-18-64200 SRF02 Dues & memberships	0.00	0.00	0.00	0370 .20A GC	13.00	(100.00)
108-21-18-64400 SRF02 Outside Contractual	20,473.00	0.00	20,473.00	0370 .20A GC	28,088.00	(27.11)
108-21-18-76600 SRF02 Building Remodeling over \$5,000	19,875.00	0.00	19,875.00	4001 .00	0.00	0.00
108-21-41-76400 SRF02 Mach & Equipment \$1,000-\$4,999	2,044.00	0.00	2,044.00	4001 .00	0.00	0.00
108-21-42-76400 SRF02 Mach & Equipment \$1,000-\$4,999	3,232.00	0.00	3,232.00	4001 .00	0.00	0.00
108 Hope Creek Care Center	378,710.00	0.00	378,710.00		397,738.00	(4.78)
A0052 Plant Operation, Maintenance - Other	378,710.00	0.00	378,710.00		397,738.00	(4.78)
108-21-43-41100 SRF02 Salaries and wages	244,064.00	0.00	244,064.00	8102 8101	277,374.00	(12.01)
108-21-43-41200 SRF02 Overtime	2,117.00	0.00	2,117.00	8102 8101	220.00	862.27
108 Hope Creek Care Center	246,181.00	0.00	246,181.00		277,594.00	(11.32)
A0061 Laundry and Linen - Salaries	246,181.00	0.00	246,181.00		277,594.00	(11.32)
108-21-43-52200 SRF02 Operating Supplies	11,634.00	0.00	11,634.00	0370 .20A GC	15,561.00	(25.24)
108 Hope Creek Care Center	11,634.00	0.00	11,634.00		15,561.00	(25.24)

Rock Island County Illinois: 108 Hope Creek Care C
MCR A-2

 Year End: November 30, 2019
 Medicare Trial Balance Detail

Prepared by 1 ICB 5/7/2020	Prepared by 2	Prepared by 3	In-Chrg Review
Manager Review AS23 6/29/2020	Partner Review	Reviewed by 4	Reviewed by 5

