Heal th Financia	l Systems	PI TMAN MANOR	R	In Lie	u of Form CMS-2540-10
This report is payments made s	t in all interim USC 1395g).	FORM APPROVED OMB NO. 0938-0463 Expires: 12/31/2021			
	G FACILITY AND SKILLED NURSING FACILITY HEA EPORT CERTIFICATION AND SETTLEMENT SUMMARY	LTH CARE	Provider CCN: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet S Parts I, II & III Date/Time Prepared: 11/26/2024 3:31 pm
PART I - COST I	REPORT STATUS				
Provi der	1. [X]Electronically prepared cost report Date: 11/26				024 Time: 3:31 pm
use only	2. [] Manually prepared cost report				
	3. [0] If this is an amended report en			r resubmitted thi	s cost report
	3.01 [] No Medicare Utilization. Enter '	'Y" for yes o	r leave blank for no.		
Contractor	4.[1]Cost Report Status	Contractor	No		
use only	(1) As Submitted	7.[N] Firs	t Cost Report for this	Provider CCN	
	Settled without audit	8.[N] Last	Cost Report for this	Provider CCN	
	(3) Settled with audit	9. NPR Date:			
	(4) Reopened	10.[0]IfI	ine 4, column 1 is "4"	: Enter number of	times reopened
	(5) Amended		r Vendor Code	4	·
	5. Date Received:		care Utilization. Enterno utilization.	er "F" for full, '	'L" for low, or "N"

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

MISREPRESENTATION OF 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 OF INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

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 PITMAN MANOR (315427) for the cost reporting period beginning 07/01/2023 and ending 06/30/2024 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.

SIGNATURE OF CHIEF FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
	1	2	SI GNATURE STATEMENT	
Robe	ert Peterson	ř	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2 Signatory Printed Name	Robert Peterson			2
3 Signatory Title	VICE PRESIDENT OF FINANCE			3
4 Date	(Dated when report is electronica			4

			Title XVIII			
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
	PART III - SETTLEMENT SUMMARY					
1.00	SKILLED NURSING FACILITY	0	-18, 458	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	-18, 458	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 0938-0463. The time required to complete and review the information collection is estimated 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

	D NURSING FACILITY AND SKILLED NURSING FACILI X INDENTIFICATION DATA	ITY HEALTH	H CARE	Provider No.	: 315427	Period: From 07/0 To 06/3	1/2023 0/2024	Workshee Part I Date/Tin 11/26/20	ne Pre	pared:
	1.00		2.00		3.00					
	Skilled Nursing Facility and Skilled Nursing		/ Complex Ac	ldress:						
00	Street: 535 NORTH OAK AVENUE	PO Box:		71 - 0 000	74					1.0
00	City: PITMAN	State: N		Zip Code: 080						2.0
00	County: GLOUCESTER	CBSA Cod		Urban/Rural :	U					3.0
)1		CBSA Cod		ont Nama	Provi der	Date	Dov	ent Syste	m (D	3.0
			Compor	nent Name	CCN	Certified		0, or N)		
					CON		' v		XIX	1
			1	. 00	2.00	3.00	4.00		6.00	
	SNF and SNF-Based Component Identification:			. 00	2.00	3.00	4.00	5 5.00	0.00	
0	SNF		PITMAN MAN	JB	315427	11/30/199	3 N	Р	0	4.0
0	Nursing Facility			511	010127				0	5.0
0	ICF/IID									6.0
0	SNF-Based HHA									7.0
0	SNF-Based RHC									8.0
0	SNF-Based FQHC									9.0
00	SNF-Based CMHC									10.0
00	SNF-Based OLTC									11.0
00	SNF-Based HOSPICE									12.0
	SNF-Based CORF									13.0
00			1		1	Fro	m·	To:		13.0
						1. (2.00		
00	Cost Reporting Period (mm/dd/yyyy)					07/01/		06/30/2		14. C
	Type of Control (See Instructions)					0,,01/	2023		-024	15.0
50								Y/N		13.0
								1. 00		1
	Type of Freestanding Skilled Nursing Facilit	+\/						1.00	5	
00	Is this a distinct part skilled nursing faci		moots the	roqui romonts	set forth	a in 42 CEE	secti	on N		16.0
00	483. 5?	TTTY that	meets the	requirements	Set TOT LI	1 111 42 016	Section			10.0
00	Is this a composite distinct part skilled nu	irsing fac	ility that	moots the rea	nui romonte	s sat forth	in 12	N		17.0
00	CFR section 483.5?	a sing rac	inity that	meets the red	Jui i ellerita	s set ioiti	1 111 42			17.0
00	Are there any costs included in Worksheet A	that rocu	1 tod from t	rancacti onc y	with rolat	tod organiz	ati onc	Y		18.0
00	as defined in CMS Pub. 15-1, chapter 10? If				with relat	teu organiz	atrons	1		10.0
	Miscellaneous Cost Reporting Information	yes, com	prete works	neet A-o-I.						
	If this is a low Medicare utilization cost r	conort in	dicato with	- "\\"		U" for no		N		19. C
$\cap \cap$										
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Health Financial Systems	PI TMAN MAI	NOR	In Lie	u of Form CMS-	2540-10
SKILLED NURSING FACILITY AND SKILLED NURSIN	G FACILITY HEALTH CARE	Provider No.: 315427	Peri od:	Worksheet S-2	
COMPLEX INDENTIFICATION DATA			From 07/01/2023	Part I	
			To 06/30/2024	Date/Time Pre 11/26/2024 3:	
				Y/N	
				1.00	-
42.00 Are malpractice premiums and paid los	sos reported in other th	an the Administrative ar	d Conoral cost	N 1.00	42.00
center? Enter Y or N. If yes, check b		IN	42.00		
amounts.					
43.00 Are there any home office costs as de	fined in CMS Pub 15_1 (Shanter 102		Y	43.00
44.00 If line 43 is yes, enter the home off			of the home offic		44.00
on Lines 45, 46 and 47.	The charn number and enter			3133010	44.00
1.00	2.00		3.00		
If this facility is part of a chain of		ame and address of the h		lines	
below.	ganization, enter the h			111103	
45.00 Name: UNITED METHODIST HOMES OF NJ	Contractor's Name: UNIT	ED_METHODI ST	tor's Number: 1200	1	45.00
43.00 Name. ON TED METHODIST HOMES OF NS		S OF NJ	tor 5 Number. 1200		+5.00
46.00 Street: 3311 HI GHWAY 33	PO Box:				46.00
47.00 City: NEPTUNE	State: NJ	Zip Cod	e: 0775	3	47.00

	ED NURSING FACILITY AND SKILLED NURSING FACILITY HEAL	TH CARE Provider	No.: 315427	Peri od:	Worksheet S-2	2
//PLE	EX REIMBURSEMENT QUESTI ONNAI RE			From 07/01/2023 To 06/30/2024	Date/Time Pre	
				Y/N	11/26/2024 3: Date	<u>31 p</u>
				1.00	2.00	
	General Instruction: For all column 1 responses enter	er in column 1, "Y" fo	r Yes or "N"	for No. For all	the date	
	responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites					
0	Provider Organization and Operation Has the provider changed ownership immediately prior	to the beginning of	the cost	N		1
0	reporting period? If column 1 is "Y", enter the date			IN		'
	instructions)	-				
			Y/N 1.00	Date 2.00	V/I 3.00	-
0	Has the provider terminated participation in the Med		N	2100	0100	2
	column 1 is yes, enter in column 2 the date of termi 3, "V" for voluntary or "I" for involuntary.	nation and in column				
0	Is the provider involved in business transactions, i		Y			3
	contracts, with individuals or entities (e.g., chair		r			
	medical supply companies) that are related to the pr officers, medical staff, management personnel, or me					
	directors through ownership, control, or family and					
	relationships? (see instructions)		Y/N	Туре	Date	
			1.00	2.00	3.00	
	Financial Data and Reports	a Conti fi od Dubi i	Y	•	10 (24 (2024	
0	Column 1: Were the financial statements prepared by Accountant? (Y/N) Column 2: If yes, enter "A" for Au		Ŷ	A	10/24/2024	4
	Compiled, or "R" for Reviewed. Submit complete copy	or enter date				
0	available in column 3. (see instructions) If no, see Are the cost report total expenses and total revenue		e Y			5
0	on the filed financial statements? If column 1 is "Y		e r			1 3
	reconciliation.					
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Heal th	Financial Systems PITMAN	MANOF	2		In Lieu of Form CMS-2540		
	D NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE	Ξ	Provider No.: 315427	Peri od		Worksheet S-2	2
COMPLE	X REIMBURSEMENT QUESTIONNALRE)7/01/2023)6/30/2024	Part II Date/Time Pre	nared
					07 307 2024	11/26/2024 3:	
			1.00		2.	00	
	Cost Report Preparer Contact Information						
19.00	Enter the first name, last name and the title/position hel	dDEAN	DRA	FALLO	ON		19.00
	by the cost report preparer in columns 1, 2, and 3,						
	respecti vel y.						
20.00	Enter the employer/company name of the cost report prepare	BAKE	R TILLY ADVISORY GROUP,				20.00
		LP					
21.00	Enter the telephone number and email address of the cost	570-8	320-0301	DEAND	DRA. FALLON	BAKERTI LLY. CO	21.00
	report preparer in columns 1 and 2, respectively.						

Heal th	Financial Systems	PI TMAN MAN	IOR	In Lie	u of Form CMS-:	2540-10
	D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE	TY HEALTH CARE	Provider No.: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part II Date/Time Pre 11/26/2024 3:	pared:
		Part B Date 4.00				
	PS&R Data	· · ·		· · ·		
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see					13.00
14.00	Instructions.) 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					14. 00
15. 00	to prepare this cost report in columns 2 and 4. 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",					15. 00
16.00	see Instructions. 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					16. 00
17.00	instructions. 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
			3.00			
19.00	Cost Report Preparer Contact Information Enter the first name, last name and the title by the cost report preparer in columns 1, 2, respectively.		RECTOR			19.00
20. 00 21. 00	Enter the employer/company name of the cost Enter the telephone number and email address report preparer in columns 1 and 2, respectiv	of the cost				20. 00 21. 00

	Financial Systems D NURSING FACILITY AND SKILLED NURSIN X STATISTICAL DATA	PI TMAN N IG FACI LI TY HEALTH CARE		F	Period: From 07/01/2023 To 06/30/2024		pared:
				Inp	oatient Days/Vis		
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
. 00	SKILLED NURSING FACILITY	72	26, 352	(-/	10, 116	1.00
. 00 . 00	NURSING FACILITY	0	0	()	0	2.00 3.00
00	HOME HEALTH AGENCY COST	0	0		0	0	4.00
. 00	Other Long Term Care	178	65, 148				5.00
. 00	SNF-Based CMHC						6.00
7.00 3.00	HOSPICE	0 250	0 91, 500		-	0	7.00 8.00
5.00	Total (Sum of lines 1-7)	Inpatient D	avs/Vi si ts		Di scharges	10, 116	0.00
	Component	Other	Total	Title V	Title XVIII	Title XIX	
. 00	SKILLED NURSING FACILITY	6.00	7.00	8.00	9.00	10.00	1.00
. 00	NURSING FACILITY	0,410	21, 043			23	2.00
. 00	ICF/IID	0	0			0	3.00
. 00	HOME HEALTH AGENCY COST	0	0				4.00
6.00	Other Long Term Care	43, 516	43, 516				5.00
5.00 7.00	SNF-Based CMHC HOSPI CE	0	0		0	0	6.00 7.00
3.00	Total (Sum of lines 1-7)	51, 932	65, 359		119	23	8.00
		Di scha	arges	Ave	rage Length of	Stay	
	Component	Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
. 00	SKILLED NURSING FACILITY	128	270	0.00		439.83	1.00
2.00 3.00	NURSING FACILITY	0	0	0.00)	0.00 0.00	2.00 3.00
4.00	HOME HEALTH AGENCY COST	0	0			0.00	4.00
5.00	Other Long Term Care	48	48				5.00
5.00	SNF-Based CMHC		_				6.00
7.00 3.00	HOSPICE Total (Sum of lines 1-7)	0 176	0 318			0.00 439.83	7.00 8.00
5.00		Average Length	510		si ons	437.03	0.00
		of Stay		T		0.11	
	Component	<u>Total</u> 16.00	<u>Title V</u> 17.00	Title XVIII 18.00	Title XIX 19.00	0ther 20.00	
. 00	SKILLED NURSING FACILITY	80. 90	0			111	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00		0.00			0	0	3.00
1.00 5.00	HOME HEALTH AGENCY COST Other Long Term Care	906. 58				42	4.00 5.00
5.00	SNF-Based CMHC	700.30				42	6.00
. 00	HOSPI CE	0.00	0	0	0 0	0	7.00
3.00	Total (Sum of lines 1-7)	205. 53	0		2 10	153	8.00
		Admi ssi ons	Full Time				
	Component	Total	Employees on	Nonpai d			
		21.00	Payrol I 22.00	Workers 23.00	-		
1.00	SKILLED NURSING FACILITY	273	40. 87)		1.00
. 00	NURSING FACILITY	0	0.00				2.00
00	ICF/IID	0	0.00				3.00
. 00	HOME HEALTH AGENCY COST Other Long Term Care	42	0.00 37.12				4.00 5.00
00		42	J7. 1Z	0.00			
5.00 5.00	SNF-Based CMHC		0.00	0.00			6.00
	SNF-Based CMHC HOSPI CE	0 315	0.00 0.00 77.99	0.00			6.0 7.0

Heal th	Financial Systems	PI TMAN	MANOR		In Lie	eu of Form CMS-2	2540-10
SNF WA	GE INDEX INFORMATION	1			Period: From 07/01/2023 To 06/30/2024	Date/Time Pre 11/26/2024 3:	pared:
		Amount	Reclass. of	Adj usted		Average Hourly	
		Reported	Salaries from			Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col. 3	col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	PART II – DIRECT SALARIES						
	SALARI ES	1		1		1	
1.00	Total salaries (See Instructions)	9, 499, 417	0	9, 499, 41			1.00
2.00	Physician salaries-Part A	0	0		0 0.00		2.00
3.00	Physician salaries-Part B	0	0		0 0.00		3.00
4.00	Home office personnel	0	0		0 0.00		4.00
5.00	Sum of lines 2 through 4	0	0		0 0.00		5.00
6.00	Revised wages (line 1 minus line 5)	9, 499, 417		9, 499, 41			6.00
7.00	Other Long Term Care	2, 257, 172	0	2, 257, 17			
8.00	HOME HEALTH AGENCY COST	0	0		0 0.00		
9.00	СМНС	0	0		0 0.00		
10.00	HOSPICE	0	0		0 0.00		
11.00	Other excluded areas	25, 281		25, 28			11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	2, 282, 453	0	2, 282, 45			12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7, 216, 964	0	7, 216, 96	4 244, 602.00	29.50	13.00
	OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	664, 573	0	664, 57	3 11, 390. 00	58.35	14.00
15.00	Contract Labor: Physician services-Part A	21,006	0	21,00	6 104.00	201.98	15.00
16.00	Home office salaries & wage related costs	805, 174	0	805, 17	4 12, 311.00	65.40	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	2, 118, 579	0	2, 118, 57	9		17.00
18.00	Wage-related costs other (See Part IV)	3, 902	0	3, 90	2		18.00
19.00	Wage related costs (excluded units)	509, 037	0	509, 03	7		19.00
20.00	Physician Part A - WRC	0	0		0		20.00
21.00	Physician Part B - WRC	0	0		0		21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1, 613, 444	0	1, 613, 44	4		22.00

