

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. 0938-0050

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

Provider No.: 145269

Period:  
 From 12/01/2011  
 To 11/30/2012

Worksheet S  
 Parts I, II & III  
 Date/Time Prepared:  
 4/24/2013 1:22 pm

**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report

Contractor use only  
 4.  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.  First Cost Report for this Provider CCN  
 8.  Last Cost Report for this Provider CCN  
 9. NPR Date:  
 10.  If line 4, column 1 is "4": Enter number of times reopened  
 11. Contractor Vendor Code 4

Date: 4/24/2013 Time: 1:22 pm

**PART II - CERTIFICATION**

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

CERTIFICATION BY 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 12/01/2011 and ending 11/30/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Officer or Administrator of Provider(s)

Printed Name \_\_\_\_\_ Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

Cost Center Description	Title V 1.00	Title XVIII		Title XIX 4.00	
		Part A 2.00	Part B 3.00		
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 SKILLED NURSING FACILITY	0	23,498	0	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/MR					3.00
4.00 SNF - BASED HHA I	0	0	0		4.00
5.00 SNF - BASED RHC I	0		0		5.00
6.00 SNF - BASED FOHC I	0		0		6.00
7.00 SNF - BASED CMHC I	0		0		7.00
7.10 SNF - BASED CORF I	0		0		7.10
100.00 TOTAL	0	23,498	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.



SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet S-2 Part I Date/Time Prepared: 4/24/2013 1:21 pm				
1.00		2.00		3.00				
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street: 4343 Kennedy Drive	PO Box:				1.00		
2.00	City: East Moline	State: IL	Zip Code: 61244			2.00		
3.00	County: Rock Island	CBSA Code: 19340	Urban/Rural: U			3.00		
3.01		CBSA Code: 19340				3.01		
		Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
		1.00	2.00	3.00	V	XVIII	XIX	
SNF and SNF-Based Component Identification:								
4.00	SNF	Hope Creek Care Center	145269	10/01/1997	N	P	O	
5.00	Nursing Facility							
6.00	ICF/MR							
7.00	SNF-Based HHA							
8.00	SNF-Based RHC							
9.00	SNF-Based FOHC							
10.00	SNF-Based CMHC							
11.00	SNF-Based OLTC							
12.00	SNF-Based HOSPICE							
13.00	SNF-Based CORF							
				From:	To:			
				1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yy)			12/01/2011	11/30/2012		14.00	
15.00	Type of Control (See Instructions)				9		15.00	
					Y/N			
					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 which 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, enter "Y" for yes, or "N" for no.					N		19.00
19.01	If the response to line 19 is yes. Does this cost report meet your contractor's criteria for filing a low utilization cost report? (Y/N)					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					573,058		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					573,058		23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.					0		24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					N		25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					N		26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					N		27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					N		28.00
				Part A	Part B	Other		
				1.00	2.00	3.00		
29.00	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.					N	N	N
30.00	Skilled Nursing Facility							
31.00	Nursing Facility							
32.00	ICF/MR							
33.00	SNF-Based HHA					N	N	
34.00	SNF-Based RHC						N	
35.00	SNF-Based FOHC							
36.00	SNF-Based CMHC						N	
36.00	SNF-Based OLTC							
				Y/N				
				1.00		2.00		
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.							39.00
			Premiums	Paid Losses	Self Insurance			
			1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:		0	0	0		41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet S-2 Part I Date/Time Prepared: 4/24/2013 1:21 pm
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		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:
46.00	Street:	PO Box:	
47.00	City:	State:	Zip Code:

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet S-2 Part II Date/Time Prepared: 4/24/2013 1:21 pm	
			Y/N	Date	
			1.00	2.00	
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)					
Completed by All Skilled Nursing Facilities					
Provider Organization and Operation					
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
Financial Data and Reports					
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	07/31/2013
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	
Approved Educational Activities					
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		
Bad Debts					
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
Bed Complement					
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	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)		Y	04/18/2013	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

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

Provider No. : 145269

Period:  
 From 12/01/2011  
 To 11/30/2012

Worksheet S-2  
 Part II  
 Date/Time Prepared:  
 4/24/2013 1:21 pm

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

VOLUNTARY CONTACT INFORMATION

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet S-2  
Part V  
Date/Time Prepared:  
4/24/2013 1:21 pm

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	Trudy	13.00
14.00	Last Name	Whittington	14.00
15.00	Title	Administrator	15.00
16.00	Employer	Hope Creek Care Center	16.00
17.00	Phone Number	3097966600	17.00
18.00	E-mail Address	TWhittington@hopecreekcare.com	18.00
19.00	Department		19.00
20.00	Mailing Address 1	4343 Kennedy Dr.	20.00
21.00	Mailing Address 2		21.00
22.00	City	East Moline	22.00
23.00	State	IL	23.00
24.00	Zip	61244	24.00

