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

FORM APPROVED
OMB NO. 0938-0463
EXPIRES: 12/31/2021

CARE ONE AT HOLMDEL	Period:	Run Date Time:	5/28/2025 2:46 pm
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315092	To: 12/31/2024	Version:	11.1.179.1

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

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: — Time:
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report.
3.01. [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no.

Contractor use only:

4. [1] Cost Report Status
(1) As Submitted
(2) Settled without audit
(3) Settled with audit
(4) Reopened
(5) Amended
5. Date Received: _____

6. Contractor No.: _____
7. [ ] First Cost Report for this Provider CCN
8. [ ] Last Cost Report for this Provider CCN
9. NPR Date: _____
10. If line 4, column 1 is "4": Enter number of times reopened 0
11. Contractor Vendor Code: 4
12. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF 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 CARE ONE AT HOLMDEL, 315092 {Provider Name(s) and CCN(s)}for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that 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 FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1		2		
1	*David Baruch*		Y	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	DAVID BARUCH			2
3	Signatory Title	AUTHORIZED SIGNOR			3
4	Signature Date	(Dated when report is electronically signed.)			4

PART III - SETTLEMENT SUMMARY

			Title XVIII			
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	-13,069	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**	**-13,069**	**0**	**0**	100.00

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated.

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	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315092	To: 12/31/2024	Version:	11.1.179.1

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

Worksheet S-2
Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1.00	Street:	188 HIGHWAY 34	P.O. Box:					1.00
2.00	City:	HOLMDEL	State:	NJ	ZIP Code:	07733		2.00
3.00	County:	MONMOUTH	CBSA Code:	35154	Urban / Rural:	U		3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

SNF and SNF-Based Component Identification:

					Payment System (P, O, or N)			
	Component	Component Name	Provider CCN	Date Certified	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	
4.00	SNF	CARE ONE AT HOLMDEL	315092	01/01/1968	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00

		From:	To:	
		1.00	2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2024	12/31/2024	14.00
15.00	Type of Control (See Instructions)	4 - Proprietary, Corporation		15.00

		Y/N	
		1.00	
Type of Freestanding Skilled Nursing Facility			
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	Y	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	Y	18.00
Miscellaneous Cost Reporting Information			
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.			
20.00	Straight Line	318,486	20.00
21.00	Declining Balance	0	21.00
22.00	Sum of the Year's Digits	0	22.00
23.00	Sum of line 20 through 22	318,486	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)	N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)	N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N	28.00

		Part A	Part B	Other	
		1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.					
29.00	Skilled Nursing Facility	N	N		29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA	N	N		32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC		N		35.00
36.00	SNF-Based OLTC				36.00

		Y/N		
		1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)	Y		38.00

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

Worksheet S-2
Part I
PPS

			Y/N		
			1.00	2.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.		1		39.00
		Premiums	Paid Losses	Self Insurance	
		1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:	66,413	0	0	41.00
				Y/N	
				1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			Y	43.00
				Provider CCN	
				1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			HB0206	44.00

If this facility is part of a chain organization, enter the name and address of the home office on the lines below.

45.00	Name:	HEALTHBRIDGE	Contractor Name:	NOVITAS SOLUTIONS	Contractor Number:	12001	45.00
46.00	Street:	173 BRIDGE PLAZA NORTH	P.O. Box:				46.00
47.00	City:	FORT LEE	State:	NJ	ZIP Code:	07024	47.00

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

Worksheet S-2
Part II
PPS

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)

Completed by All Skilled Nursing Facilites

Provider Organization and Operation

			Y/N	Date	
			1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	

Financial Data and Reports

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	

Approved Educational Activities

6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
			Y/N	
			1.00	

Bad Debts

9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.	Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.	N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.	N	11.00

Bed Complement

12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.	N	12.00

			Part A		Part B		
		Description	Y/N	Date	Y/N	Date	
		0	1.00	2.00	3.00	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 Instructions.)		Y	03/28/2025	Y	03/28/2025	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		N		N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N		18.00

		1.00	2.00	3.00	
Cost Report Preparer Contact Information					
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHARLES	REED	VICE-PRESIDENT	19.00
20.00	Enter the employer/company name of the cost report preparer.	EXECUCARE ASSOCIATES			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	732-534-4390	CRWASSC@NETSCAPE.NET		21.00

CARE ONE AT HOLMDEL Provider CCN: 315092	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:46 pm MCRIF32 **2540-10** Version: 11.1.179.1	

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

Worksheet S-3
Part I
PPS

				Inpatient Days/Visits					Discharges					
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	130	47,580	0	12,632	8,651	10,907	**32,190**	0	417	35	309	**761**	1.00
2.00	NURSING FACILITY	0	0	0		0	0	**0**	0		0	0	**0**	2.00
3.00	ICF/IID	0	0			0	0	**0**			0	0	**0**	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	**0**						4.00
5.00	Other Long Term Care	0	0				0	**0**				0	**0**	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	**0**	0	0	0	0	**0**	7.00
8.00	Total (Sum of lines 1-7)	**130**	**47,580**	**0**	**12,632**	**8,651**	**10,907**	**32,190**	**0**	**417**	**35**	**309**	**761**	8.00

		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	30.29	247.17	**42.30**	0	414	13	311	**738**	125.29	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	**0.00**	0		0	0	**0**	0.00	0.00		2.00
3.00	ICF/IID			0.00	**0.00**			0	0	**0**	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST										0.00	0.00		4.00
5.00	Other Long Term Care				**0.00**				0	**0**	0.00	0.00		5.00
6.00	SNF-Based CMHC										0.00	0.00		6.00
7.00	HOSPICE	0.00	0.00	0.00	**0.00**	0	0	0	0	**0**	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	**0.00**	**30.29**	**247.17**	**42.30**	**0**	**414**	**13**	**311**	**738**	**125.29**	**0.00**		8.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part II
PPS

PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALARIES							
1.00	Total salaries (See Instructions)	8,352,350	0	**8,352,350**	260,597.00	32.05	1.00
2.00	Physician salaries-Part A	0	0	**0**	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	**0**	0.00	0.00	3.00
4.00	Home office personnel	0	0	**0**	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	**0**	**0**	**0**	**0.00**	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	8,352,350	0	**8,352,350**	260,597.00	32.05	6.00
7.00	Other Long Term Care	0	0	**0**	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	**0**	0.00	0.00	8.00
9.00	CMHC	0	0	**0**	0.00	0.00	9.00
10.00	HOSPICE	0	0	**0**	0.00	0.00	10.00
11.00	Other excluded areas	0	0	**0**	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	**0**	**0**	**0**	**0.00**	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	**8,352,350**	**0**	**8,352,350**	**260,597.00**	32.05	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	275,494	0	**275,494**	4,517.00	60.99	14.00
15.00	Contract Labor: Physician services-Part A	0	0	**0**	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	**0**	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	955,231	0	**955,231**			17.00
18.00	Wage-related costs other (See Part IV)	0	0	**0**			18.00
19.00	Wage related costs (excluded units)	0	0	**0**			19.00
20.00	Physician Part A - WRC	0	0	**0**			20.00
21.00	Physician Part B - WRC	0	0	**0**			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	**955,231**	**0**	**955,231**			22.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	**0**	0.00	0.00	1.00
2.00	Administrative & General	622,052	0	**622,052**	14,147.00	43.97	2.00
3.00	Plant Operation, Maintenance & Repairs	121,508	0	**121,508**	3,845.00	31.60	3.00
4.00	Laundry & Linen Service	0	0	**0**	0.00	0.00	4.00
5.00	Housekeeping	273,872	0	**273,872**	14,242.00	19.23	5.00
6.00	Dietary	643,840	0	**643,840**	27,693.00	23.25	6.00
7.00	Nursing Administration	767,436	0	**767,436**	17,190.00	44.64	7.00
8.00	Central Services and Supply	39,711	0	**39,711**	2,479.00	16.02	8.00
9.00	Pharmacy	0	0	**0**	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	49,460	0	**49,460**	1,744.00	28.36	10.00
11.00	Social Service	132,583	0	**132,583**	3,479.00	38.11	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	188,233	0	**188,233**	9,222.00	20.41	13.00
14.00	Total (sum lines 1 thru 13)	**2,838,695**	**0**	**2,838,695**	**94,041.00**	30.19	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS

PART IV - WAGE RELATED COSTS			
		Amount Reported	
		1.00	
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	39,403	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	94,005	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,276	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	95,671	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	605,917	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	118,959	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	**955,231**	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	536,696	63,700	**600,396**	10,994.00	54.61	1.00
2.00	Licensed Practical Nurses (LPNs)	1,819,731	215,983	**2,035,714**	45,588.00	44.65	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,868,509	221,773	**2,090,282**	81,337.00	25.70	3.00
4.00	Total Nursing (sum of lines 1 through 3)	**4,224,936**	**501,456**	**4,726,392**	**137,919.00**	34.27	4.00
5.00	Physical Therapists	626,590	74,370	**700,960**	13,614.00	51.49	5.00
6.00	Physical Therapy Assistants	0	0	**0**	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	**0**	0.00	0.00	7.00
8.00	Occupational Therapists	576,858	68,467	**645,325**	13,338.00	48.38	8.00
9.00	Occupational Therapy Assistants	0	0	**0**	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	**0**	0.00	0.00	10.00
11.00	Speech Therapists	85,271	10,121	**95,392**	1,685.00	56.61	11.00
12.00	Respiratory Therapists	0	0	**0**	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	**0**	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	12,953		**12,953**	144.00	89.95	14.00
15.00	Licensed Practical Nurses (LPNs)	134,858		**134,858**	1,822.00	74.02	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	99,540		**99,540**	1,991.00	49.99	16.00
17.00	Total Nursing (sum of lines 14 through 16)	**247,351**		**247,351**	**3,957.00**	62.51	17.00
18.00	Physical Therapists	0		**0**	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		**0**	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		**0**	0.00	0.00	20.00
21.00	Occupational Therapists	0		**0**	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		**0**	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		**0**	0.00	0.00	23.00
24.00	Speech Therapists	400		**400**	5.00	80.00	24.00
25.00	Respiratory Therapists	27,743		**27,743**	555.00	49.99	25.00
26.00	Other Medical Staff	0		**0**	0.00	0.00	26.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA **Worksheet S-7**

PPS

	Group	Days	
	1.00	2.00	
1.00	RUX		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	RMX		7.00
8.00	RML		8.00
9.00	RLX		9.00
10.00	RUC		10.00
11.00	RUB		11.00
12.00	RUA		12.00
13.00	RVC		13.00
14.00	RVB		14.00
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	RMB		20.00
21.00	RMA		21.00
22.00	RLB		22.00
23.00	RLA		23.00
24.00	ES3		24.00
25.00	ES2		25.00
26.00	ES1		26.00
27.00	HE2		27.00
28.00	HE1		28.00
29.00	HD2		29.00
30.00	HD1		30.00
31.00	HC2		31.00
32.00	HC1		32.00
33.00	HB2		33.00
34.00	HB1		34.00
35.00	LE2		35.00
36.00	LE1		36.00
37.00	LD2		37.00
38.00	LD1		38.00
39.00	LC2		39.00
40.00	LC1		40.00
41.00	LB2		41.00
42.00	LB1		42.00
43.00	CE2		43.00
44.00	CE1		44.00
45.00	CD2		45.00
46.00	CD1		46.00
47.00	CC2		47.00
48.00	CC1		48.00
49.00	CB2		49.00
50.00	CB1		50.00
51.00	CA2		51.00
52.00	CA1		52.00
53.00	SE3		53.00
54.00	SE2		54.00
55.00	SE1		55.00
56.00	SSC		56.00
57.00	SSB		57.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA **Worksheet S-7**