Heal th	Financial Systems	PI TMAN	MANOR		In Lie	eu of Form CMS-2	2540-10
SNF WA	GE INDEX INFORMATION		Provi der		Period:	Worksheet S-3	
					From 07/01/2023 To 06/30/2024		narod
					10 00/ 30/ 2024	11/26/2024 3:	
		Amount	Reclass. of	Adj usted	Paid Hours	Average Hourly	
		Reported	Salaries from	Salaries (col	. Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col.	col. 4)	
					3		
		1.00	2.00	3.00	4.00	5.00	
	PART III - OVERHEAD COST - DIRECT SALARIES				_		
1.00	Employee Benefits	0	0		0.00		1.00
2.00	Administrative & General	1, 285, 858	0	1, 285, 85	8 26, 149. 00	49.17	2.00
3.00	Plant Operation, Maintenance & Repairs	465, 663	0	465, 66	3 19, 836. 00	23.48	3.00
4.00	Laundry & Linen Service	124, 612	0	124, 61	2 5, 972. 00	20.87	4.00
5.00	Housekeepi ng	558, 323	0	558, 32	3 26, 423. 00	21.13	5.00
6.00	Dietary	981, 644	0	981, 64	4 51, 586. 00	19.03	6.00
7.00	Nursing Administration	0	0		0.00	0.00	7.00
8.00	Central Services and Supply	0	0		0.00	0.00	8.00
9.00	Pharmacy	0	0		0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0		0.00	0.00	10.00
11.00	Social Service	68, 243	0	68, 24	3 1, 984. 00	34.40	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	303, 993	0	303, 99	3 12, 271. 00	24.77	13.00
14.00	Total (sum lines 1 thru 13)	3, 788, 336	0	3, 788, 33		26.27	14.00
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SNF WAGE RELATED COSTS Provider No.: 315427 Period. From 07/01/2023 To 06/30/2024 Worksheet 5-3 Peri V Date/Time Perar A - Core List RetIREMENT COST RetIREMENT COST RetIREMENT COST Amount 00 401K Employer Contributions 0 1.00 0 1.00 1.00 401K Employer Contributions 0 <td< th=""><th>Heal th</th><th>Financial Systems</th><th>PI TMAN MANO</th><th>R</th><th>In Lie</th><th>u of Form CMS-3</th><th>2540-10</th></td<>	Heal th	Financial Systems	PI TMAN MANO	R	In Lie	u of Form CMS-3	2540-10
PART IV - WAGE RELATED COSTS Part A - Core List RETIREMENT COST 00 1.00 <td>SNF WA</td> <td>GE RELATED COSTS</td> <td></td> <td>Provider No.: 315427</td> <td>From 07/01/2023</td> <td>Part IV Date/Time Pre 11/26/2024 3:</td> <td>pared:</td>	SNF WA	GE RELATED COSTS		Provider No.: 315427	From 07/01/2023	Part IV Date/Time Pre 11/26/2024 3:	pared:
PART IV - WAGE RELATED COSTS Part A - Core List RETIREMENT COST 1.00 401K Employer Contributions 0 2.00 Tax Sheltered Annuity (TSA) Employer Contribution 0 3.00 Qualified and Non-Qualified Pension Plan Cost 04.00 0.01 Tax Sheltered Annuity (TSA) Employer Contribution 0 3.00 Qualified and Non-Qualified Pension Plan Cost 0 0.01 Tax Sheltered Annuity (TSA) Employer Cost 0 0.01 Qualified and Non-Qualified Pension Plan Cost 0 0.01 Logal /Accounting/Management Fees-Pension Plan 0 0.01 Cost Cost 0 4.00 0.01 Prior Pare Pension Prior 0 5.00 0.01 Prior Pare Pension Prior 0 6.00 0.01 Depseingtion Drug Plan 0 0 0.01 Prescription Drug Plan 0 9.00 0.02 Prescription Drug Plan 0 10.00 0.01 Deployee Managed Care Program Admin istration Fees 0 10.00 10.00 Distributionscription Drug Plan 8.62.100 0 10.00						Reported	
Part A - Core List RETIREMENT COST 0 1.00 401K Employer Contributions 0 2.00 Tax Sheltered Annuity (TSA) Employer Contribution 0 0 0.00 Uali Fied and Non-Quali Fied Pension Plan Cost 153,902 3.00 0.00 PLAN Admin Nistration Fees 0 4.00 7.00 Employee Managed Care Program Administration Fees 0 6.00 0.00 Legal /Accounting/Management Fees-Pension Plan 0 6.00 1.00 Welkin Unsurance (Purchased or Self Funded) 866,662 8.00 9.00 Prescription Drug Plan 0 9.00 10.00 Life Insurance (If employee is owner or beneficiary) 0 11.00 11.00 Logi schemes and in strance (If employee is owner or beneficiary) 0 12.00 12.00 Logi schemes and in strance (If employee is owner or beneficiary) 0 12.00 12.00 Logi schemes and in strance 1 10 14.00 13.00 Disability Insurance (If employee is owner or beneficiary) 0 12.00 14.00 13.00 Disability Insurance (If employee is owner or beneficiary)		1				1.00	
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4.00 Prior Year Pension Service Cost 0 4.00 PLAN ADMINISTRATIVE COSTS (Paid to External Organization) 0 5.00 5.00 401K/TSA PI an Administration fees 0 5.00 6.00 Legal /Accounting/Management Fees-Pension PI an 0 6.00 7.00 Employee Managed Care Program Administration Fees 0 7.00 Heal th Insurance (Purchased or Sel F Funded) 866,662 8.00 9.00 Prescription Drug PI an 0 9.00 10.00 Dental, Hearing and Vision PI an 0 1.00 10.00 Dental, Hearing and Vision PI an 0 1.00 10.00 Dide Insurance (If employee is owner or beneficiary) 0 12.00 11.00 Ling Insurance (If employee is owner or beneficiary) 0 14.00 12.00 Morkers' Compensation Insurance 16.00 14.00 15.00 Workers' Cost Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 16.00 16.00 Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 17.00 FICA-Employers Portion Only 571,984 17.00			i on			-	
PLAN ADMINISTRATIVE COSTS (Paid to External Organization) 5.00 401K/TSA Plan Administration Fees 0 5.00 6.00 Legal /Accounting/Management Fees-Pension Plan 0 6.00 7.00 Employee Managed Care Program Administration Fees 0 7.00 HEALTH AND INSURANCE COST 0 7.00 8.00 Health Insurance (Purchased or Self Funded) 8.66,662 8.00 9.00 Prescription Drug Plan 0 9.00 9.00 10.00 Dental, Hearing and Vision Plan 8.62,10.00 0 11.00 11.00 Life Insurance (If employee is owner or beneficiary) 0 12.00 0 12.00 10.00 Dental, Hearin Insurance (If employee is owner or beneficiary) 4.152 13.00 14.00 0 12.00 10.00 Dental stration Insurance 14.00 0 14.00 0 12.00 10.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 16.00 11.00 FICA-Employers Portion Only 571.984 17.00 10.00 14.01 14.01 19.00 10.00 10							•
5.00 401K/TSA Plan Administration fees 0 5.00 6.00 Legal /Accounting/Management Fees-Pension Plan 0 6.00 7.00 Employee Managed Care Program Administration Fees 0 7.00 HEALTH AND INSURANCE COST 866,662 8.00 8.00 Health Insurance (Purchased or Sel f Funded) 866,662 8.00 9.00 Prescription Drug Plan 0 9.00 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 14.00 14.00 Ing-Term Care Insurance (If employee is owner or beneficiary) 0 14.00 15.00 Workers' Compensation Insurance 16.00 16.00 16.00 Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 17.00 FICA-Employers Portion Only 134,169 18.00 18.00 18.00 18.00 Medicare Taxes - Employers Portion Only 134,169 18.00 0 20.00	4.00					0	4.00
6.00 Legal /Accounting/Management Fees-Pension Plan 0 6.00 Employee Managed Care Program Administration Fees 0 7.00 HEALTH AND INSURANCE COST 0 7.00 8.00 Prescription Drug Plan 0 9.00 0.00 Dental, Hearing and Vision Plan 0 9.00 10.00 Dental, Hearing and Vision Plan 8.66.662 8.00 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 12.00 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 0 14.00 15.00 Workers' Compensation Insurance 262.670 15.00 16.00 Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 17.00 FICA-Employers Portion Only 134.169 18.00 18.06 18.06 18.00 Medicare Taxes - Employers Portion Only 134.169			gani zati on)				
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9.00 Prescription Drug Plan 0 9.00 10.00 Dental, Hearing and Vision Plan 8,621 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) 4,152 13.00 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 0 14.00 15.00 Workers' Compensation Insurance 262,670 15.00 16.00 Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 17.00 FICA-Employers Portion Only 134,169 18.00 18.00 Medicare Taxes - Employers Portion Only 134,169 18.00 19.00 Unemployment Insurance 0 21.00 20.00 State or Federal Unemployment Taxes 0 21.00 21.00 Executive Deferred Compensation 0 21.00 22.00 Day Care Cost and Allowances 0 22.00							
10.00 Dental, Hearing and Vision Plan 8, 621 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) 4, 152 13.00 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 4, 152 13.00 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 0 14.00 15.00 Workers' Compensation Insurance 262, 670 15.00 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 17.00 FICA-Employers Portion Only 571, 984 17.00 18.00 Medicare Taxes - Employers Portion Only 13.4, 169 18.00 19.00 Unemployment Insurance 114, 919 19.00 20.00 State or Federal Unemployment Taxes 0 21.00 21.00 Executive Deferred Compensation 0 21.00 22.00 Day Care Cost and Allowances 0 22.00 23.00 Tuition Reimbursement 1, 500 23.00 24.00 Total Wage Related cost (Sum							•
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) 4,152 13.00 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 0 14.00 15.00 Workers' Compensation Insurance 262,670 15.00 16.00 Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 TAXES 77.00 FICA-Employers Portion Only 134,169 18.00 19.00 Unemployment Insurance 114,919 19.00 20.00 State or Federal Unemployment Taxes 0 21.00 21.00 Executive Deferred Compensation 0 21.00 22.00 Day Care Cost and Allowances 0 22.00 23.00 Tuition Reimbursement 2,150 23.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 2,118,579 24.00 Amount Reported 1.00 1.00						-	
12.00 Accident Insurance (If employee is owner or beneficiary) 0 12.00 13.00 Disability Insurance (If employee is owner or beneficiary) 4,152 13.00 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 0 14.00 15.00 Workers' Compensation Insurance 262,670 0 14.00 16.00 Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 17.00 FICA-Employers Portion Only 571,984 17.00 18.00 Medicare Taxes - Employers Portion Only 134,169 18.00 19.00 Unemployment Insurance 0 21.00 20.00 State or Federal Unemployment Taxes 0 21.00 21.00 Executive Deferred Compensation 0 21.00 22.00 Day Care Cost and Allowances 0 22.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 4 4 Amount Reported Amount Reported 1.00 Part B - Other than Core Related Cost							•
13.00Disability Insurance (If employee is owner or beneficiary)4, 15213.0014.00Long-Term Care Insurance (If employee is owner or beneficiary)014.0015.00Workers' Compensation Insurance262, 67015.0016.00Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non016.0017.00FICA-Employers Portion Only571, 98417.0018.00Medicare Taxes - Employers Portion Only134, 16918.0020.00State or Federal Unemployment Taxes020.000THER022.00022.0023.00Tuition Reinbursement1,50023.0024.00Total Wage Related cost (Sum of Lines 1 - 23)2,118, 57924.00Part B - Other than Core Related Cost01.00000							
14.00Long-Term Care Insurance (If employee is owner or beneficiary)014.0015.00Workers' Compensation Insurance262,67015.0016.00Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non016.0017.00FICA-Employers Portion Only571,98417.0018.00Medicare Taxes - Employers Portion Only134,16918.0019.00Unemployment Insurance020.0000State or Federal Unemployment Taxes021.0001Executive Deferred Compensation021.0023.00Tuition Reimbursement1,50023.0024.00Total Wage Related cost (Sum of Lines 1 - 23)1,00AmountPart B - Other than Core Related CostEmployee Related CostEmployee Related Cost							•
15.00 Workers' Compensation Insurance 262,670 15.00 16.00 Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 TAXES TAXES 17.00 FICA-Employers Portion Only 571,984 17.00 18.00 Medicare Taxes - Employers Portion Only 134,169 18.00 19.00 Unemployment Insurance 0 20.00 21.00 State or Federal Unemployment Taxes 0 21.00 22.00 Day Care Cost and Allowances 0 21.00 23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 2,118,579 24.00 Amount Reported Part B - Other than Core Related Cost							
16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non 0 16.00 TAXES 17.00 FI CA-Employers Portion Only 571,984 17.00 18.00 Medicare Taxes - Employers Portion Only 134,169 18.00 19.00 Unemployment Insurance 0 20.00 21.00 Executive Deferred Compensation 0 21.00 22.00 Day Care Cost and Allowances 0 22.00 23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 2,118,579 24.00 Part B - Other than Core Related Cost			or beneficiary)				
cumulative portion) TAXES 17.00 FICA-Employers Portion Only 571,984 17.00 18.00 Medicare Taxes - Employers Portion Only 134,169 18.00 19.00 Unemployment Insurance 0 114,919 19.00 20.00 State or Federal Unemployment Taxes 0 20.00 OTHER 0 21.00 22.00 21.00 Executive Deferred Compensation 0 22.00 23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 2,118,579 24.00 Part B - Other than Core Related Cost							
TAXES 17.00 FI CA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes 0 OTHER 21.00 Executive Deferred Compensation 22.00 Day Care Cost and Allowances 23.00 Tuition Reimbursement 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 21.00 Amount Reported 1.00	16.00		, not the extraor	dinary accrual require	ed by FASB 106. No	on O	16.00
17.00 FICA-Employers Portion Only 571,984 17.00 18.00 Medicare Taxes - Employers Portion Only 134,169 18.00 19.00 Unemployment Insurance 114,919 19.00 20.00 State or Federal Unemployment Taxes 0 20.00 OTHER 0 21.00 22.00 21.00 Day Care Cost and Allowances 0 22.00 23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 2,118,579 24.00 Part B - Other than Core Related Cost							
18.00 Medicare Taxes - Employers Portion Only 134,169 18.00 19.00 Unemployment Insurance 114,919 19.00 20.00 State or Federal Unemployment Taxes 0 20.00 0THER 0 21.00 22.00 23.00 Tuition Reimbursement 0 22.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 2,118,579 24.00 Part B - Other than Core Related Cost	17 00					E71 004	1 1 7 00
19.00 Unemployment Insurance 114,919 19.00 20.00 State or Federal Unemployment Taxes 0 20.00 OTHER 0 21.00 22.00 21.00 Executive Deferred Compensation 0 22.00 23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 2,118,579 24.00 Amount Reported Amount Reported Part B - Other than Core Related Cost							
20.00 State or Federal Unemployment Taxes 0 20.00 OTHER 0 21.00 21.00 21.00 22.00 21.00 22.00 22.00 22.00 22.00 22.00 22.00 23.00 1,500 23.00 24.00 7.014 Wage Related cost (Sum of lines 1 - 23) 2.01 Amount Reported 1.00<							
OTHER 0 21.00 Executive Deferred Compensation 0 21.00 22.00 Day Care Cost and Allowances 0 22.00 23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of lines 1 - 23) 2,118,579 24.00 Amount Reported 1.00 Part B - Other than Core Related Cost							
21.00 Executive Deferred Compensation 0 21.00 22.00 Day Care Cost and Allowances 0 22.00 23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of Lines 1 - 23) 2,118,579 24.00 Amount Reported 1.00	20.00					0	20.00
22.00 Day Care Cost and Allowances 0 22.00 23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of lines 1 - 23) 2,118,579 24.00 Amount Reported 1.00	21 00					0	1 21 00
23.00 Tuition Reimbursement 1,500 23.00 24.00 Total Wage Related cost (Sum of lines 1 - 23) 2,118,579 24.00 Amount Reported 1.00							
24.00 Total Wage Related cost (Sum of lines 1 - 23) 2,118,579 24.00 Amount Reported 1.00							
Part B - Other than Core Related Cost							
Reported 1.00	24.00	Tiotal wage Related Cost (Sum of Titles 1 - 25)					24.00
Part B - Other than Core Related Cost 1.00							
Part B - Other than Core Related Cost							
		Part B - Other than Core Related Cost				1.00	
	25,00					3, 902	25.00

Health Financial Systems PITMAN MANOR In Lieu of Form C SNF REPORTING OF DIRECT CARE EXPENDITURES Provider No.: 315427 Period: From 07/01/2023 Worksheet Part V	Prepared:
To 06/30/2024 Date/Time 11/26/2024	
Occupational Category Reported Amount Reported Benefits Adjusted Salaries (col. 1 + col. 2) Salary in col. 3	
1.00 2.00 3.00 4.00 5.00	
Direct Salaries	
Nursing Occupations	
	41 1.00
	52 2.00
3. 00 Certified Nursing Assistant/Nursing 1,037,806 231,431 1,269,237 50,284.00 25 Assistants/Ai des 1,037,806 231,431 1,269,237 50,284.00 25	24 3.00
	78 4.00
	43 5.00
	53 6.00
	00 7.00
	03 8.00
	78 9.00
	00 10.00
	64 11.00
	09 12.00
	18 13.00
Contract Labor	
Nursing Occupations	
	00 14.00
	00 15.00
16. 00 Certified Nursing Assistant/Nursing 402, 230 402, 230 8, 044. 60 50 Assistants/Ai des 402, 230 402, 230 402, 230 50	00 16.00
	35 17.00
	00 18.00
	00 19.00
	00 20.00
	00 21.00
	00 22.00
	00 23.00
	00 24.00
	00 25.00
	00 26.00

Health Financial Systems PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	PITMAN MANOR Provider No.: 315427	Peri od:	u of Form CMS Worksheet S-	
		From 07/01/2023 To 06/30/2024		
		Group	Days	
1.00		1.00 RUX	2.00	1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7. 00 8. 00		RMX RML		7.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00 14.00		RVC RVB		13.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20. 00 21. 00		RMB RMA		20.00
22.00		RLB		21.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00 27.00		ES1 HE2		26.00 27.00
28.00		HE1		27.00
29.00		HD2		29.00
30. 00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00 34.00		HB2 HB1		33.00 34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39. 00 40. 00		LC2 LC1		39.00 40.00
40.00		LB2		40.00
42.00		LB1		42.00
43.00		CE2		43.00
44. 00		CE1		44.00
45.00		CD2		45.00
46.00 47.00		CD1 CC2		46.00 47.00
48.00		CC1		48.00
49.00		CB2		49.00
50. 00		CB1		50.00
51.00		CA2		51.00
52. 00 53. 00		CA1 SE3		52.00 53.00
54.00		SE2		54.00
55. 00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00 59.00		SSA I B2		58.00 59.00
60.00		I B1		60.00
61.00		I A2		61.00
62.00		I A1		62.00
63.00		BB2		63.00
64. 00 65. 00		BB1 BA2		64.00 65.00
66.00		BA2 BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00 72.00		PC2 PC1		71.00 72.00
73.00		PCT PB2		72.00
74.00		PB1		74.00
75.00		PA2		75.00

Health Financial Systems PITMAN M	IANOR		In Lie	u of Form CM	S-2540-10		
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provi der	No.: 315427	Peri od:	Worksheet S	5-7		
			From 07/01/2023 To 06/30/2024				
			Group	Days			
			1.00	2.00			
76.00			PA1		76.00		
99.00			AAA		99.00		
100. 00 TOTAL					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 102.00 Recruitment 103.00 Retention of employees 104.00 Training 105.00 OTHER (SPECIFY) 106.00 Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)					101.00 102.00 103.00 104.00 105.00 106.00		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES Provider No.: 315427 Period: From 07/01/2023 To 06/30/2024 Cost Center Description Salaries Other Total (col. 1 + col. 2) Reclassificati ons Increase/Decre ase (Fr Wkst A-6) CENERAL SERVICE COST CENTERS 1.00 2.00 3.00 4.00	Date/Time Pre 11/26/2024 3:	
Cost Center Description Sal aries Other Total (col. 1) Reclassification Image: Cost Center Description Sal aries Other Total (col. 1) Reclassification Image: Cost Center Description Sal aries Other Total (col. 2) Image: Cost Center Ce	Date/Time Pre 11/26/2024 3: Reclassified	
+ col. 2) ons Increase/Decre ase (Fr Wkst A-6) 1.00 2.00 3.00 4.00		<u>si piii</u>
Increase/Decrease Increase/Decrease 1.00 2.00 3.00 4.00	Irial Balance	
ase (Fr Wkst 1.00 2.00 3.00 4.00	e (col. 3 +-	
1.00 2.00 3.00 4.00	col. 4)	
	,	
	5.00	
GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS - BLDGS & FIXTURES 583, 578 583, 578 683, 578	583, 578	1.00
2.00 00200 CAP REL COSTS - MOVABLE EQUI PMENT 0 0 0	0	2.00
3.00 00300 EMPLOYEE BENEFITS 0 2,122,481 2,122,481 0	2, 122, 481	3.00
4. 00 00400 ADMINI STRATI VE & GENERAL 1, 285, 858 2, 905, 847 4, 191, 705 0	4, 191, 705	4.00
5. 00 00500 PLANT OPERATION, MAINT. & REPAIRS 465, 663 965, 327 1, 430, 990 0	1, 430, 990	5.00
6.00 00600 LAUNDRY & LI NEN SERVICE 124, 612 30, 006 154, 618 0 7.00 00700 HOUSEKEEPING 558, 323 83, 074 641, 397 0	0 154, 618 0 641, 397	6.00 7.00
8. 00 00800 DI ETARY 981, 644 1, 336, 714 2, 318, 358 0	2, 318, 358	8.00
9. 00 00900 NURSING ADMINISTRATION 0 0 0	0	9.00
10.00 01000 CENTRAL SERVICES & SUPPLY 0 0 0 0	0	10.00
11.00 01100 PHARMACY 0 0 0	0	11.00
12. 00 01200 MEDI CAL RECORDS & LI BRARY 0 0 0 0	0	12.00
13.00 01300 SOCIAL SERVICE 68, 243 0 68, 243 0 14.00 01400 NURSING AND ALLIED HEALTH EDUCATION 0 0 0 0	68, 243 0	13.00 14.00
15. 00 01500 ACTIVITIES 233, 123 56, 745 289, 868 0	289, 868	15.00
15. 01 01501 CHAPLAI N 70, 870 642 71, 512		
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1	
30. 00 03000 SKI LLED NURSI NG FACI LI TY 2, 891, 361 1, 042, 455 3, 933, 816 0		
31.00 03100 NURSING FACILITY 0 0 0 0 32.00 03200 ICF/IID 0 0 0 0 0		31.00 32.00
33. 00 03300 OTHER LONG TERM CARE 2, 257, 172 152, 086 2, 409, 258 0		
ANCI LLARY SERVICE COST CENTERS	2,107,200	00100
40. 00 04000 RADI OLOGY 0 11, 842 11, 842 0		
41.00 04100 LABORATORY 0 15, 329 15, 329 0	15, 329	
42. 00 04200 I NTRAVENOUS THERAPY 0 0 0 0 43. 00 04300 0XYGEN (I NHALATI ON) THERAPY 64, 881 5, 979 70, 860 0	0 0 70, 860	42.00 43.00
43. 00 04300 04300 04101 1111111111111111111111111111		
45. 00 04500 0CCUPATI ONAL THERAPY 159, 519 0 159, 519 86, 276		
46. 00 04600 SPEECH PATHOLOGY 29, 572 0 29, 572 10, 173		46.00
47. 00 04700 ELECTROCARDI OLOGY 0 0 0	0	47.00
48. 00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 9, 916 9, 916 0	9, 916	
49. 00 04900 DRUGS CHARGED TO PATIENTS 0 132, 168 132, 168 0 50. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0	132, 168	49.00 50.00
51. 00 05100 SUPPORT SURFACES 0 0 0 0	-	
OUTPATIENT SERVICE COST CENTERS		
60. 00 06000 CLINIC 0 0 0		60.00
61. 00 06100 RURAL HEALTH CLINIC 0 0 0 0	0	61.00 62.00
OTHER REIMBURSABLE COST CENTERS		02.00
70. 00 07000 HOME HEALTH AGENCY COST 0 0 0 0	0	70.00
71.00 07100 AMBULANCE 0 0 0	0	71.00
73. 00 07300 CMHC 0 0 0 0	0 0	73.00
SPECIAL PURPOSE COST CENTERS 80. 00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 0 0 0	0	80.00
81. 00 08100 NTEREST EXPENSE 0 0 0		
82.00 08200 UTI LI ZATI ON REVIEW - SNF 0 0 0	0	
83.00 08300 HOSPI CE 0 0 0 0	0	
89.00 SUBTOTALS (sum of lines 1-84) 9, 474, 136 9, 550, 573 19, 024, 709 0	19, 024, 709	89.00
NONREI MBURSABLE COST CENTERS 90. 00 090000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN 25, 281 9, 201 34, 482 00	24 492	90.00
90. 00 09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN 25, 281 9, 201 34, 482 O 91. 00 09100 BARBER AND BEAUTY SHOP 0	0 34,482	
92. 00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 0 0		92.00
93.00 09300 NONPAID WORKERS 0 0 0 0	0	93.00
94.00 09400 PATI ENTS LAUNDRY 0 0 0	0	
100. 00 TOTAL 9, 499, 417 9, 559, 774 19, 059, 191 0	19, 059, 191	100.00