Account	Book Bal	Tax Adj's	Tax State	Annotation	Tax State 11/18	%Chg
A0062 Laundry and Linen - Other	11,634.00	0.00	11,634.00		15,561.00	(25.24)
108-21-40-41100 SRF02 Salaries and wages	270,557.00	0.00	270,557.00	<u>8102</u> <u>8101</u>	347,582.00	(22.16)
108-21-40-41200 SRF02 Overtime	2,348.00	0.00	2,348.00	<u>8102</u> <u>8101</u>	332.00	607.23
108 Hope Creek Care Center	272,905.00	0.00	272,905.00		347,914.00	(21.56)
A0071 Housekeeping - Salaries	272,905.00	0.00	272,905.00		347,914.00	(21.56)
108-21-40-52200 SRF02 Operating Supplies	40,503.00	0.00	40,503.00	<u>0370</u> <u>.20A</u> <u>GC</u>	45,223.00	(10.44)
108-21-40-52300 SRF02 Repair/Maintenance Supplies	0.00	0.00	0.00	<u>0370</u> <u>.20A</u> <u>GC</u>	30.00	(100.00)
108-21-40-52400 SRF02 Small Tools & Equip under \$1,000	0.00	0.00	0.00	<u>0370</u> <u>.20A</u> <u>GC</u>	481.00	(100.00)
108-21-40-63100 SRF02 Professional Services	3,905.00	0.00	3,905.00	<u>0370</u> <u>.20A</u> <u>GC</u>	4,035.00	(3.22)
108-21-40-63900 SRF02 Rentals	620.00	0.00	620.00	<u>0370</u> <u>.20A</u> <u>GC</u>	1,300.00	(52.31)
108 Hope Creek Care Center	45,028.00	0.00	45,028.00		51,069.00	(11.83)
A0072 Housekeeping - Other	45,028.00	0.00	45,028.00		51,069.00	(11.83)
108-21-42-41100 SRF02 Salaries and wages	584,363.00	0.00	584,363.00	<u>8102</u> <u>8101</u>	663,140.00	(11.88)
108-21-42-41200 SRF02 Overtime	24,257.00	0.00	24,257.00	<u>8102</u> <u>8101</u>	31,823.00	(23.78)
108 Hope Creek Care Center	608,620.00	0.00	608,620.00		694,963.00	(12.42)
A0081 Dietary - Salaries	608,620.00	0.00	608,620.00		694,963.00	(12.42)
108-21-10-52600 SRF02 Food Purchases	2,810.00	0.00	2,810.00	<u>0370</u> <u>.20A</u> <u>GC</u>	191.00	1371.20
108-21-41-52600 SRF02 Food Purchases	4,372.00	0.00	4,372.00	<u>0370</u> <u>.20A</u> <u>GC</u>	4,687.00	(6.72)
108-21-42-52100 SRF02 Office Supplies	1,472.00	0.00	1,472.00	<u>0370</u> <u>.20A</u> <u>GC</u>	3,096.00	(52.45)
108-21-42-52200 SRF02 Operating Supplies	52,657.00	0.00	52,657.00	<u>0370</u> <u>.20A</u> <u>GC</u>	59,104.00	(10.91)
108-21-42-52400 SRF02 Small Tools & Equip under \$1,000	0.00	0.00	0.00	<u>0370</u> <u>.20A</u> <u>GC</u>	1,132.00	(100.00)
108-21-42-52600 SRF02 Food Purchases	196,428.00	0.00	196,428.00	<u>0370</u> <u>.20A</u> <u>GC</u>	209,451.00	(6.22)
108-21-42-526BR SRF02 Bread	20,263.00	0.00	20,263.00	<u>0370</u> <u>.20A</u> <u>GC</u>	19,047.00	6.38
108-21-42-526CF SRF02 Coffee	13,983.00	0.00	13,983.00	<u>0370</u> <u>.20A</u> <u>GC</u>	11,004.00	27.07
108-21-42-526FS SRF02 Feeding Supplmen	28,218.00	0.00	28,218.00	<u>0370</u> <u>.20A</u> <u>GC</u>	30,360.00	(7.06)
108-21-42-526ML SRF02 Milk	25,112.00	0.00	25,112.00	<u>0370</u> <u>.20A</u> <u>GC</u>	18,974.00	32.35
108-21-42-526MT SRF02 Meat	88,859.00	0.00	88,859.00	<u>0370</u> <u>.20A</u> <u>GC</u>	99,344.00	(10.55)
108-21-42-526TB SRF02 Tube Feeding	104.00	0.00	104.00	<u>0370</u> <u>.20A</u> <u>GC</u>	69.00	50.72
108-21-42-63000 SRF02 Training & Education	983.00	0.00	983.00	<u>0370</u> <u>.20A</u> <u>GC</u>	941.00	4.46
108-21-42-63100 SRF02 Professional Services	3,234.00	0.00	3,234.00	<u>0370</u> <u>.20A</u> <u>GC</u>	3,218.00	0.50
108-21-42-63500 SRF02 Printing & Duplicating	0.00	0.00	0.00	<u>0370</u> <u>.20A</u> <u>GC</u>	30.00	(100.00)
108-21-42-63800 SRF02 Repairs & Maintenance	703.00	0.00	703.00	<u>0370</u> <u>.20A</u> <u>GC</u>	0.00	0.00
108-21-42-64400 SRF02 Outside Contractual	22,410.00	0.00	22,410.00	<u>0370</u> <u>.20A</u> <u>GC</u>	19,377.00	15.65
108-21-47-52600 SRF02 Food Purchases	2,690.00	0.00	2,690.00	<u>0370</u> <u>.20A</u> <u>GC</u>	2,390.00	12.55
108 Hope Creek Care Center	464,298.00	0.00	464,298.00		482,415.00	(3.76)
A0082 Dietary - Other	464,298.00	0.00	464,298.00		482,415.00	(3.76)
108-21-41-52200 SRF02 Operating Supplies	112,405.00	0.00	112,405.00	<u>0370</u> <u>.20A</u> <u>GC</u>	114,857.00	(2.13)
108-21-41-522UP SRF02 Underpads	47,724.00	0.00	47,724.00	<u>0370</u> <u>.20A</u> <u>GC</u>	55,309.00	(13.71)
108-21-41-52300 SRF02 Repair/Maintenance Supplies	133.00	0.00	133.00	<u>0370</u> <u>.20A</u> <u>GC</u>	0.00	0.00
108-21-41-52400 SRF02 Small Tools & Equip under \$1,000	2,274.00	0.00	2,274.00	<u>0370</u> <u>.20A</u> <u>GC</u>	12,538.00	(81.86)
108-21-41-52700 SRF02 Books & Periodicals	79.00	0.00	79.00	<u>0370</u> <u>.20A</u> <u>GC</u>	113.00	(30.09)
108-21-41-63000 SRF02 Training & Education	3,684.00	0.00	3,684.00	<u>0370</u> <u>.20A</u> <u>GC</u>	1,084.00	239.85
108-21-41-631AM SRF02 Ambulance	0.00	0.00	0.00	<u>0370</u> <u>.20A</u> <u>GC</u>	(50.00)	(100.00)
108-21-41-631MW SRF02 Medical Waste	30,472.00	0.00	30,472.00	<u>0370</u> <u>.20A</u> <u>GC</u>	38,048.00	(19.91)
108-21-41-63200 SRF02 Communications	7.00	0.00	7.00	<u>0906</u> <u>.00</u>	0.00	0.00
108-21-41-63500 SRF02 Printing & Duplicating	0.00	0.00	0.00	<u>0370</u> <u>.20A</u> <u>GC</u>	227.00	(100.00)
108-21-41-63900 SRF02 Rentals	5,090.00	0.00	5,090.00	<u>0370</u> <u>.20A</u> <u>GC</u>	12,326.00	(58.71)
108-21-41-639WC SRF02 Wound Care Rental	0.00	0.00	0.00	<u>0370</u> <u>.20A</u> <u>GC</u>	4,487.00	(100.00)
108 Hope Creek Care Center	201,868.00	0.00	201,868.00		238,939.00	(15.51)

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 Year End: November 30, 2019
 Medicare Trial Balance Detail

