

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 REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED OMB NO. 0938-0463

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT

PROVIDER NO 14-5269

PERIOD FROM 12/1/2009 TO 11/30/2010 WORKSHEET S PARTS I & II

INTERMEDIARY USE ONLY:

AUDITED / DESK REVIEWED

DATE RECEIVED / INTERMEDIARY NO.

INITIAL [] RE-OPENED [] FINAL []

PART I - CERTIFICATION

[X] ELECTRONIC FILED COST REPORT [] MANUALLY SUBMITTED COST REPORT

DATE: 4/28/2011 TIME: 8:19

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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: (PROVIDER NAME(S) AND NUMBER(S))

HOPE CREEK CARE CENTER 14-5269 FOR THE COST REPORT PERIOD BEGINNING 12/01/2009 AND ENDING 11/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, TITLE XVIII, B, TITLE XIX, 1, 2, 3, 4. Rows include SKILLED NURSING FACILITY, NURSING FACILITY, ICF/MR, SNF-BASED HHA, and TOTAL.

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 64 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

SKILLED NURSING FACILITY HEALTH CARE COMPLEX
STATISTICAL DATA

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 TO 11/30/2010
WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	TITLE V 3	INPATIENT DAYS		OTHER 6
					TITLE XVIII 4	TITLE XIX 5	
1	SKILLED NURSING FACILITY	245	89,425		7,750	55,594	23,161
5	HOME HEALTH AGENCY						
9	TOTAL	245	89,425		7,750	55,594	23,161
10	AMBULANCE TRIPS (12/01/20)						

	COMPONENT	INPAT DAYS TOTAL 7	DISCHARGES				TOTAL 12
			TITLE V 8	TITLE XVIII 9	TITLE XIX 10	OTHER 11	
1	SKILLED NURSING FACILITY	86,505	224	102	191	517	
5	HOME HEALTH AGENCY						
9	TOTAL	86,505	224	102	191	517	
10	AMBULANCE TRIPS (12/01/20)						

	COMPONENT	TITLE V 13	AVERAGE LENGTH OF STAY		TOTAL 16	ADMISSIONS	
			TITLE XVIII 14	TITLE XIX 15		TITLE V 17	TITLE XVIII 18
1	SKILLED NURSING FACILITY		34.60	545.04	167.32	387	
5	HOME HEALTH AGENCY						
9	TOTAL		34.60	545.04	167.32	387	
10	AMBULANCE TRIPS (12/01/20)						

	COMPONENT	TITLE XIX 19	ADMISSIONS		FULL TIME EQUIVALENT EMPLOYEES ON PAYROLL	
			OTHER 20	TOTAL 21	NONPAID WORKERS 23	
1	SKILLED NURSING FACILITY	60	74	521	257.62	
5	HOME HEALTH AGENCY					
9	TOTAL	60	74	521	257.62	
10	AMBULANCE TRIPS (12/01/20)					

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 TOTAL SALARY	8,015,699		8,015,699	535,848.00	14.96	
2 PHYSICIAN SALARIES - PART A						
3 PHYSICIAN SALARIES - PART B						
4 INTERNS & RESIDENTS (APPROVED)						
5 HOME OFFICE PERSONNEL						
6 SUM OF LINES 2 THRU 5						
7 REVISED WAGES (L1 MINUS L6)	8,015,699		8,015,699	535,848.00	14.96	
8 OTHER LONG TERM CARE						
9 OTHER INPATIENT ROUTINE SERVICE						
10 INTERNS & RESIDENTS (NOT IN APPROVED PRGM)						
11 HHA						
12 CORF AND CMHC						
13 HOSPICE						
14 NON-REIMBURSABLE						
15 TOTAL EXCLUDED SALARY						
16 SUBTOTAL	8,015,699		8,015,699	535,848.00	14.96	
17 CONTRACT LABOR: PATIENT	1,162,228		1,162,228	15,501.00	74.98	CMS 339
18 HOME OFFICE SALARIES & WAGE RELATED COSTS						
19 WAGE RELATED COSTS (CORE)	2,763,082		2,763,082			CMS 339
20 WAGE RELATED COSTS (OTHER)						CMS 339
21 WAGE RELATED COSTS (EXCLUDED)						CMS 339
22 SUBTOTAL	2,763,082		2,763,082		.3447	
23 TOTAL	11,941,009		11,941,009	551,349.00	21.66	
24 CONTRACT LABOR: PHYSICIAN SERVICES PART A						

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5
1	EMPLOYEE BENEFITS				
2	ADMINISTRATIVE & GENERAL		311,308	16,331.00	19.06
3	PLANT OPERATION, MAINT. & REPAIRS		271,228	13,319.00	20.36
4	LAUNDRY & LINEN SERVICE		263,153	17,428.00	15.10
5	HOUSEKEEPING		405,262	21,924.00	18.48
6	DIETARY		719,302	48,263.00	14.90
7	NURSING ADMINISTRATION	55,105	55,105	4,206.00	13.10
8	CENTRAL SERVICES & SUPPLY				
9	PHARMACY				
10	MEDICAL RECORDS & LIBRARY				
11	SOCIAL SERVICE		120,361	13,535.00	8.89
12	INTERNS & RESIDENTS (APPRVD PROG)				
13	OTHER GENERAL SERVICES				
14	TOTAL (SUM LINES 1 THRU 13)		2,145,719	135,006.00	15.89

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 TO 11/30/2010
WORKSHEET S-7 PART IV

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.02	4.03
1	2	3	3.01	4	4.01	4.02		4.03
001	RUC		404					
002	RUB		1,803					
003	RUA		529					
003 .01	RUX		319					
003 .02	RUL		711					
004	RVC		554					
005	RVB		944					
006	RVA		420					
006 .01	RVX		342					
006 .02	RVL		411					
007	RHC		450					
008	RHB		97					
009	RHA		90					
009 .01	RHX							
009 .02	RHL							
010	RMC		55					
011	RMB		54					
012	RMA		16					
012 .01	RMX		268					
012 .02	RML		157					
013	RLB		4					
014	RLA							
014 .01	RLX							
015	SE3							
016	SE2		18					
017	SE1		6					
018	SSC		13					
019	SSB							
020	SSA		10					
021	CC2							
022	CC1							
023	CB2		10					
024	CB1							
025	CA2							
026	CA1							
027	IB2							
028	IB1							
029	IA2							
030	IA1							
031	BB2							
032	BB1							
033	BA2							
034	BA1							
035	PE2							
036	PE1							
037	PD2		5					
038	PD1		6					
039	PC2		1					
040	PC1		14					
041	PB2							
042	PB1		30					
043	PA2							
044	PA1							
045	AAA		9					
045 .01	ES3							
045 .02	ES2							
045 .03	ES1							
045 .04	HE2							
045 .05	HE1							
045 .06	HD2							
045 .07	HD1							
045 .08	HC2							
045 .09	HC1							
045 .10	HB2							
045 .11	HB1							
045 .12	LE2							
045 .13	LE1							
045 .14	LD2							
045 .15	LD1							
045 .16	LC2							
045 .17	LC1							
045 .18	LB2							
045 .19	LB1							
045 .20	CE2							
045 .21	CE1							
045 .22	CD2							
045 .23	CD1							
046	TOTAL		7,750					