	n Financial Systems SSIFICATION AND ADJUSTMENT OF TRIAL BALANCE C	PI TMAN F EXPENSES	-	No.: 315427	Peri od:	u of Form CMS-2540 Worksheet A	10-1
	STITICATION AND ADJUSTMENT OF TREAL BALANCE C			10	From 07/01/2023 To 06/30/2024	Date/Time Prepar	
	Cost Center Description	Wkst A-8)	For Allocation (col. 5 +- col. 6)			11/26/2024 3: 31	<u>pm</u>
	GENERAL SERVICE COST CENTERS	6.00	7.00				
. 00 . 00 . 00	OO100 CAP REL COSTS - BLDGS & FIXTURES OO200 CAP REL COSTS - MOVABLE EQUIPMENT OO300 EMPLOYEE BENEFITS	0 0 -45, 755	0			2	1.0 2.0 3.0
. 00 . 00	00400 ADMI NI STRATI VE & GENERAL 00500 PLANT OPERATI ON, MAI NT. & REPAI RS	-1, 083, 953 -27, 329	3, 107, 752 1, 403, 661	1		4	4.0 5.0
6.00 7.00 8.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DI ETARY	-27 -576 -883				7	6.0 7.0 8.0
0. 00 0. 00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY	0	0			9 10	9.0 10.0
1.00 2.00 3.00	01100 PHARMACY 01200 MEDI CAL RECORDS & LI BRARY 01300 SOCI AL SERVI CE	0	0 0 68, 243			12	1.0 2.0 3.0
	01500 ACTI VI TI ES	0	0 289, 868 71 512	1		15	14.0 15.0
5. 01	01501 CHAPLAI N I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	71, 512			10	15.0
0. 00 1. 00	03100 NURSING FACILITY	0	0			31	30.0 31.0
2.00 3.00		0					32.0 33.0
0.00	04000 RADI OLOGY	0	11, 842	1			40. 0
1.00		0		1			41.0 42.0
3.00	04300 OXYGEN (INHALATION) THERAPY	0	70, 860				13. C
4.00		0	283, 228	1			14. C
5.00		0	245, 797 39, 745	1			45.0 46.0
7.00		0	0	1			+0. (17. (
8.00		0	9, 916				18. (
9.00		0	132, 168			49	19. (
0. 00 1. 00		0	0	•			50. (51. (
0. 00		0	0			60	50. (
01.00 02.00	06100 RURAL HEALTH CLINIC 06200 FQHC	0	0				51. (52. (
0 00	OTHER REIMBURSABLE COST CENTERS	0	0			70	70. (
	07100 AMBULANCE	0					71. (
	07300 CMHC SPECIAL PURPOSE COST CENTERS	0	0				73. (
0.00		0	0				30. (
1.00		0	0			-	31.
2.00 3.00	08200 UTI LI ZATI ON REVIEW - SNF 08300 HOSPI CE	0					32. 33.
9. 00	SUBTOTALS (sum of lines 1-84)	-1, 158, 523	17, 866, 186				39.
0 00	NONREI MBURSABLE COST CENTERS		24 402	1			0
0.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP	0	34, 482 0	1			90. 91.
	09200 PHYSICIANS PRIVATE OFFICES	0	0				71. (72. (
	09300 NONPAI D WORKERS	0	0				93. (
	09400 PATIENTS LAUNDRY	0	0				94. (
00.00	0 TOTAL	-1, 158, 523	17, 900, 668			100)0

Health Financial Systems	PI TMAN MANOR	ITMAN MANOR In Lieu of Form CMS-			2540-10
RECLASSI FI CATI ONS	Provi der No.: 315427		Period: From 07/01/2023	Worksheet A-6	
			To 06/30/2024	Date/Time Pre 11/26/2024 3:	pared: 31 pm
		Increases			
	Cost Center	Line #	Sal ary	Non Salary	
	2.00	3.00	4.00	5.00	
(1) A - TO RECLASS OT AND ST					
1.00	OCCUPATI ONAL THERAPY	45.	36, 332	49, 946	1.00
2.00	SPEECH PATHOLOGY	46.	0 4, 284	5, 889	2.00
TOTALS					
	Total Reclassifications (of columns 4 and 5 must e sum of columns 8 and 9)		40, 616	55, 835	100. 00

A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer to Worksheet A, col. 5, line as appropriate.

Health Financial Systems	PI TMAN MANOF	2		In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS		Provi der	No.: 315427	Period: From 07/01/2023	Worksheet A-6	
				To 06/30/2024		pared: 31 pm
	Decreases					
	Cost Cente	r	Line #	Sal ary	Non Salary	
	6.00		7.00	8.00	9.00	
(1) A - TO RECLASS OT AND ST						
1.00	PHYSI CAL THERAPY		44. (40, 616	55, 835	1.00
2.00			0. (0 0	0	2.00
TOTALS						
100.00				40, 616	55, 835	100. 00

A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer to Worksheet A, col. 5, line as appropriate.

	n Financial Systems	PI TMAN I				u of Form CMS-2	
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der	No.: 315427	Peri od:	Worksheet A-7	
					From 07/01/2023 To 06/30/2024	Date/Time Prep	nared
					10 00/ 30/ 2024	11/26/2024 3: 3	31 pm
				Acqui si ti on	S		
	Description	Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALA						
1.00	Land	39, 437	0		0 0	0	1.00
2.00	Land Improvements	0	0		0 0	0	2.00
3.00	Buildings and Fixtures	14, 883, 953	668, 612		0 668, 612	35, 565	3.00
4.00	Building Improvements	0	0		0 0	0	4.00
5.00	Fixed Equipment	2, 298, 010	226, 703		0 226, 703	145, 768	5.00
6.00	Movable Equipment	171, 892	0		0 0	138, 479	6.00
7.00	Subtotal (sum of lines 1-6)	17, 393, 292	895, 315		0 895, 315	319, 812	7.00
8.00	Reconciling Items	0	0		0 0	0	8.00
9.00	Total (line 7 minus line 8)	17, 393, 292	895, 315		0 895, 315	319, 812	9.00
	Description	Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6.00	7.00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALA						
1.00	Land	39, 437	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	15, 517, 000	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	2, 378, 945	0				5.00
6.00	Movable Equipment	33, 413	0				6.00
7.00	Subtotal (sum of lines 1-6)	17, 968, 795	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	17, 968, 795	0				9.00

דאווו מ	Financial Systems MENTS TO EXPENSES	PITMAN M		No.: 315427	Peri od:	u of Form CMS-2 Worksheet A-8	
5051	MENTS TO EATENSES		TTOVIDEI	10515427	From 07/01/2023 To 06/30/2024		
						11/26/2024 3:	
					lassification on		
				lo/From Whic	ch the Amount is	to be Adjusted	
	Description (1)	(2) Basis For	Amount	Cos	t Center	Line No.	
		Adjustment	2.00		2.00	4.00	
00	Investment income on restricted funds	1.00	2.00		3. 00	4.00	1.
00	(chapter 2)		0			0.00	
00	Trade, quantity, and time discounts (chapter 8)		0			0.00	2
00	Refunds and rebates of expenses (chapter 8)		0			0.00	3
00	Rental of provider space by suppliers (chapter 8)		0			0.00	
00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	5
00	Television and radio service (chapter 21)	В	-27, 239	PLANT OPERAT REPAI RS	ION, MAINT. &	5.00	6
00	Parking lot (chapter 21)		0			0.00	1
00	Remuneration applicable to provider-based	A-8-2	0				8
00	physician adjustment Home office cost (chapter 21)		0			0.00	9
00	Sale of scrap, waste, etc. (chapter 23)		0			0.00	
00	Nonallowable costs related to certain Capital		0			0.00	
00	expenditures (chapter 24) Adjustment resulting from transactions with	A-8-1	-137, 813				12
	related organizations (chapter 10)	_					
00	Laundry and Linen service	В		LAUNDRY & LI	NEN SERVICE	6.00	
00	Revenue - Employee meals	В	-883	DI ETARY		8.00	
00	Cost of meals - Guests		0			0.00	
00	Sale of medical supplies to other than		0			0.00	16
00	patients Sale of drugs to other than patients		0			0.00	17
00	Sale of medical records and abstracts		0			0.00	
00	Vendi ng machi nes		0			0.00	
	Income from imposition of interest, finance		0			0.00	
00	or penal ty charges (chapter 21)		0			0.00	20
00	Interest expense on Medicare overpayments and	ł	0			0.00	21
	borrowings to repay Medicare overpayments						
00	Utilization reviewphysicians' compensation (chapter 21)		0	UTILIZATION	REVIEW - SNF	82.00	22
00	Depreciationbuildings and fixtures			CAP REL COST FIXTURES	S - BLDGS &	1.00	23
00	Depreciationmovable equipment			CAP REL COST EQUI PMENT	S - MOVABLE	2.00	24
00	MARKETING SAL/OTHER	A	-393, 555	ADMI NI STRATI	VE & GENERAL	4.00	25
01	MARKETING BENEFITS	A		EMPLOYEE BEN		3.00	
02	PROJECTS	A	-265, 248	ADMI NI STRATI	VE & GENERAL	4.00	
03	BED TAX ASSESSMENT	A			VE & GENERAL	4.00	
04	ELECTRI C REVENUE	В			ION, MAINT. &	5.00	
05	HOUSEKEEPI NG SERVI CES	В	-576	HOUSEKEEPI NG		7.00	25
06	EMPLOYEE RECOGNITION	B		ADMI NI STRATI		4.00	
	OTHER I NCOME	В			VE & GENERAL	4.00	
	Total (sum of lines 1 through 99) (Transfer	U	-1, 158, 523		VE & ULINERAL	4.00	100
2.00	to Worksheet A, col. 6, line 100)		1, 150, 525	1			1.00

(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.

Health Financial Systems	PI TMAN	MANOR		In Lie	u of Form CMS	6-2540-10
STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZ OFFICE COSTS	ZATIONS AND HOM	E Provi der		Period: From 07/01/2023 To 06/30/2024		repared:
	Line No.		Center	Expense	e Items	
	1.00		00		00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUI CLAIMED HOME OFFICE COSTS:	RED AS A RESULT	OF TRANSACTIC	NS WITH RELAT	ED ORGANIZATIONS	S OR	
1.00	4.00	ADMI NI STRATI VE	& GENERAL	HOME OFFICE AL	LOCATI ON	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 TOTALS (sum of lines 1-9). Transfer column						10.00
6, line 100 to Worksheet A-8, column 3, line						
12.						
	Amount	Amount	Adjustments			
	Allowable In	Included in	(col. 4 minu	s		
	Cost	Wkst. A, col.	col. 5)			
		5				
	4.00	5.00	6.00			
PART I. COSTS INCURRED AND ADJUSTMENTS REQUI CLAIMED HOME OFFICE COSTS:	RED AS A RESULT	OF TRANSACTIC	NS WITH RELAT	ED ORGANIZATIONS	S OR	
1.00	1, 021, 719	1, 159, 532	-137, 81	13		1.00
2.00	0	C		0		2.00
3.00	0	0		0		3.00
4.00	0	0		0		4.00
5.00	0	0		0		5.00
6.00	0	0		0		6.00
7.00	0	0		0		7.00
8.00	0	0)	0		8.00
9.00	0	C		0		9.00
10.00 TOTALS (sum of lines 1-9). Transfer column	1, 021, 719	1, 159, 532	-137, 81	13		10.00
6, line 100 to Worksheet A-8, column 3, line						
12.						

Health Financial Systems	PI TMAN MANOR			u of Form CMS-2	540-10
STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANI OFFICE COSTS	ZATIONS AND HOME	E Provi der No.: 315427	From 07/01/2023	Worksheet A-8- Parts I-II Date/Time Prep 11/26/2024 3:3	ared:
	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	UNITED METHODIST HOMES OF NJ	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)			0.00	100.00
speci fy:				

(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 organizati on.

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 Organi	zation(s) and/	or Home Office				
	Name	Percentage of	Type of Business				
		Ownershi p					
	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	UNITED METHODIST HOMES OF NJ	100.00 SUPPORT SERVICES	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-	fi nanci al)	0.00	100.00
speci fy:			

(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.

 D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.

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.

	Financial Systems	PI TMAN M					u of Form CMS-2	2540-10
COST A	LLOCATION - GENERAL SERVICE COSTS		Provi der	No.: 315427		riod: om 07/01/2023 06/30/2024	Worksheet B Part I Date/Time Pre 11/26/2024 3:	
			CAPI TAL REL	ATED COSTS				
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FI XTURES	MOVABLE EQUI PMENT		EMPLOYEE BENEFI TS	Subtotal	
		0	1.00	2.00		3.00	3A	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES	583, 578	583, 578					1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT	0	565, 576		0			2.00
3.00	00300 EMPLOYEE BENEFITS	2, 076, 726	0		0	2, 076, 726		3.00
4.00	00400 ADMI NI STRATI VE & GENERAL	3, 107, 752	24, 928		0	241, 469	3, 374, 149	4.00
5.00 6.00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	1, 403, 661 154, 591	6, 502 7, 947		0	104, 049 27, 844	1, 514, 212 190, 382	5.00 6.00
7.00	00700 HOUSEKEEPI NG	640, 821	3, 612		0	124, 753	769, 186	7.00
8.00	00800 DI ETARY	2, 317, 475	15, 172		0	219, 340	2, 551, 987	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY	0	0		0	0	0	9.00
10.00 11.00	01100 PHARMACY	0	0		0	0	0	10.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0		0	0	0	12.00
13.00	01300 SOCIAL SERVICE	68, 243	1, 808		0	15, 248	85, 299	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0	0	0	14.00
15. 00 15. 01	01500 ACTI VI TI ES 01501 CHAPLAI N	289, 868 71, 512	8, 670 0		0	52, 089 15, 835	350, 627 87, 347	15.00 15.01
15.01	INPATIENT ROUTINE SERVICE COST CENTERS	71, 312	0		0	13, 033	07, 347	13.01
30.00	03000 SKILLED NURSING FACILITY	3, 933, 816	93, 479		0	646, 055	4, 673, 350	30.00
31.00	03100 NURSING FACILITY 03200 ICF/IID	0	0		0	0	0	31.00
32.00 33.00	03200 OTHER LONG TERM CARE	2, 409, 258	419, 030		0	504, 347	3, 332, 635	32.00 33.00
00.00	ANCI LLARY SERVI CE COST CENTERS	2/10//200	117,000				0,002,000	
40.00	04000 RADI OLOGY	11,842	0		0	0	11, 842	
41.00 42.00	04100 LABORATORY 04200 I NTRAVENOUS THERAPY	15, 329	0		0	0	15, 329 0	41.00
43.00	04300 OXYGEN (INHALATION) THERAPY	70, 860	0		0	14, 497	85, 357	43.00
44.00	04400 PHYSI CAL THERAPY	283, 228	1, 708		0	54, 225	339, 161	44.00
45.00	04500 OCCUPATIONAL THERAPY	245, 797	0		0	43, 761	289, 558	
46.00 47.00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	39, 745	0		0	7, 565	47, 310 0	46.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	9, 916	0		0	0	9, 916	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	132, 168	0		0	0	132, 168	49.00
50.00 51.00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	0		0	0	0	50.00
51.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0		U	<u> </u>	0	51.00
60.00	06000 CLI NI C	0	0		0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0	0	0	61.00
62.00	06200 FQHC OTHER REIMBURSABLE COST CENTERS							62.00
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
73.00	07300 CMHC SPECIAL PURPOSE COST CENTERS	0	0		0	0	0	73.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES							80.00
81.00	08100 INTEREST EXPENSE							81.00
82.00	08200 UTI LI ZATI ON REVIEW - SNF		0		~		0	82.00
83.00 89.00	08300 HOSPICE SUBTOTALS (sum of lines 1-84)	17, 866, 186	0 582, 856		0	0 2, 071, 077	0 17, 859, 815	83.00 89.00
07.00	NONREI MBURSABLE COST CENTERS	17,000,100	502,050		0	2,011,011	17,007,010	07.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	34, 482	0		0	5, 649	40, 131	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	722		0	0	722	91.00
92.00 93.00	09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS	0	0		0	0	0	92.00 93.00
94. 00	09400 PATIENTS LAUNDRY	0	0		0	0	0	94.00
98.00	Cross Foot Adjustments	0	0		0	О	0	98.00
99.00	Negative Cost Centers	17 000 660	E02 E70		0	0	17 000 669	99.00
100.00	TOTAL	17, 900, 668	583, 578	I	U	2, 076, 726	17, 900, 668	1.00.00

