

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0463

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT
 PROVIDER NO: 14-5269
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 WORKSHEET PARTS I & II

INTERMEDIARY USE ONLY: [] AUDITED [] DESK REVIEWED [] DATE RECEIVED / / [] INITIAL [] RE-OPENED [] FINAL [] INTERMEDIARY NO.

PART I - CERTIFICATION

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

DATE: 11/21/2013
 TIME: 15:34

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: (PROVIDER NAME(S) AND NUMBER(S))

OAK GLEN HOME 14-5269
 FOR THE COST REPORT PERIOD BEGINNING 12/01/2007 AND ENDING 11/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1 SKILLED NURSING FACILITY	0	14,709		522	0
2					
3 NURSING FACILITY	0				0
3.10 ICF/MR	0				0
4 SNF-BASED HHA I		0		0	
7 TOTAL	0	14,709		522	0

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

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

SKILLED NURSING FACILITY HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO:
14-5269

PERIOD: PREPARED 11/21/2013 (15:34)
FROM 12/ 1/2007 WORKSHEET S-2
TO 11/30/2008

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

1 STREET: 11210 95TH STREET P. O. BOX:
2 CITY: COAL VALLEY STATE: IL ZIP CODE: 61240
3 COUNTY: ROCK ISLAND MSA: 1960 CBSA: 19340 URBAN / RURAL: U

3.10 FACILITY SPECIFIC RATE: 1 2
3.10 TRANSITION PERIOD - ENTER 1, 2, 3 OR 100: 0.00 100
3.20 WAGE INDEX ADJUSTMENT FACTOR: BEFORE OCTOBER 1 0.8834
3.20 WAGE INDEX ADJUSTMENT FACTOR: AFTER SEPTEMBER 30 0.8435

SNF AND SNF-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI	NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, O OR N)		
0	1	2		2.01	3	V	XVIII	XIX
4.00 SNF	OAK GLEN HOME	14-5269			10/ 1/1997	N	P	0
6.00 NURSING FACILITY	OAK GLEN HOME	14-5269			10/ 1/1997	N		0

13 COST REPORTING PERIOD (mm/dd/yyyy) FROM: 12/ 1/2007 TO: 11/30/2008

14 TYPE OF CONTROL (SEE INSTRUCTIONS) 9

TYPE OF FREESTANDING SKILLED NURSING FACILITY

15 IS THIS AN ENTIRELY PARTICIPATING SKILLED NURSING FACILITY? N

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 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. ENTER IN COLUMN 1 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 2 "Y" FOR YES, OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

	%	Y/N
15.01 STAFFING	47.85	Y
15.02 RECRUITMENT	0.00	
15.03 RETENTION	0.00	
15.04 TRAINING	0.03	N
16 IS THIS A PARTIALLY PARTICIPATING SKILLED NURSING FACILITY?	Y	
17 IS THIS SKILLED NURSING FACILITY UNIT OF A DOMICILIARY INSTITUTION?	N	
18 IS THIS SKILLED NURSING FACILITY UNIT OF A REHABILITATION CENTER?	N	
19 OTHER (SPECIFY)	N	

MISCELLANEOUS COST REPORTING INFORMATION

20 IF THIS IS A LOW OR NO MEDICARE UTILIZATION COST REPORT, ENTER "L" FOR LOW MEDICARE UTILIZATION, OR "N" FOR NO MEDICARE UTILIZATION.
21 IF THIS IS AN ALL-INCLUSIVE PROVIDER, ENTER THE METHOD USED. (SEE INSTRUCTION)
22 IS THE DIFFERENCE BETWEEN TOTAL INTERIM PAYMENTS AND THE NET COST COVERED SERVICE INCLUDED IN THE BALANCE SHEET? N

DEPRECIATION ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED

23 STRAIGHT LINE 56,058
24 DECLINING BALANCE
25 SUM OF THE YEAR'S DIGITS
26 SUM OF LINE 23 THRU 25 56,058
27 IF DEPRECIATION IS FUNDED, ENTER THE BALANCE AS OF THE END OF THE PERIOD.
28 WERE THERE ANY DISPOSALS OF CAPITAL ASSETS DURING THE COST REPORTING PERIOD? N
29 WAS ACCELERATED DEPRECIATION CLAIMED ON ANY ASSETS IN THE CURRENT OR ANY PRIOR COST REPORTING PERIOD? N
30 WAS ACCELERATED DEPRECIATION CLAIMED ON ASSETS ACQUIRED ON OR AFTER AUGUST 1, 1970 (SEE PRM 15-1, CHAPTER 1)? N
31 DID YOU CEASE TO PARTICIPATE IN THE MEDICARE PROGRAM AT END OF THE PERIOD TO WHICH THIS COST REPORT APPLIES. (SEE PRM 15-1, CHAPTER 1)? N
32 WAS THERE A SUBSTANTIAL DECREASE IN HEALTH INSURANCE PROPORTION OF ALLOWABLE COST FROM PRIOR COST REPORTING PERIODS. (SEE PRM 15-1, CHAPTER 1)? N

SKILLED NURSING FACILITY HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-5269
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 11/21/2013 (15:34)
WORKSHEET S-2

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

33 SNF
35 NURSING FACILITY

PART A PART B OTHER

N N N

YES / NO

41 IS THIS SKILLED NURSING FACILITY EXEMPT FROM THE COST LIMITS? NO
42 IS THIS NURSING FACILITY EXEMPT FROM THE COST LIMITS? NO
43 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 AND XIX PATIENTS? NO
44 DID THE PROVIDER PARTICIPATE IN THE NHCMQ DEMONSTRATION DURING THE COST REPORTING PERIOD? IF YES, ENTER PHASE # NO

45 LIST MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
SELF INSURANCE: 0

46 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, CHECK BOX, AND SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO

47 ARE YOU CLAIMING AMBULANCE COSTS? EFF. DATE
1 NO 2 NO

48.00 IF LINE 47 IS YES, IN COL 1 ENTER THE PAYMENT LIMIT PROVIDED FROM YOUR INTERMEDIARY FOR THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COL 2 THE FEE SCHEDULE FOR THE DATE INDICATED IF APPLICABLE (DATE ON OR AFTER 4/1/2002), BUT NOT IF LINE 47, COL 2 IS YES. 0 0 0000 0.00 0

48.01 IF SECOND LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED. 0.00 0

48.02 IF THIRD LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED. 0.00 0

48.03 IF FOURTH LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED. 0.00 0

49 DID YOU OPERATE AN ICF/MR UNDER TITLE XIX? Y/N YES

50 DID THIS FACILITY REPORT LESS THAN 1500 MEDICARE DAYS IN ITS PREVIOUS YEAR'S COST REPORT? NO

51 IF LINE 50 IS YES, DID YOU FILE YOUR PREVIOUS YEARS COST REPORT USING THE "SIMPLIFIED" STEP-DOWN METHOD OF COST FINDING? NO

52 IS THIS COST REPORT BEING FILED UNDER 42 CFR 413.321, THE "SIMPLIFIED" COST REPORT? NO

RELATED ORGANIZATION OR HOME OFFICE COSTS 1 2 3

53 ARE THERE ANY RELATED ORGANIZATIONS OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? IF YES, AND THERE ARE COSTS FOR EITHER, ENTER THE APPLICABLE PROVIDER NUMBER IN COLUMN 2.

54 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME IN COLUMN 1, THE FI/CONTRACTOR NAME IN COLUMN 2 AND THE FI/CONTRACTOR NUMBER IN COLUMN 3.