(1) The RUG III category represents the PPS period. Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on or after October 1st.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 TO 11/30/2010
WORKSHEET S-7
PART IV

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8284
 Wage Index Factor (after 10/01): 0.8400
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : 19340

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	TOTAL
1	2	4.05	5
001	RUC		
002	RUB		
003	RUA		
003 .01	RUX		
003 .02	RUL		
004	RVC		
005	RVB		
006	RVA		
006 .01	RVX		
006 .02	RVL		
007	RHC		
008	RHB		
009	RHA		
009 .01	RHX		
009 .02	RHL		
010	RMC		
011	RMB		
012	RMA		
012 .01	RMX		
012 .02	RML		
013	RLB		
014	RLA		
014 .01	RLX		
015	SE3		
016	SE2		
017	SE1		
018	SSC		
019	SSB		
020	SSA		
021	CC2		
022	CC1		
023	CB2		
024	CB1		
025	CA2		
026	CA1		
027	IB2		
028	IB1		
029	IA2		
030	IA1		
031	BB2		
032	BB1		
033	BA2		
034	BA1		
035	PE2		
036	PE1		
037	PD2		
038	PD1		
039	PC2		
040	PC1		
041	PB2		
042	PB1		
043	PA2		
044	PA1		
045	AAA		
045 .01	ES3		
045 .02	ES2		
045 .03	ES1		
045 .04	HE2		
045 .05	HE1		
045 .06	HD2		
045 .07	HD1		
045 .08	HC2		
045 .09	HC1		
045 .10	HB2		
045 .11	HB1		
045 .12	LE2		
045 .13	LE1		
045 .14	LD2		
045 .15	LD1		
045 .16	LC2		

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-5269

PERIOD: PREPARED 4/28/2011 (8:19)
FROM 12/1/2009 WORKSHEET S-7
TO 11/30/2010 PART IV

	GROUP(1) 1	M3PI	HIGH COST(2)	TOTAL 5
		REVENUE CODE 2	RUGs DAYS 4.05	
045 .17	LC1			
045 .18	LB2			
045 .19	LB1			
045 .20	CE2			
045 .21	CE1			
045 .22	CD2			
045 .23	CD1			
046	TOTAL			

(2) Enter in column 4.05 those days which are contained in either 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs receive a 20% payment increase added to the total in column 5.

(3) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8284
 Wage Index Factor (after 10/01) : 0.8400
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : 19340

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 WORKSHEET A
TO 11/30/2010

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
GENERAL SERVICE COST CENTERS						
1	0100 CAP REL COSTS - BLDGS & FIXTURES					
2	0200 CAP REL COSTS - MOVEABLE EQUIPMENT		43,681	43,681		43,681
3	0300 EMPLOYEE BENEFITS		2,719,531	2,719,531		2,719,531
4	0400 ADMINISTRATIVE & GENERAL	311,308	2,244,711	2,556,019		2,556,019
5	0500 PLANT OPERATION, MAINT. & REPAIRS	271,228	921,102	1,192,330		1,192,330
6	0600 LAUNDRY & LINEN SERVICE	263,153	41,912	305,065		305,065
7	0700 HOUSEKEEPING	405,262	69,737	474,999		474,999
8	0800 DIETARY	719,302	660,654	1,379,956		1,379,956
9	0900 NURSING ADMINISTRATION				55,105	55,105
10	1000 CENTRAL SERVICES & SUPPLY					
13	1300 SOCIAL SERVICE	120,361	10,965	131,326		131,326
INPATIENT ROUTINE SERVICE CENTERS						
16	1600 SKILLED NURSING FACILITY	5,805,058	238,805	6,043,863	-147,386	5,896,477
ANCILLARY SERVICE COST CENTERS						
21	2100 RADIOLOGY		3,968	3,968	-3,968	
22	2200 LABORATORY		51,519	51,519	16,368	67,887
25	2500 PHYSICAL THERAPY	120,027	491,027	611,054	-65,936	545,118
26	2600 OCCUPATIONAL THERAPY		459,349	459,349	50,289	509,638
27	2700 SPEECH PATHOLOGY		217,376	217,376	15,647	233,023
29	2900 MEDICAL SUPPLIES CHARGED TO PATIENT		150,606	150,606	79,881	230,487
30	3000 DRUGS CHARGED TO PATIENTS		656,219	656,219		656,219
31	3100 DENTAL CARE - TITLE XIX ONLY					
32	3200 SUPPORT SURFACES					
33	3050 OTHER ANCILLARY SERVICES					
SPECIAL PURPOSE COST CENTERS						
52	5200 MALPRACTICE PREMIUMS & PAID LOSSES					
53	5300 INTEREST EXPENSE					
57	SUBTOTALS	8,015,699	8,981,162	16,996,861	-0-	16,996,861
NONREIMBURSABLE COST CENTERS						
58	5800 GIFT, FLOWER, COFFEE SHOPS & CANTEE					
59	5900 BARBER & BEAUTY SHOP					
60	6000 PHYSICIANS' PRIVATE OFFICES					
61	6100 NONPAID WORKERS					
62	6200 PATIENTS' LAUNDRY					
63	6150 OTHER NONREIMBURSABLE COST					
75	TOTAL	8,015,699	8,981,162	16,996,861	-0-	16,996,861

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-5269

PERIOD: PREPARED 4/28/2011 (8:19)
FROM 12/ 1/2009 WORKSHEET A
TO 11/30/2010

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS TO EXPENSES 6	NET EXPENSES FOR CST ALLOC 7
	GENERAL SERVICE COST CENTERS		
1	0100 CAP REL COSTS - BLDGS & FIXTURES	500,893	500,893
2	0200 CAP REL COSTS - MOVEABLE EQUIPMENT	19,448	63,129
3	0300 EMPLOYEE BENEFITS	63,361	2,782,892
4	0400 ADMINISTRATIVE & GENERAL	366,217	2,922,236
5	0500 PLANT OPERATION, MAINT. & REPAIRS	-20,532	1,171,798
6	0600 LAUNDRY & LINEN SERVICE	-7,694	297,371
7	0700 HOUSEKEEPING		474,999
8	0800 DIETARY		1,379,956
9	0900 NURSING ADMINISTRATION		55,105
10	1000 CENTRAL SERVICES & SUPPLY		
13	1300 SOCIAL SERVICE		131,326
	INPATIENT ROUTINE SERVICE CENTERS		
16	1600 SKILLED NURSING FACILITY	-4,223	5,892,254
	ANCILLARY SERVICE COST CENTERS		
21	2100 RADIOLOGY		
22	2200 LABORATORY		67,887
25	2500 PHYSICAL THERAPY		545,118
26	2600 OCCUPATIONAL THERAPY		509,638
27	2700 SPEECH PATHOLOGY		233,023
29	2900 MEDICAL SUPPLIES CHARGED TO PATIENT	-2,035	228,452
30	3000 DRUGS CHARGED TO PATIENTS	-2,025	654,194
31	3100 DENTAL CARE - TITLE XIX ONLY		
32	3200 SUPPORT SURFACES		
33	3050 OTHER ANCILLARY SERVICES		
	SPECIAL PURPOSE COST CENTERS		
52	5200 MALPRACTICE PREMIUMS & PAID LOSSES		-0-
53	5300 INTEREST EXPENSE		-0-
57	SUBTOTALS	913,410	17,910,271
	NONREIMBURSABLE COST CENTERS		
58	5800 GIFT, FLOWER, COFFEE SHOPS & CANTEE		
59	5900 BARBER & BEAUTY SHOP		
60	6000 PHYSICIANS' PRIVATE OFFICES		
61	6100 NONPAID WORKERS		
62	6200 PATIENTS' LAUNDRY		
63	6150 OTHER NONREIMBURSABLE COST		
75	TOTAL	913,410	17,910,271