COST A	ALLOCATION - GENERAL SERVICE COSTS		Provi der	F	Period: From 07/01/2023 Fo 06/30/2024	Worksheet B Part I Date/Time Pre 11/26/2024 3:	pared: 31 pm
	Cost Center Description	ADMI NI STRATI VE & GENERAL	PLANT OPERATI ON, MAI NT. & REPAI RS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
		4.00	5.00	6.00	7.00	8.00	
1.00 2.00 3.00 4.00 5.00	GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS - BLDGS & FIXTURES O0200 CAP REL COSTS - MOVABLE EQUIPMENT O0300 EMPLOYEE BENEFITS O0400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS	3, 374, 149 351, 714	1, 865, 926				1.00 2.00 3.00 4.00 5.00
6.00 7.00 8.00 9.00 10.00 11.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DIETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY	44, 221 178, 663 592, 763 0 0	26, 857 12, 208 51, 273 0 0		960, 057	3, 222, 968 0 0 0	6.00 7.00 8.00 9.00 10.00 11.00
12.00 13.00 14.00 15.00	01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION 01500 ACTIVITIES	0 19, 813 0 81, 442	0 6, 110 0 29, 299	C C		0 0 0 0	12.00 13.00 14.00 15.00
15.01	01501 CHAPLAI N I NPATI ENT ROUTI NE SERVI CE COST CENTERS	20, 289	0	C	0 0	0	15.01
30. 00 31. 00 32. 00 33. 00	03000 SKI LLED NURSI NG FACI LI TY 03100 NURSI NG FACI LI TY 03200 I CF/I ID 03300 OTHER LONG TERM CARE	1, 085, 502 0 0 774, 088	315, 903 0 0 1, 416, 061	C C	0 0 0 0	1, 404, 880 0 0 1, 818, 088	30.00 31.00 32.00 33.00
55.00	ANCI LLARY SERVICE COST CENTERS	774,000	1,410,001	24, 377	744, 175	1, 010, 000	33.00
40.00 41.00 42.00	04000 RADI OLOGY 04100 LABORATORY 04200 I NTRAVENOUS THERAPY	2, 751 3, 561 0	0 0 0			0 0 0	40.00 41.00 42.00
43.00 44.00 45.00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY 04500 OCCUPATIONAL THERAPY	19, 826 78, 779 67, 257	0 5, 773 0		0 0 0 3, 034 0 0	0 0 0	43.00 44.00 45.00
46.00 47.00 48.00 49.00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 04900 DRUGS CHARGED TO PATI ENTS	10, 989 0 2, 303 30, 699	0 0 0 0			0 0 0 0	46.00 47.00 48.00 49.00
50. 00 51. 00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES OUTPATIENT SERVICE COST CENTERS	0	0	-	-	0	50.00 51.00
60. 00 61. 00 62. 00	06000 CLINIC 06100 RURAL HEALTH CLINIC 06200 FQHC	0	0 0			0 0	60.00 61.00 62.00
71.00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0	0	C	0 0		71.00
/3.00	07300 CMHC SPECIAL PURPOSE COST CENTERS	0	0	C	0 0	0	73.00
80. 00 81. 00 82. 00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 08100 I NTEREST EXPENSE 08200 UTI LI ZATI ON REVI EW - SNF						80. 00 81. 00 82. 00
83. 00 89. 00	08300 HOSPICE SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	0 3, 364, 660	0 1, 863, 484			0 3, 222, 968	83.00 89.00
90.00 91.00 92.00 93.00 94.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY	9, 321 168 0 0 0	0 2, 442 0 0 0	-		0 0 0 0	90.00 91.00 92.00 93.00 94.00
98.00 99.00 100.00	Cross Foot Adjustments Negative Cost Centers TOTAL	0 0 3, 374, 149	0 0 1, 865, 926	0 0 261, 460	0 0 0 0 960, 057	0 0 3, 222, 968	98.00 99.00 100.00

Heal th	Financial Systems	PI TMAN M	MANOR		In L	ieu of Form CMS-	2540-10
COST A	LLOCATION - GENERAL SERVICE COSTS		Provi der	No.: 315427	Period: From 07/01/20 To 06/30/20		epared: 31 pm
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT						1.00 2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMI NI STRATI VE & GENERAL						4.00
5.00 6.00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE						5.00 6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	0					9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0				10.00
11.00	01100 PHARMACY	0	0		0		11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0		0	0	12.00
13.00	01300 SOCIAL SERVICE	0	0		0	0 114, 433	
14.00 15.00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 ACTIVITIES	0	0		0		
15.00	01501 CHAPLAI N	0	0		0	0 0	
15.01	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	1			10.01
30.00	03000 SKILLED NURSING FACILITY	0	0		0	0 114, 433	30.00
31.00	03100 NURSING FACILITY	0	0		0	0 0	31.00
32.00	03200 CF/I D	0	0		0	0 0	
33.00	O3300 OTHER LONG TERM CARE	0	0		0	0 0	33.00
40.00	ANCI LLARY SERVI CE COST CENTERS	0	0	1	0	0	1 40 00
40.00 41.00	04000 RADI OLOGY 04100 LABORATORY	0	0		0		
41.00	04200 I NTRAVENOUS THERAPY	0	0		0	0 0	
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0	0 0	
44.00	04400 PHYSI CAL THERAPY	0	0		0	0 0	
45.00	04500 OCCUPATI ONAL THERAPY	0	0		0	0 0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0		0	0 0	46.00
47.00	04700 ELECTROCARDI OLOGY	0	0		0	0 0	
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0 0	
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0		0	0 0	
50.00 51.00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	0		0		
51.00	OUTPATIENT SERVICE COST CENTERS	0	0		0	0 0	51.00
60.00	06000 CLINIC	0	0		0	0 0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0	0 0	61.00
62.00	06200 FQHC						62.00
	OTHER REIMBURSABLE COST CENTERS			1			
70.00	07000 HOME HEALTH AGENCY COST	0	0		0	0 0	
	07100 AMBULANCE 07300 CMHC	0	0		0	0 0	71.00 73.00
75.00	SPECIAL PURPOSE COST CENTERS	0	0		0	0 0	/ 3.00
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPI CE	0	0		0	0 0	
89.00	SUBTOTALS (sum of lines 1-84)	0	0		0	0 114, 433	89.00
90.00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	1	0	0 0	90.00
90.00 91.00	09100 BARBER AND BEAUTY SHOP	0	0		0		
92.00	09200 PHYSI CLANS PRI VATE OFFICES	0	0		0	0 0	
93.00	09300 NONPAI D WORKERS	0	0		0	0 0	
94.00	09400 PATIENTS LAUNDRY	0	0		0	0 0	
98.00	Cross Foot Adjustments	0	0				98.00
99.00	Negative Cost Centers	0	0		0	0 0	
100.00	TOTAL	0	0	1	0	0 114, 433	100. 00

From 07/07/2023 Part 1 Provide Part 2		Financial Systems ALLOCATION - GENERAL SERVICE COSTS	PI TMAN		No.: 315427	In Lie Period:	u of Form CMS-2 Worksheet B	2540-10
Cost Center Description NURSING AND EDUCATION ACTIVITIES CHAPLAIN Subtotal Post Stepdom 0 OBDERGALSERVICE COST CENTERS 10.00 15.00 16.00 17.00 1 0 ODDERGALSERVICE COST CENTERS 10.00 15.01 16.00 17.00 1 0 ODDERGALSERVICE COST CENTERS 10.00 15.01 16.00 17.00 1 0 ODDERGALSERVICE COST CENTERS 10.00 15.01 16.00 17.00 1 0 ODDERGALSERVICE COST CENTERS 10.00 15.01 16.00 17.00 1 </th <th>00317</th> <th>ALLOCATION - GENERAL SERVICE COSTS</th> <th></th> <th>Frovider</th> <th>10313427</th> <th>From 07/01/2023</th> <th>Part I Date/Time Pre</th> <th></th>	00317	ALLOCATION - GENERAL SERVICE COSTS		Frovider	10313427	From 07/01/2023	Part I Date/Time Pre	
ALLIED HEALTH Adjustmints 10 DEWERL SERVICE COST CENTERS 16.00 15.01 16.00 17.00 10 DODOD (AP ELL COST S - MOVABLE EQUIFNENT 1.00 16.00 17.00 18.00 10 DODOD (AP ELL COST S - MOVABLE EQUIFNENT 1.10 1.11 </td <td></td> <td></td> <td></td> <td>OTHER GENER</td> <td>RAL SERVICE</td> <td></td> <td></td> <td></td>				OTHER GENER	RAL SERVICE			
Interact Sterving Cost Centers 14.00 15.01 15.01 16.00 17.00 00 00000 CAP REL COSTS - BLIDGS & FIXTURES 1 <		Cost Center Description	ALLI ED HEALTH	ACTI VI TI ES	CHAPLAI N	Subtotal		
1 00 00100 CAP REL COSTS - BLUDGS A FIXTURES 00 00200 CAP REL COSTS - MUVABLE BOUIPMENT 1 00 00400 ADMIN STRATURE & GENERAL 1 00 00400 ADMINSTRATURE & GENERAL 1 00 01400 ADMINST AD ADMINISTRATION 1 00 01400 ADMINST AD ADMINISTRATURE & GENERAL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				15.00	15.01	16.00	17.00	
2 00 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00 00400 ADMIN ISTRATIVE & GENERAL 100 00400 ADMIN ISTRAT					1			
1.00 0000000 0000000 000000000 000000000000000000000000000000000000								1.00
1 00 0400 ADMINISTRATIVE & CENERAL 44 4 4 5 5 0 05000 CANNOR VAINT & REPAIRS 5 0 0 05000 CANNOR Y ALIVER SERVICE 5 4 SUPPLY 5 1 0 0 0500 OLIVER Y 5 0 0 0 0500 OLIVER Y 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								3.00
0.00 00000 PLANT OPERATION, MAINT, & REPAIRS 4.00 0.00 000000 AURENTS, SERVICE 6.0 0.00 00000 AURENTS, SERVICE 6.0 0.00 00000 AURENTS, SERVICE 7.0 0.00 00000 AURENTS, SALDIM NISTRATION 6.0 0.00 00000 AURENTS, SALDIM NISTRATION 6.0 0.00000 AURENTS, SALDIMARY SERVICE 8.00 0.00000 AURENTS, SALDIBARRY 10.0 1.000 10100 PLAAL REONDS & LIBRARY 10.0 1.000 10100 PLAAL REONDS & LIBRARY 0 1.000 1000 AURENTS (A RUD ALLIED HEALTH EDUCATION 0 1.000 1000 AURENTS (A RUD ALLIED HEALTHY 0 476, 765 1.000 1000 AURENTS (A RUD AURENT NOT THE CARE 0 0 0 1.000 1000 AURENTS (A RUD AURENT NOT THE CARE 0 0 0 0 0 1.000 1000 AURENT NOT THE CARE 0 0 0 0 0 0 0 0 <								4.00
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2.00 00000 NURSI NG ADMINI STRATION 9.0 10.00 01000 CHTRAL SERVICE SA SUPPLY 11.0 11.00 01100 PHARMACY 12.0 12.00 01200 DRAPIA SERVICE 13.0 13.00 01300 SOCI AL SERVICE 13.0 13.0 13.00 01300 SOCI AL SERVICE 0 107.636 15.0 15.00 01500 ACTIVITIES 0 476.765 35.972 8.509.902 0 0 16.0 00 03000 NRSI MG ADA LLED MEATH EDUCATION 0 476.765 35.977 8.509.902 0 0 30.0	7.00							7.00
0.000 CENTRAL SERVICES & SUPPLY 10.00 10.00 10.00 10.00 10.00 10.00 10.00 11.1 12.00 D1200 MEDICAL RECORDS & LIBRARY 13.4 13.4 13.4 14.00 D1400 NURSING ADD ALLIED HEALTH EDUCATION 0 10.7, 630 13.4 15.01 D1501 CHARLAIN 0 0 0 0 0 31.4 10.00 03000 SKI LLED NURSING FACILITY 0 476, 765 35.972 8.509, 902 30.0 31.1 10.00 03000 DKI LLED NURSING FACILITY 0 476, 765 35.972 8.509, 902 30.0 32.00 0 0 0 33.4 10.00 03000 DIFKE LONG TERM CARE 0 0 0 0 34.4 10.00 03000 DIFKE LONG TERM CARE 0 0 0 34.2 11.00 04700 LEBORTORY 0 0 0 14.593 04.0 12.00 04200 LIFKE LONG TERMPY 0 0 0 0	8.00	00800 DI ETARY						8.00
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00 0000 RADIOLOGY 0 0 14, 593 0400 10 00 4100 LAB0RATORY 0 0 18, 890 041 11 00 04100 LAB0RATORY 0 0 0 18, 890 041 12 00 04300 0XYGEN (I NHALATION) THERAPY 0 0 0 0422. 04200 13 00 04300 0XYGEN (I NHALATION) THERAPY 0 0 0 0426. 047. 044. 14 00 44400 PHYSICAL THERAPY 0 0 0 0426. 047. 044. 15 00 04500 SPECEH PATHOLOGY 0 0 0 058.299 045. 17.00 04700 DRUGS CHARGED TO PATIENTS 0 0 0 12.219 047. 18.00 04800 DRUGS CHARGED TO PATIENTS 0 0 0 0 12.219 049. 0.00 05000 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	33.00		0	0	71, 6	64 8, 181, 086	0	33.00
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OUTPATIENT SERVICE COST CENTERS O <t< td=""><td>50.00</td><td></td><td>0</td><td></td><td></td><td></td><td></td><td>50.00</td></t<>	50.00		0					50.00
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32.00 08200 UTILIZATION REVIEW - SNF 82.00 33.00 08300 HOSPICE 0 0 0 0 83.00 33.00 SUBTOTALS (sum of lines 1-84) 0 476,765 107,636 17,846,601 0 89.00 NONREI MBURSABLE COST CENTERS NONREI MBURSABLE COST CENTERS 00.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 49,452 0 90.00 09100 BARBER AND BEAUTY SHOP 0 0 0 4,615 0 91.00 092.00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 0 0 92.00 09300 NONPAI D WORKERS 0 0 0 0 93.00 09400 OPATI ENTS LAUNDRY 0 0 0 0 94.00 09400 Cross Foot Adjustments 0 0 0 0 94.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 <td>80.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>80.00</td>	80.00							80.00
33.00 08300 HOSPICE 0 0 0 0 83.00 39.00 SUBTOTALS (sum of lines 1-84) 0 476,765 107,636 17,846,601 89.0 NONREI MBURSABLE COST CENTERS NONREI MBURSABLE COST CENTERS 0 0 0 49,452 0 90.0 00.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 4,615 0 91.0 02.00 09100 BARBER AND BEAUTY SHOP 0 0 0 0 92.0 92.00 94,615 0 91.0 92.00 0 0 0 0 92.0 92.00 93.00 0 0 0 92.00 92.00 92.00 0 0 0 92.00 92.00 93.00 0 0 0 92.00 92.00 92.00 0 0 0 92.00 93.00 0 0 93.00 93.00 93.00 93.00 94.00 0 0 0 93.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>81.00</td></t<>								81.00
By On SUBTOTALS (sum of lines 1-84) 0 476,765 107,636 17,846,601 0 89.00 NONREL MBURSABLE COST CENTERS NONREL MBURSABLE COST CENTERS 0 0 0 490,452 0 90.00 00.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 4,615 0 91.00 01.00 09200 PHYSI CI ANS PRI VATE OFFICES 0 0 0 0 92.00 92.00 09200 PHYSI CI ANS PRI VATE OFFICES 0 0 0 93.00 00400 PATI ENTS LAUNDRY 0 0 0 93.00 09400 PATI ENTS LAUNDRY 0 0 0 0 94.00 94.00 0 0 0 0 94.00 98.00 Cross Foot Adjustments 0 0 0 0 0 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00				0		0	0	82.00
NONREI MBURSABLE COST CENTERS 00.00 09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 49,452 0 90.0 01.00 09100 BARBER AND BEAUTY SHOP 0 0 0 4,615 0 91.0 02.00 09200 PHYSI CI ANS PRI VATE OFFICES 0 0 0 0 92.0 03.00 09300 NONPAI D WORKERS 0 0 0 93.0 04.00 09400 PATI ENTS LAUNDRY 0 0 0 94.0 08.00 Cross Foot Adjustments 0 0 0 0 98.0 09.00 Negative Cost Centers 0 0 0 0 99.0				476 765	107.6	0 0 26 17 946 601		
OPO.00 O9000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN O O 49,452 O O 49,452 O O O 1.00 O9100 BARBER AND BEAUTY SHOP O O O O 4,615 O 91.00 O O O O O A,615 O 91.00 O	07.00		0	470,703	107,0	17,040,001	0	07.00
OP1.00 O9100 BARBER AND BEAUTY SHOP 0 0 4,615 0 91.0 92.00 09200 PHYSI CLANS PRI VATE OFFICES 0 0 0 0 92.0 93.00 09300 NONPAI D WORKERS 0 0 0 0 93.0 94.00 09400 PATI ENTS LAUNDRY 0 0 0 0 94.0 98.00 Cross Foot Adjustments 0 0 0 0 98.0 99.00 Negative Cost Centers 0 0 0 0 99.0	90.00		0	0		0 49.452	0	90.00
D2.00 09200 PHYSI CI ANS PRI VATE OFFICES 0 0 0 92.0 03.00 09300 NONPAI D WORKERS 0 0 0 0 93.0 04.00 09400 PATI ENTS LAUNDRY 0 0 0 0 94.0 08.00 Cross Foot Adjustments 0 0 0 0 98.0 09.00 Negative Cost Centers 0 0 0 0 99.0	91.00		0	0				91.00
93.00 09300 NONPAID WORKERS 0 0 0 93.0 94.00 09400 PATIENTS LAUNDRY 0 0 0 0 94.0 98.00 Cross Foot Adjustments 0 0 0 0 98.0 99.00 Negative Cost Centers 0 0 0 0 99.0	92.00		0	0		0 0		92.00
Q8.00 Cross Foot Adjustments 0 0 0 98.00 Q9.00 Negative Cost Centers 0 0 0 0 99.00	93.00	09300 NONPAI D WORKERS	0	0		0 0	0	93.00
OP. 00 Negative Cost Centers 0 0 0 0 99.00	94.00		0	0		0 0		
5	98.00	5	0	0		0 0		98.00
100.00 101AL 0 476,765 107,636 17,900,668 0 100.4			0	0	407 /	0 17 000 (12		
	100.00	J IUTAL	0	476, 765	107,6	30 17, 900, 668	0	1100.00

	Financial Systems	PI TMAN MANO		In Lieu of Form CMS-	2540-10
COST A	ALLOCATION - GENERAL SERVICE COSTS		Provider No.: 315427	Period: Worksheet B From 07/01/2023 Part I	
				To 06/30/2024 Date/Time Pre	epared:
	Cost Center Description	Total		11/26/2024 3:	31 pm
	obst center beschiption	18.00			
	GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES				1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT				2.00
3.00	00300 EMPLOYEE BENEFITS				3.00
4.00	00400 ADMI NI STRATI VE & GENERAL				4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00 7.00	00600 LAUNDRY & LI NEN SERVI CE 00700 HOUSEKEEPI NG				6.00 7.00
7.00 8.00	00800 DI ETARY				8.00
9.00	00900 NURSI NG ADMI NI STRATI ON				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 ACTI VI TI ES				15.00
15.01	01501 CHAPLAI N				15.01
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 SKILLED NURSING FACILITY	8, 509, 902			30.00
31.00	03100 NURSING FACILITY	0			31.00
32.00		0			32.00
33.00	03300 OTHER LONG TERM CARE	8, 181, 086			33.00
40.00	ANCI LLARY SERVICE COST CENTERS	14 500			40.00
40.00 41.00	04000 RADI OLOGY	14, 593			40.00
41.00	04100 LABORATORY 04200 I NTRAVENOUS THERAPY	18, 890 0			41.00
43.00	04300 OXYGEN (INHALATION) THERAPY	105, 183			43.00
44.00	04400 PHYSI CAL THERAPY	426, 747			44.00
45.00	04500 OCCUPATI ONAL THERAPY	356, 815			45.00
46.00	04600 SPEECH PATHOLOGY	58, 299			46.00
47.00	04700 ELECTROCARDI OLOGY	0			47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	12, 219			48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	162, 867			49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0			50.00
51.00	05100 SUPPORT SURFACES	0			51.00
	OUTPATIENT SERVICE COST CENTERS				
60.00		0			60.00
61.00	06100 RURAL HEALTH CLINIC	0			61.00
62.00	06200 FOHC OTHER REIMBURSABLE COST CENTERS				62.00
70.00	07000 HOME HEALTH AGENCY COST	0			70.00
70.00	07100 AMBULANCE	0			71.00
73.00	07300 CMHC	Ő			73.00
	SPECIAL PURPOSE COST CENTERS				
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	08100 INTEREST EXPENSE				81.00
82.00	08200 UTI LI ZATI ON REVI EW - SNF				82.00
83.00	08300 HOSPI CE	0			83.00
89.00	SUBTOTALS (sum of lines 1-84)	17, 846, 601			89.00
	NONREI MBURSABLE COST CENTERS				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	49, 452			90.00
91.00	09100 BARBER AND BEAUTY SHOP	4, 615			91.00
92.00	09200 PHYSI CLANS PRI VATE OFFICES	0			92.00
93.00 94.00	09300 NONPAI D WORKERS 09400 PATIENTS LAUNDRY	0			93.00 94.00
94.00 98.00	Cross Foot Adjustments	0			94.00 98.00
98.00 99.00	Negative Cost Centers	0			98.00
100.00	0	17, 900, 668			100.00
	1 1	,			