Prepared by 1 ICB 5/7/2020	Prepared by 2	Prepared by 3	In-Chrg Review
Manager Review AS23 6/29/2020	Partner Review	Reviewed by 4	Reviewed by 5

Account	Book Bal	Tax Adj's	Tax State	Annotation	Tax State 11/18	%Chg
A0102 Central Services and Supply - Other	201,868.00	0.00	201,868.00		238,939.00	(15.51)
108-21-47-41100 SRF02 Salaries and wages	300,167.00	0.00	300,167.00	<u>8102 8101</u>	342,829.00	(12.44)
108-21-47-41200 SRF02 Overtime	11,829.00	0.00	11,829.00	<u>8102 8101</u>	1,208.00	879.22
108-21-89-41100 SRF02 Salaries and wages	154,706.00	0.00	154,706.00	<u>8102 8101</u>	175,660.00	(11.93)
108-21-89-41200 SRF02 Overtime	1,170.00	0.00	1,170.00	<u>8102 8101</u>	1,715.00	(31.78)
108 Hope Creek Care Center	467,872.00	0.00	467,872.00		521,412.00	(10.27)
A0131 Social Service - Salaries	467,872.00	0.00	467,872.00		521,412.00	(10.27)
108-21-47-52100 SRF02 Office Supplies	38.00	0.00	38.00	<u>0370 .20A GC</u>	25.00	52.00
108-21-47-52200 SRF02 Operating Supplies	1,504.00	0.00	1,504.00	<u>0370 .20A GC</u>	1,878.00	(19.91)
108-21-47-52400 SRF02 Small Tools & Equip under \$1,000	35.00	0.00	35.00	<u>0370 .20A GC</u>	198.00	(82.32)
108-21-47-52700 SRF02 Books & Periodicals	10.00	0.00	10.00	<u>0370 .20A GC</u>	60.00	(83.33)
108-21-47-63100 SRF02 Professional Services	387.00	0.00	387.00	<u>0370 .20A GC</u>	774.00	(50.00)
108-21-47-63500 SRF02 Printing & Duplicating	40.00	0.00	40.00	<u>0370 .20A GC</u>	0.00	0.00
108-21-89-52200 SRF02 Operating Supplies	0.00	0.00	0.00	<u>0370 .20A GC</u>	21.00	(100.00)
108-21-89-63000 SRF02 Training & Education	194.00	0.00	194.00	<u>0370 .20A GC</u>	65.00	198.46
108 Hope Creek Care Center	2,208.00	0.00	2,208.00		3,021.00	(26.91)
A0132 Social Service - Other	2,208.00	0.00	2,208.00		3,021.00	(26.91)
108-21-41-41100 SRF02 Salaries and wages	3,928,073.00	0.00	3,928,073.00	<u>8102 8101</u>	4,804,177.00	(18.24)
108-21-41-41200 SRF02 Overtime	412,676.00	0.00	412,676.00	<u>8102 8101</u>	499,063.00	(17.31)
108 Hope Creek Care Center	4,340,749.00	0.00	4,340,749.00		5,303,240.00	(18.15)
A0301 SNF-Participating-Salaries	4,340,749.00	0.00	4,340,749.00		5,303,240.00	(18.15)
108-21-41-63100 SRF02 Professional Services	1,362,278.00	0.00	1,362,278.00	<u>0370 .20A GC</u>	991,481.00	37.40
108-21-41-631CN SRF02 consultant	2,621.00	0.00	2,621.00	<u>0370 .20A GC</u>	1,451.00	80.63
108-21-41-631MC SRF02 Medicare Visits	497.00	0.00	497.00	<u>0370 .20A GC</u>	1,856.00	(73.22)
108 Hope Creek Care Center	1,365,396.00	0.00	1,365,396.00		994,788.00	37.25
A0302 SNF-Participating-Other	1,365,396.00	0.00	1,365,396.00		994,788.00	37.25
108-21-41-631LA SRF02 Lab	9,426.00	0.00	9,426.00	<u>0370 .20A GC</u>	10,927.00	(13.74)
108 Hope Creek Care Center	9,426.00	0.00	9,426.00		10,927.00	(13.74)
A0412 Laboratory - Other	9,426.00	0.00	9,426.00		10,927.00	(13.74)
108-21-44-631AP SRF02 Part A PT	193,080.00	0.00	193,080.00	<u>1 0370 .20A C</u>	191,967.00	0.58
108-21-44-631BP SRF02 Part B PT	56,939.00	0.00	56,939.00	<u>1 0370 .20A C</u>	48,086.00	18.41
108 Hope Creek Care Center	250,019.00	0.00	250,019.00		240,053.00	4.15
A0442 Physical Therapy - Other	250,019.00	0.00	250,019.00		240,053.00	4.15
108-21-44-41100 SRF02 Salaries and wages	177,009.00	0.00	177,009.00	<u>8102 8101</u>	191,691.00	(7.66)
108-21-44-41200 SRF02 Overtime	1,458.00	0.00	1,458.00	<u>8102 8101</u>	1,795.00	(18.77)
108 Hope Creek Care Center	178,467.00	0.00	178,467.00		193,486.00	(7.76)
A0451 Occupational Therapy - Salaries	178,467.00	0.00	178,467.00		193,486.00	(7.76)
108-21-44-52100 SRF02 Office Supplies	0.00	0.00	0.00	<u>0370 .20A GC</u>	68.00	(100.00)
108-21-44-52200 SRF02 Operating Supplies	4,051.00	0.00	4,051.00	<u>0370 .20A GC</u>	1,697.00	138.72
108-21-44-52400 SRF02 Small Tools & Equip under \$1,000	(277.00)	0.00	(277.00)	<u>0370 .20A GC</u>	589.00	(147.03)
108-21-44-63000 SRF02 Training & Education	476.00	0.00	476.00	<u>0370 .20A GC</u>	261.00	82.38
108-21-44-631AO SRF02 Part A OT	171,735.00	0.00	171,735.00	<u>1 0370 .20A C</u>	191,459.00	(10.30)
108-21-44-631BO SRF02 Part B OT	34,918.00	0.00	34,918.00	<u>1 0370 .20A C</u>	33,669.00	3.71
108 Hope Creek Care Center	210,903.00	0.00	210,903.00		227,743.00	(7.39)