55 ENTER THE STREET ADDRESS IN COLUMN 1 OR THE PO BOX IN COLUMN 2.

56 ENTER THE CITY IN COLUMN 1, THE STATE IN COLUMN 2, AND THE ZIP CODE IN COLUMN 3.

SKILLED NURSING FACILITY HEALTH CARE COMPLEX
STATISTICAL DATA

PROVIDER NO: 14-5269
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 11/21/2013 (15:34)
WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	TITLE V 3	INPATIENT DAYS		OTHER 6
					TITLE XVII 4	TITLE XIX 5	
1	SKILLED NURSING FACILITY	20	7,320		3,733		519
3	NURSING FACILITY	225	82,350			44,414	13,689
5	HOME HEALTH AGENCY						
9	TOTAL	245	89,670		3,733	44,414	14,208
10	AMBULANCE TRIPS (12/01/20)						

	COMPONENT	INPAT DAYS TOTAL 7	TITLE V 8	DISCHARGES			TOTAL 12
				TITLE XVII 9	TITLE XIX 10	OTHER 11	
1	SKILLED NURSING FACILITY	4,252		130		1	131
3	NURSING FACILITY	58,103			109	34	143
5	HOME HEALTH AGENCY						
9	TOTAL	62,355		130	109	35	274
10	AMBULANCE TRIPS (12/01/20)						

	COMPONENT	TITLE V 13	AVERAGE LENGTH OF STAY		TOTAL 16	ADMISSIONS	
			TITLE XVII 14	TITLE XIX 15		TITLE V 17	TITLE XVII 18
1	SKILLED NURSING FACILITY		28.72		32.46		130
3	NURSING FACILITY			407.47	406.31		
5	HOME HEALTH AGENCY						
9	TOTAL		28.72	407.47	227.57		130
10	AMBULANCE TRIPS (12/01/20)						

	COMPONENT	TITLE XIX 19	ADMISSIONS		FULL TIME EQUIVALENT	
			OTHER 20	TOTAL 21	EMPLOYEES ON PAYROLL 22	NONPAID WORKERS 23
1	SKILLED NURSING FACILITY		1	131	12.17	
3	NURSING FACILITY	109	34	143	166.26	
5	HOME HEALTH AGENCY					
9	TOTAL	109	35	274	178.43	
10	AMBULANCE TRIPS (12/01/20)					

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 TOTAL SALARY	5,493,832		5,493,832	371,140.00	14.80	
2 PHYSICIAN SALARIES - PART A						
3 PHYSICIAN SALARIES - PART B						
4 INTERNS & RESIDENTS (APPROVED)						
5 HOME OFFICE PERSONNEL						
6 SUM OF LINES 2 THRU 5						
7 REVISED WAGES (L1 MINUS L6)	5,493,832		5,493,832	371,140.00	14.80	
8 OTHER LONG TERM CARE						
9 OTHER INPATIENT ROUTINE SERVICE						
10 INTERNS & RESIDENTS (NOT IN APPROVED PRGM)						
11 HHA						
12 CORF AND CMHC						
13 HOSPICE						
14 NON-REIMBURSABLE						
15 TOTAL EXCLUDED SALARY						
16 SUBTOTAL	5,493,832		5,493,832	371,140.00	14.80	
17 CONTRACT LABOR: PATIENT	433,180		433,180	5,594.00	77.44	
18 HOME OFFICE SALARIES & WAGE RELATED COSTS						
19 WAGE RELATED COSTS (CORE)	2,087,599		2,087,599			CMS 339
20 WAGE RELATED COSTS (OTHER)						CMS 339
21 WAGE RELATED COSTS (EXCLUDED)						CMS 339
22 SUBTOTAL	2,087,599		2,087,599		.3800	
23 TOTAL	8,014,611		8,014,611	376,734.00	21.27	
24 CONTRACT LABOR: PHYSICIAN SERVICES PART A						

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5
1	EMPLOYEE BENEFITS				
2	ADMINISTRATIVE & GENERAL		267,370	14,472.00	18.47
3	PLANT OPERATION, MAINT. & REPAIRS		275,483	14,055.00	19.60
4	LAUNDRY & LINEN SERVICE		215,922	17,049.00	12.66
5	HOUSEKEEPING		272,217	19,574.00	13.91
6	DIETARY		563,321	44,739.00	12.59
7	NURSING ADMINISTRATION	44,421	44,421	1,712.00	25.95
8	CENTRAL SERVICES & SUPPLY				
9	PHARMACY				
10	MEDICAL RECORDS & LIBRARY				
11	SOCIAL SERVICE		119,582	6,268.00	19.08
12	INTERNS & RESIDENTS (APPRVD PROG)				
13	OTHER GENERAL SERVICES				
14	TOTAL (SUM LINES 1 THRU 13)	44,421	1,758,316	117,869.00	14.92

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-5269

PERIOD: PREPARED 11/21/2013 (15:34)
FROM 12/1/2007 WORKSHEET S-7
TO 11/30/2008 PART IV

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.02	4.03
1	2	3	3.01	4	4.01	4.02		
001	RUC		249					
002	RUB		400					
003	RUA		158					
003 .01	RUX		58					
003 .02	RUL		80					
004	RVC		427					
005	RVB		595					
006	RVA		326					
006 .01	RVX		311					
006 .02	RVL		103					
007	RHC		176					
008	RHB							
009	RHA		25					
009 .01	RHX							
009 .02	RHL		11					
010	RMC		15					
011	RMB		4					
012	RMA							
012 .01	RMX		586					
012 .02	RML							
013	RLB		4					
014	RLA							
014 .01	RLX							
015	SE3		15					
016	SE2		59					
017	SE1							
018	SSC		65					
019	SSB							
020	SSA		49					
021	CC2							
022	CC1		17					
023	CB2							
024	CB1							
025	CA2							
026	CA1							
027	IB2							
028	IB1							
029	IA2							
030	IA1							
031	BB2							
032	BB1							
033	BA2							
034	BA1							
035	PE2							
036	PE1							
037	PD2							
038	PD1							
039	PC2							
040	PC1							
041	PB2							
042	PB1							
043	PA2							
044	PA1							
045								
045 .01	ES3							
045 .02	ES2							
045 .03	ES1							
045 .04	HE2							
045 .05	HE1							
045 .06	HD2							
045 .07	HD1							
045 .08	HC2							
045 .09	HC1							
045 .10	HB2							
045 .11	HB1							
045 .12	LE2							
045 .13	LE1							
045 .14	LD2							
045 .15	LD1							
045 .16	LC2							
045 .17	LC1							
045 .18	LB2							
045 .19	LB1							
045 .20	CE2							
045 .21	CE1							
045 .22	CD2							
045 .23	CD1							
046	TOTAL		3,733					

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-5269
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 11/21/2013 (15:34)
WORKSHEET S-7
PART IV

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8834
 Wage Index Factor (after 10/01): 0.8435
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : 19340

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-5269

IN LIEU OF FORM CMS-2540-96 (08/2010)
PERIOD: PREPARED 11/21/2013 (15:34)
FROM 12/1/2007 WORKSHEET S-7
TO 11/30/2008 PART IV

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

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8834
 Wage Index Factor (after 10/01) : 0.8435
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : 19340