PPS

	Group	Days	
	1.00	2.00	
58.00	SSA		58.00
59.00	IB2		59.00
60.00	IB1		60.00
61.00	IA2		61.00
62.00	IA1		62.00
63.00	BB2		63.00
64.00	BB1		64.00
65.00	BA2		65.00
66.00	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	PC2		71.00
72.00	PC1		72.00
73.00	PB2		73.00
74.00	PB1		74.00
75.00	PA2		75.00
76.00	PA1		76.00
99.00	AAA		99.00
100.00			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				101.00
102.00	Recruitment				102.00
103.00	Retention of employees				103.00
104.00	Training				104.00
105.00	OTHER (SPECIFY)				105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)				106.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		2,727,192	**2,727,192**	0	2,727,192	-3,510	**2,723,682**	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		184,570	**184,570**	0	184,570	0	**184,570**	2.00
3.00	00300	EMPLOYEE BENEFITS	0	991,338	**991,338**	0	991,338	0	**991,338**	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	622,052	2,476,980	**3,099,032**	0	3,099,032	61,247	**3,160,279**	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	121,508	676,195	**797,703**	0	797,703	0	**797,703**	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	197,552	**197,552**	0	197,552	-620	**196,932**	6.00
7.00	00700	HOUSEKEEPING	273,872	42,733	**316,605**	0	316,605	0	**316,605**	7.00
8.00	00800	DIETARY	643,840	297,394	**941,234**	0	941,234	-1,225	**940,009**	8.00
9.00	00900	NURSING ADMINISTRATION	767,436	165,133	**932,569**	0	932,569	-1,749	**930,820**	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	39,711	221,981	**261,692**	-323	261,369	0	**261,369**	10.00
11.00	01100	PHARMACY	0	18,924	**18,924**	0	18,924	-1,514	**17,410**	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	49,460	-200	**49,260**	0	49,260	0	**49,260**	12.00
13.00	01300	SOCIAL SERVICE	132,583	0	**132,583**	0	132,583	0	**132,583**	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	**0**	0	0	0	**0**	14.00
15.00	01500	ACTIVITES	188,233	21,655	**209,888**	0	209,888	0	**209,888**	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	4,224,936	340,330	**4,565,266**	0	4,565,266	-37,275	**4,527,991**	30.00
31.00	03100	NURSING FACILITY	0	0	**0**	0	0	0	**0**	31.00
32.00	03200	ICF/IID	0	0	**0**	0	0	0	**0**	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	**0**	0	0	0	**0**	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	51,789	**51,789**	0	51,789	0	**51,789**	40.00
41.00	04100	LABORATORY	0	94,635	**94,635**	0	94,635	0	**94,635**	41.00
42.00	04200	INTRAVENOUS THERAPY	0	-6,023	**-6,023**	0	-6,023	482	**-5,541**	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	**0**	0	0	0	**0**	43.00
44.00	04400	PHYSICAL THERAPY	626,590	16,840	**643,430**	0	643,430	0	**643,430**	44.00
45.00	04500	OCCUPATIONAL THERAPY	576,858	0	**576,858**	0	576,858	0	**576,858**	45.00
46.00	04600	SPEECH PATHOLOGY	85,271	400	**85,671**	0	85,671	0	**85,671**	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	**0**	0	0	0	**0**	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	**0**	323	323	0	**323**	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	821,659	**821,659**	0	821,659	-65,732	**755,927**	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	**0**	0	0	0	**0**	50.00
51.00	05100	SUPPORT SURFACES	0	0	**0**	0	0	0	**0**	51.00
52.00	05200	COMPLEX MEDICAL EQUIPMENT	0	0	**0**	0	0	0	**0**	52.00
52.01	05201	OTHER ANCILLARY SERVICES COST	0	0	**0**	0	0	0	**0**	52.01
52.02	05202	MEDICAL SERVICES	0	0	**0**	0	0	0	**0**	52.02
OUTPATIENT SERVICE COST CENTERS										
60.00	06000	CLINIC	0	0	**0**	0	0	0	**0**	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	**0**	0	0	0	**0**	61.00
62.00	06200	FQHC								62.00
63.00	06300	DIALYSIS	0	0	**0**	0	0	0	**0**	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	07000	HOME HEALTH AGENCY COST	0	0	**0**	0	0	0	**0**	70.00
71.00	07100	AMBULANCE	0	104,714	**104,714**	0	104,714	0	**104,714**	71.00
73.00	07300	CMHC	0	0	**0**	0	0	0	**0**	73.00
74.00	07400	OTHER REIMBURSEMENT	0	0	**0**	0	0	0	**0**	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	**0**	0	0	0	**0**	80.00
81.00	08100	INTEREST EXPENSE		0	**0**	0	0	0	**0**	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	**0**	0	0	0	**0**	82.00
83.00	08300	HOSPICE	0	0	**0**	0	0	0	**0**	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST I	0	0	**0**	0	0	0	**0**	84.00
84.01	08401	OTHER SPECIAL PURPOSE COST II	0	0	**0**	0	0	0	**0**	84.01
89.00		SUBTOTALS (sum of lines 1-84)	8,352,350	9,445,791	**17,798,141**	0	17,798,141	-49,896	**17,748,245**	89.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	9,011	**9,011**	0	9,011	0	**9,011**	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	600	**600**	0	600	0	**600**	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	**0**	0	0	0	**0**	92.00
93.00	09300	NONPAID WORKERS	0	0	**0**	0	0	0	**0**	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	**0**	0	0	0	**0**	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	**0**	0	0	0	**0**	95.00
100.00		TOTAL	**8,352,350**	**9,455,402**	**17,807,752**	**0**	**17,807,752**	**-49,896**	**17,757,856**	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

	Increases				Decreases				
	Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS MED SUPP CHARGED									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	0	323	CENTRAL SERVICES & SUPPLY	10.00	0	323	1.00
100.00	**TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2)**		**0**	**323**			**0**	**323**	100.00

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

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RECONCILIATION OF CAPITAL COSTS CENTERS **Worksheet A-7**

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	300,000	0	0	**0**	0	300,000	0	1.00
2.00	Land Improvements	968,642	0	0	**0**	0	968,642	0	2.00
3.00	Buildings and Fixtures	5,731,971	3,125	0	**3,125**	0	5,735,096	0	3.00
4.00	Building Improvements	0	0	0	**0**	0	0	0	4.00
5.00	Fixed Equipment	558,395	94,050	0	**94,050**	0	652,445	0	5.00
6.00	Movable Equipment	2,346,895	0	0	**0**	0	2,346,895	0	6.00
7.00	Subtotal (sum of lines 1-6)	**9,905,903**	**97,175**	**0**	**97,175**	**0**	**10,003,078**	**0**	7.00
8.00	Reconciling Items	0	0	0	**0**	0	0	0	8.00
9.00	Total (line 7 minus line 8)	**9,905,903**	**97,175**	**0**	**97,175**	**0**	**10,003,078**	**0**	9.00

CARE ONE AT HOLMDEL Provider CCN: 315092	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:46 pm MCRIF32 **2540-10** Version: 11.1.179.1

ADJUSTMENTS TO EXPENSES **Worksheet A-8**

PPS

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-3,510	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	675,505			12.00
13.00	Laundry and linen service	B	-620	LAUNDRY & LINEN SERVICE	6.00	13.00
14.00	Revenue - Employee meals	B	-955	DIETARY	8.00	14.00
15.00	Cost of meals - Guests	B	-270	DIETARY	8.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.00	RESIDENT REPLACEMENT ITEMS	A	-557	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	ADVERTISING	A	-318	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MARKETING EXPENSE	A	-16,276	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	MARKETING CORP EXPENSE	A	-9,085	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	MARKETING - MEALS	A	-2,972	ADMINISTRATIVE & GENERAL	4.00	25.04
25.05	CHARITABLE CONTRIBUTIONS	A	-500	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06	BAD DEBT EXPENSE	A	-483,471	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	BAD DEBT EXPENSE - MEDICARE	A	-149,071	ADMINISTRATIVE & GENERAL	4.00	25.07
25.08	DENTAL SERVICES EXPENSE	A	-625	SKILLED NURSING FACILITY	30.00	25.08
25.09	OTHER MEDICAL SERVICES EXPENSE	A	-36,650	SKILLED NURSING FACILITY	30.00	25.09
25.10	OTHER REVENUE	B	-20,521	ADMINISTRATIVE & GENERAL	4.00	25.10
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		**-49,896**			100.00