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 Year End: November 30, 2019
 Medicare Trial Balance Detail

Prepared by 1 ICB 5/7/2020	Prepared by 2	Prepared by 3	In-Chrg Review
Manager Review AS23 6/29/2020	Partner Review	Reviewed by 4	Reviewed by 5

Account	Book Bal	Tax Adj's	Tax State	Annotation	Tax State 11/18	%Chg
A0452 Occupational Therapy - Other	210,903.00	0.00	210,903.00		227,743.00	(7.39)
108-21-44-631AS SRF02 Part A ST	83,419.00	0.00	83,419.00	¹ 0370.20A C	73,252.00	13.88
108-21-44-631BS SRF02 Part B ST	19,925.00	0.00	19,925.00	¹ 0370.20A C	12,295.00	62.06
108 Hope Creek Care Center	103,344.00	0.00	103,344.00		85,547.00	20.80
A0462 Speech Pathology - Other	103,344.00	0.00	103,344.00		85,547.00	20.80
108-21-41-522WC SRF02 Wound Care Supplies	4,911.00	0.00	4,911.00	0370.20A GC	12,810.00	(61.66)
108-21-41-639OX SRF02 Oxygen	17,933.00	0.00	17,933.00	0370.20A GC	15,158.00	18.31
108 Hope Creek Care Center	22,844.00	0.00	22,844.00		27,968.00	(18.32)
A0482 Medical Supplies charged to patients	22,844.00	0.00	22,844.00		27,968.00	(18.32)
108-21-41-522DR SRF02 Drugs	231,393.00	0.00	231,393.00	0370.20A GC	252,772.00	(8.46)
108 Hope Creek Care Center	231,393.00	0.00	231,393.00		252,772.00	(8.46)
A0492 Drugs charged to patients	231,393.00	0.00	231,393.00		252,772.00	(8.46)
108-00-00-10100 SRF02 Cash	5,547.00	0.00	5,547.00	1001.00	52,191.00	(89.37)
108-00-00-10111 SRF02 Working Cash	901.00	0.00	901.00	1001.00	901.00	0.00
108-00-00-10200 SRF02 Petty Cash	100.00	0.00	100.00	1001.00	100.00	0.00
108 Hope Creek Care Center	6,548.00	0.00	6,548.00		53,192.00	(87.69)
G0012 Cash on hand and in banks	6,548.00	0.00	6,548.00		53,192.00	(87.69)
108-00-00-15100 SRF02 Investments	598,000.00	0.00	598,000.00	1001.00	204,000.00	193.14
108 Hope Creek Care Center	598,000.00	0.00	598,000.00		204,000.00	193.14
G0022 Temporary investments	598,000.00	0.00	598,000.00		204,000.00	193.14
108-00-00-11500 SRF02 Accounts Receivable	907,170.00	0.00	907,170.00	1507.00	1,470,877.00	(38.32)
108-00-00-11510 SRF02 Due from the State of Illinois	1,021,154.00	0.00	1,021,154.00	1507.00	1,274,313.00	(19.87)
108-00-00-11514 SRF02 Fees Receivable	64,980.00	0.00	64,980.00	NS	11,526.00	463.77
108-00-00-11700 SRF02 Est. Uncoll. Receivables	(570,420.00)	0.00	(570,420.00)	1507.00	(1,239,478.00)	(53.98)
108-00-00-11701 SRF02 Est. Uncoll. Due From	(631,154.00)	0.00	(631,154.00)	1507.00	(1,337,252.00)	(52.80)
108 Hope Creek Care Center	791,730.00	0.00	791,730.00		179,986.00	339.88
G0042 Accounts receivable	791,730.00	0.00	791,730.00		179,986.00	339.88
108-00-00-11520 SRF02 Receivables from other funds transfers	82,885.00	0.00	82,885.00	6002.00	91,115.00	(9.03)
108-00-00-11550 SRF02 A/R NSF Checks/stop payments	30,974.00	0.00	30,974.00	NS	30,974.00	0.00
108-00-00-13200 SRF02 Due from Other Gov't. Unit	606,076.00	0.00	606,076.00	1507.00	696,890.00	(13.03)
108-00-00-13500 SRF02 Int. Rec. on Investments	925.00	0.00	925.00	NS	126.00	634.13
108 Hope Creek Care Center	720,860.00	0.00	720,860.00		819,105.00	(11.99)
G0052 Other receivables	720,860.00	0.00	720,860.00		819,105.00	(11.99)
108-00-00-15500 SRF02 Prepaid Expenditures	1,969.00	0.00	1,969.00	NS	172.00	1044.77
108 Hope Creek Care Center	1,969.00	0.00	1,969.00		172.00	1044.77
G0082 Prepaid expenses	1,969.00	0.00	1,969.00		172.00	1044.77
108-00-00-20200 SRF02 Accounts Payable	(1,451,740.00)	0.00	(1,451,740.00)	6002.00	(1,312,323.00)	10.62
108-00-00-20255 SRF02 Contra Accounts Payable non-prepaid entries:	1,960.00	0.00	1,960.00	6002.00	0.00	0.00
108 Hope Creek Care Center	(1,449,780.00)	0.00	(1,449,780.00)		(1,312,323.00)	10.47
G0352 Accounts payable	(1,449,780.00)	0.00	(1,449,780.00)		(1,312,323.00)	10.47