COST CENTERS USED IN COST REPORT

PROVIDER NO:
14-5269

PERIOD: PREPARED 4/28/2011 (8:19)
FROM 12/1/2009 NOT A CMS WORKSHEET
TO 11/30/2010

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS - BLDGS & FIXTURES	0100	
2	CAP REL COSTS - MOVEABLE EQUIPMENT	0200	
3	EMPLOYEE BENEFITS	0300	
4	ADMINISTRATIVE & GENERAL	0400	
5	PLANT OPERATION, MAINT. & REPAIRS	0500	
6	LAUNDRY & LINEN SERVICE	0600	
7	HOUSEKEEPING	0700	
8	DIETARY	0800	
9	NURSING ADMINISTRATION	0900	
10	CENTRAL SERVICES & SUPPLY	1000	
13	SOCIAL SERVICE	1300	
	INPATIENT ROUTINE SERVICE CENTERS		
16	SKILLED NURSING FACILITY	1600	
	ANCILLARY SERVICE COST CENTERS		
21	RADIOLOGY	2100	
22	LABORATORY	2200	
25	PHYSICAL THERAPY	2500	
26	OCCUPATIONAL THERAPY	2600	
27	SPEECH PATHOLOGY	2700	
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	2900	
30	DRUGS CHARGED TO PATIENTS	3000	
31	DENTAL CARE - TITLE XIX ONLY	3100	
32	SUPPORT SURFACES	3200	
33	OTHER ANCILLARY SERVICES	3050	OTHER ANCILLARY SERVICE COST CENTERS
	SPECIAL PURPOSE COST CENTERS		
52	MALPRACTICE PREMIUMS & PAID LOSSES	5200	
53	INTEREST EXPENSE	5300	
57	SUBTOTALS		
	NONREIMBURSABLE COST CENTERS		
58	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	5800	
59	BARBER & BEAUTY SHOP	5900	
60	PHYSICIANS' PRIVATE OFFICES	6000	
61	NONPAID WORKERS	6100	
62	PATIENTS' LAUNDRY	6200	
63	OTHER NONREIMBURSABLE COST	6150	OTHER NONREIMBURSABLE COST
75	TOTAL		

COST ALLOCATION STATISTICS

PROVIDER NO:
14-5269

PERIOD: PREPARED 4/28/2011 (8:19)
FROM 12/1/2009 NOT A CMS WORKSHEET
TO 11/30/2010

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS - BLDGS & FIXTURES	1	SQUARE FEET	ENTERED
2	CAP REL COSTS - MOVEABLE EQUIPMENT	1	SQUARE FEET	ENTERED
3	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
4	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
5	PLANT OPERATION, MAINT. & REPAIRS	1	SQUARE FEET	ENTERED
6	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	ENTERED
7	HOUSEKEEPING	6	HOURS OF SERVICE	ENTERED
8	DIETARY	7	MEALS SERVED	ENTERED
9	NURSING ADMINISTRATION	8	PATIENT DAYS	ENTERED
10	CENTRAL SERVICES & SUPPLY	8	PATIENT DAYS	ENTERED
13	SOCIAL SERVICE	12	TIME SPENT	ENTERED

RECLASSIFICATIONS

PROVIDER NO:
145269

PERIOD:
FROM 12/1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----					
	CODE (1)	COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 THERAPY SERVICES	A			26	60,807	
2				27		15,647
3 NURSING ADMIN	B			9	55,105	
4 MEDICAL SUPPLIES	D			29		79,881
5 RADIOLOGY & LAB	E			22		16,368
6						
36 TOTAL RECLASSIFICATIONS					115,912	111,896

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

RECLASSIFICATIONS

PROVIDER NO:
145269

PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9
1 THERAPY SERVICES	A	PHYSICAL THERAPY	25	60,807	5,129
2		OCCUPATIONAL THERAPY	26		10,518
3 NURSING ADMIN	B	SKILLED NURSING FACILITY	16	55,105	
4 MEDICAL SUPPLIES	D	SKILLED NURSING FACILITY	16		79,881
5 RADIOLOGY & LAB	E	SKILLED NURSING FACILITY	16		12,400
6		RADIOLOGY	21		3,968
36 TOTAL RECLASSIFICATIONS				115,912	111,896

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

RECLASSIFICATIONS

PROVIDER NO:
145269

PERIOD:
FROM 12/1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : THERAPY SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	26	60,807	PHYSICAL THERAPY	25	65,936	
2.00	SPEECH PATHOLOGY	27	15,647	OCCUPATIONAL THERAPY	26	10,518	
TOTAL RECLASSIFICATIONS FOR CODE A			76,454				76,454

RECLASS CODE: B
EXPLANATION : NURSING ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	9	55,105	SKILLED NURSING FACILITY	16	55,105	
TOTAL RECLASSIFICATIONS FOR CODE B			55,105				55,105

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	29	79,881	SKILLED NURSING FACILITY	16	79,881	
TOTAL RECLASSIFICATIONS FOR CODE D			79,881				79,881

RECLASS CODE: E
EXPLANATION : RADIOLOGY & LAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	22	16,368	SKILLED NURSING FACILITY	16	12,400	
2.00			0	RADIOLOGY	21	3,968	
TOTAL RECLASSIFICATIONS FOR CODE E			16,368				16,368

DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING
	BALANCES	PURCHASE	DONATION		AND	
	1	2	3	4	5	6
1 LAND	1,616,526					1,616,526
2 LAND IMPROVEMENTS						
3 BUILDINGS & FIXTURES	19,711,553					19,711,553
4 BUILDING IMPROVEMENTS	220,403	13,500		13,500		233,903
5 FIXED EQUIPMENT						
6 MOVABLE EQUIPMENT	799,979	54,803		54,803		854,782
7 TOTAL	22,348,461	68,303		68,303		22,416,764

