

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 MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

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. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report.		
	3.01. <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only:	4. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Contractor No.: _____	
	5. Date Received: _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN	
		8. <input type="checkbox"/> 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. <input type="checkbox"/> 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 MOORESTOWN, 315482 {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	<i>David Baruch</i>	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	5,496	0	0
2.00	NURSING FACILITY	0			0
3.00	ICF/IID				0
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	5,496	0	0

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


According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated 202 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

CARE ONE AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:05 pm	
Provider CCN: 315482		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.1	

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

Worksheet S-2
Part I
PPS


Skilled Nursing Facility and Skilled Nursing Facility Complex Address:												
1.00	Street:	895 WESTFIELD AVENUE	P.O. Box:						1.00			
2.00	City:	MOORESTOWN	State:	NJ	ZIP Code:	08057			2.00			
3.00	County:	BURLINGTON	CBSA Code:	15804	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 MOORESTOWN		315482	09/11/2003	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								0	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								0	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 IDENTIFICATION 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:	45,360	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	45.00
46.00	Street:	173 BRIDGE PLAZA NORTH	P.O. Box:		46.00
47.00	City:	FORT LEE	State:	NJ	47.00
			ZIP Code:	07024	

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Provider CCN: 315482			

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 Facilities							
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 audited in column 3. (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
		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

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5/28/2025 3:05 pm

2540-10

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	65	23,790	0	12,291	0	7,924	20,215	0	440	0	428	868	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	54	19,764				12,865	12,865				41	41	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)	119	43,554	0	12,291	0	20,789	33,080	0	440	0	469	909	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	27.93	0.00	23.29	0	441	0	425	866	97.99	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				313.78				25	25	24.83	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	27.93	0.00	36.39	0	441	0	450	891	122.82	0.00		8.00

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Version:

5/28/2025 3:05 pm

2540-10

11.1.179.1



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)	8,147,185	0	8,147,185	255,458.00	31.89	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)	8,147,185	0	8,147,185	255,458.00	31.89	6.00
7.00	Other Long Term Care	0	1,500,948	1,500,948	51,639.00	29.07	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	1,500,948	1,500,948	51,639.00	29.07	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,147,185	-1,500,948	6,646,237	203,819.00	32.61	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	25,242	0	25,242	368.00	68.59	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)	1,034,271	0	1,034,271			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	190,543	0	190,543			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)	843,728	0	843,728			22.00

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5/28/2025 3:05 pm

2540-10

11.1.179.1



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	692,385	0	692,385	14,711.00	47.07	2.00
3.00	Plant Operation, Maintenance & Repairs	79,162	0	79,162	3,273.00	24.19	3.00
4.00	Laundry & Linen Service	70,433	0	70,433	4,199.00	16.77	4.00
5.00	Housekeeping	300,778	0	300,778	14,232.00	21.13	5.00
6.00	Dietary	636,204	0	636,204	29,003.00	21.94	6.00
7.00	Nursing Administration	586,685	0	586,685	12,005.00	48.87	7.00
8.00	Central Services and Supply	11,558	0	11,558	475.00	24.33	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	63,796	0	63,796	2,081.00	30.66	10.00
11.00	Social Service	102,837	0	102,837	3,009.00	34.18	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	113,846	0	113,846	6,312.00	18.04	13.00
14.00	Total (sum lines 1 thru 13)	2,657,684	0	2,657,684	89,300.00	29.76	14.00

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5/28/2025 3:05 pm

2540-10

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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	38,287	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)	217,585	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)	1,283	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	64,419	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	589,946	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	117,751	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	5,000	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,034,271	24.00

	Amount Reported	
	1.00	

Part B - Other than Core Related Cost

25.00	OTHER WAGE RELATED COST	0	25.00
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CARE ONE AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:05 pm
Provider CCN: 315482		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



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)	630,264	83,463	713,727	14,254.00	50.07	1.00
2.00	Licensed Practical Nurses (LPNs)	710,020	94,025	804,045	21,092.00	38.12	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,006,680	133,310	1,139,990	44,221.00	25.78	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,346,964	310,798	2,657,762	79,567.00	33.40	4.00
5.00	Physical Therapists	725,819	96,117	821,936	15,692.00	52.38	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	671,243	88,890	760,133	14,014.00	54.24	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	244,527	32,382	276,909	5,244.00	52.80	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)	4,042		4,042	45.00	89.82	14.00
15.00	Licensed Practical Nurses (LPNs)	6,460		6,460	87.00	74.25	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	560		560	11.00	50.91	16.00
17.00	Total Nursing (sum of lines 14 through 16)	11,062		11,062	143.00	77.36	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	8,800		8,800	117.00	75.21	24.00
25.00	Respiratory Therapists	5,380		5,380	108.00	49.81	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:05 pm