(1) Description - All chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315092	To: 12/31/2024	Version: 11.1.179.1

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1
Parts I & II
PPS

PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1,614,098	870,080	**744,018**	1.00
2.00	9.00	NURSING ADMINISTRATION	PHARMACY CONSULTANT	20,115	21,864	**-1,749**	2.00
3.00	10.00	CENTRAL SERVICES & SUPPLY	WOUND CARE EXPENSE	40,055	40,055	**0**	3.00
4.00	11.00	PHARMACY	DRUGS-NON-PRESCRIPTION, NON-LEGEND	15,187	16,508	**-1,321**	4.00
5.00	11.00	PHARMACY	PHARMACY SUPPLIES	2,223	2,416	**-193**	5.00
6.00	42.00	INTRAVENOUS THERAPY	IV EXPENSE	-5,541	-6,023	**482**	6.00
7.00	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, LEGEND DRUGS OTH	44,187	48,029	**-3,842**	7.00
8.00	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, LEGEND DRUGS MAN	257,933	280,362	**-22,429**	8.00
9.00	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, MEDICARE A	453,807	493,268	**-39,461**	9.00
10.00	**TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.**			**2,442,064**	**1,766,559**	**675,505**	10.00

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 II of this worksheet.

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

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	A	DANIEL STRAUS	41.00	HEALTHBRIDGE MANAGEMENT LLC	100.00	MANAGEMENT	1.00
2.00	A	DANIEL STRAUS	41.00	TOTALCARE LLC	99.00	WOUND CARE	2.00
3.00	A	DES HOLDING CO. INC.	22.00	TOTALCARE LLC	1.00	WOUND CARE	3.00
4.00	F	PARTNERS PHARMACY SERVICES LLC	0.00	PARTNERS PHARMACY LLC	100.00	PHARMACY	4.00
5.00			0.00		0.00		5.00
6.00			0.00		0.00		6.00
7.00			0.00		0.00		7.00
8.00			0.00		0.00		8.00
9.00			0.00		0.00		9.00
10.00			0.00		0.00		10.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or organization.
E. Individual is director, officer, administrator or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
G. Other (financial or non-financial) specify:

CARE ONE AT HOLMDEL Provider CCN: 315092	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:46 pm MCRIF32 **2540-10** Version: 11.1.179.1	

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	2,723,682	2,723,682							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	184,570		184,570						2.00
3.00	EMPLOYEE BENEFITS	991,338	0	0	991,338					3.00
4.00	ADMINISTRATIVE & GENERAL	3,160,279	278,591	18,879	73,831	**3,531,580**	3,531,580			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	797,703	49,945	3,384	14,422	**865,454**	214,760	1,080,214		5.00
6.00	LAUNDRY & LINEN SERVICE	196,932	49,945	3,384	0	**250,261**	62,102	22,525	334,888	6.00
7.00	HOUSEKEEPING	316,605	49,945	3,384	32,506	**402,440**	99,864	22,525	0	7.00
8.00	DIETARY	940,009	236,538	16,029	76,417	**1,268,993**	314,897	106,679	0	8.00
9.00	NURSING ADMINISTRATION	930,820	52,742	3,574	91,087	**1,078,223**	267,558	23,787	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	261,369	0	0	4,713	**266,082**	66,027	0	0	10.00
11.00	PHARMACY	17,410	0	0	0	**17,410**	4,320	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	49,260	0	0	5,870	**55,130**	13,680	0	0	12.00
13.00	SOCIAL SERVICE	132,583	24,972	1,692	15,736	**174,983**	43,422	11,263	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	**0**	0	0	0	14.00
15.00	ACTIVITES	209,888	0	0	22,341	**232,229**	57,627	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	4,527,991	1,923,467	130,344	501,457	**7,083,259**	1,757,688	867,485	334,888	30.00
31.00	NURSING FACILITY	0	0	0	0	**0**	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	**0**	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	**0**	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	51,789	0	0	0	**51,789**	12,851	0	0	40.00
41.00	LABORATORY	94,635	0	0	0	**94,635**	23,483	0	0	41.00
42.00	INTRAVENOUS THERAPY	-5,541	0	0	0	**-5,541**	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	**0**	0	0	0	43.00
44.00	PHYSICAL THERAPY	643,430	19,179	1,300	74,370	**738,279**	183,202	8,650	0	44.00
45.00	OCCUPATIONAL THERAPY	576,858	19,179	1,300	68,467	**665,804**	165,217	8,650	0	45.00
46.00	SPEECH PATHOLOGY	85,671	19,179	1,300	10,121	**116,271**	28,852	8,650	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	**0**	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	323	0	0	0	**323**	80	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	755,927	0	0	0	**755,927**	187,581	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	**0**	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	**0**	0	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0	0	**0**	0	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0	0	**0**	0	0	0	52.01
52.02	MEDICAL SERVICES	0	0	0	0	**0**	0	0	0	52.02
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	**0**	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	**0**	0	0	0	61.00
62.00	FQHC									62.00
63.00	DIALYSIS	0	0	0	0	**0**	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	**0**	0	0	0	70.00
71.00	AMBULANCE	104,714	0	0	0	**104,714**	25,984	0	0	71.00
73.00	CMHC	0	0	0	0	**0**	0	0	0	73.00
74.00	OTHER REIMBURSEMENT	0	0	0	0	**0**	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	**0**	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST I	0	0	0	0	**0**	0	0	0	84.00

CARE ONE AT HOLMDEL Provider CCN: 315092	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:46 pm MCRIF32 **2540-10** Version: 11.1.179.1	

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
84.01	OTHER SPECIAL PURPOSE COST II	0	0	0	0	**0**	0	0	0	84.01
89.00	SUBTOTALS (sum of lines 1-84)	**17,748,245**	**2,723,682**	**184,570**	**991,338**	**17,748,245**	**3,529,195**	**1,080,214**	**334,888**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	9,011	0	0	0	**9,011**	2,236	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	600	0	0	0	**600**	149	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	**0**	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	**0**	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	**0**	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	**0**	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	**0**	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	**0**	0	0	0	99.00
100.00	TOTAL	**17,757,856**	**2,723,682**	**184,570**	**991,338**	**17,757,856**	**3,531,580**	**1,080,214**	**334,888**	100.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	524,829								7.00
8.00	DIETARY	54,086	1,744,655							8.00
9.00	NURSING ADMINISTRATION	12,060	0	1,381,628						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	332,109					10.00
11.00	PHARMACY	0	0	0	0	21,730				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	68,810			12.00
13.00	SOCIAL SERVICE	5,710	0	0	0	0	0	235,378		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	439,818	1,744,655	1,381,628	332,109	21,730	68,810	235,378	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	4,385	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	4,385	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	4,385	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0	0	0	0	0	0	52.01
52.02	MEDICAL SERVICES	0	0	0	0	0	0	0	0	52.02
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	DIALYSIS	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSEMENT	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST I	0	0	0	0	0	0	0	0	84.00
84.01	OTHER SPECIAL PURPOSE COST II	0	0	0	0	0	0	0	0	84.01