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 Year End: November 30, 2019
 Medicare Trial Balance Detail

Prepared by 1 ICB 5/7/2020	Prepared by 2	Prepared by 3	In-Chrg Review
Manager Review AS23 6/29/2020	Partner Review	Reviewed by 4	Reviewed by 5

Account	Book Bal	Tax Adj's	Tax State	Annotation	Tax State 11/18	%Chg
108-00-00-21600 SRF02 Accrued Payroll 108 Hope Creek Care Center	(302,060.00) (302,060.00)	0.00 0.00	(302,060.00) (302,060.00)	<u>8203</u>	(311,791.00) (311,791.00)	(3.12) (3.12)
G0362 Salaries, wages and fees payable	(302,060.00)	0.00	(302,060.00)		(311,791.00)	(3.12)
108-00-00-22320 SRF02 Deferred Revenue 108 Hope Creek Care Center	(700,930.00) (700,930.00)	0.00 0.00	(700,930.00) (700,930.00)	<u>1507.00</u>	(350,900.00) (350,900.00)	99.75 99.75
G0392 Deferred income	(700,930.00)	0.00	(700,930.00)		(350,900.00)	99.75
108-00-00-20700 SRF02 Due Other Funds 108-00-00-20720 SRF02 Due other funds - transfers 108 Hope Creek Care Center	(3,357,268.00) 0.00 (3,357,268.00)	0.00 0.00 0.00	(3,357,268.00) 0.00 (3,357,268.00)	<u>NS</u> <u>0907</u> <u>0906</u>	(87,000.00) (1,894,185.00) (1,981,185.00)	3758.93 (100.00) 69.46
G0412 Due to other funds	(3,357,268.00)	0.00	(3,357,268.00)		(1,981,185.00)	69.46
108-00-00-21810 SRF02 Rev/Tax anticipation loan payable 108-00-00-22000 SRF02 Deposits 108-00-00-22150 SRF02 Unclaimed Voucher Checks 108-00-00-22151 SRF02 Unclaimed Payroll Checks 108 Hope Creek Care Center	(1,900,000.00) (400.00) (2,911.00) (1,149.00) (1,904,460.00)	0.00 0.00 0.00 0.00 0.00	(1,900,000.00) (400.00) (2,911.00) (1,149.00) (1,904,460.00)	<u>5003.00</u> <u>6003.00</u> <u>6003.00</u> <u>6003.00</u>	(1,382,000.00) (400.00) (2,914.00) (1,152.00) (1,386,466.00)	37.48 0.00 (0.10) (0.26) 37.36
G0422 Other current liabilities	(1,904,460.00)	0.00	(1,904,460.00)		(1,386,466.00)	37.36
108-00-00-27100 SRF02 Fund Balance 108 Hope Creek Care Center	4,086,203.00 4,086,203.00	0.00 0.00	4,086,203.00 4,086,203.00		2,418,233.00 2,418,233.00	68.97 68.97
G0522 General Fund Balance	4,086,203.00	0.00	4,086,203.00		2,418,233.00	68.97
108-21-00-33220 SRF02 Medicare A 108-21-00-33561 SRF02 Public aid medicaid 108-21-00-34600 SRF02 Medicare co-ins IPA 108-21-00-34601 SRF02 Medicare co-ins Private 108-21-00-34602 SRF02 Patient fees 108-21-00-34603 SRF02 I P A resident fees 108-21-00-34606 SRF02 VA Revenues 108 Hope Creek Care Center	(1,525,887.00) (3,623,062.00) (66.00) (72,135.00) (2,365,367.00) (1,447,811.00) (832,683.00) (9,867,011.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(1,525,887.00) (3,623,062.00) (66.00) (72,135.00) (2,365,367.00) (1,447,811.00) (832,683.00) (9,867,011.00)	<u>1507.00</u> <u>1507.00</u> <u>1507.00</u> <u>1507.00</u> <u>1507.00</u> <u>1507.00</u> <u>1507.00</u>	(1,734,864.00) (3,454,427.00) (397.00) (124,958.00) (2,592,885.00) (1,605,268.00) (746,907.00) (10,259,706.00)	(12.05) 4.88 (83.38) (42.27) (8.77) (9.81) 11.48 (3.83)
G2011 Skilled Nursing Facility-Participating	(9,867,011.00)	0.00	(9,867,011.00)		(10,259,706.00)	(3.83)
108-21-00-33221 SRF02 Medicare B 108 Hope Creek Care Center	(82,175.00) (82,175.00)	0.00 0.00	(82,175.00) (82,175.00)	<u>1507.00</u>	(142,723.00) (142,723.00)	(42.42) (42.42)
G2440 Physical Therapy-Other	(82,175.00)	0.00	(82,175.00)		(142,723.00)	(42.42)
108-21-00-34631 SRF02 Medical supplies 108 Hope Creek Care Center	(56.00) (56.00)	0.00 0.00	(56.00) (56.00)	<u>1507.00</u>	(7,212.00) (7,212.00)	(99.22) (99.22)
G2480 Medical Supplies-Other	(56.00)	0.00	(56.00)		(7,212.00)	(99.22)
108-21-00-36110 SRF02 Investment earnings 108 Hope Creek Care Center	(7,956.00) (7,956.00)	0.00 0.00	(7,956.00) (7,956.00)	<u>NS</u>	(3,017.00) (3,017.00)	163.71 163.71
G3071 Income from Investments	(7,956.00)	0.00	(7,956.00)		(3,017.00)	163.71
108-21-10-33858 SRF02 Phone Reimbursements from Reside 108 Hope Creek Care Center	(1,177.00) (1,177.00)	0.00 0.00	(1,177.00) (1,177.00)	<u>1507.00</u>	(2,628.00) (2,628.00)	(55.21) (55.21)