2540-10

11.1.179.1



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

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:05 pm

2540-10

11.1.179.1



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
		1.00	2.00
			Y/N
			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 MOORESTOWN		Period:	Run Date Time:
Provider CCN: 315482		From: 01/01/2024	5/28/2025 3:05 pm
		To: 12/31/2024	MCRIF32 2540-10
			Version: 11.1.179.1




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		2,026,252	2,026,252	0	2,026,252	-1,271,545	754,707	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		24,359	24,359	0	24,359	0	24,359	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,078,895	1,078,895	0	1,078,895	0	1,078,895	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	692,385	1,963,862	2,656,247	0	2,656,247	203,441	2,859,688	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	79,162	473,711	552,873	0	552,873	0	552,873	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	70,433	56,150	126,583	0	126,583	-136	126,447	6.00
7.00	00700	HOUSEKEEPING	300,778	42,398	343,176	0	343,176	0	343,176	7.00
8.00	00800	DIETARY	636,204	304,170	940,374	0	940,374	0	940,374	8.00
9.00	00900	NURSING ADMINISTRATION	586,685	108,792	695,477	0	695,477	-1,906	693,571	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	11,558	181,263	192,821	0	192,821	0	192,821	10.00
11.00	01100	PHARMACY	0	7,723	7,723	0	7,723	-618	7,105	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	63,796	-30	63,766	0	63,766	0	63,766	12.00
13.00	01300	SOCIAL SERVICE	102,837	0	102,837	0	102,837	0	102,837	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	14.00
15.00	01500	ACTIVITIES	113,846	10,234	124,080	0	124,080	0	124,080	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	3,847,912	55,133	3,903,045	-1,500,948	2,402,097	-8,890	2,393,207	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	1,500,948	1,500,948	0	1,500,948	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	90,920	90,920	0	90,920	0	90,920	40.00
41.00	04100	LABORATORY	0	102,302	102,302	0	102,302	0	102,302	41.00
42.00	04200	INTRAVENOUS THERAPY	0	-1,092	-1,092	0	-1,092	87	-1,005	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	725,819	23,803	749,622	0	749,622	0	749,622	44.00
45.00	04500	OCCUPATIONAL THERAPY	671,243	0	671,243	0	671,243	0	671,243	45.00
46.00	04600	SPEECH PATHOLOGY	244,527	8,800	253,327	0	253,327	0	253,327	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	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	726,414	726,414	0	726,414	-58,113	668,301	49.00
50.00	05000	DENTAL CARE - TTITLE 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	33,849	33,849	0	33,849	0	33,849	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)	8,147,185	7,317,908	15,465,093	0	15,465,093	-1,137,680	14,327,413	89.00

CARE ONE AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



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	5,560	5,560	0	5,560	0	5,560	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	18,317	18,317	0	18,317	0	18,317	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	8,147,185	7,341,785	15,488,970	0	15,488,970	-1,137,680	14,351,290	100.00

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		
E - RECLASS ALF RNS										
1.00	OTHER LONG TERM CARE	33.00	110,720	0	SKILLED NURSING FACILITY	30.00	110,720	0	1.00	
2.00	OTHER LONG TERM CARE	33.00	500,818	0	SKILLED NURSING FACILITY	30.00	500,818	0	2.00	
3.00	OTHER LONG TERM CARE	33.00	889,410	0	SKILLED NURSING FACILITY	30.00	889,410	0	3.00	
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))		1,500,948	0			1,500,948	0	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.										

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	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	0	0	0	0	0	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	0	0	0	0	0	0	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	0	0	0	0	0	0	0	9.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/28/2025 3:05 pm
MCRIF32
Version: 2540-10
11.1.179.1

ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS


	Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line No.
				3.00	4.00
1.00	Investment income on restricted funds (chapter 2)	B	-300	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		5.00
6.00	Television and radio service (chapter 21)		0		6.00
7.00	Parking lot (chapter 21)		0		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		9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-741,949		12.00
13.00	Laundry and linen service	B	-136	LAUNDRY & LINEN SERVICE	6.00
14.00	Revenue - Employee meals		0		14.00
15.00	Cost of meals - Guests		0		15.00
16.00	Sale of medical supplies to other than patients		0		16.00
17.00	Sale of drugs to other than patients		0		17.00
18.00	Sale of medical records and abstracts		0		18.00
19.00	Vending machines		0		19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT	2.00
25.00	FACILITY MARKETING	A	-10,173	ADMINISTRATIVE & GENERAL	4.00
25.01	REFERAL FEES	A	-104,279	ADMINISTRATIVE & GENERAL	4.00
25.02	MARKETING EXPENSE	A	-8,305	ADMINISTRATIVE & GENERAL	4.00
25.03	MARKETING CORP EXPENSE	A	1,846	ADMINISTRATIVE & GENERAL	4.00
25.04	MARKETING - MEALS	A	-4,515	ADMINISTRATIVE & GENERAL	4.00
25.05	BAD DEBT EXPENSE	A	-174,990	ADMINISTRATIVE & GENERAL	4.00
25.06	BAD DEBT EXPENSE - MEDICARE	A	-36,314	ADMINISTRATIVE & GENERAL	4.00
25.07	OTHER MEDICAL SERVICES EXPENSE	A	-8,890	SKILLED NURSING FACILITY	30.00
25.08	RESIDENT PERSONAL ITEMS	B	-14	ADMINISTRATIVE & GENERAL	4.00
25.09	MAINTENANCE FEE INCOME	B	-20,271	CAP REL COSTS - BLDGS & FIXTURES	1.00
25.10	OTHER REVENUE	B	-29,390	ADMINISTRATIVE & GENERAL	4.00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,137,680		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 MOORESTOWN	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 3:05 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315482			

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND
HOME OFFICE COSTSWorksheet 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	1.00	CAP REL COSTS - BLDGS & FIXTURES	RENT - RELATED PARTY	505,086	1,756,060	-1,250,974	1.00
2.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1,429,046	859,471	569,575	2.00
3.00	9.00	NURSING ADMINISTRATION	PHARMACY CONSULTANT	21,921	23,827	-1,906	3.00
4.00	10.00	CENTRAL SERVICES & SUPPLY	WOUND CARE EXPENSE	43,156	43,156	0	4.00
5.00	11.00	PHARMACY	DRUGS-NON-PRESCRIPTION, NON-LEGEND	6,676	7,257	-581	5.00
6.00	11.00	PHARMACY	PHARMACY SUPPLIES	429	466	-37	6.00
7.00	42.00	INTRAVENOUS THERAPY	IV EXPENSE	-1,005	-1,092	87	7.00
8.00	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, LEGEND DRUGS OTH	25,534	27,754	-2,220	8.00
9.00	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, LEGEND DRUGS MAN	252,807	274,790	-21,983	9.00
9.01	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, MEDICARE A	389,960	423,870	-33,910	9.01
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.			2,673,610	3,415,559	-741,949	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.

	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	CARE ONE	100.00	895 WESTFIELD AVE RE	100.00	REALTY COMPANY	1.00
2.00	A	CARE ONE	100.00	HEALTHBRIDGE MANAGEMENT	100.00	HOME OFFICE	2.00
3.00	A	CARE ONE	100.00	PARTNERS PHARMACY	64.87	PHARMACY	3.00
4.00	A	CARE ONE	100.00	TOTAL CARE LLC	100.00	WOUND CARE	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 MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

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	754,707	754,707							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	24,359		24,359						2.00
3.00	EMPLOYEE BENEFITS	1,078,895	0	0	1,078,895					3.00
4.00	ADMINISTRATIVE & GENERAL	2,859,688	56,107	1,811	91,689	3,009,295	3,009,295			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	552,873	64,027	2,067	10,483	629,450	166,993	796,443		5.00
6.00	LAUNDRY & LINEN SERVICE	126,447	30,829	995	9,327	167,598	44,464	38,693	250,755	6.00
7.00	HOUSEKEEPING	343,176	0	0	39,831	383,007	101,612	0	0	7.00
8.00	DIETARY	940,374	34,576	1,116	84,249	1,060,315	281,302	43,396	0	8.00
9.00	NURSING ADMINISTRATION	693,571	28,266	912	77,692	800,441	212,357	35,476	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	192,821	4,030	130	1,531	198,512	52,665	5,058	0	10.00
11.00	PHARMACY	7,105	0	0	0	7,105	1,885	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	63,766	0	0	8,448	72,214	19,158	0	0	12.00
13.00	SOCIAL SERVICE	102,837	1,909	62	13,618	118,426	31,418	2,396	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	124,080	0	0	15,076	139,156	36,918	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	2,393,207	317,480	10,245	310,801	3,031,733	804,317	398,466	153,235	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	1,500,948	178,574	5,764	198,763	1,884,049	499,838	224,126	97,520	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	90,920	0	0	0	90,920	24,121	0	0	40.00
41.00	LABORATORY	102,302	1,715	55	0	104,072	27,610	2,152	0	41.00
42.00	INTRAVENOUS THERAPY	-1,005	0	0	0	-1,005	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	749,622	11,826	382	96,117	857,947	227,613	14,843	0	44.00
45.00	OCCUPATIONAL THERAPY	671,243	10,430	337	88,889	770,899	204,520	13,090	0	45.00
46.00	SPEECH PATHOLOGY	253,327	8,291	268	32,381	294,267	78,069	10,405	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	668,301	0	0	0	668,301	177,300	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	33,849	0	0	0	33,849	8,980	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 MOORESTOWN