CARE ONE AT HOLMDEL Provider CCN: 315092	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:46 pm MCRIF32 **2540-10** Version: 11.1.179.1	

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
89.00	SUBTOTALS (sum of lines 1-84)	**524,829**	**1,744,655**	**1,381,628**	**332,109**	**21,730**	**68,810**	**235,378**	**0**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0				0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	**524,829**	**1,744,655**	**1,381,628**	**332,109**	**21,730**	**68,810**	**235,378**	**0**	100.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	ACTIVITES	Subtotal	Post Stepdown Adjustments	Total		
		15.00	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE						13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION						14.00
15.00	ACTIVITES	289,856					15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	289,856	**14,557,304**	0	**14,557,304**		30.00
31.00	NURSING FACILITY	0	**0**	0	**0**		31.00
32.00	ICF/IID	0	**0**	0	**0**		32.00
33.00	OTHER LONG TERM CARE	0	**0**	0	**0**		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	**64,640**	0	**64,640**		40.00
41.00	LABORATORY	0	**118,118**	0	**118,118**		41.00
42.00	INTRAVENOUS THERAPY	0	**-5,541**	0	**-5,541**		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	**0**	0	**0**		43.00
44.00	PHYSICAL THERAPY	0	**934,516**	0	**934,516**		44.00
45.00	OCCUPATIONAL THERAPY	0	**844,056**	0	**844,056**		45.00
46.00	SPEECH PATHOLOGY	0	**158,158**	0	**158,158**		46.00
47.00	ELECTROCARDIOLOGY	0	**0**	0	**0**		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	**403**	0	**403**		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	**943,508**	0	**943,508**		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	**0**	0	**0**		50.00
51.00	SUPPORT SURFACES	0	**0**	0	**0**		51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	**0**	0	**0**		52.00
52.01	OTHER ANCILLARY SERVICES COST	0	**0**	0	**0**		52.01
52.02	MEDICAL SERVICES	0	**0**	0	**0**		52.02
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0	**0**	0	**0**		60.00
61.00	RURAL HEALTH CLINIC	0	**0**	0	**0**		61.00
62.00	FQHC						62.00
63.00	DIALYSIS	0	**0**	0	**0**		63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	HOME HEALTH AGENCY COST	0	**0**	0	**0**		70.00
71.00	AMBULANCE	0	**130,698**	0	**130,698**		71.00
73.00	CMHC	0	**0**	0	**0**		73.00
74.00	OTHER REIMBURSEMENT	0	**0**	0	**0**		74.00
SPECIAL PURPOSE COST CENTERS							
80.00	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	INTEREST EXPENSE						81.00
82.00	UTILIZATION REVIEW - SNF						82.00
83.00	HOSPICE	0	**0**	0	**0**		83.00
84.00	OTHER SPECIAL PURPOSE COST I	0	**0**	0	**0**		84.00
84.01	OTHER SPECIAL PURPOSE COST II	0	**0**	0	**0**		84.01
89.00	SUBTOTALS (sum of lines 1-84)	**289,856**	**17,745,860**	**0**	**17,745,860**		89.00

CARE ONE AT HOLMDEL	Period:	Run Date Time:	5/28/2025 2:46 pm
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315092	To: 12/31/2024	Version:	11.1.179.1

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	ACTIVITES	Subtotal	Post Stepdown Adjustments	Total		
		15.00	16.00	17.00	18.00		
NONREIMBURSABLE COST CENTERS							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	**11,247**	0	**11,247**		90.00
91.00	BARBER AND BEAUTY SHOP	0	**749**	0	**749**		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	**0**	0	**0**		92.00
93.00	NONPAID WORKERS	0	**0**	0	**0**		93.00
94.00	PATIENTS LAUNDRY	0	**0**	0	**0**		94.00
95.00	OTHER NONREIMBURSABLE COST	0	**0**	0	**0**		95.00
98.00	Cross Foot Adjustments	0	**0**	0	**0**		98.00
99.00	Negative Cost Centers	0	**0**	0	**0**		99.00
100.00	TOTAL	**289,856**	**17,757,856**	**0**	**17,757,856**		100.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315092	To: 12/31/2024	Version: 11.1.179.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS	0	0	0	**0**	0				3.00
4.00	ADMINISTRATIVE & GENERAL	0	278,591	18,879	**297,470**	0	297,470			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	49,945	3,384	**53,329**	0	18,090	71,419		5.00
6.00	LAUNDRY & LINEN SERVICE	0	49,945	3,384	**53,329**	0	5,231	1,489	60,049	6.00
7.00	HOUSEKEEPING	0	49,945	3,384	**53,329**	0	8,412	1,489	0	7.00
8.00	DIETARY	0	236,538	16,029	**252,567**	0	26,524	7,053	0	8.00
9.00	NURSING ADMINISTRATION	0	52,742	3,574	**56,316**	0	22,537	1,573	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	**0**	0	5,562	0	0	10.00
11.00	PHARMACY	0	0	0	**0**	0	364	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	**0**	0	1,152	0	0	12.00
13.00	SOCIAL SERVICE	0	24,972	1,692	**26,664**	0	3,657	745	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	**0**	0	0	0	0	14.00
15.00	ACTIVITES	0	0	0	**0**	0	4,854	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	1,923,467	130,344	**2,053,811**	0	148,051	57,354	60,049	30.00
31.00	NURSING FACILITY	0	0	0	**0**	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	**0**	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	**0**	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	**0**	0	1,082	0	0	40.00
41.00	LABORATORY	0	0	0	**0**	0	1,978	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	**0**	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	**0**	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	19,179	1,300	**20,479**	0	15,432	572	0	44.00
45.00	OCCUPATIONAL THERAPY	0	19,179	1,300	**20,479**	0	13,917	572	0	45.00
46.00	SPEECH PATHOLOGY	0	19,179	1,300	**20,479**	0	2,430	572	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	**0**	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	**0**	0	7	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	**0**	0	15,800	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	**0**	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	**0**	0	0	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0	**0**	0	0	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0	**0**	0	0	0	0	52.01
52.02	MEDICAL SERVICES	0	0	0	**0**	0	0	0	0	52.02
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	**0**	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	**0**	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	DIALYSIS	0	0	0	**0**	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	**0**	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	**0**	0	2,189	0	0	71.00
73.00	CMHC	0	0	0	**0**	0	0	0	0	73.00
74.00	OTHER REIMBURSEMENT	0	0	0	**0**	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	**0**	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST I	0	0	0	**0**	0	0	0	0	84.00
84.01	OTHER SPECIAL PURPOSE COST II	0	0	0	**0**	0	0	0	0	84.01