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-5269

PERIOD: PREPARED 11/21/2013 (15:34)
FROM 12/1/2007 WORKSHEET S-7
TO 11/30/2008 PART IV

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.02	4.03
1	2	3	3.01	4	4.01	4.02		4.03
001	RUC		181					
002	RUB		291					
003	RUA		115					
003 .01	RUX		42					
003 .02	RUL		58					
004	RVC		311					
005	RVB		433					
006	RVA		237					
006 .01	RVX		226					
006 .02	RVL		75					
007	RHC		128					
008	RHB							
009	RHA		18					
009 .01	RHX							
009 .02	RHL		8					
010	RMC		11					
011	RMB		3					
012	RMA							
012 .01	RMX		426					
012 .02	RML							
013	RLB		3					
014	RLA							
014 .01	RLX							
015	SE3		11					
016	SE2		43					
017	SE1							
018	SSC		47					
019	SSB							
020	SSA		36					
021	CC2							
022	CC1		13					
023	CB2							
024	CB1							
025	CA2							
026	CA1							
027	IB2							
028	IB1							
029	IA2							
030	IA1							
031	BB2							
032	BB1							
033	BA2							
034	BA1							
035	PE2							
036	PE1							
037	PD2							
038	PD1							
039	PC2							
040	PC1							
041	PB2							
042	PB1							
043	PA2							
044	PA1							
045								
045 .01	ES3							
045 .02	ES2							
045 .03	ES1							
045 .04	HE2							
045 .05	HE1							
045 .06	HD2							
045 .07	HD1							
045 .08	HC2							
045 .09	HC1							
045 .10	HB2							
045 .11	HB1							
045 .12	LE2							
045 .13	LE1							
045 .14	LD2							
045 .15	LD1							
045 .16	LC2							
045 .17	LC1							
045 .18	LB2							
045 .19	LB1							
045 .20	CE2							
045 .21	CE1							
045 .22	CD2							
045 .23	CD1							
046	TOTAL		2,949					

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-5269
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 11/21/2013 (15:34)
WORKSHEET S-7
PART IV

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8834
 Wage Index Factor (after 10/01): 0.8435
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : 19340

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-5269

IN LIEU OF FORM CMS-2540-96 (08/2010)
PERIOD: PREPARED 11/21/2013 (15:34)
FROM 12/1/2007 WORKSHEET S-7
TO 11/30/2008 PART IV

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

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8834
 Wage Index Factor (after 10/01) : 0.8435
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : 19340

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
 I 14-5269
 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
GENERAL SERVICE COST CENTERS						
1	0100 CAP REL COSTS - BLDGS & FIXTURES					
2	0200 CAP REL COSTS - MOVEABLE EQUIPMENT					
3	0300 EMPLOYEE BENEFITS		887,756	887,756		887,756
4	0400 ADMINISTRATIVE & GENERAL	267,370	1,635,275	1,902,645		1,902,645
5	0500 PLANT OPERATION, MAINT. & REPAIRS	275,483	348,567	624,050		624,050
6	0600 LAUNDRY & LINEN SERVICE	215,922	49,971	265,893		265,893
7	0700 HOUSEKEEPING	272,217	45,519	317,736		317,736
8	0800 DIETARY	563,321	524,854	1,088,175		1,088,175
9	0900 NURSING ADMINISTRATION				44,421	44,421
10	1000 CENTRAL SERVICES & SUPPLY					
13	1300 SOCIAL SERVICE	119,582	9,711	129,293		129,293
INPATIENT ROUTINE SERVICE CENTERS						
16	1600 SKILLED NURSING FACILITY				265,026	265,026
18	1800 NURSING FACILITY	3,638,507	330,619	3,969,126	-347,582	3,621,544
ANCILLARY SERVICE COST CENTERS						
21	2100 RADIOLOGY		1,040	1,040	480	1,520
22	2200 LABORATORY		8,060	8,060	7,423	15,483
25	2500 PHYSICAL THERAPY	141,430	417,019	558,449	-262,158	296,291
26	2600 OCCUPATIONAL THERAPY				178,091	178,091
27	2700 SPEECH PATHOLOGY				84,067	84,067
29	2900 MEDICAL SUPPLIES CHARGED TO PATIENT				30,232	30,232
30	3000 DRUGS CHARGED TO PATIENTS		157,523	157,523		157,523
31	3100 DENTAL CARE - TITLE XIX ONLY					
32	3200 SUPPORT SURFACES					
33	3050 OTHER ANCILLARY SERVICES					
SPECIAL PURPOSE COST CENTERS						
52	5200 MALPRACTICE PREMIUMS & PAID LOSSES					
53	5300 INTEREST EXPENSE					
57	SUBTOTALS	5,493,832	4,415,914	9,909,746	-0-	9,909,746
NONREIMBURSABLE COST CENTERS						
58	5800 GIFT, FLOWER, COFFEE SHOPS & CANTEE					
59	5900 BARBER & BEAUTY SHOP					
60	6000 PHYSICIANS' PRIVATE OFFICES					
61	6100 NONPAID WORKERS					
62	6200 PATIENTS' LAUNDRY					
63	6150 OTHER NONREIMBURSABLE COST					
75	TOTAL	5,493,832	4,415,914	9,909,746	-0-	9,909,746

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS TO EXPENSES 6	NET EXPENSES FOR CST ALLOC 7
	GENERAL SERVICE COST CENTERS		
1	0100 CAP REL COSTS - BLDGS & FIXTURES	45,898	45,898
2	0200 CAP REL COSTS - MOVEABLE EQUIPMENT	10,160	10,160
3	0300 EMPLOYEE BENEFITS	82,320	970,076
4	0400 ADMINISTRATIVE & GENERAL	410,953	2,313,598
5	0500 PLANT OPERATION, MAINT. & REPAIRS	-53,631	570,419
6	0600 LAUNDRY & LINEN SERVICE	-12,931	252,962
7	0700 HOUSEKEEPING		317,736
8	0800 DIETARY		1,088,175
9	0900 NURSING ADMINISTRATION		44,421
10	1000 CENTRAL SERVICES & SUPPLY		
13	1300 SOCIAL SERVICE		129,293
	INPATIENT ROUTINE SERVICE CENTERS		
16	1600 SKILLED NURSING FACILITY		265,026
18	1800 NURSING FACILITY	-4,843	3,616,701
	ANCILLARY SERVICE COST CENTERS		
21	2100 RADIOLOGY		1,520
22	2200 LABORATORY		15,483
25	2500 PHYSICAL THERAPY		296,291
26	2600 OCCUPATIONAL THERAPY		178,091
27	2700 SPEECH PATHOLOGY		84,067
29	2900 MEDICAL SUPPLIES CHARGED TO PATIENT		30,232
30	3000 DRUGS CHARGED TO PATIENTS		157,523
31	3100 DENTAL CARE - TITLE XIX ONLY		
32	3200 SUPPORT SURFACES		
33	3050 OTHER ANCILLARY SERVICES		
	SPECIAL PURPOSE COST CENTERS		
52	5200 MALPRACTICE PREMIUMS & PAID LOSSES		-0-
53	5300 INTEREST EXPENSE		-0-
57	SUBTOTALS	477,926	10,387,672
	NONREIMBURSABLE COST CENTERS		
58	5800 GIFT, FLOWER, COFFEE SHOPS & CANTEE		
59	5900 BARBER & BEAUTY SHOP		
60	6000 PHYSICIANS' PRIVATE OFFICES		
61	6100 NONPAID WORKERS		
62	6200 PATIENTS' LAUNDRY		
63	6150 OTHER NONREIMBURSABLE COST		
75	TOTAL	477,926	10,387,672