Rock Island County Illinois: 108 Hope Creek Care C
MCR A-6

 Year End: November 30, 2019
 Medicare Trial Balance Detail

Prepared by 1 IC8 5/7/2020	Prepared by 2	Prepared by 3	In-Chrg Review
Manager Review AS23 6/29/2020	Partner Review	Reviewed by 4	Reviewed by 5

Account	Book Bal	Tax Adj's	Tax State	Annotation	Tax State 11/18	%Chg
G3081 Revenue from Telephone and Telegraph Se	(1,177.00)	0.00	(1,177.00)		(2,628.00)	(55.21)
108-21-10-33859 SRF02 Cable Reimbursement 108 Hope Creek Care Center	(6,941.00)	0.00	(6,941.00)	<u>1507.00</u>	(7,608.00)	(8.77)
(6,941.00)	0.00	(6,941.00)			(7,608.00)	(8.77)
G3091 Revenue from Television and Radio Serv	(6,941.00)	0.00	(6,941.00)		(7,608.00)	(8.77)
108-21-00-34632 SRF02 Laundry 108 Hope Creek Care Center	(2,981.00)	0.00	(2,981.00)	<u>1507.00</u>	(3,578.00)	(16.69)
(2,981.00)	0.00	(2,981.00)			(3,578.00)	(16.69)
G3131 Revenue from Laundry and Linen Service	(2,981.00)	0.00	(2,981.00)		(3,578.00)	(16.69)
108-21-00-34637 SRF02 Guest Meals 108 Hope Creek Care Center	(7,782.00)	0.00	(7,782.00)	<u>NS</u>	(156.00)	4888.46
(7,782.00)	0.00	(7,782.00)			(156.00)	4888.46
G3141 Revenue from Meals Sold to Employees	(7,782.00)	0.00	(7,782.00)		(156.00)	4888.46
108-21-00-33222 SRF02 Enteral feeding medicare	(277.00)	0.00	(277.00)	<u>1507.00</u>	0.00	0.00
108-21-00-33563 SRF02 IGT- Inter governmental transfer funds	(621,646.00)	0.00	(621,646.00)	<u>1502.00</u>	(640,161.00)	(2.89)
108-21-00-34633 SRF02 Diapers	(5,915.00)	0.00	(5,915.00)	<u>1507.00</u>	(2,214.00)	167.16
108-21-00-34634 SRF02 Transportation charge	(1,562.00)	0.00	(1,562.00)	<u>1507.00</u>	(1,929.00)	(19.03)
108-21-00-34636 SRF02 CPR Training fees	(4,160.00)	0.00	(4,160.00)	<u>NS</u>	(40.00)	0300.00
108-21-00-36993 SRF02 Refunds/rebates for prior years	(2,450.00)	0.00	(2,450.00)	<u>NS</u>	(37,235.00)	(93.42)
108-21-00-36994 SRF02 Miscellaneous - other revenue	(5,037.00)	0.00	(5,037.00)	<u>NS</u>	(195.00)	2483.08
108-21-00-39135 SRF02 Transfer from nurse home taxlevy	(2,646,237.00)	0.00	(2,646,237.00)	<u>0906</u>	(2,643,123.00)	0.12
108-21-00-39210 SRF02 Sales of capital assets	0.00	0.00	0.00	<u>4001.00</u>	(9,018.00)	(100.00)
108-21-00-39211 SRF02 Sales of junk or salvage value	(94.00)	0.00	(94.00)	<u>NS</u>	(303.00)	(68.98)
108-21-10-99100 SRF02 Transfer to General Fund	694,134.00	0.00	694,134.00	<u>0906</u>	694,134.00	0.00
108-21-10-99120 SRF02 Transfer of Medicare cost overpayment prior	0.00	0.00	0.00	<u>0370.20A GC</u>	74,008.00	(100.00)
108 Hope Creek Care Center	(2,593,244.00)	0.00	(2,593,244.00)		(2,566,076.00)	1.06
G3242 Other revenue	(2,593,244.00)	0.00	(2,593,244.00)		(2,566,076.00)	1.06
	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>		<u>0.00</u>	<u>0.00</u>
Net Income (Loss)	(1,509,187.00)		(1,509,187.00)		(1,667,977.00)	(9.52)