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-5269

PERIOD: PREPARED 4/28/2011 (8:19)
FROM 12/ 1/2009 WORKSHEET A-8
TO 11/30/2010

(1) DESCRIPTION	(2) BASIS FOR ADJUST- MENT	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	
			COST CENTER	LINE NO
			1	2
1 INVESTMENT INCOME ON RESTRICTED FUNDS (CHAPTER 2)				
2 TRADE, QUANTITY, & TIME DISCOUNTS ON PURC (CHAP 8)				
3 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)				
4 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)				
5 TELEPHONE SERVICES (PAY STATIONS EXCLUDE)(CHAP 21)	B	-8,400	ADMINISTRATIVE & GENERAL	4
6 TELEVISION AND RADIO SERVICE (CHAPTER 21)	B	-19,713	PLANT OPERATION, MAINT. &	5
7 PARKING LOT (CHAPTER 21)				
8 REMUNERATION APPLIC TO PROV-BASED PHYSICIAN ADJMNT	A-8-2			
9 HOME OFFICE COSTS (CHAPTER 21)				
10 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)				
11 NONALLOWABLE CSTS RELTD TO CERT CAPITAL EXP (CH24)				
12 ADJ RESULTING FRM TRANSACTIONS W/RELTD ORGS (CH10)	A-8-1	461,104		
13 LAUNDRY & LINEN SERVICE	B	-7,694	LAUNDRY & LINEN SERVICE	6
14 REVENUE - EMPLOYEE MEALS				
15 COST OF MEALS - GUESTS				
16 SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS	B	-2,035	MEDICAL SUPPLIES CHARGED	29
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-2,025	DRUGS CHARGED TO PATIENTS	30
18 SALE OF MEDICAL RECORDS AND ABSTRACTS				
19 VENDING MACHINES				
20 INCOME FRM IMPOSITION OF INT, FINANCE OR PEN (C21)				
21 INT EXP MC OVRPYMTS & BORROWINGS REPAY MC OVRPYMNT				
22 ADJUSTMENT FOR SPEECH THERAPY - SNF	A-8-5		SPEECH PATHOLOGY	27
23 ADJUSTMENT FOR OCCUPATIONAL THERAPY - SNF	A-8-5		OCCUPATIONAL THERAPY	26
24 ADJUSTMENT FOR RESPIRATORY THERAPY - SNF	A-8-5		**COST CENTER DELETED**	24
25 ADJUSTMENT FOR PHYSICAL THERAPY - SNF	A-8-5		PHYSICAL THERAPY	25
26 ADJUST FOR HHA PHYS THRPY COSTS IN EXCESS OF LIMIT	A-8-3		**COST CENTER DELETED**	39
27 SUBTOTAL (SUM OF LINES 1-26)		397,738		
28 UTILIZATION REVIEW-PHYSICIANS' COMPENSATION(CH21)			**COST CENTER DELETED**	54
29 DEPRECIATION--BUILDINGS AND FIXTURES	A	500,893	CAP REL COSTS - BLDGS & F	1
30 DEPRECIATION--MOVABLE EQUIPMENT	A	19,448	CAP REL COSTS - MOVEABLE	2
31 TRANSPORTATION REVENUE	B	-594	PLANT OPERATION, MAINT. &	5
31.01 DIAPERS	B	-4,223	SKILLED NURSING FACILITY	16
31.02 RENTS	B	-225	PLANT OPERATION, MAINT. &	5
31.03 NONALLOWABLE ADVERTISING	A	-3,258	ADMINISTRATIVE & GENERAL	4
31.04 MISCELLANEOUS INCOME	B	3,631	ADMINISTRATIVE & GENERAL	4
31.05				
32 TOTAL		913,410		

(1) DESCRIPTION--ALL CHAPTER REFERENCES IN THIS COLUMN PERTAIN TO CMS PUB. 15-I

(2) BASIS FOR ADJUSTMENT (SEE INSTRUCTIONS)

A. COSTS-IF COSTS, INCLUDING APPLICABLE OVERHEAD, CAN BE DETERMINED.

B. AMOUNT RECEIVED-IF COST CANNOT BE DETERMINED.

A. ARE THERE ANY COSTS INCLUDED ON WORKSHEET A WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10?
 X YES (IF "YES," COMPLETE PARTS B AND C)
 NO

B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS: LOCATION AND AMOUNT INCLUDED ON WORKSHEET A, COLUMN 5

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT	AMOUNT ALLOWABLE IN COST	ADJUSTMENTS
1	2	3	4	5	6
1	4	ADMINISTRATIVE & GENERAL	COUNTY ALLOCATION	397,743	-397,743
2	3	EMPLOYEE BENEFITS	WORK COMP & UNEMP	63,361	-63,361
3					
4					
5					
6					
7					
8					
9					
10	TOTALS			461,104	-461,104

C. INTERRELATIONSHIP OF PROVIDER TO RELATED ORGANIZATION(S):
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART C OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES. 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 XVII.

(1) SYMBOL	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION NAME	PERCENTAGE OF OWNERSHIP	ORGANIZATION(S) TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	ROCK ISLAND COUNTY	100.00	COUNTY GOVERNMENT
2					
3					
4					
5					
6					
7					
8					
9					
10					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP PROVIDER 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 A 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.

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT.
	0	1	2	3	3A	4	5
GENERAL SERVICE COST CENTERS							
001	CAP REL COSTS - BLDGS & F	500,893	500,893				
002	CAP REL COSTS - MOVEABLE	63,129		63,129			
003	EMPLOYEE BENEFITS	2,782,892		2,782,892			
004	ADMINISTRATIVE & GENERAL	2,922,236	58,533	7,377	108,080	3,096,226	
005	PLANT OPERATION, MAINT. &	1,171,798	24,922	3,141	94,165	1,294,026	1,564,485
006	LAUNDRY & LINEN SERVICE	297,371	11,296	1,424	91,361	401,452	83,906
007	HOUSEKEEPING	474,999	3,878	489	140,699	620,065	129,597
008	DIETARY	1,379,956	30,816	3,884	249,727	1,664,383	347,866
009	NURSING ADMINISTRATION	55,105	9,321	1,175	19,131	84,732	17,709
010	CENTRAL SERVICES & SUPPLY		3,615	456		4,071	851
013	SOCIAL SERVICE	131,326	1,314	166	41,787	174,593	36,491
INPATIENT ROUTINE SERVICE CENTERS							
016	SKILLED NURSING FACILITY	5,892,254	339,322	42,764	1,996,271	8,270,611	1,271,720
ANCILLARY SERVICE COST CENTERS							
RADIOLOGY							
021	LABORATORY	67,887				67,887	14,189
025	PHYSICAL THERAPY	545,118	4,861	613	20,560	571,152	119,374
026	OCCUPATIONAL THERAPY	509,638	6,777	854	21,111	538,380	112,525
027	SPEECH PATHOLOGY	233,023	2,431	306		235,760	49,275
029	MEDICAL SUPPLIES CHARGED	228,452	3,807	480		232,739	48,644
030	DRUGS CHARGED TO PATIENTS	654,194				654,194	136,730
031	DENTAL CARE - TITLE XIX 0						
032	SUPPORT SURFACES						
033	OTHER ANCILLARY SERVICES						
SPECIAL PURPOSE COST CENTERS							
052	MALPRACTICE PREMIUMS & PA						
053	INTEREST EXPENSE						
057	SUBTOTALS	17,910,271	500,893	63,129	2,782,892	17,910,271	3,096,226
NONREIMBURSABLE COST CENTERS							
058	GIFT, FLOWER, COFFEE SHOP						
059	BARBER & BEAUTY SHOP						
060	PHYSICIANS' PRIVATE OFFICE						
061	NONPAID WORKERS						
062	PATIENTS' LAUNDRY						
063	OTHER NONREIMBURSABLE COS						
064	CROSS FOOT ADJUSTMENT						
065	NEGATIVE COST CENTER						
075	TOTAL	17,910,271	500,893	63,129	2,782,892	17,910,271	3,096,226
							1,564,485