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-5269
 PERIOD: FROM 12/ 1/2007 TO 11/30/2008
 PREPARED 11/21/2013 (15: 34)
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS - BLDGS & FIXTURES	0100	
2	CAP REL COSTS - MOVEABLE EQUIPMENT	0200	
3	EMPLOYEE BENEFITS	0300	
4	ADMINISTRATIVE & GENERAL	0400	
5	PLANT OPERATION, MAINT. & REPAIRS	0500	
6	LAUNDRY & LINEN SERVICE	0600	
7	HOUSEKEEPING	0700	
8	DIETARY	0800	
9	NURSING ADMINISTRATION	0900	
10	CENTRAL SERVICES & SUPPLY	1000	
13	SOCIAL SERVICE	1300	
	INPATIENT ROUTINE SERVICE CENTERS		
16	SKILLED NURSING FACILITY	1600	
18	NURSING FACILITY	1800	
	ANCILLARY SERVICE COST CENTERS		
21	RADIOLOGY	2100	
22	LABORATORY	2200	
25	PHYSICAL THERAPY	2500	
26	OCCUPATIONAL THERAPY	2600	
27	SPEECH PATHOLOGY	2700	
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	2900	
30	DRUGS CHARGED TO PATIENTS	3000	
31	DENTAL CARE - TITLE XIX ONLY	3100	
32	SUPPORT SURFACES	3200	
33	OTHER ANCILLARY SERVICES	3050	OTHER ANCILLARY SERVICE COST CENTERS
	SPECIAL PURPOSE COST CENTERS		
52	MALPRACTICE PREMIUMS & PAID LOSSES	5200	
53	INTEREST EXPENSE	5300	
57	SUBTOTALS		
	NONREIMBURSABLE COST CENTERS		
58	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	5800	
59	BARBER & BEAUTY SHOP	5900	
60	PHYSICIANS' PRIVATE OFFICES	6000	
61	NONPAID WORKERS	6100	
62	PATIENTS' LAUNDRY	6200	
63	OTHER NONREIMBURSABLE COST	6150	OTHER NONREIMBURSABLE COST
75	TOTAL		

COST ALLOCATION STATISTICS

PROVIDER NO: 14-5269
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 11/21/2013 (15:34)
 NOT A CMS WORKSHEET

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

RECLASSIFICATIONS

PROVIDER NO: 145269	PERIOD: FROM 12/ 1/2007 TO 11/30/2008	PREPARED 11/21/2013 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 THERAPY SERVICES	B	OCCUPATIONAL THERAPY	26	53,095	124,996
2		SPEECH PATHOLOGY	27		84,067
3 NURSING ADMIN	C	NURSING ADMINISTRATION	9	44,421	
4					
5 NURSING SALARY	D	SKILLED NURSING FACILITY	16	248,111	22,006
6 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	29		30,232
7					
8 RADIOLOGY & LAB	G	RADIOLOGY	21		480
9		LABORATORY	22		7,423
36 TOTAL RECLASSIFICATIONS				345,627	269,204

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

RECLASSIFICATIONS

PROVIDER NO:
145269

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 11/21/2013
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9
1 THERAPY SERVICES	B	PHYSICAL THERAPY	25	53,095	209,063
2					
3 NURSING ADMIN	C	SKILLED NURSING FACILITY	16	3,029	
4		NURSING FACILITY	18	41,392	
5 NURSING SALARY	D	NURSING FACILITY	18	248,111	22,006
6 MEDICAL SUPPLIES	F	SKILLED NURSING FACILITY	16		2,062
7		NURSING FACILITY	18		28,170
8 RADIOLOGY & LAB	G	NURSING FACILITY	18		7,903
9					
36 TOTAL RECLASSIFICATIONS				345,627	269,204

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

RECLASSIFICATIONS

PROVIDER NO: 145269	PERIOD: FROM 12/ 1/2007 TO 11/30/2008	PREPARED 11/21/2013 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: B
EXPLANATION : THERAPY SERVICES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OCCUPATIONAL THERAPY	178,091	26	PHYSICAL THERAPY	262,158
2.00	SPEECH PATHOLOGY	84,067	27		0
TOTAL RECLASSIFICATIONS FOR CODE B		262,158			262,158

RECLASS CODE: C
EXPLANATION : NURSING ADMIN

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NURSING ADMINISTRATION	44,421	16	SKILLED NURSING FACILITY	3,029
2.00		0	18	NURSING FACILITY	41,392
TOTAL RECLASSIFICATIONS FOR CODE C		44,421			44,421

RECLASS CODE: D
EXPLANATION : NURSING SALARY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	SKILLED NURSING FACILITY	270,117	16	NURSING FACILITY	270,117
TOTAL RECLASSIFICATIONS FOR CODE D		270,117			270,117

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	30,232	29	SKILLED NURSING FACILITY	2,062
2.00		0	18	NURSING FACILITY	28,170
TOTAL RECLASSIFICATIONS FOR CODE F		30,232			30,232

RECLASS CODE: G
EXPLANATION : RADIOLOGY & LAB

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	RADIOLOGY	480	21	NURSING FACILITY	7,903
2.00	LABORATORY	7,423	22		0
TOTAL RECLASSIFICATIONS FOR CODE G		7,903			7,903

DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6
			DONATION 3				
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURES	1,207,578						1,207,578
4 BUILDING IMPROVEMENTS	778,220						778,220
5 FIXED EQUIPMENT	1,413,678						1,413,678
6 MOVABLE EQUIPMENT							
7 TOTAL	3,399,476						3,399,476

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
 I 14-5269
 I

(1) DESCRIPTION	(2) BASIS FOR ADJUST- MENT	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	
			COST CENTER	LINE NO
	1	2	3	4
1 INVESTMENT INCOME ON RESTRICTED FUNDS (CHAPTER 2)				
2 TRADE, QUANTITY, & TIME DISCOUNTS ON PURC (CHAP 8)				
3 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)				
4 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)				
5 TELEPHONE SERVICES (PAY STATIONS EXCLUDE)(CHAP 21)				
6 TELEVISION AND RADIO SERVICE (CHAPTER 21)				
7 PARKING LOT (CHAPTER 21)				
8 REMUNERATION APPLIC TO PROV-BASED PHYSICIAN ADJMNT	A-8-2			
9 HOME OFFICE COSTS (CHAPTER 21)				
10 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-184	PLANT OPERATION, MAINT. &	5
11 NONALLOWABLE CSTS RELTD TO CERT CAPITAL EXP (CH24)				
12 ADJ RESULTING FRM TRANSACTIONS W/RELTD ORGS (CH10)	A-8-1	499,031		
13 LAUNDRY & LINEN SERVICE	B	-12,931	LAUNDRY & LINEN SERVICE	6
14 REVENUE - EMPLOYEE MEALS				
15 COST OF MEALS - GUESTS				
16 SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS				
17 SALE OF DRUGS TO OTHER THAN PATIENTS				
18 SALE OF MEDICAL RECORDS AND ABSTRACTS				
19 VENDING MACHINES				
20 INCOME FRM IMPOSITION OF INT, FINANCE OR PEN (C21)				
21 INT EXP MC OVRPYMTS & BORROWINGS REPAY MC OVRPYMNT				
22 ADJUSTMENT FOR SPEECH THERAPY - SNF	A-8-5		SPEECH PATHOLOGY	27
23 ADJUSTMENT FOR OCCUPATIONAL THERAPY - SNF	A-8-5		OCCUPATIONAL THERAPY	26
24 ADJUSTMENT FOR RESPIRATORY THERAPY - SNF	A-8-5		**COST CENTER DELETED**	24
25 ADJUSTMENT FOR PHYSICAL THERAPY - SNF	A-8-5		PHYSICAL THERAPY	25
26 ADJUST FOR HHA PHYS THRPY COSTS IN EXCESS OF LIMIT	A-8-3		**COST CENTER DELETED**	39
27 SUBTOTAL (SUM OF LINES 1-26)		485,916		
28 UTILIZATION REVIEW-PHYSICIANS' COMPENSATION(CH21)			**COST CENTER DELETED**	54
29 DEPRECIATION--BUILDINGS AND FIXTURES			CAP REL COSTS - BLDGS & F	1
30 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS - MOVEABLE	2
31 NON-ALLOWABLE ADVERTISING	A	-5,758	ADMINISTRATIVE & GENERAL	4
31.01 BARBER & BEAUTY SHOP	B	-1,995	PLANT OPERATION, MAINT. &	5
31.02 DIAPERS	B	-4,843	NURSING FACILITY	18
31.03 RENTS	B	-50,035	PLANT OPERATION, MAINT. &	5
31.04 TRANSPORTATION REVENUE	B	-1,417	PLANT OPERATION, MAINT. &	5
31.05 DEPRECIATION	A	10,160	CAP REL COSTS - MOVEABLE	2
31.07 DEPRECIATION	A	45,898	CAP REL COSTS - BLDGS & F	1
32 TOTAL		477,926		