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

Provider No. : 145269

Period:  
 From 12/01/2011  
 To 11/30/2012

Worksheet S-3  
 Part I  
 Date/Time Prepared:  
 4/24/2013 1:21 pm

Component		Number of Beds		Bed Days Available		Inpatient Days/Visits			
						Title V	Title XVIII	Title XIX	
						1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	245	89,670	0	6,762	54,441	1.00	1.00	
2.00	NURSING FACILITY	0	0	0	0	0	2.00	2.00	
3.00	ICF/MR	0	0	0	0	0	3.00	3.00	
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00	4.00	
5.00	Other Long Term Care	0	0	0	0	0	5.00	5.00	
6.00	SNF-Based CMHC	0	0	0	0	0	6.00	6.00	
6.10	SNF-Based CORF	0	0	0	0	0	6.10	6.10	
7.00	HOSPICE	0	0	0	0	0	7.00	7.00	
8.00	Total (Sum of lines 1-7)	245	89,670	0	6,762	54,441	8.00	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	23,251	84,454	0	183	113	1.00	1.00	
2.00	NURSING FACILITY	0	0	0	0	0	2.00	2.00	
3.00	ICF/MR	0	0	0	0	0	3.00	3.00	
4.00	HOME HEALTH AGENCY COST	0	0	0	0	0	4.00	4.00	
5.00	Other Long Term Care	0	0	0	0	0	5.00	5.00	
6.00	SNF-Based CMHC	0	0	0	0	0	6.00	6.00	
6.10	SNF-Based CORF	0	0	0	0	0	6.10	6.10	
7.00	HOSPICE	0	0	0	0	0	7.00	7.00	
8.00	Total (Sum of lines 1-7)	23,251	84,454	0	183	113	8.00	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	211	507	0.00	36.95	481.78	1.00	1.00	
2.00	NURSING FACILITY	0	0	0.00	0.00	0.00	2.00	2.00	
3.00	ICF/MR	0	0	0.00	0.00	0.00	3.00	3.00	
4.00	HOME HEALTH AGENCY COST	0	0	0.00	0.00	0.00	4.00	4.00	
5.00	Other Long Term Care	0	0	0.00	0.00	0.00	5.00	5.00	
6.00	SNF-Based CMHC	0	0	0.00	0.00	0.00	6.00	6.00	
6.10	SNF-Based CORF	0	0	0.00	0.00	0.00	6.10	6.10	
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00	7.00	
8.00	Total (Sum of lines 1-7)	211	507	0.00	36.95	481.78	8.00	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	166.58	0	298	74	89	1.00	1.00	
2.00	NURSING FACILITY	0.00	0	0	0	0	2.00	2.00	
3.00	ICF/MR	0.00	0	0	0	0	3.00	3.00	
4.00	HOME HEALTH AGENCY COST	0.00	0	0	0	0	4.00	4.00	
5.00	Other Long Term Care	0.00	0	0	0	0	5.00	5.00	
6.00	SNF-Based CMHC	0.00	0	0	0	0	6.00	6.00	
6.10	SNF-Based CORF	0.00	0	0	0	0	6.10	6.10	
7.00	HOSPICE	0.00	0	0	0	0	7.00	7.00	
8.00	Total (Sum of lines 1-7)	166.58	0	298	74	89	8.00	8.00	
Component		Admissions		Full Time Equivalent					
		Total	Employees on Payroll	Nonpaid Workers					
		21.00	22.00	23.00					
1.00	SKILLED NURSING FACILITY	461	363.48	0.00			1.00	1.00	
2.00	NURSING FACILITY	0	0.00	0.00			2.00	2.00	
3.00	ICF/MR	0	0.00	0.00			3.00	3.00	
4.00	HOME HEALTH AGENCY COST	0	0.00	0.00			4.00	4.00	
5.00	Other Long Term Care	0	0.00	0.00			5.00	5.00	
6.00	SNF-Based CMHC	0	0.00	0.00			6.00	6.00	
6.10	SNF-Based CORF	0	0.00	0.00			6.10	6.10	
7.00	HOSPICE	0	0.00	0.00			7.00	7.00	
8.00	Total (Sum of lines 1-7)	461	363.48	0.00			8.00	8.00	

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet S-3  
Part II  
Date/Time Prepared:  
4/24/2013 1:21 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	8,837,554	0	8,837,554	756,032.00	11.69
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)	8,837,554	0	8,837,554	756,032.00	11.69
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	0	0	0	0.00	0.00
10.00	HOSPICE	0	0	0	0.00	0.00
11.00	Other excluded areas	0	0	0	0.00	0.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,837,554	0	8,837,554	756,032.00	11.69
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	1,997,430	0	1,997,430	41,012.00	48.70
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	3,175,687	0	3,175,687		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	3,175,687	0	3,175,687		

Provider No. : 145269

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Worksheet S-3  
Part III  
Date/Time Prepared:  
4/24/2013 1:21 pm

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00	Employee Benefits	0	0	0.00	0.00	1.00
2.00	Administrative & General	347,695	0	347,695	16,399.00	2.00
3.00	Plant Operation, Maintenance & Repairs	247,880	0	247,880	10,199.00	3.00
4.00	Laundry & Linen Service	304,694	0	304,694	34,146.00	4.00
5.00	Housekeeping	397,100	0	397,100	42,710.00	5.00
6.00	Dietary	792,096	0	792,096	86,273.00	6.00
7.00	Nursing Administration	0	173,720	173,720	8,789.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	10.00
11.00	Social Service	447,834	0	447,834	43,891.00	11.00
12.00	Nursing and Allied Health Ed. Act.	0	0	0	0.00	12.00
13.00	Other General Service	0	0	0	0.00	13.00
14.00	Total (sum lines 1 thru 13)	2,537,299	173,720	2,711,019	242,407.00	14.00

SNF WAGE RELATED COSTS	Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 4/24/2013 1:21 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	988,053	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	1,534,620	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	653,014	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
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 - 23)</b>	<b>3,175,687</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	Other Wage Related Cost (Non Core)	0	25.00

SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet S-3  
Part V  
Date/Time Prepared:  
4/24/2013 1:21 pm