	Financial Systems	PI TMAN I		N= 045407			u of Form CMS-2	2540-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provi der	No.: 315427		eriod: fom 07/01/2023 0 06/30/2024	Worksheet B Part II Date/Time Pre 11/26/2024 3:	pared: 31 pm
			CAPI TAL REL	_ATED COSTS				
	Cost Center Description	Directly	BLDGS &	MOVABLE		Subtotal	EMPLOYEE	
		Assigned New	FI XTURES	EQUI PMENT			BENEFITS	
		Capital						
		Related Costs 0	1.00	2.00		2A	3.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES							1.00
2.00 3.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS	0	0		0	0	0	2.00 3.00
3.00 4.00	00400 ADMINISTRATIVE & GENERAL	0	24, 928		0	24, 928	0	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	6, 502		0	6, 502	0	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	0	7,947		0	7,947	0	6.00
7.00	00700 HOUSEKEEPI NG	0	3, 612		0	3, 612	0	7.00
8.00	00800 DI ETARY	0	15, 172		0	15, 172	0	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	0		0	0	0	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0		0	0	0	10.00
11. 00 12. 00	01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY	0	0		0	0	0	11.00 12.00
12.00	01300 SOCIAL SERVICE	0	1, 808		0	1, 808	0	12.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	1,000		0	1,000	0	14.00
15.00	01500 ACTI VI TI ES	0	8, 670		0	8, 670	0	15.00
	01501 CHAPLAI N	0	0		0	0	0	15.01
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 SKILLED NURSING FACILITY	0	93, 479		0	93, 479	0	30.00
31.00	03100 NURSING FACILITY	0	0		0	0	0	31.00
32.00	03200 ICF/IID	0	0		0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	<u> </u>	419, 030		0	419, 030	0	33.00
40.00	04000 RADI OLOGY	0	0		0	0	0	40.00
41.00	04100 LABORATORY	0	0		0	0	0	41.00
42.00	04200 I NTRAVENOUS THERAPY	0	0		0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0	0	0	43.00
44.00	04400 PHYSI CAL THERAPY	0	1, 708		0	1, 708	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0		0	0	0	45.00
46.00 47.00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	0	0		0	0	0	46.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0		0	0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0		0	0	0	51.00
	OUTPATIENT SERVICE COST CENTERS	11				1		
60.00	06000 CLINIC	0	0		0	0	0	60.00
61.00 62.00	06100 RURAL HEALTH CLINIC 06200 FQHC	0	0		0	0	0	61.00
02.00	OTHER REIMBURSABLE COST CENTERS							62.00
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
73.00	07300 CMHC	0	0		0	0	0	73.00
	SPECIAL PURPOSE COST CENTERS	1 1		1				
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES							80.00
81.00	08100 I NTEREST EXPENSE							81.00
82.00 83.00	08200 UTILIZATION REVIEW - SNF 08300 HOSPICE	0	0		0	0	0	82.00 83.00
83.00 89.00	SUBTOTALS (sum of lines 1-84)	0	582, 856		0	582, 856	0	89.00
57.00	NONREI MBURSABLE COST CENTERS	<u> </u>	562, 550	1	0	562, 650	0	
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	722		0	722	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0		0	0	0	92.00
93.00	09300 NONPAI D WORKERS	0	0		0	0	0	93.00
94.00	09400 PATIENTS LAUNDRY	0	0		0	0	0	94.00
98.00 99.00	Cross Foot Adjustments Negative Cost Centers		0		0	0	0	98.00 99.00
99.00 100.00		0	583, 578		0	583, 578		100.00
100.00	1 IONE	, Ч	505, 576	I	0	303, 370	0	1.00.00