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SOCIAL SERVICE	SUBTOTAL
	6	7	8	9	10	13	16
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVEABLE							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. & LAUNDRY & LINEN SERVICE	527,692						
007 HOUSEKEEPING		764,197					
008 DIETARY			2,127,743				
009 NURSING ADMINISTRATION				137,375			
010 CENTRAL SERVICES & SUPPLY					18,469		
013 SOCIAL SERVICE						216,007	
016 INPATIENT ROUTINE SERVICE CENTERS							
SKILLED NURSING FACILITY	527,692	764,197	2,127,743	137,375	18,469	216,007	15,062,424
ANCILLARY SERVICE COST CENTERS							
021 RADIOLOGY							
022 LABORATORY							82,076
025 PHYSICAL THERAPY							708,745
026 OCCUPATIONAL THERAPY							676,306
027 SPEECH PATHOLOGY							294,145
029 MEDICAL SUPPLIES CHARGED							295,651
030 DRUGS CHARGED TO PATIENTS							790,924
031 DENTAL CARE - TITLE XIX 0							
032 SUPPORT SURFACES							
033 OTHER ANCILLARY SERVICES							
SPECIAL PURPOSE COST CENTERS							
052 MALPRACTICE PREMIUMS & PA							
053 INTEREST EXPENSE							
057 SUBTOTALS	527,692	764,197	2,127,743	137,375	18,469	216,007	17,910,271
NONREIMBURSABLE COST CENTERS							
058 GIFT, FLOWER, COFFEE SHOP							
059 BARBER & BEAUTY SHOP							
060 PHYSICIANS' PRIVATE OFFICE							
061 NONPAID WORKERS							
062 PATIENTS' LAUNDRY							
063 OTHER NONREIMBURSABLE COSTS							
064 CROSS FOOT ADJUSTMENT							
065 NEGATIVE COST CENTER							
075 TOTAL	527,692	764,197	2,127,743	137,375	18,469	216,007	17,910,271

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-5269

PERIOD: PREPARED 4/28/2011 (8:19)
FROM 12/ 1/2009 WORKSHEET B
TO 11/30/2010 PART I

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18
001 GENERAL SERVICE COST CENTERS		
002 CAP REL COSTS - BLDGS & F		
003 CAP REL COSTS - MOVEABLE		
004 EMPLOYEE BENEFITS		
005 ADMINISTRATIVE & GENERAL		
006 PLANT OPERATION, MAINT. &		
007 LAUNDRY & LINEN SERVICE		
008 HOUSEKEEPING		
009 DIETARY		
010 NURSING ADMINISTRATION		
013 CENTRAL SERVICES & SUPPLY		
016 SOCIAL SERVICE		
INPATIENT ROUTINE SERVICE CENTERS		
016 SKILLED NURSING FACILITY		15,062,424
ANCILLARY SERVICE COST CENTERS		
021 RADIOLOGY		
022 LABORATORY		82,076
025 PHYSICAL THERAPY		708,745
026 OCCUPATIONAL THERAPY		676,306
027 SPEECH PATHOLOGY		294,145
029 MEDICAL SUPPLIES CHARGED		295,651
030 DRUGS CHARGED TO PATIENTS		790,924
031 DENTAL CARE - TITLE XIX 0		
032 SUPPORT SURFACES		
033 OTHER ANCILLARY SERVICES		
SPECIAL PURPOSE COST CENTERS		
052 MALPRACTICE PREMIUMS & PA		
053 INTEREST EXPENSE		
057 SUBTOTALS		17,910,271
NONREIMBURSABLE COST CENTERS		
058 GIFT, FLOWER, COFFEE SHOP		
059 BARBER & BEAUTY SHOP		
060 PHYSICIANS' PRIVATE OFFICE		
061 NONPAID WORKERS		
062 PATIENTS' LAUNDRY		
063 OTHER NONREIMBURSABLE COS		
064 CROSS FOOT ADJUSTMENT		
065 NEGATIVE COST CENTER		
075 TOTAL		17,910,271

ALLOCATION OF CAPITAL-RELATED COSTS

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 TO 11/30/2010
WORKSHEET B PART II

COST CENTER	DIRECTLY ASSIGNED	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT.
	0	1	2	2 a	3	4	5
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVEABLE							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL		58,533	7,377	65,910		65,910	
006 PLANT OPERATION, MAINT. &		24,922	3,141	28,063		5,757	33,820
007 LAUNDRY & LINEN SERVICE		11,296	1,424	12,720		1,786	915
008 HOUSEKEEPING		3,878	489	4,367		2,759	314
009 DIETARY		30,816	3,884	34,700		7,405	2,497
010 NURSING ADMINISTRATION		9,321	1,175	10,496		377	755
013 CENTRAL SERVICES & SUPPLY		3,615	456	4,071		18	293
016 SOCIAL SERVICE		1,314	166	1,480		777	106
016 INPATIENT ROUTINE SERVICE CENTERS							
016 SKILLED NURSING FACILITY		339,322	42,764	382,086		36,798	27,492
021 ANCILLARY SERVICE COST CENTERS							
022 RADIOLOGY							
025 LABORATORY						302	
026 PHYSICAL THERAPY		4,861	613	5,474		2,541	394
027 OCCUPATIONAL THERAPY		6,777	854	7,631		2,395	549
029 SPEECH PATHOLOGY		2,431	306	2,737		1,049	197
030 MEDICAL SUPPLIES CHARGED		3,807	480	4,287		1,035	308
031 DRUGS CHARGED TO PATIENTS						2,911	
032 DENTAL CARE - TITLE XIX 0							
033 SUPPORT SURFACES							
052 OTHER ANCILLARY SERVICES							
053 SPECIAL PURPOSE COST CENTERS							
057 MALPRACTICE PREMIUMS & PA							
057 INTEREST EXPENSE							
057 SUBTOTALS		500,893	63,129	564,022		65,910	33,820
058 NONREIMBURSABLE COST CENTERS							
059 GIFT, FLOWER, COFFEE SHOP							
060 BARBER & BEAUTY SHOP							
061 PHYSICIANS' PRIVATE OFFICE							
062 NONPAID WORKERS							
063 PATIENTS' LAUNDRY							
064 OTHER NONREIMBURSABLE COSTS							
065 CROSS FOOT ADJUSTMENTS							
075 NEGATIVE COST CENTER							
075 TOTAL		500,893	63,129	564,022		65,910	33,820

ALLOCATION OF CAPITAL-RELATED COSTS

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 TO 11/30/2010
WORKSHEET B
PART II