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315092	To: 12/31/2024	Version: 11.1.179.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
89.00	SUBTOTALS (sum of lines 1-84)	**0**	**2,723,682**	**184,570**	**2,908,252**	**0**	**297,269**	**71,419**	**60,049**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	**0**	0	188	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	**0**	0	13	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	**0**	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	**0**	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	**0**	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	**0**	0	0	0	0	95.00
98.00	Cross Foot Adjustments								0	98.00
99.00	Negative Cost Centers		0	0	**0**	0	0	0	0	99.00
100.00	TOTAL	**0**	**2,723,682**	**184,570**	**2,908,252**	**0**	**297,470**	**71,419**	**60,049**	100.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	63,230								7.00
8.00	DIETARY	6,516	292,660							8.00
9.00	NURSING ADMINISTRATION	1,453	0	81,879						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	5,562					10.00
11.00	PHARMACY	0	0	0	0	364				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	1,152			12.00
13.00	SOCIAL SERVICE	688	0	0	0	0	0	31,754		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	52,989	292,660	81,879	5,562	364	1,152	31,754	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	528	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	528	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	528	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0	0	0	0	0	0	52.01
52.02	MEDICAL SERVICES	0	0	0	0	0	0	0	0	52.02
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	DIALYSIS	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSEMENT	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST I	0	0	0	0	0	0	0	0	84.00
84.01	OTHER SPECIAL PURPOSE COST II	0	0	0	0	0	0	0	0	84.01

CARE ONE AT HOLMDEL Provider CCN: 315092	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:46 pm MCRIF32 **2540-10** Version: 11.1.179.1	

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
89.00	SUBTOTALS (sum of lines 1-84)	**63,230**	**292,660**	**81,879**	**5,562**	**364**	**1,152**	**31,754**	**0**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0			0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	**63,230**	**292,660**	**81,879**	**5,562**	**364**	**1,152**	**31,754**	**0**	100.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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Provider CCN: 315092	To: 12/31/2024	Version: 11.1.179.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	ACTIVITES	Subtotal	Post Step-Down Adjustments	Total		
		15.00	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE						13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION						14.00
15.00	ACTIVITES	4,854					15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	4,854	**2,790,479**	0	**2,790,479**		30.00
31.00	NURSING FACILITY	0	**0**	0	**0**		31.00
32.00	ICF/IID	0	**0**	0	**0**		32.00
33.00	OTHER LONG TERM CARE	0	**0**	0	**0**		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	**1,082**	0	**1,082**		40.00
41.00	LABORATORY	0	**1,978**	0	**1,978**		41.00
42.00	INTRAVENOUS THERAPY	0	**0**	0	**0**		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	**0**	0	**0**		43.00
44.00	PHYSICAL THERAPY	0	**37,011**	0	**37,011**		44.00
45.00	OCCUPATIONAL THERAPY	0	**35,496**	0	**35,496**		45.00
46.00	SPEECH PATHOLOGY	0	**24,009**	0	**24,009**		46.00
47.00	ELECTROCARDIOLOGY	0	**0**	0	**0**		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	**7**	0	**7**		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	**15,800**	0	**15,800**		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	**0**	0	**0**		50.00
51.00	SUPPORT SURFACES	0	**0**	0	**0**		51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	**0**	0	**0**		52.00
52.01	OTHER ANCILLARY SERVICES COST	0	**0**	0	**0**		52.01
52.02	MEDICAL SERVICES	0	**0**	0	**0**		52.02
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0	**0**	0	**0**		60.00
61.00	RURAL HEALTH CLINIC	0	**0**	0	**0**		61.00
62.00	FQHC						62.00
63.00	DIALYSIS	0	**0**	0	**0**		63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	HOME HEALTH AGENCY COST	0	**0**	0	**0**		70.00
71.00	AMBULANCE	0	**2,189**	0	**2,189**		71.00
73.00	CMHC	0	**0**	0	**0**		73.00
74.00	OTHER REIMBURSEMENT	0	**0**	0	**0**		74.00
SPECIAL PURPOSE COST CENTERS							
80.00	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	INTEREST EXPENSE						81.00
82.00	UTILIZATION REVIEW - SNF						82.00
83.00	HOSPICE	0	**0**	0	**0**		83.00
84.00	OTHER SPECIAL PURPOSE COST I	0	**0**	0	**0**		84.00
84.01	OTHER SPECIAL PURPOSE COST II	0	**0**	0	**0**		84.01

CARE ONE AT HOLMDEL	Period:	Run Date Time:	5/28/2025 2:46 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	ACTIVITES	Subtotal	Post Step-Down Adjustments	Total		
		15.00	16.00	17.00	18.00		
89.00	SUBTOTALS (sum of lines 1-84)	**4,854**	**2,908,051**	**0**	**2,908,051**		89.00
NONREIMBURSABLE COST CENTERS							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	**188**	0	**188**		90.00
91.00	BARBER AND BEAUTY SHOP	0	**13**	0	**13**		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	**0**	0	**0**		92.00
93.00	NONPAID WORKERS	0	**0**	0	**0**		93.00
94.00	PATIENTS LAUNDRY	0	**0**	0	**0**		94.00
95.00	OTHER NONREIMBURSABLE COST	0	**0**	0	**0**		95.00
98.00	Cross Foot Adjustments	0	**0**	0	**0**		98.00
99.00	Negative Cost Centers	0	**0**	0	**0**		99.00
100.00	TOTAL	**4,854**	**2,908,252**	**0**	**2,908,252**		100.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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Provider CCN: 315092	To: 12/31/2024	Version: 11.1.179.1

COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	27,267								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		27,267							2.00
3.00	EMPLOYEE BENEFITS	0	0	8,352,350						3.00
4.00	ADMINISTRATIVE & GENERAL	2,789	2,789	622,052	**-3,531,580**	14,231,817				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	500	500	121,508	**0**	865,454	23,978			5.00
6.00	LAUNDRY & LINEN SERVICE	500	500	0	**0**	250,261	500	32,190		6.00
7.00	HOUSEKEEPING	500	500	273,872	**0**	402,440	500	0	22,978	7.00
8.00	DIETARY	2,368	2,368	643,840	**0**	1,268,993	2,368	0	2,368	8.00
9.00	NURSING ADMINISTRATION	528	528	767,436	**0**	1,078,223	528	0	528	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	39,711	**0**	266,082	0	0	0	10.00
11.00	PHARMACY	0	0	0	**0**	17,410	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	49,460	**0**	55,130	0	0	0	12.00
13.00	SOCIAL SERVICE	250	250	132,583	**0**	174,983	250	0	250	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	**0**	0	0	0	0	14.00
15.00	ACTIVITES	0	0	188,233	**0**	232,229	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	19,256	19,256	4,224,936	**0**	7,083,259	19,256	32,190	19,256	30.00
31.00	NURSING FACILITY	0	0	0	**0**	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	**0**	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	**0**	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	**0**	51,789	0	0	0	40.00
41.00	LABORATORY	0	0	0	**0**	94,635	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	**5,541**	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	**0**	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	192	192	626,590	**0**	738,279	192	0	192	44.00
45.00	OCCUPATIONAL THERAPY	192	192	576,858	**0**	665,804	192	0	192	45.00
46.00	SPEECH PATHOLOGY	192	192	85,271	**0**	116,271	192	0	192	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	**0**	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	**0**	323	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	**0**	755,927	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	**0**	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	**0**	0	0	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0	**0**	0	0	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0	**0**	0	0	0	0	52.01
52.02	MEDICAL SERVICES	0	0	0	**0**	0	0	0	0	52.02
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	**0**	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	**0**	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	DIALYSIS	0	0	0	**0**	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	**0**	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	**0**	104,714	0	0	0	71.00
73.00	CMHC	0	0	0	**0**	0	0	0	0	73.00
74.00	OTHER REIMBURSEMENT	0	0	0	**0**	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	**0**	0	0	0	0	83.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
84.00	OTHER SPECIAL PURPOSE COST I	0	0	0	**0**	0	0	0	0	84.00
84.01	OTHER SPECIAL PURPOSE COST II	0	0	0	**0**	0	0	0	0	84.01
89.00	SUBTOTALS (sum of lines 1-84)	**27,267**	**27,267**	**8,352,350**	**-3,526,039**	**14,222,206**	**23,978**	**32,190**	**22,978**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	**0**	9,011	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	**0**	600	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	**0**	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	**0**	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	**0**	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	**0**	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,723,682	184,570	991,338		3,531,580	1,080,214	334,888	524,829	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	99.889317	6.768988	0.118690		0.248147	45.050213	10.403479	22.840500	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		297,470	71,419	60,049	63,230	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.020902	2.978522	1.865455	2.751763	105.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	ACTIVITES (PATIENT DAYS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	96,570								8.00
9.00	NURSING ADMINISTRATION	0	32,190							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	32,190						10.00
11.00	PHARMACY	0	0	0	32,190					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	32,190				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	32,190			13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0		14.00
15.00	ACTIVITES	0	0	0	0	0	0	0	32,190	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	96,570	32,190	32,190	32,190	32,190	32,190	0	32,190	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0	0	0	0	0	0	52.01
52.02	MEDICAL SERVICES	0	0	0	0	0	0	0	0	52.02
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC		0	0		0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	DIALYSIS	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSEMENT	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	ACTIVITES (PATIENT DAYS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
84.00	OTHER SPECIAL PURPOSE COST I	0	0	0	0	0	0	0	0	84.00
84.01	OTHER SPECIAL PURPOSE COST II	0	0	0	0	0	0	0	0	84.01
89.00	SUBTOTALS (sum of lines 1-84)	**96,570**	**32,190**	**32,190**	**32,190**	**32,190**	**32,190**	**0**	**32,190**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,744,655	1,381,628	332,109	21,730	68,810	235,378	0	289,856	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	18.066221	42.921031	10.317148	0.675054	2.137620	7.312147	0.000000	9.004536	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	292,660	81,879	5,562	364	1,152	31,754	0	4,854	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	3.030548	2.543616	0.172787	0.011308	0.035788	0.986455	0.000000	0.150792	105.00

CARE ONE AT HOLMDEL	Period:	Run Date Time:	5/28/2025 2:46 pm
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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS **Worksheet C**

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	64,640	129,473	0.499255	40.00
41.00	LABORATORY	118,118	236,588	0.499256	41.00
42.00	INTRAVENOUS THERAPY	0	181,463	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	PHYSICAL THERAPY	934,516	2,574,454	0.362996	44.00
45.00	OCCUPATIONAL THERAPY	844,056	2,716,519	0.310712	45.00
46.00	SPEECH PATHOLOGY	158,158	421,569	0.375165	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	403	807	0.499380	48.00
49.00	DRUGS CHARGED TO PATIENTS	943,508	2,054,148	0.459318	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0.000000	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0.000000	52.01
52.02	MEDICAL SERVICES	0	0	0.000000	52.02
OUTPATIENT SERVICE COST CENTERS					
60.00	CLINIC	0	0	0.000000	60.00
61.00	RURAL HEALTH CLINIC				61.00
62.00	FQHC				62.00
63.00	DIALYSIS	0	0	0.000000	63.00
71.00	AMBULANCE	130,698	261,785	0.499257	71.00
100.00	Total	**3,194,097**	**8,576,806**		100.00

CARE ONE AT HOLMDEL	Period:	Run Date Time:	5/28/2025 2:46 pm
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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Part I

Title XVIII | Skilled Nursing Facility | PPS

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

			Health Care Program Charges		Health Care Program Cost		
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0.499255	36,736	0	18,341	0	40.00
41.00	LABORATORY	0.499256	15,289	0	7,633	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	53,671	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.362996	1,549,872	0	562,597	0	44.00
45.00	OCCUPATIONAL THERAPY	0.310712	1,657,787	0	515,094	0	45.00
46.00	SPEECH PATHOLOGY	0.375165	263,457	0	98,840	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.499380	807	0	403	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0.459318	121,996	0	56,035	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0.000000	0	0	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0.000000	0	0	0	0	52.01
52.02	MEDICAL SERVICES	0.000000	0	0	0	0	52.02
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0.000000	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC						61.00
62.00	FQHC						62.00
63.00	DIALYSIS	0.000000	0	0	0	0	63.00
71.00	AMBULANCE (2)	0.499257		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		**3,699,615**	**0**	**1,258,943**	**0**	100.00

(1) For titles 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.