Heal th	Financial Systems	PI TMAN M	MANOR		In Lie	u of Form CMS-:	2540-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provi der	No.: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet B Part II Date/Time Pre 11/26/2024 3:	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	PLANT OPERATI ON, MAI NT. & REPAI RS	LAUNDRY & LINEN SERVIC	HOUSEKEEPI NG	DI ETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS	-ii		1			
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 01\\ \end{array}$	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DI ETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION 01500 ACTIVITIES 01501 CHAPLAIN	24, 928 2, 598 327 1, 320 4, 379 0 0 0 0 146 0 0 146 0 0 502 150	9, 100 131 60 250 0 0 0 0 30 0 143 0	8, 40	5 0 4,992 0 140 0 0 0 0 0 0 0 0 0 0 0 0 0	19, 941 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 01\\ \end{array}$
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	100		1			
30. 00 31. 00 32. 00 33. 00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE	8, 021 0 0 5, 719	1, 541 C C 6, 905		0 0 0 0	8, 692 0 0 11, 249	30. 00 31. 00 32. 00 33. 00
40.00	ANCI LLARY SERVI CE COST CENTERS	20	0	1	0 0	0	10.00
40.00	04000 RADI OLOGY 04100 LABORATORY	20	0		0 0	0	40.00
42.00	04200 I NTRAVENOUS THERAPY	0	C	1	0 0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	146	C		0 0	0	43.00
44.00	04400 PHYSI CAL THERAPY	582	28		0 16	0	44.00
45.00	04500 OCCUPATI ONAL THERAPY	497	C		0 0	0	45.00
46.00	04600 SPEECH PATHOLOGY	81	0		0 0	0	46.00
47.00	04700 ELECTROCARDI OLOGY	0	0		0 0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	17	0		0 0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	227	0		0 0	0	49.00
50.00 51.00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	0 0	1	0 0	0	50.00 51.00
51.00	OUTPATIENT SERVICE COST CENTERS	0	U	1	0 0	0	1 51.00
60.00	06000 CLINIC	0	C		0 0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0 0	0	61.00
62.00	06200 FQHC						62.00
	OTHER REIMBURSABLE COST CENTERS						
	07000 HOME HEALTH AGENCY COST	0	C		0 0	0	70.00
	07100 AMBULANCE	0	0		0 0	-	
73.00	07300 CMHC	0	0		0 0	0	73.00
~~~~~	SPECIAL PURPOSE COST CENTERS	1					00.00
	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 I NTEREST EXPENSE						81.00
82.00 83.00	08200 UTI LI ZATI ON REVIEW - SNF 08300 HOSPI CE	0	0		0	0	82.00 83.00
89.00	SUBTOTALS (sum of lines 1-84)	24, 858	9, 088	8,40	4,985	19, 941	89.00
07.00	NONREI MBURSABLE COST CENTERS	24,000	7,000	0,40	4,705	17, 741	07.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	69	C		0 0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	1	12		0 7	0	•
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0		0 0	0	92.00
93.00	09300 NONPAID WORKERS	0	C		0 0	0	
94.00	09400 PATIENTS LAUNDRY	0	C		0 0	0	94.00
98.00	Cross Foot Adjustments				0 0	0	
99.00	Negative Cost Centers	0	C		0 0	0	
100.00	TOTAL	24, 928	9, 100	8,40	4, 992	19, 941	100.00

Heal th	Financial Systems	PI TMAN M	IANOR		1	n Lieu of	Form CMS-2	2540-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provi der	No.: 315427	Period: From 07/01/ To 06/30/	2023 Par 2024 Dat	rksheet B rt II te/Time Prep (26/2024 3:3	pared:
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CA RECORDS LI BRAR	L SOCI	AL SERVICE	
		9.00	10.00	11.00	12.00		13.00	
	GENERAL SERVICE COST CENTERS							
1.00 2.00 3.00 4.00 5.00 6.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE							1.00 2.00 3.00 4.00 5.00 6.00
7.00 8.00 9.00 10.00 11.00 12.00	00700 HOUSEKEEPING 00800 DI ETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY	000000000000000000000000000000000000000	0 0 0		0	0		7.00 8.00 9.00 10.00 11.00 12.00
13.00 14.00 15.00 15.01	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION 01500 ACTIVITIES 01501 CHAPLAIN INPATIENT ROUTINE SERVICE COST CENTERS	0 0 0 0	0 0 0		0 0 0 0	0 0 0 0	2, 001 0 0 0	13.00 14.00 15.00 15.01
30. 00 31. 00 32. 00 33. 00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE	0 0 0 0	0 0 0 0		0 0 0	0 0 0 0	2, 001 0 0 0	30. 00 31. 00 32. 00 33. 00
40. 00 41. 00	ANCI LLARY SERVI CE COST CENTERS 04000 RADI OLOGY 04100 LABORATORY	0	0		0	0	0	40. 00 41. 00
42.00 43.00	04200 INTRAVENOUS THERAPY 04300 OXYGEN (INHALATION) THERAPY	0	0 0		0	0	0 0	42.00 43.00
44.00 45.00	04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY	0	0		0	0	0	44.00 45.00
46.00	04600 SPEECH PATHOLOGY	0	0		0	0	Ő	46.00
47.00	04700 ELECTROCARDI OLOGY	0	0		0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0		0	0	0	49.00
50.00 51.00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	0		0	0	0	50. 00 51. 00
	OUTPATIENT SERVICE COST CENTERS							
60.00 61.00 62.00	06000 CLINIC 06100 RURAL HEALTH CLINIC 06200 FQHC	0	0 0		0 0	0 0	0 0	60. 00 61. 00 62. 00
	OTHER REIMBURSABLE COST CENTERS							
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE 07300 CMHC	0 0 0	0 0 0		0 0 0	0 0 0	0 0 0	70.00 71.00 73.00
80.00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES			1				80. 00
80.00 81.00	08100 INTEREST EXPENSE							80.00 81.00
82.00	08200 UTILIZATION REVIEW - SNF							82.00
83.00	08300 HOSPI CE	0	0		0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	0	0		0	0	2, 001	89.00
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 PHYSI CI ANS PRI VATE OFFI CES	0	0		0	0	0	92.00
93.00 94.00	09300 NONPAI D WORKERS 09400 PATI ENTS LAUNDRY	0	0		0		0	93.00 94.00
94.00 98.00	Cross Foot Adjustments	0	0		0	0	0	94.00 98.00
99.00	Negative Cost Centers	0	0		0	0	0	
100.00	TOTAL	0	0		0	0	2, 001	100. 00

Heal th	Financial Systems	PI TMAN	MANOR		In Lie	u of Form CMS-2	2540-10
ALLOCA	TION OF CAPITAL RELATED COSTS			No.: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet B Part II Date/Time Pre 11/26/2024 3:	
			OTHER GENER	RAL SERVICE			
	Cost Center Description	NURSI NG AND ALLI ED HEALTH EDUCATI ON	ACTI VI TI ES	CHAPLAI N	Subtotal	Post Step-Down Adjustments	
		14.00	15.00	15.01	16.00	17.00	
1 00	GENERAL SERVICE COST CENTERS	1		1			1 1 00
1.00 2.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT						1.00
2.00 3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMI NI STRATI VE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPI NG						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON						9.00
10. 00 11. 00	01000 CENTRAL SERVICES & SUPPLY						10.00
12.00	01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY						12.00
12.00	01300 SOCIAL SERVICE						13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0					14.00
15.00	01500 ACTI VI TI ES	0	9, 495				15.00
15.01	01501 CHAPLAI N	0	0		50		15.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 SKILLED NURSING FACILITY	0	9, 495		50 131, 763	0	30.00
31.00	03100 NURSING FACILITY	0	0		0 0	0	31.00
32.00	03200 I CF/I I D	0	0		0 0	0	32.00
33.00	O3300 OTHER LONG TERM CARE	0	0	1	00 447,656	0	33.00
40.00	ANCI LLARY SERVI CE COST CENTERS	0	0		0 20	0	40.00
41.00	04100 LABORATORY	0	0		0 26	0	40.00
42.00	04200 I NTRAVENOUS THERAPY	0	0		0 0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0 146	0	43.00
44.00	04400 PHYSI CAL THERAPY	0	0		0 2, 334	0	44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	0		0 497	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0		0 81	0	46.00
47.00		0	0		0 0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 17 0 227	0	48.00
49.00 50.00	04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY	0	0		0 227 0 0	0	49.00 50.00
51.00	05100 SUPPORT SURFACES	0	0		0 0	0	51.00
01.00	OUTPATIENT SERVICE COST CENTERS			1	<u> </u>		01.00
60.00	06000 CLINIC	0	0		0 0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0 0	0	61.00
62.00	06200 FQHC						62.00
	OTHER REIMBURSABLE COST CENTERS	1		1			
	07000 HOME HEALTH AGENCY COST	0	-		0 0	-	70.00
71.00	07100 AMBULANCE	0	0		0 0	0	
73.00	07300 CMHC SPECIAL PURPOSE COST CENTERS	0	0		0 0	0	73.00
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES			1			80.00
81.00	08100 I NTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPI CE	0	0		0 0	0	
89.00	SUBTOTALS (sum of lines 1-84)	0	9, 495	1	50 582, 767	0	
	NONREI MBURSABLE COST CENTERS			1			
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 69		
91.00	09100 BARBER AND BEAUTY SHOP	0	0		0 742	0	
92.00	09200 PHYSI CLANS PRI VATE OFFI CES	0	0		0 0	0	
93.00	09300 NONPALD WORKERS	0	0		0 0	0	
94.00 98.00	09400 PATIENTS LAUNDRY Cross Foot Adjustments	0	0			0	
98.00 99.00	Negative Cost Centers	0	0		0 0	0	
100.00		0	9, 495	1	50 583, 578		100.00
	1 1					1	

	Financial Systems	PI TMAN MAN			u of Form CMS-2540-1
ALLOCA	TION OF CAPITAL RELATED COSTS		Provi der No.: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet B Part II Date/Time Prepared: 11/26/2024 3:31 pm
	Cost Center Description	<u>Total</u> 18.00			
	GENERAL SERVICE COST CENTERS	10100			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DIETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY				1. 0 2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0
12.00 13.00 14.00	01200 MEDI CAL RECORDS & LI BRARY 01300 SOCI AL SERVI CE 01400 NURSI NG AND ALLI ED HEALTH EDUCATI ON 01500 ACTI VI TI ES 01501 CHAPLAI N				11. 0 12. 0 13. 0 14. 0 15. 0 15. 0
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 SKI LLED NURSI NG FACI LI TY	131, 763			30.0
31.00	03100 NURSI NG FACILI TY	0			31.0
32.00	03200   CF/I   D	0			32.0
33.00	03300 OTHER LONG TERM CARE	447, 656			33. 0
40.00	ANCI LLARY SERVICE COST CENTERS	20			40.0
40.00 41.00	04000 RADI OLOGY 04100 LABORATORY	20 26			40.0
42.00	04200 I NTRAVENOUS THERAPY	0			42.0
43.00	04300 OXYGEN (INHALATION) THERAPY	146			43.0
44.00	04400 PHYSI CAL THERAPY	2, 334			44.0
45.00	04500 OCCUPATIONAL THERAPY	497			45.0
46.00	04600 SPEECH PATHOLOGY	81			46.0
47.00	04700 ELECTROCARDI OLOGY	0			47.0
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	17			48.0
49.00	04900 DRUGS CHARGED TO PATIENTS	227			49.0
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0			50.0
51.00	05100 SUPPORT SURFACES	0			51.0
(0.00	OUTPATIENT SERVICE COST CENTERS				
60.00	06000 CLINIC	0			60.0
61.00 62.00	06100 RURAL HEALTH CLINIC 06200 FOHC	0			61. 0 62. 0
02.00	OTHER REIMBURSABLE COST CENTERS				
70 00	07000 HOME HEALTH AGENCY COST	0			70.0
	07100 AMBULANCE	0			71.0
	07300 CMHC	0			73.0
	SPECIAL PURPOSE COST CENTERS	· · · · ·			
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES				80. 0
81.00	08100 INTEREST EXPENSE				81.0
82.00	08200 UTI LI ZATI ON REVI EW - SNF				82. 0
83.00	08300 HOSPI CE	0			83. 0
89.00	SUBTOTALS (sum of lines 1-84)	582, 767			89.0
	NONREI MBURSABLE COST CENTERS				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	69			90.0
91.00	09100 BARBER AND BEAUTY SHOP	742			91.0
92.00	09200 PHYSI CLANS PRI VATE OFFI CES	0			92.0
93.00	09300 NONPALD WORKERS	0			93.0
94.00	09400 PATIENTS LAUNDRY	0			94.0
98.00 99.00	Cross Foot Adjustments Negative Cost Centers	0			98. 0 99. 0
99.00 100.00		583, 578			100. 0
100.00		000,070			100.0

From         00/2012/223 00/2012/223 01/2012/0223         00/2012/223 01/2012/0223         00/2012/223 01/2012/0223         00/2012/0223 01/2012/0223         00/2012/0223 01/2012/0223         00/2012/0223 01/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0223         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233         00/2012/0233		Financial Systems	PI TMAN				eu of Form CMS-	
Cost Center Description         CAPITAL BFLATED COST         Intel DUTE BLOCK A FIFTURES         Research I i at ion function (duti is TSNATI VE A 000 COST)         Intel DUTE A 000 COST           100         2.00         3.00         4A         4.00           100         0.0000 CORD FL COSTS - MINARE E DU NEWT         16.9,90         0         9.24,237         3.374,149         14.506,19         4.00           100         0.0000 CORD FL BENETS         1.00         7.00         0         0.000,771         3.374,149         14.506,19         4.00           100         0.0000 CORD FL BENETS         1.00         7.00         0         0.000,771         3.374,149         14.506,19         4.00         1.000         1.000         1.000         1.000,771         3.374,149         14.506,19         1.000         1.0000         1.0000         1.0000	COST A	LLOCATION - STATISTICAL BASIS		Provi der			Worksheet B-1	
Line         Cost. Center Description         Page 200 (COUNT ADD							Date/Time Pre	
Instrument         Instrument         Instrument         Instrument         A GENERAL           1.00         2.00         3.00         4.4         4.00           1.00         0.00000 (APR FLL COSTS - RUDGS & FLTHERS - COST - RUDGS & RUDGS & COST - RUDGS & RUDGS & COST -			CAPI TAL REI	ATED COSTS			11/20/2024 3.	
Instrument         Instrument         Instrument         Instrument         A GENERAL           1.00         2.00         3.00         4.4         4.00           1.00         0.00000 (APR FLL COSTS - RUDGS & FLTHERS - COST - RUDGS & RUDGS & COST - RUDGS & RUDGS & COST -				<b>-</b>				
(SUBJARE FFT)         CORRES         (ACCURL CDST)           1.00         2.00         3.00         4A         4.00           1.00         000000         2.00         3.00         4A         4.00           1.00         000000         2.00         3.00         4A         4.00           1.00         000000         4.01         4.00         4A         4.00           0.000000         000000         1.000         7.00         0         9.294,237         -3.374,149         14.556,518         4.00           0.0000000         000000         000000         0.017,198         1.000         2.00         0.00         0.00000         0.01         1.01,514,212         5.00         3.00           0.00000000         00000000         0.017,498         0.017,499,1164         7.00         0         0.00         0.0000000         0.00         0.0000000         0.0000000         0.00000000         0.0000000         0.00000000         0.00000000         0.00000000         0.000000000         0.00000000000000000000000000000000000		Cost Center Description				Reconciliation		
Image: Control of the contro								
BRIARD SERVICE COST CENTERS         103,967           0.00000 CAP REL COST S - MOVABLE EQUIPENT         103,967         0         2,00         0,200,20         2,00         0,200,20         2,00         0,200,20         2,00         0,200,20         2,00         0,200,20         2,00         0,200,20         2,00         0,200,20         2,00         0,200,20         2,00         0,200,20         2,00         0,200,20         2,00         0,000         0,000         0,000,00         0,000         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,00         0,000,000         0,000,000,000,000,000,000,000,000,000,								
1.00         00100         CAP REL COSTS - BLIOS & FIXTURES         163.997         0         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200         0.200 <t< td=""><td></td><td></td><td>1.00</td><td>2.00</td><td>3.00</td><td>4A</td><td>4.00</td><td></td></t<>			1.00	2.00	3.00	4A	4.00	
2.00         DO2DO (CAP REL COSTS - MOVABLE EDUIPMENT         0         9.294.237			162 060	1			1	1 1 00
3.00         000300         EDEPLOYTE ENFERTIS         0         0         9,294,237         3.00         3.00         5.00         00500         PLANT OPERATION, MAINT & REPAIRS         1,227         0         465,663         -3,374,140         14,555,61         6.00         10,502,120         10,502,120         10,502,120         0         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120         10,502,120,120         10,502,120,120,120,120,120,120,120,120,120,1			103, 909		2			
5.00         DOSCO PLANT OPERATION, WAINT, & REPAIRS         1, B2Z         0         4465, 663         0         1, 5, 14, 212         0         19, 382         6.00           0.00         DOSCO MUNRY & LINEN SERVICE         2, 233         0         124, 612         0         19, 382         6.00           0.00         DOSCO MURSINE ALMAIN INSTRATION         4, 263         0         981, 644         0         2, 55, 067         8.00           0.00         DOSCO MURSINE ALMAIN INSTRATION         4, 263         0         91, 64         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0		-	7		1
6.00         00000         LAUNDRY & LINEN SERVICE         2,233         0         124,412         0         190,823         6.00           8.00         00000         DIETARY         4.263         0         981,644         0         2,551,97         8.00           0.00         00000,01ETARY         SERVICES & SUPPLY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	4.00		7,004		1, 080, 67	8 -3, 374, 149	14, 526, 519	4.00
7.00       00700   HUSEKCEP ING       1,015       0       558,223       0       769,186       7.00         9.00       00900 MURSING AAUNIN STRATION       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	5.00							
8.00         00000 DIFTARY         4.263         0         981.644         0         2.551.987         8.00           0.00         00000 CUNTRAL SERVICES & SUPPLY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <								1
9.00 00000 NURES NG ADM INI STRATION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								1
11.00         01100         PHARMACY         0         0         0         0         1.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	9.00		0			0 0		
12.00         D1200         MEDICAL RECORDS & LIBRARY         0         0         0         0         12.00         13.00           13.00         D13000 SCILAL SERVICE         506         0         66.3743         0         85.299         13.00           15.01         D1500 ALLED HELTH EDUCATION         0         0         70.870         0         85.299         13.00           15.01         D1501 CHAPLAIN         0         0         70.870         0         87.397         15.01           15.01         D1501 CHAPLAIN         0         0         0         0         87.397         15.01           10.00         D33000 ICF/IID         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	10.00		0		c	0 0	0	
13.00         00 (3300) SOCIAL SERVICE         508         0         66, 243         0         65, 29         13.00           14.00         014000 MNSN K0 ADA ALLED HEATH EDUCATION         2, 436         0         23, 123         0         350, 627         15.00           15.00         01500 ACTIVITIES         0         0         0         0         0         0         0         0         87, 347         15.01           10.01         031000 KRSIN K0 ADA ALLED MEATH EDUCATION         0         0         26, 265         0         2, 891, 361         0         4, 673, 350         30.00           30.00         032000 FILER LUB MIRS K0 FACILLTY         0         0         0         0         3.32, 685         33.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00 <td></td> <td></td> <td>0</td> <td></td> <td>D</td> <td>0 0</td> <td></td> <td>1</td>			0		D	0 0		1
14.00         01400         NURSING AND ALLIED HEALTH EDUCATION         0         0         0         0         0         1         0         0         0         0         0         0         1         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td>-</td> <td></td> <td>J 68.24</td> <td>3 0</td> <td></td> <td></td>			-		J 68.24	3 0		
15.00         01500         ACTI VITES         2.436         0         70.870         0         870.477         15.01           10501         10501         APATENT ROUTINE SERVICE COST CENTERS         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -			0		00,24	0 0		
INPART ENT ROUTINE SERVICE COST CENTERS           INPART ENT ROUTINE SERVICE COST CENTERS           0.0         03000 SNLLED NURSING FACILITY         0           0.0         03000 CIF/I D         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td>2, 436</td> <td></td> <td>233, 12</td> <td>3 0</td> <td></td> <td></td>			2, 436		233, 12	3 0		
30.00         03000         SKI LLED NURSI NG FACILITY         26.265         0         2.891.361         0         4.673.350         30.00           31.00         03200         01481 NG FACILITY         0         0         0         0         31.00           32.00         03200         01481 NG FACILITY         0         0         0         0         32.00           30.00         03200 OTHER LONG TERR CARE         117.735         0         2.257.172         0         3.32.655         33.00           40.00         04000 LABORATORY         0         0         0         0         11.842         40.00           40.00         40400 INTRAVENUS THERAPY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	15.01		0		70, 87	0 0	87, 347	15.01
11:00         00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>20.00</td> <td></td> <td>24.245</td> <td></td> <td></td> <td>1</td> <td>4 (70.050</td> <td>1 20 00</td>	20.00		24.245			1	4 (70.050	1 20 00
32: 00         03200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         073200         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000         0732000								
33.00         003300         OTHER LONG TEME CARE         117,735         0         2,257,172         0         3,332,65         33.00           ANCILLARY SERVICE COST CENTERS         0         0         0         0         11,842         40.00         0         0         11,842         40.00         0         0         11,842         40.00         0         0         11,842         40.00         0         0         0         11,842         40.00         40.00         0         0         0         41.00         41.00         40.00         42.00         0         46.00         242.679         0         339.16         42.00         43.00         43.00         43.00         43.00         43.00         43.00         43.00         44.00         242.679         0         339.16         44.00         44.00         249.586         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         45.00         47.30         46.00         47.30         46.00         47.30         46.00         47.30         46.00         45.00         50.00         50.00         50.00         50.00         50.00         50.00         5			-					
40. 00         04000 RADIOLOGY         0         0         0         0         11, 442         40. 00           41. 00         04100 LABORATORY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <			117, 735					1
11.00       LABORATORY       0       0       0       15,329       41.00         42.00       C4200       VIRTAVENOUS THERAPY       0       0       0       42.00         43.00       OX4000       VIRGEN (INHALATION) THERAPY       0       0       64.881       0       85,357       43.00         44.00       O44000       PHYSICAL THERAPY       0       0       14.00       339,161       44.00         45.00       O45000       OCCUPATIONAL THERAPY       0       0       179,851       0       289,581       0       289,581       45.00         46.00       O46000       CELECTROCARGED TO PATIENTS       0       0       0       0       47.00       47.00         47.00       O4000       OBURS CHARGED TO PATIENTS       0       0       0       0       172,168       48.00         0.0       000000       DRUSS CHARGED TO PATIENTS       0       0       0       0       152,00       150,00         0.0       000000       DRUSS CHARGED TO PATIENTS       0       0       0       0       163,00       160,00       160,00       150,00       160,00       160,00       160,00       160,00       160,00       160,00       160,00			-	I	-1	-		
42.00         04200         INTRAVENOUS THERAPY         0         0         0         0         42.00           44.00         04400 PHYSICAL THERAPY         0         0         64.881         00         339,161         44.00           44.00         04400 PHYSICAL THERAPY         480         0         242,679         0         339,161         44.00           45.00         04500 CCUPATIONAL THERAPY         0         0         195,851         0         289,558         45.00           04000 DELIGEL CRECARCARIO LOGGY         0         0         0         0         0         0         7.00           04700 LELECTROCARIO LOGGY         0         0         0         0         0         9.01         64.00           0400 DRUGS CHARCED TO PATIENTS         0         0         0         0         0         0         0         50.00           05100 DENTAL CARE         THIENT SERVICE COST CENTERS         0         0         0         0         0         60.00         61.00         61.00         61.00         61.00         62.00         61.00         61.00         62.00         61.00         61.00         61.00         62.00         61.00         62.00         61.00         62.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