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	619,254	226,464	845,718	33,376.00	25.34	1.00
2.00	Licensed Practical Nursed (LPNs)	1,605,030	586,967	2,191,997	110,000.00	19.93	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	3,751,365	1,371,891	5,123,256	362,521.00	14.13	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,975,649	2,185,322	8,160,971	505,897.00	16.13	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	118,657	43,393	162,050	5,739.00	28.24	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	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	46,596		46,596	1,127.00	41.35	14.00
15.00	Licensed Practical Nursed (LPNs)	224,079		224,079	5,569.00	40.24	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	548,666		548,666	17,922.00	30.61	16.00
17.00	Total Nursing (sum of lines 14 through 16)	819,341		819,341	24,618.00	33.28	17.00
18.00	Physical Therapists	443,155		443,155	5,679.00	78.03	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	479,062		479,062	5,908.00	81.09	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	255,872		255,872	4,807.00	53.23	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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet S-7  
Date/Time Prepared:  
4/24/2013 1:21 pm

	Group	Days	
		1.00	2.00
1.00	RUX	28	1.00
2.00	RUL	181	2.00
3.00	RVX	121	3.00
4.00	RVL	142	4.00
5.00	RHX	33	5.00
6.00	RHL	13	6.00
7.00	RMX	4	7.00
8.00	RML	0	8.00
9.00	RLX	0	9.00
10.00	RUC	342	10.00
11.00	RUB	562	11.00
12.00	RUA	2,592	12.00
13.00	RVC	476	13.00
14.00	RVB	571	14.00
15.00	RVA	1,314	15.00
16.00	RHC	46	16.00
17.00	RHB	64	17.00
18.00	RHA	113	18.00
19.00	RMC	20	19.00
20.00	RMB	23	20.00
21.00	RMA	41	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	1	27.00
28.00	HE1	0	28.00
29.00	HD2	0	29.00
30.00	HD1	3	30.00
31.00	HC2	4	31.00
32.00	HC1	0	32.00
33.00	HB2	0	33.00
34.00	HB1	53	34.00
35.00	LE2	0	35.00
36.00	LE1	0	36.00
37.00	LD2	0	37.00
38.00	LD1	0	38.00
39.00	LC2	1	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	0	46.00
47.00	CC2	0	47.00
48.00	CC1	0	48.00
49.00	CB2	0	49.00
50.00	CB1	2	50.00
51.00	CA2	6	51.00
52.00	CA1	0	52.00
53.00			53.00
54.00			54.00
55.00			55.00
56.00			56.00
57.00			57.00
58.00			58.00
59.00			59.00
60.00			60.00
61.00			61.00
62.00			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	1	68.00
69.00	PD2	0	69.00
70.00	PD1	2	70.00
71.00	PC2	0	71.00
72.00	PC1	3	72.00
73.00	PB2	0	73.00
74.00	PB1	0	74.00
75.00	PA2	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet S-7

Date/Time Prepared:  
4/24/2013 1:21 pm

		Group	Days	
		1.00	2.00	
76.00		PA1		0 76.00
99.00		AAA		0 99.00
100.00	TOTAL			6,762 100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)				
101.00	Staffing	6,849,151	45.39	Y 101.00
102.00	Recruitment	0	0.00	N/A 102.00
103.00	Retention of employees	0	0.00	N/A 103.00
104.00	Training	0	0.00	N/A 104.00
105.00	OTHER (SPECIFY)	0	0.00	N/A 105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		15,088,906	106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet A Date/Time Prepared: 4/24/2013 1:21 pm		
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES		15,559	0	15,559	1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		0	0	0	2.00
3.00 00300	EMPLOYEE BENEFITS	0	3,231,934	0	3,231,934	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	347,695	1,981,944	0	2,329,639	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	247,880	372,243	0	620,123	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	304,694	41,228	0	345,922	6.00
7.00 00700	HOUSEKEEPING	397,100	56,943	0	454,043	7.00
8.00 00800	DIETARY	792,096	658,330	0	1,450,426	8.00
9.00 00900	NURSING ADMINISTRATION	0	0	173,720	173,720	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	285,911	-5,208	280,703	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	447,834	13,134	0	460,968	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	6,181,598	841,273	-173,720	6,849,151	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF - MENTALLY RETARDED	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	2,520	2,520	40.00
41.00 04100	LABORATORY	0	25,446	0	25,446	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	2,688	2,688	43.00
44.00 04400	PHYSICAL THERAPY	0	442,927	0	442,927	44.00
45.00 04500	OCCUPATIONAL THERAPY	118,657	482,014	0	600,671	45.00
46.00 04600	SPEECH PATHOLOGY	0	255,834	0	255,834	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	153,373	0	153,373	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	382,848	0	382,848	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	FOHC	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0	80.00
81.00 08100	INTEREST EXPENSE	0	0	0	0	81.00
82.00 08200	UTILIZATION REVIEW	0	0	0	0	82.00
83.00 08300	HOSPICE	0	0	0	0	83.00
84.00 08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	8,837,554	9,240,941	0	18,078,495	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
100.00	TOTAL	8,837,554	9,240,941	0	18,078,495	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet A Date/Time Prepared: 4/24/2013 1:21 pm
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Cost Center Description		Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	557,499	573,058	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS	137,591	3,369,525	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-382,438	1,947,201	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	247	620,370	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	-8,448	337,474	6.00
7.00	00700	HOUSEKEEPING	0	454,043	7.00
8.00	00800	DIETARY	0	1,450,426	8.00
9.00	00900	NURSING ADMINISTRATION	0	173,720	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	280,703	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	460,968	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	0	6,849,151	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF - MENTALLY RETARDED	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	2,520	40.00
41.00	04100	LABORATORY	0	25,446	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	2,688	43.00
44.00	04400	PHYSICAL THERAPY	0	442,927	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	600,671	45.00
46.00	04600	SPEECH PATHOLOGY	0	255,834	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	153,373	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	382,848	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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FOHC	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
<b>SPECIAL PURPOSE COST CENTERS</b>					
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)	304,451	18,382,946	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	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	304,451	18,382,946	100.00