CARE ONE AT HOLMDEL	Period:	Run Date Time: 5/28/2025 2:46 pm
	From: 01/01/2024	MCRIF32 **2540-10**
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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Parts II-III

Title XVIII | Skilled Nursing Facility | PPS

PART II - APPORTIONMENT OF VACCINE COST

		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	0.459318	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH

	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	64,640	0	0.000000	18,341	0	40.00
41.00	LABORATORY	118,118	0	0.000000	7,633	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	934,516	0	0.000000	562,597	0	44.00
45.00	OCCUPATIONAL THERAPY	844,056	0	0.000000	515,094	0	45.00
46.00	SPEECH PATHOLOGY	158,158	0	0.000000	98,840	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	403	0	0.000000	403	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	943,508	0	0.000000	56,035	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0.000000	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0.000000	0	0	52.01
52.02	MEDICAL SERVICES	0	0	0.000000	0	0	52.02
100.00	Total (Sum of lines 40 - 52)	**3,063,399**	**0**		**1,258,943**	**0**	100.00

CARE ONE AT HOLMDEL	Period:	Run Date Time:	5/28/2025 2:46 pm
	From: 01/01/2024	MCRIF32	**2540-10**
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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I

Title XVIII | Skilled Nursing Facility | PPS

PART I CALCULATION OF INPATIENT ROUTINE COSTS			
		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	32,190	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	12,632	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	**14,557,304**	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	16,456,976	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.884567	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	18,625,860	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	578.62	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	14,557,304	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	452.23	16.00
17.00	Program routine service cost (Line 3 times line 16)	5,712,569	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	**5,712,569**	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	2,790,479	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	86.69	21.00
22.00	Program capital related cost (Line 3 times line 21)	1,095,068	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	4,617,501	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	**4,617,501**	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
		1.00	
1.00	Total SNF inpatient days	32,190	1.00
2.00	Program inpatient days (see instructions)	12,632	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)	0.392420	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E
Part I

Title XVIII Skilled Nursing Facility PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	10,157,728	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	**10,157,728**	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	1,518,492	5.00
6.00	Allowable bad debts (From your records)	400,526	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	148,729	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	260,342	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)	**8,899,578**	11.00
12.00	Interim payments (See instructions)	8,249,670	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	484,985	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	5,207	14.75
14.99	Sequestration amount (see instructions)	172,785	14.99
15.00	Balance due provider/program (see Instructions)	**-13,069**	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

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

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	**0**	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	**0**	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	**0**	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

CARE ONE AT HOLMDEL Provider CCN: 315092	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:46 pm MCRIF32 **2540-10** Version: 11.1.179.1

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **Worksheet E-1**

Title XVIII Skilled Nursing Facility PPS

		Inpatient Part A		Part B		
	DESCRIPTION	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		7,981,466		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		301,419		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	05/21/2024	33,215		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		**-33,215**		**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)		**8,249,670**		**0**	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		**0**		**0**	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		13,069		0	6.02
7.00	Total Medicare program liability (see instructions)		**8,236,601**		**0**	7.00

	Contractor Name	Contractor Number	
	1.00	2.00	
8.00			8.00

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

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	26,017	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,737,437	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-452,477	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	41,324	0	0	0	8.00
9.00	Other current assets	5,876	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	**1,358,177**	**0**	**0**	**0**	11.00
FIXED ASSETS						
12.00	Land	300,000	0	0	0	12.00
13.00	Land improvements	968,642	0	0	0	13.00
14.00	Less: Accumulated depreciation	-18,624	0	0	0	14.00
15.00	Buildings	5,735,096	0	0	0	15.00
16.00	Less Accumulated depreciation	-4,208,421	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	652,445	0	0	0	19.00
20.00	Less: Accumulated depreciation	-684,564	0	0	0	20.00
21.00	Automobiles and trucks	59,967	0	0	0	21.00
22.00	Less: Accumulated depreciation	-59,967	0	0	0	22.00
23.00	Major movable equipment	2,286,928	0	0	0	23.00
24.00	Less: Accumulated depreciation	-1,891,475	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	146,942	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	**3,286,969**	**0**	**0**	**0**	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	5,733,875	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	**5,733,875**	**0**	**0**	**0**	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	**10,379,021**	**0**	**0**	**0**	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	1,525,883	0	0	0	35.00
36.00	Salaries, wages, and fees payable	301,054	0	0	0	36.00
37.00	Payroll taxes payable	522	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	5,876	0	0	0	41.00
42.00	Other current liabilities	946,675	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	**2,780,010**	**0**	**0**	**0**	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	27,528,827	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	-56,047,904	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	**-28,519,077**	**0**	**0**	**0**	50.00

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	**-25,739,067**	**0**	**0**	**0**	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	36,118,088				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	**36,118,088**	**0**	**0**	**0**	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	**10,379,021**	**0**	**0**	**0**	60.00

( ) = contra amount

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STATEMENT OF CHANGES IN FUND BALANCES **Worksheet G-1**

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		35,753,214		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-402,637							2.00
3.00	Total (sum of line 1 and line 2)		**35,350,577**		**0**		**0**		**0**	3.00
4.00	Additions (credit adjustments)									4.00
5.00	ADJ	767,511		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		**767,511**		**0**		**0**		**0**	10.00
11.00	Subtotal (line 3 plus line 10)		**36,118,088**		**0**		**0**		**0**	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		**0**		**0**		**0**		**0**	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		**36,118,088**		**0**		**0**		**0**	19.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	16,456,976		**16,456,976**	1.00
2.00	NURSING FACILITY	0		**0**	2.00
3.00	ICF/IID	0		**0**	3.00
4.00	OTHER LONG TERM CARE	0		**0**	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	**16,456,976**		**16,456,976**	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	8,576,806	0	**8,576,806**	6.00
7.00	CLINIC		0	**0**	7.00
8.00	HOME HEALTH AGENCY COST		0	**0**	8.00
9.00	AMBULANCE		0	**0**	9.00
10.00	RURAL HEALTH CLINIC		0	**0**	10.00
10.10	FQHC		0	**0**	10.10
11.00	CMHC		0	**0**	11.00
12.00	HOSPICE	0	0	**0**	12.00
13.00	OTHER (SPECIFY)	0	0	**0**	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	**25,033,782**	**0**	**25,033,782**	14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		**17,807,752**	1.00
2.00	Add (Specify)	0		2.00
3.00		0		3.00
4.00		0		4.00
5.00		0		5.00
6.00		0		6.00
7.00		0		7.00
8.00	Total Additions (Sum of lines 2 - 7)		**0**	8.00
9.00	Deduct (Specify)	0		9.00
10.00		0		10.00
11.00		0		11.00
12.00		0		12.00
13.00		0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)		**0**	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		**17,807,752**	15.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES **Worksheet G-3**

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	25,033,782	1.00
2.00	Less: contractual allowances and discounts on patients accounts	7,653,963	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,379,819	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	17,807,752	4.00
5.00	Net income from service to patients (Line 3 minus 4)	**-427,933**	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,510	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	620	13.00
14.00	Revenue from meals sold to employees and guests	1,225	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REV	20,521	24.00
24.01		0	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	**25,876**	25.00
26.00	Total (Line 5 plus line 25)	**-402,057**	26.00
27.00	RESIDENT PERSONAL ITEMS	580	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	**580**	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	**-402,637**	31.00