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

(2) BASIS FOR ADJUSTMENT (SEE INSTRUCTIONS)

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

B. AMOUNT RECEIVED-IF COST CANNOT BE DETERMINED.

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT	AMOUNT ALLOWABLE IN COST	ADJUSTMENTS
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
9.01					
9.02					
9.03					
9.04					
9.05					
9.06					
9.07					
9.08					
9.09					
9.10	4	ADMINISTRATIVE & GENERAL COUNTY ALLOCATION		416,711	-416,711
9.11	3	EMPLOYEE BENEFITS WORK COMP & UNEMP		82,320	-82,320
10		TOTALS		499,031	-499,031

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

THE INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES. IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL, REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

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

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP PROVIDER TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT.
	0	1	2	3	3A	4	5
GENERAL SERVICE COST CENTERS							
001	CAP REL COSTS - BLDGS & F	45,898					
002	CAP REL COSTS - MOVEABLE	10,160		10,160			
003	EMPLOYEE BENEFITS	970,076		970,076			
004	ADMINISTRATIVE & GENERAL	2,313,598	1,727	382	47,211	2,362,918	2,362,918
005	PLANT OPERATION, MAINT. &	570,419	635	141	48,643	619,838	182,514
006	LAUNDRY & LINEN SERVICE	252,962	2,290	507	38,126	293,885	86,536
007	HOUSEKEEPING	317,736	697	154	48,067	366,654	107,963
008	DIETARY	1,088,175	4,472	990	99,468	1,193,105	351,315
009	NURSING ADMINISTRATION	44,421	528	117	7,844	52,910	15,580
010	CENTRAL SERVICES & SUPPLY		596	132		728	214
013	SOCIAL SERVICE	129,293	1,175	260	21,115	151,843	44,711
INPATIENT ROUTINE SERVICE CENTERS							
016	SKILLED NURSING FACILITY	265,026	2,693	596	43,275	311,590	91,749
018	NURSING FACILITY	3,616,701	30,301	6,707	591,354	4,245,063	1,249,970
ANCILLARY SERVICE COST CENTERS							
021	RADIOLOGY	1,520				1,520	448
022	LABORATORY	15,483				15,483	4,559
025	PHYSICAL THERAPY	296,291	375	83	15,598	312,347	91,972
026	OCCUPATIONAL THERAPY	178,091	388	86	9,375	187,940	55,340
027	SPEECH PATHOLOGY	84,067	21	5		84,093	24,762
029	MEDICAL SUPPLIES CHARGED	30,232				30,232	8,902
030	DRUGS CHARGED TO PATIENTS	157,523				157,523	46,383
031	DENTAL CARE - TITLE XIX 0						
032	SUPPORT SURFACES						
033	OTHER ANCILLARY SERVICES						
SPECIAL PURPOSE COST CENTERS							
052	MALPRACTICE PREMIUMS & PA						
053	INTEREST EXPENSE						
057	SUBTOTALS	10,387,672	45,898	10,160	970,076	10,387,672	2,362,918
NONREIMBURSABLE COST CENTERS							
058	GIFT, FLOWER, COFFEE SHOP						
059	BARBER & BEAUTY SHOP						
060	PHYSICIANS' PRIVATE OFFICE						
061	NONPAID WORKERS						
062	PATIENTS' LAUNDRY						
063	OTHER NONREIMBURSABLE COST						
064	CROSS FOOT ADJUSTMENT						
065	NEGATIVE COST CENTER						
075	TOTAL	10,387,672	45,898	10,160	970,076	10,387,672	2,362,918

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SOCIAL SERVICE	SUBTOTAL
	6	7	8	9	10	13	16
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVEABLE							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. & LAUNDRY & LINEN SERVICE	422,633						
007 HOUSEKEEPING	6,633	494,103					
008 DIETARY	7,455		1,634,291				
009 NURSING ADMINISTRATION				78,213			
010 CENTRAL SERVICES & SUPPLY					11,932		
013 SOCIAL SERVICE						218,213	
016 INPATIENT ROUTINE SERVICE CENTERS							
018 SKILLED NURSING FACILITY	24,835	33,683	111,443	5,333	814	14,895	643,978
018 NURSING FACILITY	339,360	460,420	1,522,848	72,880	11,118	203,318	8,663,386
021 ANCILLARY SERVICE COST CENTERS							
021 RADIOLOGY							1,968
022 LABORATORY							20,042
025 PHYSICAL THERAPY							411,233
026 OCCUPATIONAL THERAPY							250,427
027 SPEECH PATHOLOGY							109,248
029 MEDICAL SUPPLIES CHARGED							39,134
030 DRUGS CHARGED TO PATIENTS							203,906
031 DENTAL CARE - TITLE XIX 0							
032 SUPPORT SURFACES							
033 OTHER ANCILLARY SERVICES							
052 SPECIAL PURPOSE COST CENTERS							
053 MALPRACTICE PREMIUMS & PA INTEREST EXPENSE							
057 SUBTOTALS	378,283	494,103	1,634,291	78,213	11,932	218,213	10,343,322
058 NONREIMBURSABLE COST CENTERS							
058 GIFT, FLOWER, COFFEE SHOP							
059 BARBER & BEAUTY SHOP							
060 PHYSICIANS' PRIVATE OFFICE							
061 NONPAID WORKERS							
062 PATIENTS' LAUNDRY	44,350						44,350
063 OTHER NONREIMBURSABLE COSTS							
064 CROSS FOOT ADJUSTMENT							
065 NEGATIVE COST CENTER							
075 TOTAL	422,633	494,103	1,634,291	78,213	11,932	218,213	10,387,672

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-5269
 PERIOD: FROM 12/ 1/2007 TO 11/30/2008
 PREPARED 11/21/2013 (15: 34)
 WORKSHEET B
 PART I

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18
GENERAL SERVICE COST CENTERS		
001		
002		
003		
004		
005		
006		
007		
008		
009		
010		
013		
INPATIENT ROUTINE SERVICE CENTERS		
016		643,978
018		8,663,386
ANCILLARY SERVICE COST CENTERS		
021		1,968
022		20,042
025		411,233
026		250,427
027		109,248
029		39,134
030		203,906
031		
032		
033		
SPECIAL PURPOSE COST CENTERS		
052		
053		
057		10,343,322
NONREIMBURSABLE COST CENTERS		
058		
059		
060		
061		
062		44,350
063		
064		
065		
075		10,387,672

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER	DIRECTLY ASSIGNED	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT.
	0	1	2	2 a	3	4	5
GENERAL SERVICE COST CENTERS							
001							
002							
003							
004		1,727	382	2,109		2,109	
005		635	141	776		163	939
006		2,290	507	2,797		77	49
007		697	154	851		96	15
008		4,472	990	5,462		314	96
009		528	117	645		14	11
010		596	132	728			13
013		1,175	260	1,435		40	25
INPATIENT ROUTINE SERVICE CENTERS							
016		2,693	596	3,289		82	58
018		30,301	6,707	37,008		1,117	656
ANCILLARY SERVICE COST CENTERS							
021							
022						4	
025		375	83	458		82	8
026		388	86	474		49	8
027		21	5	26		22	
029						8	
030						41	
031							
032							
033							
SPECIAL PURPOSE COST CENTERS							
052							
053							
057		45,898	10,160	56,058		2,109	939
NONREIMBURSABLE COST CENTERS							
058							
059							
060							
061							
062							
063							
064							
065							
075		45,898	10,160	56,058		2,109	939