RECLASSIFICATIONS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet A-6

Date/Time Prepared:  
4/24/2013 1:21 pm

		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
1.00	(1) A - RECLASS NURSING ADMIN SALARIES					
	NURSING ADMINISTRATION		9.00	173,720	0	1.00
	(1) B - ANCILLARY RECLASS					
2.00	RADIOLOGY		40.00	0	2,520	2.00
3.00	OXYGEN (INHALATION) THERAPY		43.00	0	2,688	3.00
	TOTALS					
100.00	Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)			173,720	5,208	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.

RECLASSIFICATIONS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet A-6

Date/Time Prepared:  
4/24/2013 1:21 pm

		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
	(1) A - RECLASS NURSING ADMIN SALARIES					
1.00		SKILLED NURSING FACILITY	30.00	173,720	0	1.00
	(1) B - ANCILLARY RECLASS					
2.00		CENTRAL SERVICES & SUPPLY	10.00	0	5,208	2.00
3.00			0.00	0	0	3.00
	TOTALS					
100.00				173,720	5,208	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 12/01/2011  
To 11/30/2012

Worksheet A-7

Date/Time Prepared:  
4/24/2013 1:21 pm

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	233,903	0	0	0	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	896,421	28,309	0	28,309	0	6.00
7.00 Subtotal (sum of lines 1-6)	22,458,403	28,309	0	28,309	0	7.00
8.00 Reconciling Items	0	0	0	0	0	8.00
9.00 Total (line 7 minus line 8)	22,458,403	28,309	0	28,309	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				1.00
2.00 Land Improvements	0	0				2.00
3.00 Buildings and Fixtures	19,711,553	0				3.00
4.00 Building Improvements	233,903	0				4.00
5.00 Fixed Equipment	0	0				5.00
6.00 Movable Equipment	924,730	0				6.00
7.00 Subtotal (sum of lines 1-6)	22,486,712	0				7.00
8.00 Reconciling Items	0	0				8.00
9.00 Total (line 7 minus line 8)	22,486,712	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet A-8

Date/Time Prepared:  
4/24/2013 1:21 pm

Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line No.
			1.00	2.00	3.00
1.00 Investment income on restricted funds (chapter 2)	B	-8,494	ADMINISTRATIVE & GENERAL		4.00 1.00
2.00 Trade, quantity, and time discounts (chapter 8)		0			0.00 2.00
3.00 Refunds and rebates of expenses (chapter 8)		0			0.00 3.00
4.00 Rental of provider space by suppliers (chapter 8)		0			0.00 4.00
5.00 Telephone services (pay stations excluded) (chapter 21)	B	-8,700	ADMINISTRATIVE & GENERAL		4.00 5.00
6.00 Television and radio service (chapter 21)	B	-19,177	ADMINISTRATIVE & GENERAL		4.00 6.00
7.00 Parking lot (chapter 21)		0			0.00 7.00
8.00 Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00 Home office cost (chapter 21)		0			0.00 9.00
10.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 10.00
11.00 Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00 11.00
12.00 Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	575,001			12.00
13.00 Laundry and linen service	B	-8,448	LAUNDRY & LINEN SERVICE		6.00 13.00
14.00 Revenue - Employee meals		0			0.00 14.00
15.00 Cost of meals - Guests		0			0.00 15.00
16.00 Sale of medical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts		0			0.00 18.00
19.00 Vending machines		0			0.00 19.00
20.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 20.00
21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 21.00
22.00 Utilization review--physicians' compensation (chapter 21)			UTILIZATION REVIEW		82.00 22.00
23.00 Depreciation--buildings and fixtures	A	557,499	CAP REL COSTS - BLDGS & FIXTURES		1.00 23.00
24.00 Depreciation--movable equipment			CAP REL COSTS - MOVABLE EQUIPMENT		2.00 24.00
25.00 Nonallowable Expenses	A	-783,127	ADMINISTRATIVE & GENERAL		4.00 25.00
25.01 Offset Miscellaneous Revenue	B	-103,451	ADMINISTRATIVE & GENERAL		4.00 25.01
25.02		0			0.00 25.02
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		304,451			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 12/01/2011  
To 11/30/2012

Worksheet A-8-1  
Parts I-III  
Date/Time Prepared:  
4/24/2013 1:21 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		3.00	EMPLOYEE BENEFITS	Worker's Comp	1.00
2.00		3.00	EMPLOYEE BENEFITS	Unemployment Comp	2.00
3.00		4.00	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		Auditor	6.00
7.00		4.00		Information Systems	7.00
8.00		4.00		Treasurer	8.00
9.00		4.00		County Board	9.00
9.01		5.00		County Buildings	9.01
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		103,085	0	103,085	1.00
2.00		34,506	0	34,506	2.00
3.00		13,461	0	13,461	3.00
4.00		228,934	0	228,934	4.00
5.00		7,083	0	7,083	5.00
6.00		23,126	0	23,126	6.00
7.00		53,820	0	53,820	7.00
8.00		303	0	303	8.00
9.00		110,436	0	110,436	9.00
9.01		247	0	247	9.01
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	575,001	0	575,001	10.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet A-8-1 Parts I-III Date/Time Prepared: 4/24/2013 1:21 pm
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Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