43:00         04300         0YCSEN         (INHALATION)         THERAPY         0         0         64.881         0         85.7         43.00           04:00         04400         PHSICAL         THERAPY         0         0         228,558         45.00           04:00         04600         SPEECH PATHOLOGY         0         0         33,856         0         47.310           04:00         04600         SPEECH PATHOLOGY         0         0         33,856         0         47.00           04:00         04600         DRUGS CHARGED TO PATIENTS         0         0         0         9,916         48.00           04:00         04900         DRUGS CHARGED TO PATIENTS         0         0         0         12,168         49.00           00         05000         DRUGS CHARGED TO PATIENTS         0         0         0         0         50.00         50.00           00         05000         DRUTAT ENT SERVICE COST CENTERS         0         0         0         0         60.00         61.00         61.00         61.00         61.00         61.00         61.00         61.00         61.00         61.00         61.00         61.00         61.00         61.00         61.00								
45.00         04500         0CUPATIONAL THERAPY         0         0         195.851         0         289.558         45.00           46.00         04600         SPEECH PATHOLOGY         0         0         33.856         0         47.00           46.00         04600         SPEECH PATHOLOGY         0         0         0         0         46.00           04600         MEDICAL SUPPLIES CHARGED TO PATIENTS         0         0         0         0         9,916         48.00           0400         00000 DRUGS CHARGED TO PATIENTS         0         0         0         0         0         0         50.00           050.00         DRUBAC SHARGED TO PATIENTS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td>-</td> <td></td> <td>64,88</td> <td>1 0</td> <td></td> <td>1</td>			-		64,88	1 0		1
46. 00         046.00         SPECCH PATHOLOCY         0         33.856         0         47. 30         46. 00           47. 00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         470.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         500.00         60.00         60.00         60.00         60.00         60.00	44.00							
47. 00         04700         ELECTROCARDIOLOGY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>			0					
48.00         04800         MEDICAL SUPPLIES CHARGED TO PATIENTS         0         0         0         0         0         0         9,916         48.00           49.00         04900         DRUGS CHARGED TO PATIENTS         0         0         0         132,168         49.00           05000         DENTAL CARE - TITLE XIX ONLY         0         0         0         0         0         51.00           OUTPATIENT SERVICE COST CENTERS         0         0         0         0         0         0         60.00           06000         CLINIC         0         0         0         0         0         60.00           06100         RURAL HEALTH CLINIC         0         0         0         0         0         0         60.00           0100         ODO (MOME HEALTH AGENCY COST         0         0         0         0         0         0         0         71.00           73.00         OR3000         INTEREST EXPENSE         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <					J 33,85			
49.00         D4900         DRUGS CHARGED TO PATIENTS         0         0         0         0         132,168         49.00           50.00         05000         DENTAL CARE - TITLE XIX ONLY         0         0         0         0         0         0         50.00         0         0         0         0         0         0         50.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0			0 0		
51.00         OS100 SUPPORT SURFACES         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O </td <td></td> <td></td> <td>0</td> <td></td> <td>D</td> <td>0 0</td> <td></td> <td></td>			0		D	0 0		
OUTPATI ENT SERVICE COST CENTERS         Image: Control of Control of Control Rural HEALTH CLINIC         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O <th< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td><td>1</td></th<>			0					1
60.00         CELINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th< td=""><td></td><td></td><td>0</td><td></td><td>D</td><td>0 0</td><td>0</td><td>51.00</td></th<>			0		D	0 0	0	51.00
61.00       06100       RURAL HEALTH CLINIC       0       0       0       0       61.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       6			0		า	0 0	0	60.00
OTHER         REI MBURSABLE         COST         CENTERS           70.00         O7000         HOME         HEALTH         AGENCY         COST         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td>61.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></t<>	61.00							1
70.00         07000         HOME         HEALTH         AGENCY COST         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	62.00							62.00
71.00       07100       AMBULANCE       0       0       0       0       0       0       0       71.00       71.00       73.00       0       0       0       0       0       0       73.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0				1				70.00
73.00       O/7300       CMHC       0       0       0       0       0       0       0       73.00         SPECIAL PURPOSE COST CENTERS         Section (2000)       MALPRACTICE PREMIUMS & PAID LOSSES       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       80.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>-</td> <td></td> <td>1</td>			-			-		1
SPECIAL PURPOSE COST CENTERS           80.00         08000         MALPRACTICE PREMIUMS & PAID LOSSES         80.00           81.00         08100         INTEREST EXPENSE         80.00           82.00         08200         UTILIZATION REVIEW - SNF         81.00           83.00         08300         HOSPICE         0         0         0         82.00           89.00         SUBTOTALS (sum of lines 1-84)         163,766         0         9,268,956         -3,374,149         14,485,666         89.00           NONREI MBURSABLE COST CENTERS         90.00         0 (GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         25,281         0         40,131         90.00           92.00         09200         PHYSI CLANS PRI VATE OFFICES         0         0         0         722         91.00           92.00         09200         PHYSI CLANS PRI VATE OFFICES         0         0         0         92.00         92.00         93.00         0         0         92.00         93.00         93.00         0         0         0         92.00         92.00         93.00         0         0         0         92.00         92.00         92.00         93.00         0         0         0         92.00			0					
81.00       08100       INTEREST EXPENSE       81.00         82.00       08200       UTILIZATION REVIEW - SNF       0       0       0       0       82.00         83.00       08300       HOSPICE       0       0       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       163.766       0       9,268,956       -3,374,149       14,485,668       89.00         NONREL INBURSABLE COST CENTERS       0       0       25,281       0       40,131       90.00         90.00       09100       BARBER AND BEAUTY SHOP       203       0       0       0       27,281       0       40,131       90.00         91.00       09200       PHYSICIANS PRIVATE OFFICES       0       0       0       0       22.00       9300       NONPAID WORKERS       0       0       0       92.00       9300       NONPAID WORKERS       0       0       0       93.00       93.00       94.00       94.00       90.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       0.232442       0.232275       103.00       99.00 <td< td=""><td></td><td></td><td></td><td>1</td><td>-</td><td></td><td></td><td></td></td<>				1	-			
82.00         08200         UTILIZATION REVIEW - SNF         0         0         0         0         0         0         83.00         82.00         83.00         82.00         83.00         00         0         0         0         0         0         0         0         0         0         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         83.00         89.00         90.00         90.00         90.00         90.00         90.00         00         00         00         00         00         92.00         93.00         93.00         93.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00								1
83.00         08300         HOSPICE         0         0         0         0         0         83.00           89.00         SUBTOTALS (sum of lines 1-84)         163,766         0         9,268,956         -3,374,149         14,485,666         89.00           NONREL MBURSABLE COST CENTERS								
89.00         SUBTOTALS (sum of lines 1-84)         163,766         0         9,268,956         -3,374,149         14,485,666         89.00           NONREI MBURSABLE COST CENTERS         0         0         25,281         0         40,131         90.00         90.00         91.00         BARBER AND BEAUTY SHOP         203         0         0         0         722         91.00         92.00         92.00         99200         PHYSI CLANS PRI VATE OFFICES         0         0         0         92.00         93.00         0000         0         0         92.00         93.00         90.00         0000         0         93.00         93.00         90.00         0         0         93.00         90.00         93.00         90.00         93.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         98.00         99.00         98.00         99.00         102.00         Coss Foot Adjustments         98.00         98.00         99.00         101.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00			0			0	0	
NONREI MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         25, 281         0         40, 131         90.00         90.00         91.00         90.00         BARBER AND BEAUTY SHOP         203         0         0         0         722         91.00         92.00         92.00         92.00         92.00         0         0         0         722         91.00         92.00         92.00         0         0         0         0         0         0         92.00         0         0         0         0         0         0         92.00         0         0         0         0         0         0         92.00         0         0         0         0         0         0         92.00         92.00         0         0         0         0         0         92.00         0         93.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	89.00		163.766		9, 268, 95	6 -3, 374, 149		1
91.00       09100       BARBER AND BEAUTY SHOP       203       0       0       722       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         98.00       Cross Foot Adjustments       0       0       0       0       98.00       98.00       99.00       0       2,076,726       3,374,149       102.00       102.00       101 t cost to be allocated (per Wkst. B, Part I)       3.559075       0.000000       0.223442       0.232275       103.00         104.00       Cost to be allocated (per Wkst. B, Part I)       3.559075       0.000000       0.223442       0.232275       104.00								
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         98.00       Cross Foot Adjustments       99.00       Cost to be allocated (per Wkst. B, Part 1)       583,578       0       2,076,726       3,374,149       102.00         103.00       Unit cost multiplier (Wkst. B, Part 1)       3.559075       0.000000       0.223442       0.232275       103.00         104.00       Cost to be allocated (per Wkst. B, Part 1)       3.559075       0.000000       0.223442       0.232275       104.00					25, 28	1 0		1
93.00       09300       NONPAID WORKERS       0       0       0       0       93.00         94.00       09400       PATIENTS LAUNDRY       0       0       0       0       0       94.00         98.00       PATIENTS LAUNDRY       0       0       0       0       0       94.00         98.00       Regative Cost Centers       99.00       Negative Cost Centers       99.00       2,076,726       3,374,149       102.00         103.00       Unit cost multiplier (Wkst. B, Part I)       3.559075       0.000000       0.223442       0.232275       103.00         104.00       Cost to be allocated (per Wkst. B, Part I)       3.559075       0.000000       0.223442       0.232275       104.00			203		2	0 0		1
94.00         09400         PATIENTS LAUNDRY         0         0         0         0         94.00         94.00         94.00         94.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         98.00         99.00         102.00         101.00         Cost to be allocated (per Wkst. B, Part I)         38.5578         0         2,076,726         3,374,149         102.00         102.00         0.232275         103.00         0.232275         103.00         0.232275         103.00         24,928         104.00         24,928         104.00         24,928         104.00         24,928         104.00         24,928         104.00								
98.00 99.00         Cross Foot Adjustments Negative Cost Centers Cost to be allocated (per Wkst. B, Part 1)         98.00 2,076,726         98.00 2,076,726         98.00 99.00           102.00         Cost to be allocated (per Wkst. B, Part 1)         583,578         0         2,076,726         3,374,149         102.00           103.00         Unit cost multiplier (Wkst. B, Part I)         3.559075         0.000000         0.223442         0.232275         103.00           104.00         Cost to be allocated (per Wkst. B, Part I)         3.559075         0.000000         0.223442         0.232275         104.00			0			0 0		
102.00         Cost to be allocated (per Wkst. B, Part         583,578         0         2,076,726         3,374,149         102.00           103.00         Unit cost multiplier (Wkst. B, Part I)         3.559075         0.000000         0.223442         0.232275         103.00           104.00         Cost to be allocated (per Wkst. B, Part I)         3.559075         0.000000         0.223442         0.232275         103.00           104.00         I)         I)         III         IIII         IIIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	98.00							
103.00         1)         0.00000         0.223442         0.232275         103.00           104.00         Cost to be allocated (per Wkst. B, Part I)         3.559075         0.000000         0.223442         0.232275         103.00           101         0         0         0         0         0         24,928         104.00	99.00	Negative Cost Centers						
103.00         Unit cost multiplier (Wkst. B, Part I)         3.559075         0.000000         0.223442         0.232275         103.00           104.00         Cost to be allocated (per Wkst. B, Part I)         3.559075         0.000000         0.223442         0.232275         103.00           11)         Cost to be allocated (per Wkst. B, Part I)         0.000000         0.223442         0.232275         103.00	102.00		583, 578	'	2, 076, 72	6	3, 374, 149	102.00
104.00         Cost to be allocated (per Wkst. B, Part         0         24,928         104.00	103 00		3 550075	0 00000	0 22244	2	0 222275	103 00
				0.00000	0. 22344	Ō		
105.00         Unit cost multiplier (Wkst. B, Part II)        0.000000        0.001716 105.00		11)						
	105.00	Unit cost multiplier (Wkst. B, Part II)	I	I	0.00000	D	0.001716	105.00

	n Financial Systems ALLOCATION - STATISTICAL BASIS		AN MANOR Provi	der No.: 31542			u of Form CMS- Worksheet B-1	
					From 07/	/01/2023 /30/2024	Date/Time Pre 11/26/2024 3:	
	Cost Center Description	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEE	LAUNDRY LI NEN SERV (POUNDS LAUNDRY T)	/ICE (SQUARE F		TARY SERVED) A	NURSI NG ADMI NI STRATI ON (DI RECT NURSI NG)	
		5.00	6.00	7.00	8.	00	9.00	
00	GENERAL SERVICE COST CENTERS	TUDES						1 1 00
2.00 3.00	01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE	I PMENT EPAI RS 155, 1 2, 2 1, 0 4, 2	233 235 015		, 890 , 263 0 0 0 508 0	148, 767 0 0 0 0 0 0	0 0 0 0 0 0 0	1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00
5.00		2,4	136	0 2	, 436 0	0	0	15.00
0. 00 1. 00 2. 00	INPATIENT ROUTINE SERVICE COST CE 03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID	NTERS 26, 2	0 0	0	, 265 0 0 , 735	64, 847 0 0 83, 920	0 0 0 0	30. 00 31. 00 32. 00
	ANCILLARY SERVICE COST CENTERS		1					
1.00 2.00 3.00 4.00 5.00	04100 LABORATORY 04200 I NTRAVENOUS THERAPY 04300 OXYGEN (I NHALATI ON) THERAPY 04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY	2	0 0 0 80 0		0 0 0 480 0		0 0 0 0 0 0 0 0	41.00
7.00 8.00 9.00 0.00	04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO 04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONL		0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	47.0
0. 00 1. 00 2. 00	06000 CLINIC 06100 RURAL HEALTH CLINIC		0	0 0	0 0	0	0	
1.00	I		0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	
1. 00 2. 00	08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF 08300 HOSPICE SUBTOTALS (sum of lines 1-8		0 935 235	0 , 540 151	0 , 687	0 148, 767	0 0	1
1.00 2.00 3.00 4.00 3.00	09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY Cross Foot Adjustments		0 203 0 0 0	0 0 0 0 0	0 203 0 0 0	0 0 0 0 0	0 0 0 0 0	91.00 92.00 93.00 94.00 98.00
9.00 02.00	S S	kst. B, Part 1,865,9	26 261	, 460 960	, 057 3,	222, 968	0	99.00 102.00
03.00 04.00	0 Unit cost multiplier (Wkst. 0 Cost to be allocated (per W				.0739 21 , 992	1. 664536 19, 941	0. 000000 0	103. 00 104. 00
05.00	0 Unit cost multiplier (Wkst.	B, Part II) 0.0586	E7 0.02	5684 0.03	2866 0	). 134042	0.00000	105 0

	Financial Systems	PITMAN N		N 045407		eu of Form CMS-	
COST A	LLOCATION - STATISTICAL BASIS		Provi der		Period: From 07/01/2023	Worksheet B-1	
					To 06/30/2024	Date/Time Pre 11/26/2024 3:	
	Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCI AL SERVI CE	NURSI NG AND	
		SERVICES &	(COSTED	RECORDS &	(PATI ENT DAYS)		
		SUPPLY (COSTED	REQUI S)	LIBRARY (TIME SPENT)		EDUCATION (ASSIGNED	
		REQUIS)				TIME)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS			I	1	1	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00 5.00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS						4.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON						9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0					10.00
11.00	01100 PHARMACY	0	C				11.00
	01200 MEDI CAL RECORDS & LI BRARY	0	C		C		12.00
	01300 SOCIAL SERVICE	0	C		21, 843		13.00
	01400 NURSING AND ALLIED HEALTH EDUCATION	0	C		0	0	
	01500 ACTIVITIES	0	C			0	
15.01	01501 CHAPLAI N I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	L.	<u>/</u>	J 0	0	15.01
30.00	03000 SKILLED NURSING FACILITY	0	C		21, 843	0	30.00
	03100 NURSING FACILITY	o	C		0 0	0	31.00
32.00	03200   CF/I   D	0	C		0 0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	C		0 0	0	33.00
	ANCI LLARY SERVI CE COST CENTERS	I		Т	1	Γ	-
	04000 RADI OLOGY	0	C		0 0		
		0	C			-	
	04200 I NTRAVENOUS THERAPY 04300 OXYGEN (I NHALATI ON) THERAPY	0	C			0	42.00
	04400 PHYSI CAL THERAPY	0					43.00
	04500 OCCUPATI ONAL THERAPY	o	C		0 0	0	45.00
	04600 SPEECH PATHOLOGY	0	C		0 0	0	
47.00	04700 ELECTROCARDI OLOGY	0	C		0 0	0	47.00
	04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	C		0 0	0	48.00
	04900 DRUGS CHARGED TO PATIENTS	0	C		0 0	0	
	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	C			0	50.00 51.00
51.00	OUTPATIENT SERVICE COST CENTERS	0		<u>/</u>	0	0	51.00
60.00	06000 CLINIC	0			0 0	0	60.00
	06100 RURAL HEALTH CLINIC	0	C		0 0		
62.00	06200 FQHC						62.00
	OTHER REIMBURSABLE COST CENTERS						
	07000 HOME HEALTH AGENCY COST	0	C		0 0	-	
	07100 AMBULANCE	0	C			0	
73.00	07300 CMHC SPECIAL PURPOSE COST CENTERS	0		<u>/</u>	0	0	73.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES			1			80.00
	08100 I NTEREST EXPENSE						81.00
	08200 UTI LI ZATI ON REVIEW - SNF						82.00
83.00	08300 HOSPI CE	0	C		0 0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	C		21, 843	0	89.00
00.00	NONREI MBURSABLE COST CENTERS						
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	C		0	0	•
	09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES	0				0	
	09300 NONPAID WORKERS		c r			0	
	09400 PATIENTS LAUNDRY	0	0			0	
98.00	Cross Foot Adjustments	J.					98.00
99.00	Negative Cost Centers						99.00
102.00		О	C		0 114, 433	0	102.00
400.07		0.00000	0 000000			0 0000	100.05
103.00	Unit cost multiplier (Wkst. B, Part I)	0. 000000	0. 000000	0.00000			
104.00	Cost to be allocated (per Wkst. B, Part	0	Ĺ		2,001		104.00
105.00		0. 000000	0.000000	0.00000	0. 091608	0. 000000	105.00

	Financial Systems	PI TMAN		No : 21E407		u of Form CMS-	
CUST A	LLOCATION - STATISTICAL BASIS		Provi der	No.: 315427	Period: From 07/01/2023	Worksheet B-1	
					To 06/30/2024	Date/Time Pre 11/26/2024 3:	
		OTHER GENER	RAL SERVICE				[
	Cost Center Description	ACTI VI TI ES	CHAPLAI N				
		(PATIENT DAYS)					
		15.00	15.01				<u> </u>
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT						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 00700 HOUSEKEEPING						6.00 7.00
7.00 8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON						9.00
10.00	01000 CENTRAL SERVICES & SUPPLY						10.00
11.00	01100 PHARMACY						11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY						12.00
13.00	01300 SOCIAL SERVICE						13.00
14.00 15.00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 ACTIVITIES	21, 843					14.00
15.00	01501 CHAPLAI N	21,045	65, 359				15.00
	INPATIENT ROUTINE SERVICE COST CENTERS	, -,		1			
30.00	03000 SKILLED NURSING FACILITY	21, 843	21, 843				30. 00
31.00	03100 NURSING FACILITY	0	0				31.00
32.00	03200 I CF/I I D	0	0				32.00
33.00	03300 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	43, 516				33.00
40. 00	04000 RADI OLOGY	0	0				40.00
41.00	04100 LABORATORY	0	0				41.00
42.00	04200 I NTRAVENOUS THERAPY	0	0				42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0				43.00
44.00	04400 PHYSI CAL THERAPY	0	0				44.00
45.00	04500 OCCUPATI ONAL THERAPY	0					45.00
46.00 47.00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	0					46.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0				49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0				50.00
51.00	05100 SUPPORT SURFACES	0	0				51.00
60.00	OUTPATIENT SERVICE COST CENTERS	0	0				60.00
61.00	06100 RURAL HEALTH CLINIC	0	0				61.00
62.00	06200 FQHC	Ŭ	0				62.00
	OTHER REIMBURSABLE COST CENTERS						
	07000 HOME HEALTH AGENCY COST	0	0				70.00
	07100 AMBULANCE	0	-				71.00
/3.00	07300 CMHC	0	0				73.00
80. 00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 I NTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPI CE	0	0				83.00
89.00	SUBTOTALS (sum of lines 1-84)	21, 843	65, 359				89.00
00 00	NONREI MBURSABLE COST CENTERS		0	1			
90.00 91.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP	0	0				90.00
91.00	09200 PHYSICIANS PRIVATE OFFICES	0	0				91.00
93.00	09300 NONPAI D WORKERS	0	0				93.00
94.00	09400 PATIENTS LAUNDRY	0	0				94.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00		476, 765	107, 636				102.00
103.00	)   Unit cost multiplier (Wkst. B, Part I)	21. 826901	1. 646843				103.00
103.00		1	1: 040843				103.00
		,,.,,					
105.00	Unit cost multiplier (Wkst. B, Part II)	0. 434693	0. 002295				105.00

Health Financial Systems PITMAN MANOR In Lieu of Form (	15-2540-10
RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS Provider No.: 315427 Period: Worksheet	С
From 07/01/2023   To 06/30/2024 Date/Time	Prepared [.]
11/26/2024	<u>3:31 pm</u>
Cost Center Description   Total (from Total Charges Ratio (col	
Wkst. B, Pt I, divided b	y
<u>col. 18</u> <u>col. 2</u>	
1.00 2.00 3.00	
ANCI LLARY SERVICE COST CENTERS	10.00
40. 00 04000 RADI 0LOGY 14, 593 11, 842 1. 232	
41. 00 04100 LABORATORY 18, 890 13, 932 1. 355	
42. 00 04200 I NTRAVENOUS THERAPY 0 0.000	
43. 00 [04300] 0XYGEN (I NHALATI ON) THERAPY 105, 183 70, 860 1.48	
44. 00 [04400] PHYSI CAL THERAPY 426, 747 366, 376 1. 16	
45. 00 04500 0CCUPATI ONAL THERAPY 356, 815 451, 197 0. 790	
46. 00 [04600] SPEECH PATHOLOGY 58, 299 53, 166 1. 090	
47.00 04700 ELECTROCARDI 0LOGY 0 0.000	
48. 00 04800 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 12, 219 9, 916 1. 232	
49.00 04900 DRUGS CHARGED TO PATIENTS 162, 867 126, 335 1.288	
50.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0.000	
51. 00 05100 SUPPORT SURFACES 0 0 0 0.000	51.00
OUTPATIENT SERVICE COST CENTERS	
60. 00 06000 CLINIC 0 0.000	
61. 00 06100 RURAL HEALTH CLINIC	61.00
62. 00 06200 FQHC	62.00
71.00 07100 AMBULANCE 0 0 0.000	
100. 00   Total   1, 155, 613   1, 103, 624	100.00

ealth Financial Systems	PI TMAN	MANOR		In Lie	u of Form CMS-	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Peri od:	Worksheet D	