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SOCIAL SERVICE	SUBTOTAL
	6	7	8	9	10	13	16
001 GENERAL SERVICE COST CENTERS							
002 CAP REL COSTS - BLDGS & F							
003 CAP REL COSTS - MOVEABLE							
004 EMPLOYEE BENEFITS							
005 ADMINISTRATIVE & GENERAL							
006 PLANT OPERATION, MAINT. & LAUNDRY & LINEN SERVICE	2,923						
007 HOUSEKEEPING	46	1,008					
008 DIETARY	52		5,924				
009 NURSING ADMINISTRATION				670			
010 CENTRAL SERVICES & SUPPLY					741		
013 SOCIAL SERVICE						1,500	
016 INPATIENT ROUTINE SERVICE CENTERS							
018 SKILLED NURSING FACILITY	172	69	404	46	51	102	4,273
018 NURSING FACILITY	2,346	939	5,520	624	690	1,398	50,298
021 ANCILLARY SERVICE COST CENTERS							
022 RADIOLOGY							4
022 LABORATORY							548
025 PHYSICAL THERAPY							531
026 OCCUPATIONAL THERAPY							48
027 SPEECH PATHOLOGY							8
029 MEDICAL SUPPLIES CHARGED							41
030 DRUGS CHARGED TO PATIENTS							
031 DENTAL CARE - TITLE XIX 0							
032 SUPPORT SURFACES							
033 OTHER ANCILLARY SERVICES							
052 SPECIAL PURPOSE COST CENTERS							
053 MALPRACTICE PREMIUMS & PA INTEREST EXPENSE							
057 SUBTOTALS	2,616	1,008	5,924	670	741	1,500	55,751
058 NONREIMBURSABLE COST CENTERS							
059 GIFT, FLOWER, COFFEE SHOP							
060 BARBER & BEAUTY SHOP							
061 PHYSICIANS' PRIVATE OFFICE							
061 NONPAID WORKERS							
062 PATIENTS' LAUNDRY	307						307
063 OTHER NONREIMBURSABLE COSTS							
064 CROSS FOOT ADJUSTMENTS							
065 NEGATIVE COST CENTER							
075 TOTAL	2,923	1,008	5,924	670	741	1,500	56,058

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18
001 GENERAL SERVICE COST CENTERS		
002 CAP REL COSTS - BLDGS & F		
003 CAP REL COSTS - MOVEABLE		
004 EMPLOYEE BENEFITS		
005 ADMINISTRATIVE & GENERAL		
006 PLANT OPERATION, MAINT. &		
007 LAUNDRY & LINEN SERVICE		
008 HOUSEKEEPING		
009 DIETARY		
010 NURSING ADMINISTRATION		
013 CENTRAL SERVICES & SUPPLY		
016 SOCIAL SERVICE		
018 INPATIENT ROUTINE SERVICE CENTERS		
021 SKILLED NURSING FACILITY		4,273
025 NURSING FACILITY		50,298
026 ANCILLARY SERVICE COST CENTERS		
027 RADIOLOGY		
022 LABORATORY		4
025 PHYSICAL THERAPY		548
026 OCCUPATIONAL THERAPY		531
027 SPEECH PATHOLOGY		48
029 MEDICAL SUPPLIES CHARGED		8
030 DRUGS CHARGED TO PATIENTS		41
031 DENTAL CARE - TITLE XIX 0		
032 SUPPORT SURFACES		
033 OTHER ANCILLARY SERVICES		
052 SPECIAL PURPOSE COST CENTERS		
053 MALPRACTICE PREMIUMS & PA		
057 INTEREST EXPENSE		
057 SUBTOTALS		55,751
058 NONREIMBURSABLE COST CENTERS		
059 GIFT, FLOWER, COFFEE SHOP		
060 BARBER & BEAUTY SHOP		
061 PHYSICIANS' PRIVATE OFFIC		
062 NONPAID WORKERS		
063 PATIENTS' LAUNDRY		307
064 OTHER NONREIMBURSABLE COS		
065 CROSS FOOT ADJUSTMENTS		
075 NEGATIVE COST CENTER		
075 TOTAL		56,058

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-5269
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 11/21/2013 (15:34)
 WORKSHEET B-1

COST CENTER	CAP REL COST S - BLDGS & (SQUARE FEET)	CAP REL COST S - MOVEABLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. (SQUARE FEET)
0	1	2	3	4A	4	5
GENERAL SERVICE COST CENTERS						
001	CAP REL COSTS - BLDGS & F	58,112				
002	CAP REL COSTS - MOVEABLE		58,112			
003	EMPLOYEE BENEFITS		5,493,832			
004	ADMINISTRATIVE & GENERAL	2,186	2,186	267,370	-2,362,918	8,024,754
005	PLANT OPERATION, MAINT. &	804	804	275,483	619,838	55,122
006	LAUNDRY & LINEN SERVICE	2,900	2,900	215,922	293,885	2,900
007	HOUSEKEEPING	883	883	272,217	366,654	883
008	DIETARY	5,662	5,662	563,321	1,193,105	5,662
009	NURSING ADMINISTRATION	668	668	44,421	52,910	668
010	CENTRAL SERVICES & SUPPLY	755	755		728	755
013	SOCIAL SERVICE	1,488	1,488	119,582	151,843	1,488
INPATIENT ROUTINE SERVICE CENTERS						
016	SKILLED NURSING FACILITY	3,410	3,410	245,082	311,590	3,410
018	NURSING FACILITY	38,363	38,363	3,349,004	4,245,063	38,363
ANCILLARY SERVICE COST CENTERS						
021	RADIOLOGY				1,520	
022	LABORATORY				15,483	
025	PHYSICAL THERAPY	475	475	88,335	312,347	475
026	OCCUPATIONAL THERAPY	491	491	53,095	187,940	491
027	SPEECH PATHOLOGY	27	27		84,093	27
029	MEDICAL SUPPLIES CHARGED				30,232	
030	DRUGS CHARGED TO PATIENTS				157,523	
031	DENTAL CARE - TITLE XIX 0					
032	SUPPORT SURFACES					
033	OTHER ANCILLARY SERVICES					
SPECIAL PURPOSE COST CENTERS						
057	SUBTOTALS	58,112	58,112	5,493,832	-2,362,918	8,024,754
NONREIMBURSABLE COST CENTERS						
058	GIFT, FLOWER, COFFEE SHOP					
059	BARBER & BEAUTY SHOP					
060	PHYSICIANS' PRIVATE OFFICE					
061	NONPAID WORKERS					
062	PATIENTS' LAUNDRY					
063	OTHER NONREIMBURSABLE COST					
064	CROSS FOOT ADJUSTMENT					
065	NEGATIVE COST CENTER					
066	COST TO BE ALLOCATED (WRKSHT B, PART I)	45,898	10,160	970,076	2,362,918	802,352
067	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.789820	.174835	.176575	.294454	14.555930
068	COST TO BE ALLOCATED (WRKSHT B, PART II)				2,109	939
069	UNIT COST MULTIPLIER (WRKSHT B, PT II)				.000263	.017035

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-5269
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 11/21/2013 (15:34)
 WORKSHEET B-1

COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	SOCIAL SERVICES (TIME SPENT)
	6	7	8	9	10	13
GENERAL SERVICE COST CENTERS						
001 CAP REL COSTS - BLDGS & F						
002 CAP REL COSTS - MOVEABLE						
003 EMPLOYEE BENEFITS						
004 ADMINISTRATIVE & GENERAL						
005 PLANT OPERATION, MAINT. &						
006 LAUNDRY & LINEN SERVICE	769,229					
007 HOUSEKEEPING	12,073	18,747				
008 DIETARY	13,569		187,065			
009 NURSING ADMINISTRATION				62,355		
010 CENTRAL SERVICES & SUPPLY					62,355	
011 SOCIAL SERVICE						5,948
INPATIENT ROUTINE SERVICE CENTERS						
016 SKILLED NURSING FACILITY	45,201	1,278	12,756	4,252	4,252	406
018 NURSING FACILITY	617,666	17,469	174,309	58,103	58,103	5,542
ANCILLARY SERVICE COST CENTERS						
021 RADIOLOGY						
022 LABORATORY						
025 PHYSICAL THERAPY						
026 OCCUPATIONAL THERAPY						
027 SPEECH PATHOLOGY						
029 MEDICAL SUPPLIES CHARGED						
030 DRUGS CHARGED TO PATIENTS						
031 DENTAL CARE - TITLE XIX 0						
032 SUPPORT SURFACES						
033 OTHER ANCILLARY SERVICES						
SPECIAL PURPOSE COST CENTERS						
057 SUBTOTALS	688,509	18,747	187,065	62,355	62,355	5,948
NONREIMBURSABLE COST CENTERS						
058 GIFT, FLOWER, COFFEE SHOP						
059 BARBER & BEAUTY SHOP						
060 PHYSICIANS' PRIVATE OFFICE						
061 NONPAID WORKERS						
062 PATIENTS' LAUNDRY	80,720					
063 OTHER NONREIMBURSABLE COST						
064 CROSS FOOT ADJUSTMENT						
065 NEGATIVE COST CENTER						
066 COST TO BE ALLOCATED	422,633	494,103	1,634,291	78,213	11,932	218,213
(PER WRKSHT B, PART I)						
067 UNIT COST MULTIPLIER		26.356377		1.254318		36.686785
(WRKSHT B, PT I)	.549424		8.736487		.191356	
068 COST TO BE ALLOCATED	2,923	1,008	5,924	670	741	1,500
(PER WRKSHT B, PART II)						
069 UNIT COST MULTIPLIER		.053769		.010745		.252186
(WRKSHT B, PT II)	.003800		.031668		.011884	

RATIO OF COST TO CHARGES FOR ANCI LLARY AND OUTPATIENT

COST CENTER	TOTAL (FROM WKST B, PT I, COL 18) 1	TOTAL CHARGES 2	RATI O OF COST TO CHARGES 3
ANCI LLARY SERVICE COST CENTERS			
21 RADIOLOGY	1,968	480	4.100000
22 LABORATORY	20,042	7,423	2.699987
25 PHYSICAL THERAPY	411,233	237,060	1.734721
26 OCCUPATIONAL THERAPY	250,427	280,008	.894357
27 SPEECH PATHOLOGY	109,248	20,412	5.352146
29 MEDICAL SUPPLIES CHARGED	39,134	45,348	.862971
30 DRUGS CHARGED TO PATIENTS	203,906	236,285	.862966
31 DENTAL CARE - TITLE XIX 0			
32 SUPPORT SURFACES			
33 OTHER ANCI LLARY SERVICES			
OUTPATIENT SERVICE COST CENTERS			
75 TOTAL	1,035,958	827,016	

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

TITLE XVIII SKILLED NURSING FACILITY

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

COST CENTER	RATIO OF COST TO CHARGES 1	HEALTH CARE PROGRAM CHARGES		HEALTH CARE PROGRAM COSTS	
		PART A 2	PART B 3	PART A 4	PART B 5
ANCILLARY SERVICE COST CENTERS					
21 RADIOLOGY	4.100000	480		1,968	
22 LABORATORY	2.699987	7,423		20,042	
25 PHYSICAL THERAPY	1.734721	237,060		411,233	
26 OCCUPATIONAL THERAPY	.894357	280,008		250,427	
27 SPEECH PATHOLOGY	5.352146	20,412		109,248	
29 MEDICAL SUPPLIES CHARGED	.862971	11,558		9,974	
30 DRUGS CHARGED TO PATIENTS	.862966	128,302		110,720	
31 DENTAL CARE - TITLE XIX 0					
32 SUPPORT SURFACES					
33 OTHER ANCILLARY SERVICES					
OUTPATIENT SERVICE COST CENTERS					
75 TOTAL		685,243		913,612	

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

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

PROVIDER NO:
 14-5269

TITLE XVIII SKILLED NURSING FACILITY

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

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

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

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

TITLE XVIII

PART II - APPORTIONMENT OF VACCINE COST

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.862966
2	PROGRAM VACCINE CHARGES	1,058
3	PROGRAM COSTS (LINE 1 * LINE 2)	913

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

COST CENTERS	TOTAL COST 1	INTERN AND RESIDENTS COSTS 2	RATIO OF I&R COSTS TO TOTAL COSTS - PT A 3	TITLE XVIII PART A COST 4	TITLE XVIII I&R COSTS FOR PASS THROUGH 5
21 RADIOLOGY	1,968			1,968	
22 LABORATORY	20,042			20,042	
25 PHYSICAL THERAPY	411,233			411,233	
26 OCCUPATIONAL THERAPY	250,427			250,427	
27 SPEECH PATHOLOGY	109,248			109,248	
29 MEDICAL SUPPLIES CHARGED	39,134			9,974	
30 DRUGS CHARGED TO PATIENTS	203,906			110,720	
31 DENTAL CARE - TITLE XIX 0					
32 SUPPORT SURFACES					
33 OTHER ANCILLARY SERVICES					
75 TOTAL	1,035,958			913,612	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/21/2013 (15:34)
14-5269	FROM 12/ 1/2007	WORKSHEET E
	TO 11/30/2008	PART III

PART III - SNF REIMBURSEMENT UNDER PPS

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

TITLE XVIII SNF

1	INPATIENT ANCILLARY SERVICES-PART A (SEE INSTRUCTIONS)	
2	INTERNS & RESIDENTS AND MEDICAL EDUCATION COST FOR TITLE XVIII (SEE INSTRUCTIONS)	
3	TOTAL COSTS	
4	MEDICARE INPATIENT ANCILLARY CHARGES (SEE INSTRUCTIONS)	
5	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)	
6	COST OF COVERED SERVICES	
7	INPATIENT PPS AMOUNT (SEE INSTRUCTIONS)	1,366,539
8	PRIMARY PAYOR AMOUNTS	
9	COINSURANCE	299,952
10	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)	66,209
10.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEFORE 10/01/2005 (SEE INSTRUCTIONS)	
10.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	66,209
10.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON & AFTER 10/01/2005 (INSTR)	66,209
10.04	RECOVERY OF REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
11	UTILIZATION REVIEW	
12	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
13	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS.	
14	SUBTOTAL (SEE INSTRUCTIONS)	1,132,796
15	SEQUESTRATION ADJUSTMENT	
16	INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,118,087
16.01	TENTATIVE ADJUSTMENT (FI ONLY)	
16.20	OTHER ADJUSTMENTS	
17	BALANCE DUE PROVIDER/PROGRAM	14,709
18	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2)	

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

19	ANCILLARY SERVICES PART B	
20	VACCINE COST (FROM WKST D, PART II, LINE 3)	913
21	INTERN AND RESIDENT COST (FROM WORKSHEET D-2)	
22	TOTAL REASONABLE COSTS (SUM OF LINES 19 TO 21)	913
23	MEDICARE PART B ANCILLARY CHARGES (SEE INSTRUCTIONS)	1,058
24	INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS)	
25	COST OF COVERED SERVICES	913
26	PRIMARY PAYOR AMOUNTS	
27	COINSURANCE AND DEDUCTIBLES	
28	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)	
29	RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES	
30	80% OF RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES	
31		
32	DECREASE IN PROGRAM UTILIZATION	
33	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS	
34	SUBTOTAL	913
35	SEQUESTRATION AMOUNT	
36	INTERIM PAYMENTS (SEE INSTRUCTIONS)	391
36.01	TENTATIVE ADJUSTMENT (FI ONLY)	
36.20	OTHER ADJUSTMENTS	
37	BALANCE DUE PROVIDER/PROGRAM	522
38	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2)	