1.00		ROCK ISLAND CO	0.00	COUNTY GOVERNME	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 12/01/2011  
To 11/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	573,058	573,058			1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT	0		0		2.00
3.00 00300	EMPLOYEE BENEFITS	3,369,525	0	0	3,369,525	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	1,947,201	66,966	0	132,567	2,146,734 4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	620,370	28,512	0	94,510	743,392 5.00
6.00 00600	LAUNDRY & LINEN SERVICE	337,474	12,923	0	116,172	466,569 6.00
7.00 00700	HOUSEKEEPING	454,043	4,437	0	151,404	609,884 7.00
8.00 00800	DIETARY	1,450,426	35,256	0	302,005	1,787,687 8.00
9.00 00900	NURSING ADMINISTRATION	173,720	10,664	0	66,235	250,619 9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	280,703	5,528	0	0	286,231 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	460,968	1,503	0	170,747	633,218 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	6,849,151	388,209	0	2,290,644	9,528,004 30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0 31.00
32.00 03200	ICF - MENTALLY RETARDED	0	0	0	0	0 32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0 33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	2,520	0	0	0	2,520 40.00
41.00 04100	LABORATORY	25,446	0	0	0	25,446 41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0 42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	2,688	0	0	0	2,688 43.00
44.00 04400	PHYSICAL THERAPY	442,927	5,485	0	0	448,412 44.00
45.00 04500	OCCUPATIONAL THERAPY	600,671	7,443	0	45,241	653,355 45.00
46.00 04600	SPEECH PATHOLOGY	255,834	3,169	0	0	259,003 46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0 47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	153,373	2,963	0	0	156,336 48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	382,848	0	0	0	382,848 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					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)	18,382,946	573,058	0	3,369,525	18,382,946 89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0 90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	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	18,382,946	573,058	0	3,369,525	18,382,946 100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		4.00	5.00	6.00	7.00	8.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	2,146,734				4.00	
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	98,291	841,683			5.00	
6.00	00600	LAUNDRY & LINEN SERVICE	61,689	22,776	551,034		6.00	
7.00	00700	HOUSEKEEPING	80,638	7,820	0	698,342	7.00	
8.00	00800	DIETARY	236,366	62,135	0	53,498	2,139,686	8.00
9.00	00900	NURSING ADMINISTRATION	33,137	18,794	0	16,182	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	37,845	9,743	0	8,389	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	83,723	2,649	0	2,281	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	1,259,782	684,176	551,034	589,071	2,139,686	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF - MENTALLY RETARDED	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	333	0	0	0	0	40.00
41.00	04100	LABORATORY	3,364	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	355	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	59,289	9,667	0	8,323	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	86,386	13,117	0	11,294	0	45.00
46.00	04600	SPEECH PATHOLOGY	34,245	5,584	0	4,808	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,671	5,222	0	4,496	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	50,620	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						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)	2,146,734	841,683	551,034	698,342	2,139,686	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	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	2,146,734	841,683	551,034	698,342	2,139,686	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	318,732					9.00
10.00	01000	0	342,208				10.00
11.00	01100	0	0	0			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	721,871	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	318,732	342,208	0	0	721,871	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
84.00	08400	0	0	0	0	0	84.00
89.00		318,732	342,208	0	0	721,871	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00	TOTAL	318,732	342,208	0	0	721,871	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Stepdown Adjustments	Total	
		14.00				
<b>GENERAL SERVICE COST CENTERS</b>						
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				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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	SKILLED NURSING FACILITY	0	0	16,134,564	30.00
31.00	03100	NURSING FACILITY	0	0	0	31.00
32.00	03200	ICF - MENTALLY RETARDED	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	0	0	2,853	40.00
41.00	04100	LABORATORY	0	0	28,810	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	3,043	43.00
44.00	04400	PHYSICAL THERAPY	0	0	525,691	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	764,152	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	303,640	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	186,725	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	433,468	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	08100	INTEREST EXPENSE				81.00
82.00	08200	UTILIZATION REVIEW				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	0	18,382,946	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	99.00
100.00		TOTAL	0	0	18,382,946	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDGS & FIXTURES	MOVABLE EQUIPMENT			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	0	0	3.00
4.00 00400	ADMINISTRATIVE & GENERAL	0	66,966	0	66,966	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	0	28,512	0	28,512	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	0	12,923	0	12,923	6.00
7.00 00700	HOUSEKEEPING	0	4,437	0	4,437	7.00
8.00 00800	DIETARY	0	35,256	0	35,256	8.00
9.00 00900	NURSING ADMINISTRATION	0	10,664	0	10,664	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	0	5,528	0	5,528	10.00
11.00 01100	PHARMACY	0	0	0	0	11.00
12.00 01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00 01300	SOCIAL SERVICE	0	1,503	0	1,503	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	SKILLED NURSING FACILITY	0	388,209	0	388,209	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	31.00
32.00 03200	ICF - MENTALLY RETARDED	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00 04000	RADIOLOGY	0	0	0	0	40.00
41.00 04100	LABORATORY	0	0	0	0	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00 04400	PHYSICAL THERAPY	0	5,485	0	5,485	44.00
45.00 04500	OCCUPATIONAL THERAPY	0	7,443	0	7,443	45.00
46.00 04600	SPEECH PATHOLOGY	0	3,169	0	3,169	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,963	0	2,963	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	FOHC	0	0	0	0	62.00
63.00 06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00 08100	INTEREST EXPENSE					81.00
82.00 08200	UTILIZATION REVIEW					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)	0	573,058	0	573,058	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00 09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00 09300	NONPAID WORKERS	0	0	0	0	93.00
94.00 09400	PATIENTS LAUNDRY	0	0	0	0	94.00
95.00 09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	95.00
98.00	Cross Foot Adjustments				0	98.00
99.00	Negative Cost Centers		0	0	0	99.00
100.00	TOTAL	0	573,058	0	573,058	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400	66,966					4.00
5.00	00500	3,066	31,578				5.00
6.00	00600	1,924	854	15,701			6.00
7.00	00700	2,515	293	0	7,245		7.00
8.00	00800	7,372	2,331	0	555	45,514	8.00
9.00	00900	1,034	705	0	168	0	9.00
10.00	01000	1,180	366	0	87	0	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,611	99	0	24	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	39,303	25,669	15,701	6,111	45,514	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	10	0	0	0	0	40.00
41.00	04100	105	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	11	0	0	0	0	43.00
44.00	04400	1,849	363	0	86	0	44.00
45.00	04500	2,694	492	0	117	0	45.00
46.00	04600	1,068	210	0	50	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	645	196	0	47	0	48.00
49.00	04900	1,579	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
84.00	08400	0	0	0	0	0	84.00
89.00		66,966	31,578	15,701	7,245	45,514	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00							98.00
99.00							99.00
100.00		66,966	31,578	15,701	7,245	45,514	100.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet B Part II Date/Time Prepared: 4/24/2013 1:21 pm			
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
3.00	00300						3.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	12,571					9.00
10.00	01000		7,161				10.00
11.00	01100	0	0	0			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	4,237	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	12,571	7,161	0	0	4,237	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	0	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
84.00	08400	0	0	0	0	0	84.00
89.00		12,571	7,161	0	0	4,237	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
98.00		0	0	0	0	0	98.00
99.00		0	0	0	0	0	99.00
100.00	TOTAL	12,571	7,161	0	0	4,237	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE COST CENTERS	Subtotal	Post Step-Down Adjustments	Total	
		14.00				
<b>GENERAL SERVICE COST CENTERS</b>						
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				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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	SKILLED NURSING FACILITY	0	0	544,476	30.00
31.00	03100	NURSING FACILITY	0	0	0	31.00
32.00	03200	ICF - MENTALLY RETARDED	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	0	0	10	40.00
41.00	04100	LABORATORY	0	0	105	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	11	43.00
44.00	04400	PHYSICAL THERAPY	0	0	7,783	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	10,746	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	4,497	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,851	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	1,579	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	08100	INTEREST EXPENSE				81.00
82.00	08200	UTILIZATION REVIEW				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	0	573,058	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	95.00
98.00		Cross Foot Adjustments	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	99.00
100.00		TOTAL	0	0	573,058	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B-1  
Date/Time Prepared:  
4/24/2013 1:21 pm