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	SOCIAL SERVICE	SUBTOTAL
	6	7	8	9	10	13	16
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVEABLE							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. & LAUNDRY & LINEN SERVICE	15,421						
007 HOUSEKEEPING		7,440					
008 DIETARY			44,602				
009 NURSING ADMINISTRATION				11,628			
010 CENTRAL SERVICES & SUPPLY					4,382		
013 SOCIAL SERVICE						2,363	
016 INPATIENT ROUTINE SERVICE CENTERS							
SKILLED NURSING FACILITY	15,421	7,440	44,602	11,628	4,382	2,363	532,212
ANCILLARY SERVICE COST CENTERS							
021 RADIOLOGY							302
022 LABORATORY							8,409
025 PHYSICAL THERAPY							10,575
026 OCCUPATIONAL THERAPY							3,983
027 SPEECH PATHOLOGY							5,630
029 MEDICAL SUPPLIES CHARGED							2,911
030 DRUGS CHARGED TO PATIENTS							
031 DENTAL CARE - TITLE XIX 0							
032 SUPPORT SURFACES							
033 OTHER ANCILLARY SERVICES							
SPECIAL PURPOSE COST CENTERS							
052 MALPRACTICE PREMIUMS & PA							
053 INTEREST EXPENSE							
057 SUBTOTALS	15,421	7,440	44,602	11,628	4,382	2,363	564,022
NONREIMBURSABLE COST CENTERS							
058 GIFT, FLOWER, COFFEE SHOP							
059 BARBER & BEAUTY SHOP							
060 PHYSICIANS' PRIVATE OFFICE							
061 NONPAID WORKERS							
062 PATIENTS' LAUNDRY							
063 OTHER NONREIMBURSABLE COST							
064 CROSS FOOT ADJUSTMENTS							
065 NEGATIVE COST CENTER							
075 TOTAL	15,421	7,440	44,602	11,628	4,382	2,363	564,022

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18
001 GENERAL SERVICE COST CENTERS		
002 CAP REL COSTS - BLDGS & F		
003 CAP REL COSTS - MOVEABLE		
004 EMPLOYEE BENEFITS		
005 ADMINISTRATIVE & GENERAL		
006 PLANT OPERATION, MAINT. &		
007 LAUNDRY & LINEN SERVICE		
008 HOUSEKEEPING		
009 DIETARY		
010 NURSING ADMINISTRATION		
013 CENTRAL SERVICES & SUPPLY		
016 SOCIAL SERVICE		
016 INPATIENT ROUTINE SERVICE CENTERS		532,212
021 SKILLED NURSING FACILITY		
022 ANCILLARY SERVICE COST CENTERS		
025 RADIOLOGY		302
026 LABORATORY		8,409
027 PHYSICAL THERAPY		10,575
029 OCCUPATIONAL THERAPY		3,983
030 SPEECH PATHOLOGY		5,630
031 MEDICAL SUPPLIES CHARGED		2,911
032 DRUGS CHARGED TO PATIENTS		
033 DENTAL CARE - TITLE XIX 0		
052 SUPPORT SURFACES		
053 OTHER ANCILLARY SERVICES		
057 SPECIAL PURPOSE COST CENTERS		564,022
058 MALPRACTICE PREMIUMS & PA		
060 INTEREST EXPENSE		
061 SUBTOTALS		564,022
062 NONREIMBURSABLE COST CENTERS		
063 GIFT, FLOWER, COFFEE SHOP		
064 BARBER & BEAUTY SHOP		
065 PHYSICIANS' PRIVATE OFFICE		
066 NONPAID WORKERS		
067 PATIENTS' LAUNDRY		
068 OTHER NONREIMBURSABLE COS		
069 CROSS FOOT ADJUSTMENTS		
075 NEGATIVE COST CENTER		
075 TOTAL		564,022

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 WORKSHEET B-1
TO 11/30/2010

COST CENTER	CAP REL COST S - BLDGS & (SQUARE FEET)	CAP REL COST S - MOVEABLE (SQUARE FEET)	EMPLOYEE BEN EFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. (SQUARE FEET)
0	1	2	3	4A	4	5
GENERAL SERVICE COST CENTERS						
001 CAP REL COSTS - BLDGS & F	119,728					
002 CAP REL COSTS - MOVEABLE		119,728				
003 EMPLOYEE BENEFITS			8,015,699			
004 ADMINISTRATIVE & GENERAL	13,991	13,991	311,308	-3,096,226	14,814,045	
005 PLANT OPERATION, MAINT. &	5,957	5,957	271,228		1,294,026	99,780
006 LAUNDRY & LINEN SERVICE	2,700	2,700	263,153		401,452	2,700
007 HOUSEKEEPING	927	927	405,262		620,065	927
008 DIETARY	7,366	7,366	719,302		1,664,383	7,366
009 NURSING ADMINISTRATION	2,228	2,228	55,105		84,732	2,228
010 CENTRAL SERVICES & SUPPLY	864	864			4,071	864
013 SOCIAL SERVICE	314	314	120,361		174,593	314
INPATIENT ROUTINE SERVICE CENTERS						
016 SKILLED NURSING FACILITY	81,108	81,108	5,749,953		8,270,611	81,108
ANCILLARY SERVICE COST CENTERS						
021 RADIOLOGY						
022 LABORATORY					67,887	
025 PHYSICAL THERAPY	1,162	1,162	59,220		571,152	1,162
026 OCCUPATIONAL THERAPY	1,620	1,620	60,807		538,380	1,620
027 SPEECH PATHOLOGY	581	581			235,760	581
029 MEDICAL SUPPLIES CHARGED	910	910			232,739	910
030 DRUGS CHARGED TO PATIENTS					654,194	
031 DENTAL CARE - TITLE XIX O						
032 SUPPORT SURFACES						
033 OTHER ANCILLARY SERVICES						
SPECIAL PURPOSE COST CENTERS						
057 SUBTOTALS	119,728	119,728	8,015,699	-3,096,226	14,814,045	99,780
NONREIMBURSABLE COST CENTERS						
058 GIFT, FLOWER, COFFEE SHOP						
059 BARBER & BEAUTY SHOP						
060 PHYSICIANS' PRIVATE OFFICE						
061 NONPAID WORKERS						
062 PATIENTS' LAUNDRY						
063 OTHER NONREIMBURSABLE COS						
064 CROSS FOOT ADJUSTMENT						
065 NEGATIVE COST CENTER						
066 COST TO BE ALLOCATED (WRKSHT B, PART I)	500,893	63,129	2,782,892		3,096,226	1,564,485
067 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.183591	.527270	.347180		.209006	15.679345
068 COST TO BE ALLOCATED (WRKSHT B, PART II)					65,910	33,820
069 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.004449	.338946

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 TO 11/30/2010
WORKSHEET B-1