I PROVIDER NO:
I 14-5269
I

IN LIEU OF FORM CMS-2540-96 (10/1998)
I PERIOD: I PREPARED 11/21/2013 (15:34)
I FROM 12/ 1/2007 I WORKSHEET E-1
I TO 11/30/2008 I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

DESCRIPTION	INPATIENT-PART A		PART B		AMOUNT
	MO/DAY/YR	AMOUNT	MO/DAY/YR	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,118,087			391
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE".		NONE			NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
PROGRAM TO PROVIDER	.01				
	.02				
	.03				
	.04				
	.05				
PROVIDER TO PROGRAM	.50				
	.51				
	.52				
	.53				
	.54				
	.99				
SUBTOTAL			NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,118,087			391
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
PROGRAM TO PROVIDER	.01				
	.02				
	.03				
PROVIDER TO PROGRAM	.50				
	.51				
	.52				
	.99				
SUBTOTAL			NONE		NONE
6 DETERMINED NET SETTLEMENT					
PROGRAM TO PROVIDER	.01				
SETTLEMENT TO PROGRAM	.50				
7 TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE "PROVIDER TO PROGRAM," SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

BALANCE SHEET

PROVIDER NO:
14-5269

IN LIEU OF FORM CMS-2540-96 (07/1996)
PERIOD: PREPARED 11/21/2013 (15:34)
FROM 12/1/2007
TO 11/30/2008 WORKSHEET G

LINE NO		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	ASSETS				
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	411,156			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	1,164,235			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES	376			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	282,242			
11	TOTAL CURRENT ASSETS	1,858,009			
	FIXED ASSETS				
12	LAND				
13	LAND IMPROVEMENTS				
14	LESS: ACCUMULATED DEPRECIATION				
15	BUILDINGS				
16	LESS: ACCUMULATED DEPRECIATION				
17	LEASEHOLD IMPROVEMENTS				
18	LESS: ACCUMULATED AMORTIZATION				
19	FIXED EQUIPMENT				
20	LESS: ACCUMULATED DEPRECIATION				
21	AUTOMOBILES AND TRUCKS				
22	LESS: ACCUMULATED DEPRECIATION				
23	MAJOR MOVABLE EQUIPMENT				
24	LESS: ACCUMULATED DEPRECIATION				
25	MINOR EQUIPMENT NONDEPRECIABLE				
26	OTHER FIXED ASSETS				
27	TOTAL FIXED ASSETS				
	OTHER ASSETS				
28	INVESTMENTS	2,905,415			
29	DEPOSITS ON LEASES				
30	DUE FROM OWNERS/OFFICERS				
31	OTHER ASSETS				
32	TOTAL OTHER ASSETS	2,905,415			
33	TOTAL ASSETS	4,763,424			
	LIABILITIES AND FUND BALANCE				
	CURRENT LIABILITIES				
34	ACCOUNTS PAYABLE	282,957			
35	SALARIES, WAGES & FEES PAYABLE	235,824			
36	PAYROLL TAXES PAYABLE				
37	NOTES AND LOANS PAYABLE (SHORT TERM)				
38	DEFERRED INCOME				
39	ACCELERATED PAYMENTS				
40	DUE TO OTHER FUNDS				
41	OTHER CURRENT LIABILITIES	3,034			
42	TOTAL CURRENT LIABILITIES	521,815			
	LONG TERM LIABILITIES				
43	MORTGAGE PAYABLE				
44	NOTES PAYABLE				
45	UNSECURED LOANS				
46	LOANS FROM A. PRIOR TO 7/1/66				
	B. ON OR AFTER 7/1/66				
47	OTHER LONG TERM LIABILITIES				
48					
49	TOTAL LONG-TERM LIABILITIES				
50	TOTAL LIABILITIES	521,815			
	CAPITAL ACCOUNTS				
51	GENERAL FUND BALANCE	4,241,609			
52	SPECIFIC PURPOSE FUND BALANCE				
53	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
54	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
55	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
56	PLANT FUND BALANCE-INVESTED IN PLANT				
57	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
58	TOTAL FUND BALANCES	4,241,609			
59	TOTAL LIABILITIES AND FUND BALANCES	4,763,424			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND	SPECIFIC PURPOSE FUND
1	FUND BALANCE AT BEGINNING OF PERIOD	2,080,792
2	NET INCOME (LOSS)	2,160,817
3	TOTAL	4,241,609
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)	
5	ADDITIONS (CREDIT ADJUSTM	
6		
7		
8		
9		
10	TOTAL ADDITIONS	
11	SUBTOTAL	4,241,609
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)	
13	DEDUCTIONS (DEBIT ADJUSTM	
14		
15		
16		
17		
18	TOTAL DEDUCTIONS	
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	4,241,609

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES
 I PROVIDER NO:
 I 14-5269
 I

PART I - PATIENT REVENUES		INPATIENT	OUTPATIENT	TOTAL
REVENUE CENTER		1	2	3
1	GENERAL INPATIENT ROUTINE CARE SERVICES			
2	SKILLED NURSING FACILITY	1,233,578		1,233,578
3	NURSING FACILITY	10,082,194		10,082,194
3.10	ICF/MR			
4	OTHER LONG TERM CARE			
5	TOTAL GENERAL INPATIENT CARE SERVICES	11,315,772		11,315,772
	ALL OTHER CARE SERVICES			
6	ANCILLARY SERVICES	166,755		166,755
7	CLINIC			
8	HOME HEALTH AGENCY			
9				
10	AMBULANCE			
11	HOSPICE			
12	OUTPATIENT REHAB PROVIDER			
13				
14	TOTAL PATIENT REVENUES	11,482,527		11,482,527
PART II - OPERATING EXPENSES				
1	TOTAL OPERATING EXPENSES			9,909,746
	ADD (SPECIFY)			
2	TRANSFER TO OTHER AGENCY		1,468,046	
3				
4				
5				
6				
7				
8	TOTAL ADDITIONS (SUM OF L2 THRU L7			1,468,046
	DEDUCT (SPECIFY)			
9	ROUNDING			
10				
11				
12				
13				
14	TOTAL DEDUCTIONS (SUM OF L9 THRU L			
15	TOTAL OPERATING EXPENSES (SUM OF L			11,377,792

STATEMENT OF REVENUES AND EXPENSES

1	TOTAL PATIENT REVENUES	11,482,527
2	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	
3	NET PATIENT REVENUES	11,482,527
4	LESS: TOTAL OPERATING EXPENSES	11,377,792
5	NET INCOME FROM SERVICE TO PATIENTS	104,735
6	OTHER INCOME:	
7	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
8	INCOME FROM INVESTMENTS	66,011
9	REVENUES FROM TELEPHONE AND TELEGRAPH SERVICE	
10	REVENUE FROM TELEVISION AND RADIO SERVICE	
11	PURCHASE DISCOUNTS	
12	REBATES AND REFUNDS OF EXPENSES	
13	PARKING LOT RECEIPTS	
14	REVENUE FROM LAUNDRY AND LINEN SERVICE	12,931
15	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
16	REVENUE FROM RENTAL OF LIVING QUARTERS	
17	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	2,122
18	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
19	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
20	TUITION (FEES, SALES OF TEXTBOOKS, UNIFORMS ETC)	
21	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	
22	RENTAL OF VENDING MACHINES	
23	RENTAL OF SKILLED NURSING SPACE	50,035
24	GOVERNMENTAL APPROPRIATIONS	
25	TRANSFER FROM NH	1,916,000
25.01	JUNK SALE	684
25.02	OTHER	6,304
25.03		
25.04	BARBER & BEAUTY	1,995
26	TOTAL OTHER INCOME	2,056,082
27	TOTAL	2,160,817
28	OTHER EXPENSES (SPECIFY)	
29		
30		
31	TOTAL OTHER EXPENSES	
32	NET INCOME (OR LOSS) FOR THE PERIOD	2,160,817