				From 07/01/2023		
				To 06/30/2024	Date/Time Pre 11/26/2024 3:	
		Title	XVIII (1)	Skilled Nursing	PPS	<u>31 piii</u>
		in the s		Facility	115	
		Heal th Care Pr	rogram Charges		Program Cost	
			5 5		5	
	Ratio of Cost	Part A	Part B	Part A (col. 1		
	to Charges			x col. 2)	x col. 3)	
	(Fr. Wkst. C					
	Column 3)					
	1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPAT	TENT COST					_
ANCI LLARY SERVI CE COST CENTERS	1 000000	( 707				1
40. 00 04000 RADI OLOGY	1. 232309			0 8, 265	0	
1.00 04100 LABORATORY	1. 355871	13, 420		0 18, 196		
42.00 04200 I NTRAVENOUS THERAPY	0. 000000	0		0 0	0	
3.00 04300 OXYGEN (INHALATION) THERAPY	1. 484378			0 0	0	
44.00 04400 PHYSI CAL THERAPY	1. 164779			0 271, 056	0	
5.00 04500 OCCUPATIONAL THERAPY	0. 790819	282, 361		0 223, 296	0	1 101 00
16.00 04600 SPEECH PATHOLOGY	1. 096547	33, 687		0 36, 939	0	1 101 00
7.00 04700 ELECTROCARDI OLOGY	0. 000000	0		0 0	0	
18.00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS	1. 232251	0		0 0	0	
19.00 04900 DRUGS CHARGED TO PATIENTS	1. 289168			0 152, 248	0	1
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0. 000000	0		0		50.00
51.00 05100 SUPPORT SURFACES	0. 000000	0		0 0	0	51.00
OUTPATIENT SERVICE COST CENTERS	1			1		
50. 00 06000 CLINIC	0. 000000	0		0 0	0	
51.00 06100 RURAL HEALTH CLINIC						61.00
52.00 06200 FQHC						62.00
71.00 07100 AMBULANCE (2)	0. 000000			0		71.00
100.00   Total (Sum of Lines 40 - 71)		686, 983		0 710,000	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.

Health Financial Systems	PITMAN MA	NOR		In Lie	u of Form CMS-2	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS			No.: 315427	Period: From 07/01/2023 To 06/30/2024	Date/Time Pre 11/26/2024 3:	
		Ti tl	e XVIII	Skilled Nursing Facility	PPS	
Cost Center Description					1.00	
PART II - APPORTIONMENT OF VACCINE COST						
1.00Drugs charged to patients - ratio of co2.00Program vaccine charges (From your reco3.00Program costs (Line 1 x line 2) (TitlePart I, line 18)	ords, or the PS&R	)			1. 289168 0 , 0	1.00 2.00 3.00
Cost Center Description		rom Wkst. B,	Ratio of Nursing & Allied Healt Costs to Tota Costs - Part (Col. 2 / Col 1)	al I, Col. 4) A	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 ANCILLARY SERVICE COST CENTERS	FOR NURSING & AL	LIED HEALTH				-
40. 00 04000 RADI OLOGY 41. 00 04100 LABORATORY 42. 00 04200 I NTRAVENOUS THERAPY 43. 00 04300 0XYGEN (I NHALATI ON) THERAPY 44. 00 04400 PHYSI CAL THERAPY 45. 00 04500 OCCUPATI ONAL THERAPY 46. 00 04600 SPEECH PATHOLOGY 47. 00 04700 ELECTROCARDI OLOGY 48. 00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 49. 00 04900 DRUGS CHARGED TO PATI ENTS 50. 00 05000 DENTAL CARE - TI TLE XI X ONLY 51. 00 05100 SUPPORT SURFACES	$\begin{array}{c} 14,593\\ 18,890\\ 0\\ 105,183\\ 426,747\\ 356,815\\ 58,299\\ 0\\ 12,219\\ 162,867\\ 0\\ \end{array}$			18, 196           18, 196           00           00           00           00           271, 056           223, 296           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00           00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	41. 00 42. 00 43. 00 44. 00 45. 00 46. 00 47. 00 48. 00 49. 00 50. 00

alth Financial Systems	PI TMAN MANOR		u of Form CMS-2	
DMPUTATION OF INPATIENT ROUTINE COSTS	Provi der No.: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Parts I-II Date/Time Pre 11/26/2024 3:	pared
	Title XVIII	Skilled Nursing Facility	PPS	
		-	1.00	
PART I CALCULATION OF INPATIENT ROUTINE COSTS				
I NPATI ENT DAYS				1
00 Inpatient days including private room days			21, 843	1.
00 Private room days			0	2.
00 Inpatient days including private room days appl			3, 311	3.
00 Medically necessary private room days applicabl	le to the Program		0	4.
00 Total general inpatient routine service cost			8, 509, 902	5.
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
00 General inpatient routine service charges			11, 233, 422	6.
00 General inpatient routine service cost/charge i	ratio (Line 5 divided by line 6)		0. 757552	
00 Enter private room charges from your records			0	
00 Average private room per diem charge (Private i		room days, line <b>2</b>		
).00 Enter semi-private room charges from your reco			11, 233, 422	
<ol> <li>Average semi-private room per diem charge (Ser room days)</li> </ol>		d by semi-private	514.28	11.
2.00 Average per diem private room charge differenti			0.00	
3.00 Average per diem private room cost differential			0.00	
1.00 Private room cost differential adjustment (Line			0	1
5.00 General inpatient routine service cost net of p PROGRAM INPATIENT ROUTINE SERVICE COSTS	private room cost differential (Line 5	minus line 14)	8, 509, 902	15
5.00 Adjusted general inpatient service cost per die	em (Line 15 divided by line 1)		389.59	16
.00 Program routine service cost (Line 3 times lin	ne 16)		1, 289, 932	17
.00 Medically necessary private room cost applicabl	le to program (line 4 times line 13)		0	18
0.00 Total program general inpatient routine service	e cost (Line 17 plus line 18)		1, 289, 932	19
0.00 Capital related cost allocated to inpatient rou line 30 for SNF; line 31 for NF, or line 32 for		t II column 18,	131, 763	20
.00 Per diem capital related costs (Line 20 divide	ed by line 1)		6.03	21
.00 Program capital related cost (Line 3 times lin			19, 965	22
.00 Inpatient routine service cost (Line 19 minus			1, 269, 967	
.00 Aggregate charges to beneficiaries for excess (			0	24
.00 Total program routine service costs for compari	ison to the cost limitation (Line 23 mi	nus line 24)	1, 269, 967	
0.00 Enter the per diem limitation (1)				26
.00 Inpatient routine service cost limitation (Line				27
3.00 Reimbursable inpatient routine service costs (I to Worksheet E, Part II, line 4) (See instruction)		line 27) (Transfe	r	28
) Lines 26 and 27 are not applicable for title XVII	I but may be used for title V and or t	itle XIX		

			1
		1.00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	21, 843	1.00
2.00	Program inpatient days (see instructions)	3, 311	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0. 151582	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00
5.00		0	, 5.00

Health Financial Systems	PI TMAN MANOR	In Lie	u of Form CMS-2	2540-10
COMPUTATION OF INPATIENT ROUTINE COSTS	Provi der No. : 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Parts I-II Date/Time Pre 11/26/2024 3:3	
	Title XIX	Skilled Nursing Facility	Cost	
			1.00	
PART I CALCULATION OF INPATIENT ROUTINE COST	ſS			
I NPATI ENT DAYS				
1.00 Inpatient days including private room days			21, 843	1.00
2.00 Private room days			0	2.00
3.00 Inpatient days including private room days a	applicable to the Program		10, 116	3.00
4.00 Medically necessary private room days applie			0	4.00
5.00 Total general inpatient routine service cost	t		8, 509, 902	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00 General inpatient routine service charges			11, 233, 422	6.00
7.00 General inpatient routine service cost/charge			0. 757552	
8.00 Enter private room charges from your records			0	8.00
9.00 Average private room per diem charge (Privat		room days, line 2		
10.00 Enter semi-private room charges from your re			11, 233, 422	
11.00 Average semi-private room per diem charge room days)	(Semi-private room charges line 10, divide	d by semi-private	514.28	11.00
12.00 Average per diem private room charge differe	ential (Line 9 minus line 11)		0.00	12.00
13.00 Average per diem private room cost different	tial (Line 7 times line 12)		0.00	13.00
14.00 Private room cost differential adjustment (l	Line 2 times line 13)		0	14.00
15.00 General inpatient routine service cost net of PROGRAM INPATIENT ROUTINE SERVICE COSTS	of private room cost differential (Line 5	minus line 14)	8, 509, 902	15.00
16.00 Adjusted general inpatient service cost per	diem (line 15 divided by line 1)		389.59	16.00
17.00 Program routine service cost (Line 3 times			3, 941, 092	
18.00 Medically necessary private room cost applic			0	18.00
19.00 Total program general inpatient routine serv			3, 941, 092	19.00
20.00 Capital related cost allocated to inpatient line 30 for SNF; line 31 for NF, or line 32	routine service costs (From Wkst. B, Par	t II column 18,	131, 763	
21.00 Per diem capital related costs (Line 20 div			6.03	21.00
22.00 Program capital related cost (Line 3 times			60, 999	
23.00 Inpatient routine service cost (Line 19 mir			3, 880, 093	
24.00 Aggregate charges to beneficiaries for exces			0	24.00
25.00 Total program routine service costs for comp	parison to the cost limitation (Line 23 mi	nus line 24)	3, 880, 093	25.00
26.00 Enter the per diem limitation (1)			0.00	26.00
27.00 Inpatient routine service cost limitation (I			0	
28.00 Reimbursable inpatient routine service costs to Worksheet E, Part II, line 4) (See instru		line 27) (Transfe	er 3, 941, 092	28.00
(1) Lines 26 and 27 are not applicable for title X	,	itle XIX	·	

		1.00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	21, 843	1.00
2.00	Program inpatient days (see instructions)	10, 116	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0. 463123	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

Heal th	Financial Systems PITMAN	MANOR	In Lie	u of Form CMS-2	2540-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII	Provider No.: 315427	Peri od:	Worksheet E	
			From 07/01/2023	Part I	
			To 06/30/2024	Date/Time Prep 11/26/2024 3:3	
		Title XVIII	Skilled Nursing	PPS	
		n tre xvrri	Facility	115	
				1.00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIN	IBURSEMENT			
1.00	Inpatient PPS amount (See Instructions)			2, 127, 437	1.00
2.00	Nursing and Allied Health Education Activities (pass throug	gh payments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)			2, 127, 437	3.00
4.00	Primary payor amounts			0	4.00
5.00	Coinsurance			291, 420	5.00
6.00	Allowable bad debts (From your records)			2, 533	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See ir	nstructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)			1, 646	8.00
9.00	Recovery of bad debts - for statistical records only			0	9.00
10.00	Utilization review			0	10.00
11.00	Subtotal (See instructions)			1, 837, 663	11.00
12.00	Interim payments (See instructions)			1, 819, 368	12.00
13.00	Tentative adjustment			0	13.00
14.00	OTHER adjustment (See instructions)			0	14.00
14.50	Demonstration payment adjustment amount before sequestration	n		0	14.50
14.55	Demonstration payment adjustment amount after sequestration	1		0	14.55
14.75	Sequestration for non-claims based amounts (see instruction	าร)		33	14.75
14.99	Sequestration amount (see instructions)			36, 720	14.99
15.00	Balance due provider/program (see Instructions)			-18, 458	15.00
16.00	Protested amounts (Nonallowable cost report items in accord			0	16.00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LES	SER OF COST OR CHARGES - T	ITLE XVIII ONLY		
	Ancillary services Part B			0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)			0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)			0	19.00
20.00	Medicare Part B ancillary charges (See instructions)			0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)			0	21.00
22.00	Primary payor amounts			0	22.00
23.00	Coinsurance and deductibles			0	23.00
24.00	Allowable bad debts (From your records)			0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see ir	istructions)		0	24.01
	Adjusted reimbursable bad debts (see instructions)			0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)			0	25.00
	Interim payments (See instructions)			0	26.00
27.00	Tentati ve adjustment			0	27.00
	Other Adjustments (See instructions) Specify			0	28.00
28.50	Demonstration payment adjustment amount before sequestration			0	28.50
28.55	Demonstration payment adjustment amount after sequestration	1		0	28.55
28.99	Sequestration amount (see instructions)			0	28.99
29.00	Balance due provider/program (see instructions)	dance with CMC Dub 15 2 -	action 115 0	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accor	uance with the Pub. 15-2, S	ection 115.2	0	30.00

	2	MANOR		u of Form CMS-:	2540-	
ALCUL	ATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY	' Provi der No.: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part II Date/Time Pre 11/26/2024 3:		
		Title XIX	Skilled Nursing	Cost		
			Facility			
			-			
				1.00	-	
	COMPUTATION OF NET COST OF COVERED SERVICES				· · ·	
. 00	Inpatient ancillary services (see Instructions)			0	1	
. 00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II,	line 5)		0		
. 00	Outpatient services			0		
. 00	Inpatient routine services (see instructions)			3, 941, 092		
. 00	Utilization reviewphysicians' compensation (from provider	records)		0		
. 00	Cost of covered services (Sum of lines 1 - 5)			3, 941, 092		
. 00	Differential in charges between semiprivate accommodations a	and less than semiprivate	accommodations	0		
3. 00	SUBTOTAL (Line 6 minus line 7)			3, 941, 092		
. 00	Primary payor amounts			0		
0.00	Total Reasonable Cost (Line 8 minus line 9)			3, 941, 092	10.	
	REASONABLE CHARGES					
	Inpatient ancillary service charges			0		
	Outpatient service charges			0	1	
	Inpatient routine service charges			0		
	Differential in charges between semiprivate accommodations and less than semiprivate accommodations					
5.00	Total reasonable charges			0	15.	
<i>,</i>	CUSTOMARY CHARGES		1		1	
	Aggregate amount actually collected from patients liable for			0		
7.00	Amounts that would have been realized from patients liable		on a charge basis	0	17.	
8. 00	had such payment been made in accordance with 42 CFR 413.13 Ratio of line 16 to line 17 (not to exceed 1.000000)	(e)		0.000000	18.	
				0.00000		
9.00	Total customary charges (see instructions) COMPUTATION OF REIMBURSEMENT SETTLEMENT			0	19.	
0 00				0	1 20	
	Cost of covered services (see Instructions) Deductibles			0		
				0	1 - · ·	
	Subtotal (Line 20 minus line 21)			0	1	
	Coinsurance			-		
	Subtotal (Line 22 minus line 23)			0		
	Allowable bad debts (from your records)			0		
	Subtotal (sum of lines 24 and 25)	auchy collected bacad an a	arreation of oost	0		
7.00	Unrefunded charges to beneficiaries for excess costs erroned limit	ously corrected based on c	correction of cost	0	27.	
8.00	Recovery of excess depreciation resulting from provider term	mination or a decrease in	program utilizati	on 0	28.	
	Other Adjustments (see instructions) Specify				29.	
0. 00	Amounts applicable to prior cost reporting periods resulting	g from disposition of depr	reciable assets (	if 0	30.	
	minus, enter amount in parentheses)					
1.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lin	nes 27 and 28)		0	31.	
2.00	Interim payments			0		
3.00	Balance due provider/program (Line 31 minus line 32) (indica	ate overpayments in parent	heses) (see	0	33.	
	Instructions)				1	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provi der	No.: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet E-1 Date/Time Prep 11/26/2024 3:3	pared: 31 pm
		Titl	e XVIII	Skilled Nursing Facility	PPS	
		Inpatien	nt Part A		tВ	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00 2.00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		1, 799, 2	97 0	0 0	1.00 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		1			
3.01	ADJUSTMENTS TO PROVIDER	12/11/2023	20, 0		0	3.01
3.02				0	0	3. 02 3. 03
3.03 3.04				0	0	3.04
3.04				0	0	3.05
	Provider to Program		1			
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3.51				0	0	3.5
3.52				0	0	3.5
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)	-	20, 0	/1	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)	5	1, 819, 3	68	0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk	ζ				5.00
	review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
F 01	Program to Provider TENTATIVE TO PROVIDER				0	F 0/
5. 01 5. 02	TENTATIVE TO PROVIDER			0	0	5.01 5.02
5.02				0	0	5.02
0.00	Provider to Program			0		0.00
5.50	TENTATI VE TO PROGRAM			0	0	5.50
5.51				0	0	5. 5´
5.52				0	0	5.5
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 -	-		0	0	5.99
5.00	5.98) Determined net settlement amount (balance due) based on the cost report. (1)					6. 00
6. 01	PROGRAM TO PROVIDER			0	0	6.0 ⁴
6. 02	PROVIDER TO PROGRAM		18, 4	0	0	6.02
7.00	Total Medicare program liability (see instructions)		1, 800, 9		0	7.00
				actor Name	Contractor	
					Number	
				1.00	2.00	

(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.

	SHEET (If you are nonproprietary and do not maintain funding records, complete the "General Fund" column only)	type Provider	From	07/01/2023	Worksheet G	-
		General Fund	To Specific End	06/30/2024 Jowment Fund	Date/Time Pre 11/26/2024 3: Plant Fund	epare 31 p
		1.00	Purpose Fund 2.00	3.00	4.00	
A	ssets	1.00	2.00	3.00	4.00	
	URRENT ASSETS					
	Cash on hand and in banks	77, 919	0	0	0	
	emporary investments	0	0	0	0	
	lotes recei vabl e Accounts recei vabl e	0 1, 809, 402	0	0	0	
	ither receivables	1, 609, 402	0	0	0	
	ess: allowances for uncollectible notes and accounts	-331, 500	0	0	0	
	recei vabl e	001,000	Ŭ	Ű	0	1
00 1	nventory	138, 090	0	0	0	
	Prepaid expenses	115, 123	0	0	0	
	)ther current assets	0	0	0	0	
	Due from other funds	0	0	0	0	
	OTAL CURRENT ASSETS (Sum of lines 1 - 10)	1, 809, 034	0	0	0	1
	I XED_ASSETS	39, 437	0	0	0	12
	and improvements	0	0	0	0	
	ess: Accumulated depreciation	0	0	0	0	
	Buildings	15, 517, 000	0	0	0	
00 L	ess Accumulated depreciation	-12, 896, 640	0	0	0	10
00 L	easehold improvements	0	0	0	0	1
	ess: Accumulated Amortization	0	0	0	0	
	ixed equipment	2, 378, 945	0	0	0	
	ess: Accumulated depreciation	-1, 668, 508	0	0	0	
	Automobiles and trucks	33, 413	0	0	0	
	ess: Accumulated depreciation Najor movable equipment	-33, 413	0	0	0	1 -
	ess: Accumulated depreciation	0	0	0	0	
	li nor equi pment - Depreci abl e	0	0	0	0	
	li nor equipment nondepreciable	0	Ő	0	0	1 -
	Other fixed assets	0	0	0	0	
	OTAL FIXED ASSETS (Sum of lines 12 - 27)	3, 370, 234	0	0	0	28
	THER ASSETS					
	nvestments	0	0	0	0	1 -
	Deposits on Leases	0	0	0	0	
	Due from owners/officers Dther assets	011 443	0	0	0	-
	OTAL OTHER ASSETS (Sum of Lines 29 - 32)	814, 663 814, 663	0	0	0	
	TOTAL ASSETS (Sum of Lines 11, 28, and 33)	5, 993, 931	0	0	0	1 -
	iabilities and Fund Balances	0, 770, 701	0	0		
	URRENT LI ABI LI TI ES					1
00 A	Accounts payable	916, 885	0	0	0	3!
00 S	Salaries, wages, and fees payable	1, 161, 638		0	0	
	Payroll taxes payable	0		0	0	
	lotes & Loans payable (Short term)	0	0	0	0	
	Deferred income	12, 500	0	0	0	
	Accelerated payments Due to other funds	0	0	0	0	40
	oue to other runds Other current liabilities	0	0	0	0	
	OTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2, 091, 023		0	0	
	ONG TERM LIABILITIES	2,071,023	0	0	0	1 1
	lortgage payable	0	0	0	0	44
	lotes payable	0	0	0	0	4
00 U	Insecured Loans	0	0	0	0	40
00 L	oans from owners:	0	0	0	0	4
	Other long term liabilities	6, 152, 224	0	0	0	
	THER (SPECIFY)	0	0	0	0	
	OTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	6, 152, 224	0	0	0	
	OTAL LIABILITIES (Sum of lines 43 and 50)	8, 243, 247	0	0	0	5
	APITAL ACCOUNTS General fund balance	-2, 249, 316				5
	Specific purpose fund	2, 247, 310	О			5
	Donor created - endowment fund balance - restricted			0		54
	Donor created - endowment fund balance - unrestricted			0		5!
	Governing body created - endowment fund balance			0		50
	Plant fund balance - invested in plant				0	5
	Plant fund balance - reserve for plant improvement,				0	58
	replacement, and expansion					
00 T	OTAL FUND BALANCES (Sum of lines 52 thru 58)	-2, 249, 316		0	0	
	OTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59	) 5, 993, 931	0	0		6

Heal th Financ	ial Systems	PI TMAN M	ANOR		In Lie	eu of Form CMS-2	2540-10
	CHANGES IN FUND BALANCES			No.: 315427	Period: From 07/01/2023 To 06/30/2024	Worksheet G-1	bared:
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	2.00	4.00	E 00	
2.00 Net in 3.00 Total 4.00 Additi 5.00 INTERC 6.00 7.00 8.00 9.00 10.00 Total 11.00 Subtot 12.00 Deduct 13.00 ROUNDI 14.00 15.00 16.00 17.00 18.00 Total	deductions (sum of lines 13 - 17)	1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 -644,427 -1,604,885 -2,249,312 0 -2,249,312		4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ 00\\ 18.\ $
	alance at end of period per balance (Line 11 - line 18)		-2, 249, 316		0		19.00
		Endowment Fund	PI ant	Fund			
1 00 5 11		6.00	7.00	8.00			1.00
2.00 Net in 3.00 Total 4.00 Additi	walances at beginning of period noome (loss) (from Wkst. G-3, line 31) (sum of line 1 and line 2) ons (credit adjustments) COMPANY RECONCILIATION	0	0 0 0 0		0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00         Total           11.00         Subtot           12.00         Deduct           13.00         ROUNDI           14.00         15.00           16.00         17.00           18.00         Total           19.00         Fund b	additions (sum of line 5 – 9) al (line 3 plus line 10) tions (debit adjustments) NG deductions (sum of lines 13 – 17) valance at end of period per balance (Line 11 – line 18)	0 0 0 0	0 0 0 0 0		0 0 0 0		9.00         10.00         11.00         12.00         13.00         14.00         15.00         16.00         17.00         18.00         19.00

Heal th	Financial Systems	PI TMAN MANOI	R			In Lie	u of Form CMS-2	2540-10
	ENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provi der	No.: 315427		riod: om 07/01/2023	Worksheet G-2 Parts I-II Date/Time Pre 11/26/2024 3:	bared:
	Cost Center Description			I npati ent		Outpati ent	Total	
	· ·			1.00		2.00	3.00	
	PART I - PATIENT REVENUES							
	General Inpatient Routine Care Services							
1.00	SKILLED NURSING FACILITY			11, 233, 42	22		11, 233, 422	1.00
2.00	NURSING FACILITY			, 200,	0		0	2.00
3.00	ICF/IID				0		0	3.00
4.00	OTHER LONG TERM CARE			8, 890, 1	76		8, 890, 176	4.00
4.00 5.00	Total general inpatient care services (Sum of Lir	1		20, 123, 59			20, 123, 598	4.00 5.00
5.00	All Other Care Services	les I - 4)		20, 123, 34	90		20, 123, 396	5.00
( 00	ANCI LLARY SERVICES			1 001 1/	22	0	1 001 100	( 00
6.00 7.00	CLINIC			1, 021, 12	23	0	1, 021, 123	6.00
						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	СМНС					0	0	11.00
	HOSPI CE				0	0	0	12.00
	OTHER (SPECIFY)				0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Tra Worksheet G-3, Line 1)	ansfer column 3	to	21, 144, 72	21	0	21, 144, 721	14.00
	Cost Center Description							
	Cost Center Description					1.00	2.00	
	PART II - OPERATING EXPENSES					1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line	100)					19, 059, 191	1.00
2.00	Add (Specify)	, 100)				0	17,007,171	2.00
3.00	Add (Specify)					0		3.00
4.00						0		4.00
4.00 5.00						0		4.00 5.00
5.00 6.00						0		6.00
						0		
7.00 8.00	Total Additions (Sum of lines 2 - 7)					0	0	7.00 8.00
						0	0	
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
							0	
15.00	Total Operating Expenses (Sum of lines 1 and 8, r	ninus line 14)					19, 059, 191	15.00

Heal th	Financial Systems	PI TMAN MANO	2	In Lie	u of Form CMS-2	2540-10
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider No.: 315427	Peri od:	Worksheet G-3	
				From 07/01/2023		
				To 06/30/2024	Date/Time Pre	
					11/26/2024 3::	31 pili
					1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, o	col 3 line 1	4)		21, 144, 721	1.00
2.00	Less: contractual allowances and discounts on pati				3, 959, 327	2.00
3.00	Net patient revenues (Line 1 minus line 2)				17, 185, 394	3.00
4.00	Less: total operating expenses (From Worksheet G-	2 Part II li	ne 15)		19, 059, 191	4.00
5.00	Net income from service to patients (Line 3 minus				-1, 873, 797	5.00
0.00	Other income:				1,010,177	0.00
6.00	Contributions, donations, bequests, etc				90, 043	6.00
7.00	Income from investments				1, 228	7.00
8.00	Revenues from communications ( Telephone and Inter	rnet service)			0	8.00
9.00	Revenue from tel evision and radio service				27, 239	9.00
10.00	Purchase di scounts				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				27	13.00
14.00	Revenue from meals sold to employees and guests				883	14.00
15.00	Revenue from rental of living quarters				0	15.00
16.00	Revenue from sale of medical and surgical supplies	s to other tha	n 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	S			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	EXCESS RENT				100, 000	24.00
24.01	CATERING / COUNTRY STORE				42, 013	24.01
24.02	TRANS - RESIDENTIAL				7, 780	24.02
24.03	UTILITY INCOME				90	24.03
24.04	MI SCELLANEOUS I NCOME				731	24.04
24.06	HOUSEKEEPING				576	24.06
24.50	COVI D-19 PHE Fundi ng				0	24.50
25.00	Total other income (Sum of lines 6 - 24)				270, 610	
26.00	Total (Line 5 plus line 25)				-1, 603, 187	26.00
27.00	LOSS ON DI SPOSAL				1, 698	27.00
28.00					0	28.00
29.00					0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)				1, 698	
31.00	Net income (or loss) for the period (Line 26 minu:	s line 30)		I	-1, 604, 885	31.00