1. RSM notes this expense relates to one of the different rehab services Hope Creek provides. Services are offered to current Hope Creek residents as well as referrals from other hospitals.

A-6 Reclassifications

Reclass	Reclass Name	Ref.	Increases				Decreases			
			Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary
			2.00		4.00	5.00	6.00		8.00	9.00
A	Reclass Nursing Admin	S-3 Pt II.1 MCD Pd Hrs	NURSING ADMINISTRATION	9.00	112,133.00		SKILLED NURSING FACILITY	30.00	112,133.00	
A										
A										
A										
A										
A										
A										
A										
A										
A										
A										
B	Reclass Radiology	Wkst C	RADIOLOGY	40.00	2,610.00		CENTRAL SERVICES & SUPPLY	10.00	2,610.00	
B										
B										
B										
B										
B										
B										
B										
B										
B										
B										
B										
B										
B										
B										
B										
Totals				112,133	2,610			112,133	2,610	

ADJUSTMENTS

Line #	Description	Code 1.00	PY Amount	CY Amount	Cost Center 2 3.00	MCR Line #
1	Investment income on restricted funds (chapter 2)	B	(3,017)	(7,956)	CAP REL COSTS - BLDGS & FIXTURES	1.00
2	Trade, quantity, and time discounts (chapter 8)					
3	Refunds and rebates of expenses (chapter 8)					
4	Rental of provider space by suppliers (chapter 8)			-		
5	Telephone services (pay stations excluded) (chapter 21)	B	(2,628)	(1,177)	ADMINISTRATIVE & GENERAL	4.00
6	Television and radio service (chapter 21)	B	(7,608)	(6,941)	ADMINISTRATIVE & GENERAL	4.00
7	Parking lot (chapter 21)					
8	Remuneration applicable to provider-based physician ad	A-8-2				
9	Home office cost (chapter 21)					
10	Sale of scrap, waste, etc. (chapter 23)					
11	Nonallowable costs related to certain Capital expenditures					
12	Adjustment resulting from transactions with related org	A-8-1	2,204,559	1,581,207		
13	Laundry and linen service					
14	Revenue - Employee meals					
15	Cost of meals - Guests	B	(156)	(7,781)	DIETARY	8.00
16	Sale of medical supplies to other than patients	A	(9,426)	(5,971)	CENTRAL SERVICES & SUPPLY	10.00
17	Sale of drugs to other than patients					
18	Sale of medical records and abstracts					
19	Vending machines					
20	Income from imposition of interest, finance or penalty charges					
21	Interest expense on Medicare overpayments					
22	Utilization review--physicians' compensation (chapter 21)				UTILIZATION REVIEW - SNF	82.00
23	Depreciation--buildings and fixtures	A	559,468	561,271	CAP REL COSTS - BLDGS & FIXTURES	1.00
24	Depreciation--movable equipment				CAP REL COSTS - MOVABLE EQUIPMENT	2.00
25	Nonallowable Expenses	A	(687,518)	(1,180,766)	ADMINISTRATIVE & GENERAL	4.00
25.01	Nonallowable Travel	A	-	-	ADMINISTRATIVE & GENERAL	4.00
25.02	Provider Bed Tax	A	474,215	442,949	ADMINISTRATIVE & GENERAL	4.00
25.03	Offset Admissions Coordinator	A	(41,265)	(41,872)	ADMINISTRATIVE & GENERAL	4.00
25.04	Offset Misc Revenue	B	(195)	(5,037)	ADMINISTRATIVE & GENERAL	4.00
25.05	Offset Marketing Salary	A	(33,593)	-	SOCIAL SERVICE	13.00
100	Total		2,452,836	1,327,926		