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SOCIAL SERVICES
	(PATIENT DAYS)	(HOURS OF SERVICE)	(MEALS SERVED)	(PATIENT DAYS)	(PATIENT DAYS)	(TIME SPENT)
	6	7	8	9	10	13
GENERAL SERVICE COST CENTERS						
001						
002						
003						
004						
005						
006	86,505					
007		21,924				
008			259,515			
009				86,505		
010					86,505	
013						13,535
INPATIENT ROUTINE SERVICE CENTERS						
016	86,505	21,924	259,515	86,505	86,505	13,535
ANCILLARY SERVICE COST CENTERS						
021						
022						
025						
026						
027						
029						
030						
031						
032						
033						
SPECIAL PURPOSE COST CENTERS						
057	86,505	21,924	259,515	86,505	86,505	13,535
NONREIMBURSABLE COST CENTERS						
058						
059						
060						
061						
062						
063						
064						
065						
066	527,692	764,197	2,127,743	137,375	18,469	216,007
(PER WRKSHT B, PART I)						
067		34,856641		1,588058		15,959143
(WRKSHT B, PT I)						
068	6,100133		8,198921		213502	
COST TO BE ALLOCATED						
	15,421	7,440	44,602	11,628	4,382	2,363
(PER WRKSHT B, PART II)						
069		339354		134420		174584
(WRKSHT B, PT II)						
	178267		171867		050656	

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT

PROVIDER NO:
14-5269

PERIOD: 4/28/2011 (8:19)
FROM 12/1/2009 TO 11/30/2010
WORKSHEET C

COST CENTER	TOTAL (FROM WKST B, PT I, COL 18) 1	TOTAL CHARGES 2	RATIO OF COST TO CHARGES 3
ANCILLARY SERVICE COST CENTERS			
21 RADIOLOGY			
22 LABORATORY	82,076	16,368	5.014418
25 PHYSICAL THERAPY	708,745	797,940	.888218
26 OCCUPATIONAL THERAPY	676,306	766,836	.881943
27 SPEECH PATHOLOGY	294,145	303,156	.970276
29 MEDICAL SUPPLIES CHARGED	295,651	79,881	3.701143
30 DRUGS CHARGED TO PATIENTS	790,924	656,219	1.205274
31 DENTAL CARE - TITLE XIX 0			
32 SUPPORT SURFACES			
33 OTHER ANCILLARY SERVICES			
OUTPATIENT SERVICE COST CENTERS			
75 TOTAL	2,847,847	2,620,400	

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

COST CENTER	TITLE XVIII CHARGES ON AND AFTER 1/1/1998 6	PT B THERAPY COSTS ON AND AFTER 1/1/1998 7	10% REDUCTION OF THERAPY 8	NET ALLOWABLE PART B COSTS 9
21 RADIOLOGY				
22 LABORATORY				
25 PHYSICAL THERAPY				
26 OCCUPATIONAL THERAPY				
27 SPEECH PATHOLOGY				
29 MEDICAL SUPPLIES CHARGED				
30 DRUGS CHARGED TO PATIENTS				
31 DENTAL CARE - TITLE XIX 0				
32 SUPPORT SURFACES				
33 OTHER ANCILLARY SERVICES				
75 TOTAL				

* Line 48 columns 2 and 4 are for title V and XIX. No amounts should be entered here for title XVIII.

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND
 REDUCTION OF THERAPY COST FOR TITLE XVIII

PROVIDER NO:
 14-5269

TITLE XVIII

PART II - APPORTIONMENT OF VACCINE COST

- 1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES 1.205274
- 2 PROGRAM VACCINE CHARGES
- 3 PROGRAM COSTS (LINE 1 * LINE 2)

PART III - CALCULATION OF PASS THROUGH COSTS FOR INTERNS AND RESIDENTS

COST CENTERS	TOTAL COST 1	INTERN AND RESIDENTS COSTS 2	RATIO OF I&R COSTS TO TOTAL COSTS - PT A 3	TITLE XVIII PART A COST 4	TITLE XVIII I&R COSTS FOR PASS THROUGH 5
21 RADIOLOGY					
22 LABORATORY	82,076			82,076	
25 PHYSICAL THERAPY	708,745			544,325	
26 OCCUPATIONAL THERAPY	676,306			554,957	
27 SPEECH PATHOLOGY	294,145			254,919	
29 MEDICAL SUPPLIES CHARGED	295,651				
30 DRUGS CHARGED TO PATIENTS	790,924			313,393	
31 DENTAL CARE - TITLE XIX 0					
32 SUPPORT SURFACES					
33 OTHER ANCILLARY SERVICES					
75 TOTAL	2,847,847			1,749,670	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:
14-5269

PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

PREPARED 4/28/2011 (8:19)
WORKSHEET E
PART III

PART III - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

TITLE XVIII SNF

1	INPATIENT ANCILLARY SERVICES-PART A (SEE INSTRUCTIONS)	
2	INTERNS & RESIDENTS AND MEDICAL EDUCATION COST FOR TITLE XVIII (SEE INSTRUCTIONS)	
3	TOTAL COSTS	
4	MEDICARE INPATIENT ANCILLARY CHARGES (SEE INSTRUCTIONS)	
5	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)	
6	COST OF COVERED SERVICES	
7	INPATIENT PPS AMOUNT (SEE INSTRUCTIONS)	3,180,827
8	PRIMARY PAYOR AMOUNTS	
9	COINSURANCE	669,049
10	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)	72,654
10.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEFORE 10/01/2005 (SEE INSTRUCTIONS)	
10.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	72,654
10.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON & AFTER 10/01/2005 (INSTR)	72,654
10.04	RECOVERY OF REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
11	UTILIZATION REVIEW	
12	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
13	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS.	
14	SUBTOTAL (SEE INSTRUCTIONS)	2,584,432
15	SEQUESTRATION ADJUSTMENT	
16	INTERIM PAYMENTS (SEE INSTRUCTIONS)	2,585,528
16.01	TENTATIVE ADJUSTMENT (FI ONLY)	
16.20	OTHER ADJUSTMENTS (SPECIFY)	
17	BALANCE DUE PROVIDER/PROGRAM	-1,096
18	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2)	

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

19	ANCILLARY SERVICES PART B	
20	VACCINE COST (FROM WKST D, PART II, LINE 3)	
21	INTERN AND RESIDENT COST (FROM WORKSHEET D-2)	
22	TOTAL REASONABLE COSTS (SUM OF LINES 19 TO 21)	
23	MEDICARE PART B ANCILLARY CHARGES (SEE INSTRUCTIONS)	
24	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)	
25	COST OF COVERED SERVICES	
26	PRIMARY PAYOR AMOUNTS	
27	COINSURANCE AND DEDUCTIBLES	
28	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)	
29	RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES	
30	80% OF RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES	
31	DECREASE IN PROGRAM UTILIZATION	
32	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS	
33	SUBTOTAL	
34	SEQUESTRATION AMOUNT	
35	INTERIM PAYMENTS (SEE INSTRUCTIONS)	
36.01	TENTATIVE ADJUSTMENT (FI ONLY)	
36.20	OTHER ADJUSTMENTS (SPECIFY)	
37	BALANCE DUE PROVIDER/PROGRAM	
38	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:
14-5269