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	3.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS - BLDGS & FIXTURES	119,728					1.00
2.00 00200	CAP REL COSTS - MOVABLE EQUIPMENT		0				2.00
3.00 00300	EMPLOYEE BENEFITS	0	0	8,837,554			3.00
4.00 00400	ADMINISTRATIVE & GENERAL	13,991	0	347,695	-2,146,734	16,236,212	4.00
5.00 00500	PLANT OPERATION, MAINT. & REPAIRS	5,957	0	247,880	0	743,392	5.00
6.00 00600	LAUNDRY & LINEN SERVICE	2,700	0	304,694	0	466,569	6.00
7.00 00700	HOUSEKEEPING	927	0	397,100	0	609,884	7.00
8.00 00800	DIETARY	7,366	0	792,096	0	1,787,687	8.00
9.00 00900	NURSING ADMINISTRATION	2,228	0	173,720	0	250,619	9.00
10.00 01000	CENTRAL SERVICES & SUPPLY	1,155	0	0	0	286,231	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	447,834	0	633,218	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	SKILLED NURSING FACILITY	81,108	0	6,007,878	0	9,528,004	30.00
31.00 03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00 03200	ICF - MENTALLY RETARDED	0	0	0	0	0	32.00
33.00 03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00 04000	RADIOLOGY	0	0	0	0	2,520	40.00
41.00 04100	LABORATORY	0	0	0	0	25,446	41.00
42.00 04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00 04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	2,688	43.00
44.00 04400	PHYSICAL THERAPY	1,146	0	0	0	448,412	44.00
45.00 04500	OCCUPATIONAL THERAPY	1,555	0	118,657	0	653,355	45.00
46.00 04600	SPEECH PATHOLOGY	662	0	0	0	259,003	46.00
47.00 04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00 04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	619	0	0	0	156,336	48.00
49.00 04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	382,848	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00 08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00 08100	INTEREST EXPENSE						81.00
82.00 08200	UTILIZATION REVIEW						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	8,837,554	-2,146,734	16,236,212	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00 09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100	BARBER AND BEAUTY SHOP	0	0	0	0	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)	573,058	0	3,369,525		2,146,734	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	4.786332	0.000000	0.381273		0.132219	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		66,966	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.004124	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B-1

Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description			PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	NURSING ADMINISTRATION  (DIRECT NURS. HRS.)	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
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	99,780					5.00
6.00	00600	LAUNDRY & LINEN SERVICE	2,700	84,454				6.00
7.00	00700	HOUSEKEEPING	927	0	96,153			7.00
8.00	00800	DIETARY	7,366	0	7,366	253,362		8.00
9.00	00900	NURSING ADMINISTRATION	2,228	0	2,228	0	505,897	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	1,155	0	1,155	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	314	0	314	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	81,108	84,454	81,108	253,362	505,897	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF - MENTALLY RETARDED	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,146	0	1,146	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,555	0	1,555	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	662	0	662	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	619	0	619	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW						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)	99,780	84,454	96,153	253,362	505,897	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	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)	841,683	551,034	698,342	2,139,686	318,732	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	8.435388	6.524664	7.262821	8.445173	0.630033	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	31,578	15,701	7,245	45,514	12,571	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.316476	0.185912	0.075349	0.179640	0.024849	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B-1  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	84,454				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	84,454	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	84,454	0	0	84,454	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF - MENTALLY RETARDED	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	FOHC	0	0	0	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW					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)	84,454	0	0	84,454	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
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)	342,208	0	0	721,871	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	4.052005	0.000000	0.000000	8.547505	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	7,161	0	0	4,237	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.084792	0.000000	0.000000	0.050169	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet B-1  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description		OTHER GENERAL SERVICE		
		COST CENTERS (ASSIGNED TIME)		
		15.00		
<b>GENERAL SERVICE COST CENTERS</b>				
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		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	SKILLED NURSING FACILITY	0	30.00
31.00	03100	NURSING FACILITY	0	31.00
32.00	03200	ICF - MENTALLY RETARDED	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
60.00	06000	CLINIC	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	61.00
62.00	06200	FOHC	0	62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	63.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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
<b>SPECIAL PURPOSE COST CENTERS</b>				
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	08100	INTEREST EXPENSE		81.00
82.00	08200	UTILIZATION REVIEW		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
<b>NONREIMBURSABLE COST CENTERS</b>				
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	09300	NONPAID WORKERS	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	95.00
98.00		Cross Foot Adjustments		98.00
99.00		Negative Cost Centers		99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	0	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

RATIO OF COST TO CHARGES FOR ANCI LLARY AND OUTPATIENT COST CENTERS		Provi der No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet C Date/Time Prepared: 4/24/2013 1:21 pm
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Cost Center Description			Total (from Wkst. B, Pt 1, col. 18)	Total Charges	Ratio (col. 1 di vi ded by col. 2)	
			1.00	2.00	3.00	
<b>ANCI LLARY SERVICE COST CENTERS</b>						
40.00	04000	RADI OLOGY	2,853	2,520	1.132143	40.00
41.00	04100	LABORATORY	28,810	13,186	2.184893	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300	OXYGEN (I NHALATI ON) THERAPY	3,043	2,688	1.132068	43.00
44.00	04400	PHYSI CAL THERAPY	525,691	709,884	0.740531	44.00
45.00	04500	OCCUPATI ONAL THERAPY	764,152	766,980	0.996313	45.00
46.00	04600	SPEECH PATHOLOGY	303,640	1,054,548	0.287934	46.00
47.00	04700	ELECTROCARDI OLOGY	0	0	0.000000	47.00
48.00	04800	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	186,725	9,097	20.525998	48.00
49.00	04900	DRUGS CHARGED TO PATI ENTS	433,468	268,649	1.613511	49.00
50.00	05000	DENTAL CARE - TI TLE XI X ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	05200	OTHER ANCI LLARY SERVI CE COST CENTERS	0	0	0.000000	52.00
<b>OUTPATI ENT SERVI CE COST CENTERS</b>						
60.00	06000	CLI NI C	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLI NI C	0	0	0.000000	61.00
62.00	06200	FOHC	0	0	0.000000	62.00
63.00	06300	OTHER OUTPATI ENT SERVI CE COST CENTER	0	0	0.000000	63.00
71.00	07100	AMBULANCE	0	0	0.000000	71.00
100.00		Total	2,248,382	2,827,552		100.00

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part I Date/Time Prepared: 4/24/2013 1:21 pm
		Title XVIII (1)	Skilled Nursing Facility	PPS

Cost Center Description	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost			
		Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST</b>							
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000 RADIOLOGY	1.132143	2,520	0	2,853	0	40.00
41.00	04100 LABORATORY	2.184893	13,186	0	28,810	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	1.132068	2,688	0	3,043	0	43.00
44.00	04400 PHYSICAL THERAPY	0.740531	536,184	0	397,061	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0.996313	572,688	0	570,576	0	45.00
46.00	04600 SPEECH PATHOLOGY	0.287934	996,516	0	286,931	0	46.00
47.00	04700 ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	20.525998	2,608	0	53,532	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	1.613511	268,649	0	433,468	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	52.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000 CLINIC	0.000000	0	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0.000000	0	0	0	0	61.00
62.00	06200 FOHC	0.000000	0	0	0	0	62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	07100 AMBULANCE (2)	0.000000	0	0	0	0	71.00
100.00	Total (Sum of lines 40 - 71)		2,395,039	0	1,776,274	0	100.00

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

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

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet D Parts II-III Date/Time Prepared: 4/24/2013 1:21 pm
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description			1.00	
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PART II - APPORTIONMENT OF VACCINE COST				
1.00		Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.613511	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	2,853	0	0.000000	2,853	0	40.00
41.00	04100	LABORATORY	28,810	0	0.000000	28,810	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	3,043	0	0.000000	3,043	0	43.00
44.00	04400	PHYSICAL THERAPY	525,691	0	0.000000	397,061	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	764,152	0	0.000000	570,576	0	45.00
46.00	04600	SPEECH PATHOLOGY	303,640	0	0.000000	286,931	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	186,725	0	0.000000	53,532	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	433,468	0	0.000000	433,468	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	52.00
100.00		Total (Sum of lines 40 - 52)	2,248,382	0		1,776,274	0	100.00

COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet D-1 Parts I-II Date/Time Prepared: 4/24/2013 1:21 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		84,454	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		6,762	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		16,134,564	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		15,088,906	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.069300	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		16,134,564	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		191.05	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,291,880	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		1,291,880	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/MR)		544,476	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		6.45	21.00
22.00	Program capital related cost (Line 3 times line 21)		43,615	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,248,265	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)		1,248,265	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00

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

			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total inpatient days		84,454	1.00
2.00	Program inpatient days. (From Worksheet S-3, Part I, cols 3, 4, or 5, line 1 or 2 as applicable)		6,762	2.00
3.00	Total Nursing & Allied Health costs. (From Worksheet B, Part I, column 14, line 14)		0	3.00
4.00	Nursing & Allied Health ratio. (Line 2 divided by line 1)		0.080067	4.00
5.00	Program Nursing & Allied Health costs for pass-through. (Line 3 times line 4)		0	5.00

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE XVIII		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet E Part I Date/Time Prepared: 4/24/2013 1:21 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		3,004,059	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)		3,004,059	3.00
4.00	Primary payor amounts		0	4.00
5.00	Coinsurance		551,580	5.00
6.00	Reimbursable bad debts (From your records)		99,868	6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (See instructions)		55,587	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		86,584	8.00
9.00	Recovery of bad debts - for statistical records only		33,255	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		2,539,063	11.00
12.00	Interim payments (See instructions)		2,515,565	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
15.00	Balance due provider/program (Line 11 minus line 12 and 13, plus or minus line 14) (Indicate overpayment in parentheses) (See Instructions)		23,498	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>				
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	Reimbursable bad debts (From your records)		0	24.00
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
29.00	Balance due provider/program (Line 25 minus line 26, 27 and plus or minus line 28) (Indicate overpayments in parentheses) (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

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet E Part II Date/Time Prepared: 4/24/2013 1:21 pm
		Title XIX	Skilled Nursing Facility	Cost
				1.00
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
<b>REASONABLE CHARGES</b>				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semi private accommodations and less than semi private accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
<b>CUSTOMARY CHARGES</b>				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Reimbursable bad debts (From your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider No. : 145269	Period: From 12/01/2011 To 11/30/2012	Worksheet E-1 Date/Time Prepared: 4/24/2013 1:21 pm		
		Title XVIII	Skilled Nursing Facility	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		2,515,565		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2,515,565		0	4.00
TO BE COMPLETED BY CONTRACTOR						
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
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		23,498		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,539,063		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 12/01/2011  
To 11/30/2012

Worksheet G

Date/Time Prepared:  
4/24/2013 1:21 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	493,543	0	0	0	1.00
2.00	Temporary investments	636,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	5,506,666	0	0	0	4.00
5.00	Other receivables	2,024,762	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	2,348	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	<b>TOTAL CURRENT ASSETS (Sum of lines 1 - 10)</b>	<b>8,663,319</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11.00</b>
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less: Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	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	<b>TOTAL FIXED ASSETS (Sum of lines 12 - 27)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28.00</b>
<b>OTHER ASSETS</b>						
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	<b>TOTAL OTHER ASSETS (Sum of lines 29 - 32)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33.00</b>
34.00	<b>TOTAL ASSETS (Sum of lines 11, 28, and 33)</b>	<b>8,663,319</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34.00</b>
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	554,713	0	0	0	35.00
36.00	Salaries, wages, and fees payable	174,970	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	3,682,142	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	419,754	0	0	0	41.00
42.00	Other current liabilities	2,502,428	0	0	0	42.00
43.00	<b>TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)</b>	<b>7,334,007</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43.00</b>
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	<b>TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50.00</b>
51.00	<b>TOTAL LIABILITIES (Sum of lines 43 and 50)</b>	<b>7,334,007</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51.00</b>
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,329,312	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	<b>TOTAL FUND BALANCES (Sum of lines 52 thru 58)</b>	<b>1,329,312</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59.00</b>
60.00	<b>TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)</b>	<b>8,663,319</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60.00</b>

STATEMENT OF CHANGES IN FUND BALANCES

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet G-1

Date/Time Prepared:  
4/24/2013 1:21 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		2,595,643			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)		-341,801				2.00
3.00	Total (sum of line 1 and line 2)		2,253,842			0	3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		2,253,842			0	11.00
12.00	Deductions (debit adjustments)						12.00
13.00	Prior Period Adjustment - Bond Issue Adjustment	924,530		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)		924,530			0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		1,329,312			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00	Prior Period Adjustment - Bond Issue Adjustment		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet G-2  
Parts I-III  
Date/Time Prepared:  
4/24/2013 1:21 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	15,088,906		15,088,906	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/MR	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	15,088,906		15,088,906	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	6,489	0	6,489	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	SNF Based HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	15,095,395	0	15,095,395	14.00
Cost Center Description			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			18,078,495	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			18,078,495	15.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No. : 145269

Period:  
From 12/01/2011  
To 11/30/2012

Worksheet G-3

Date/Time Prepared:  
4/24/2013 1:21 pm

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	15,095,395	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)	15,095,395	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	18,078,495	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,983,100	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,494	7.00
8.00	Revenues from communications ( Telephone and Internet service)	8,700	8.00
9.00	Revenue from television and radio service	19,177	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	8,448	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Barber and Beauty Shop	2,592,928	24.00
24.01	Other Revenue	3,552	24.01
25.00	Total other income (Sum of lines 6 - 24)	2,641,299	25.00
26.00	Total (Line 5 plus line 25)	-341,801	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)	-341,801	31.00