HOME OFFICE COSTS

Part I

Line #	MCR #	Cost Center	Expense Items	Amount Allowable	Amount	Adjustments
	1	2.00	3.00	4.00	5.00	
1.00	3	EMPLOYEE BENEFITS	Worker's Comp	86,255		86,255
2.00	3	EMPLOYEE BENEFITS	IMRF	877,945		877,945
3.00	4	ADMINISTRATIVE & GENERAL	Welfare Committee	12,326		12,326
4.00	4	ADMINISTRATIVE & GENERAL	Risk Management	229,243		229,243
5.00	4	ADMINISTRATIVE & GENERAL	General Management	12,612		12,612
6.00	4	ADMINISTRATIVE & GENERAL	Auditor	23,111		23,111
7.00	4	ADMINISTRATIVE & GENERAL	Information Systems	46,844		46,844
8.00	4	ADMINISTRATIVE & GENERAL	Treasurer	295		295
9.00	4	ADMINISTRATIVE & GENERAL	County Board	58,463		58,463
9.01	5	PLANT OPERATION, MAINT. & REPAIRS	County Buildings	258		258
9.02	3	EMPLOYEE BENEFITS	FICA	233,855		233,855
9.03						-
9.04						-
9.05						-
9.06						-
9.07						-
9.08						-
9.09						-
9.10						-
9.11						-
9.12						-
9.13						-
9.14						-
9.15						-
9.16						-
9.17						-
9.18						-
9.19						-
9.20						-
9.21						-
9.22						-
9.23						-
9.24						-
9.25						-
10.00		TOTAL		1,581,207	-	1,581,207

Part II

Line #	Symbol	Name	% of Ownership	Name	Related Organization	Type of Business
	1.00	2.00	3.00	4.00	% of Ownership	5.00
1	G	Rock Island County	100	Rock Island County		County Government
2						
3						
4						
5						
6						
7						
8						
9						
10						
10.01						
10.02						
10.03						
10.04						
10.05						
10.06						
10.07						
10.08						
10.09						
10.1						

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

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

	Total	Medicare	Variance
	2.00		
	C.1	PS&R	
40 RADIOLOGY	2,610	2,610	-
41 LABORATORY	9,393	9,393	-
42 INTRAVENOUS THERAPY	-	-	-
43 OXYGEN (INHALATION) THERAPY	-	-	-
44 PHYSICAL THERAPY	273,914	191,739	82,175
45 OCCUPATIONAL THERAPY	190,675	190,675	-
46 SPEECH PATHOLOGY	119,930	119,930	-
47 ELECTRO CARDIOLOGY	-	-	-
48 MEDICAL SUPPLIES CHARGED TO PATIENTS	76	20	56
49 DRUGS CHARGED TO PATIENTS	157,610	157,610	-
50 DENTAL CARE - TITLE XIX ONLY	-	-	-
51 SUPPORT SURFACES	-	-	-
52 OTHER ANCILLARY	-	-	-
60 CLINIC	-	-	-
61 RURAL HEALTH CLINIC	-	-	-
62 FQHC	-	-	-
63 OTHER OUTPATIENT SERVICE COST	-	-	-
71 AMBULANCE	-	-	-
Total Ancillary Part A	754,208	671,977	82,231

REVENUE

DESCRIPTION	NEW MCR LN #	Unadjusted PART A	Unadjusted OTHER	Reclassifications		Adjustments		Total		TOTAL
				PART A	OTHER	PART A	OTHER	PART A	OTHER	
	PS&R	WTB								
RADIOLOGY	40.00	2,610	-					2,610	-	2,610
LABORATORY	41.00	9,393	-					9,393	-	9,393
INTRAVENOUS THERAPY	42.00	-	-					-	-	-
OXYGEN (INHALATION) THERAPY	43.00	-	-					-	-	-
PHYSICAL THERAPY	44.00	191,739	82,175					191,739	82,175	273,914
OCCUPATIONAL THERAPY	45.00	190,675	-					190,675	-	190,675
SPEECH PATHOLOGY	46.00	119,930	-					119,930	-	119,930
ELECTRO CARDIOLOGY	47.00	-	-					-	-	-
MEDICAL SUPPLIES CHARGED TO PAT	48.00	20	56					20	56	76
DRUGS CHARGED TO PATIENTS	49.00	157,610	-					157,610	-	157,610
DENTAL CARE - TITLE XIX ONLY	50.00	-	-					-	-	-
SUPPORT SURFACES	51.00	-	-					-	-	-
OTHER ANCILLARY	52.00	-	-					-	-	-
CLINIC	60.00	-	-					-	-	-
RURAL HEALTH CLINIC	61.00	-	-					-	-	-
FQHC	62.00	-	-					-	-	-
OTHER OUTPATIENT SERVICE COST	63.00	-	-					-	-	-
AMBULANCE	71.00	-						-	-	-
TOTAL		671,977	82,231	-	-	-	-	671,977	82,231	754,208



User ID: GRUY310

Wednesday, July 01, 2020

Success Message

- Success S0000: The cost report submission has been received by the system. Your MAC will determine if it is acceptable and may contact you for additional information or corrections. Refer to the dashboard periodically for the updated status of the cost report.

e-File Cost Report Materials - Confirmation

Cost Report Submission Details

e-Filing ID:	3173943
e-Postmark Date:	07/01/2020 11:41 AM ET
Provider:	14-5269 Hope Creek Care Center
Fiscal Year End:	11/30/2019
Medicare Utilization:	Full
First Cost Report Submission:	Yes
ECR:	SN145269.19A1
Print Image:	PI145269.19A1.pdf
Signed Certification Page:	SN145269.19A1.Encrypted Settlement Signature Page.pdf
IRIS:	No File Submitted
Other:	Hope Creek 2019.zip
Cover Letter:	MCReF Letter to WPS-2.pdf

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