PERIOD: PREPARED 4/28/2011 (8:19)
FROM 12/ 1/2009 WORKSHEET E-1
TO 11/30/2010

DESCRIPTION	INPATIENT-PART A		PART B		AMOUNT
	MO/DAY/YR	AMOUNT	MO/DAY/YR	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,572,328			
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE".		NONE			NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
PROGRAM TO PROVIDER	.01 7/12/2010	13,200			
	.02				
	.03				
	.04				
	.05				
PROVIDER TO PROGRAM	.50				
	.51				
	.52				
	.53				
	.54				
	.99				
SUBTOTAL		13,200			NONE
4 TOTAL INTERIM PAYMENTS		2,585,528			
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
PROGRAM TO PROVIDER	.01				
	.02				
	.03				
PROVIDER TO PROGRAM	.50				
	.51				
	.52				
	.99				
SUBTOTAL		NONE			NONE
6 DETERMINED NET SETTLEMENT PROGRAM TO PROVIDER	.01				
SETTLEMENT TO PROGRAM	.50				
7 TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(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 REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

LINE NO		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	ASSETS				
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	371,593			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	85,793			
5	OTHER RECEIVABLES	573,101			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES	22,900			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	1,053,387			
	FIXED ASSETS				
12	LAND				
13	LAND IMPROVEMENTS				
14	LESS: ACCUMULATED DEPRECIATION				
15	BUILDINGS				
16	LESS: ACCUMULATED DEPRECIATION				
17	LEASEHOLD IMPROVEMENTS				
18	LESS: ACCUMULATED AMORTIZATION				
19	FIXED EQUIPMENT				
20	LESS: ACCUMULATED DEPRECIATION				
21	AUTOMOBILES AND TRUCKS				
22	LESS: ACCUMULATED DEPRECIATION				
23	MAJOR MOVABLE EQUIPMENT				
24	LESS: ACCUMULATED DEPRECIATION				
25	MINOR EQUIPMENT NONDEPRECIABLE				
26	OTHER FIXED ASSETS				
27	TOTAL FIXED ASSETS				
	OTHER ASSETS				
28	INVESTMENTS	2,332,440			
29	DEPOSITS ON LEASES				
30	DUE FROM OWNERS/OFFICERS				
31	OTHER ASSETS	19,075,000			
32	TOTAL OTHER ASSETS	21,407,440			
33	TOTAL ASSETS	22,460,827			
	LIABILITIES AND FUND BALANCE				
	CURRENT LIABILITIES				
34	ACCOUNTS PAYABLE	506,089			
35	SALARIES, WAGES & FEES PAYABLE	453,174			
36	PAYROLL TAXES PAYABLE				
37	NOTES AND LOANS PAYABLE (SHORT TERM)	19,075,000			
38	DEFERRED INCOME				
39	ACCELERATED PAYMENTS				
40	DUE TO OTHER FUNDS				
41	OTHER CURRENT LIABILITIES	22,548			
42	TOTAL CURRENT LIABILITIES	20,056,811			
	LONG TERM LIABILITIES				
43	MORTGAGE PAYABLE				
44	NOTES PAYABLE				
45	UNSECURED LOANS				
46	LOANS FROM A. PRIOR TO 7/1/66				
47	OWNERS B. ON OR AFTER 7/1/66				
48	OTHER LONG TERM LIABILITIES				
49	TOTAL LONG-TERM LIABILITIES				
50	TOTAL LIABILITIES	20,056,811			
	CAPITAL ACCOUNTS				
51	GENERAL FUND BALANCE	2,404,016			
52	SPECIFIC PURPOSE FUND BALANCE				
53	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
54	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
55	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
56	PLANT FUND BALANCE-INVESTED IN PLANT				
57	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
58	TOTAL FUND BALANCES	2,404,016			
59	TOTAL LIABILITIES AND FUND BALANCES	22,460,827			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND	SPECIFIC PURPOSE FUND
1	FUND BALANCE AT BEGINNING OF PERIOD	3,657,447
2	NET INCOME (LOSS)	-1,253,431
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	2,404,016
4	ROUNDING	
5		
6		
7		
8		
9		
10	TOTAL ADDITIONS	
11	SUBTOTAL	2,404,016
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
13	DEDUCTIONS (DEBIT ADJUSTM	
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	2,404,016

	ENDOWMENT FUND	PLANT FUND
1	FUND BALANCE AT BEGINNING OF PERIOD	
2	NET INCOME (LOSS)	
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
4	ROUNDING	
5		
6		
7		
8		
9		
10	TOTAL ADDITIONS	
11	SUBTOTAL	
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
13	DEDUCTIONS (DEBIT ADJUSTM	
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 SKILLED NURSING FACILITY	2,935,883		2,935,883
3 NURSING FACILITY	8,314,459		8,314,459
3.10 ICF/MR			
4 OTHER LONG TERM CARE			
5 TOTAL GENERAL INPATIENT CARE SERVICES	11,250,342		11,250,342
6 ALL OTHER CARE SERVICES			
7 ANCILLARY SERVICES	2,172,415		2,172,415
8 CLINIC			
9 HOME HEALTH AGENCY			
10 AMBULANCE			
11 HOSPICE			
12 OUTPATIENT REHAB PROVIDER			
13			
14 TOTAL PATIENT REVENUES	13,422,757		13,422,757

PART II - OPERATING EXPENSES

1 TOTAL OPERATING EXPENSES			16,996,861
2 ADD (SPECIFY)			
3 TRANSFER TO OTHER AGENCY			
4			
5			
6			
7			
8 TOTAL ADDITIONS			
9 DEDUCT (SPECIFY)			
10			
11			
12			
13			
14 TOTAL DEDUCTIONS			
15 TOTAL OPERATING EXPENSES			16,996,861

STATEMENT OF REVENUES AND EXPENSES

1	TOTAL PATIENT REVENUES	13,422,757
2	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	
3	NET PATIENT REVENUES	13,422,757
4	LESS: TOTAL OPERATING EXPENSES	16,996,861
5	NET INCOME FROM SERVICE TO PATIENTS	-3,574,104
6	OTHER INCOME:	
7	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
8	INCOME FROM INVESTMENTS	23,499
9	REVENUES FROM TELEPHONE AND TELEGRAPH SERVICE	8,400
10	REVENUE FROM TELEVISION AND RADIO SERVICE	19,713
11	PURCHASE DISCOUNTS	
12	REBATES AND REFUNDS OF EXPENSES	
13	PARKING LOT RECEIPTS	
14	REVENUE FROM LAUNDRY AND LINEN SERVICE	7,694
15	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
16	REVENUE FROM RENTAL OF LIVING QUARTERS	
17	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	2,035
18	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	2,025
19	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
20	TUITION (FEES, SALES OF TEXTBOOKS, UNIFORMS ETC)	
21	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	
22	RENTAL OF VENDING MACHINES	
23	RENTAL OF SKILLED NURSING SPACE	225
24	GOVERNMENTAL APPROPRIATIONS	
25	TRANSFER FROM NH	2,252,519
25.01	SALE OF JUNK	
25.02	DIAPERS	4,223
25.03	BARBER & BEAUTY	3,377
25.04	TRANSPORTATION CHARGE	594
26	TOTAL OTHER INCOME	2,324,304
27	TOTAL	-1,249,800
28	MISC INCOME	3,631
29		
30		
31	TOTAL OTHER EXPENSES	3,631
32	NET INCOME (OR LOSS) FOR THE PERIOD	-1,253,431