Period:

Run Date Time: 5/28/2025 3:05 pm



Provider CCN: 315482

From: 01/01/2024

MCRIF32

2540-10

To: 12/31/2024

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	ADMINISTRA TIVE & 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)	14,327,413	748,060	24,144	1,078,895	14,320,551	3,001,140	788,101	250,755	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	5,560	0	0	0	5,560	1,475	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	18,317	6,647	215	0	25,179	6,680	8,342	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	14,351,290	754,707	24,359	1,078,895	14,351,290	3,009,295	796,443	250,755	100.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

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	
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	484,619								7.00
8.00	DIETARY	27,754	1,412,767							8.00
9.00	NURSING ADMINISTRATION	22,689	0	1,070,963						9.00
10.00	CENTRAL SERVICES & SUPPLY	3,235	0	0	259,470					10.00
11.00	PHARMACY	0	0	0	0	8,990				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	91,372			12.00
13.00	SOCIAL SERVICE	1,532	0	0	0	0	0	153,772		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	254,838	863,334	654,459	158,561	5,494	55,837	93,969	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	143,340	549,433	416,504	100,909	3,496	35,535	59,803	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	1,376	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	9,493	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	8,372	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	6,655	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 MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	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)	479,284	1,412,767	1,070,963	259,470	8,990	91,372	153,772	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	5,335	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	484,619	1,412,767	1,070,963	259,470	8,990	91,372	153,772	0	100.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

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		
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	176,074					15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	107,598	6,581,841	0	6,581,841		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	68,476	4,083,029	0	4,083,029		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	115,041	0	115,041		40.00
41.00	LABORATORY	0	135,210	0	135,210		41.00
42.00	INTRAVENOUS THERAPY	0	-1,005	0	-1,005		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	1,109,896	0	1,109,896		44.00
45.00	OCCUPATIONAL THERAPY	0	996,881	0	996,881		45.00
46.00	SPEECH PATHOLOGY	0	389,396	0	389,396		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	845,601	0	845,601		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	42,829	0	42,829		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)	176,074	14,298,719	0	14,298,719		89.00

CARE ONE AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10
	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	7,035	0	7,035		90.00
91.00	BARBER AND BEAUTY SHOP	0	45,536	0	45,536		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	176,074	14,351,290	0	14,351,290		100.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

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	ADMINISTRA TIVE & 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	56,107	1,811	57,918	0	57,918			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	64,027	2,067	66,094	0	3,214	69,308		5.00
6.00	LAUNDRY & LINEN SERVICE	0	30,829	995	31,824	0	856	3,367	36,047	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	1,956	0	0	7.00
8.00	DIETARY	0	34,576	1,116	35,692	0	5,414	3,776	0	8.00
9.00	NURSING ADMINISTRATION	0	28,266	912	29,178	0	4,087	3,087	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	4,030	130	4,160	0	1,014	440	0	10.00
11.00	PHARMACY	0	0	0	0	0	36	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	369	0	0	12.00
13.00	SOCIAL SERVICE	0	1,909	62	1,971	0	605	209	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	0	0	0	0	711	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	317,480	10,245	327,725	0	15,479	34,676	22,028	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	178,574	5,764	184,338	0	9,620	19,504	14,019	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	464	0	0	40.00
41.00	LABORATORY	0	1,715	55	1,770	0	531	187	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	11,826	382	12,208	0	4,381	1,292	0	44.00
45.00	OCCUPATIONAL THERAPY	0	10,430	337	10,767	0	3,936	1,139	0	45.00
46.00	SPEECH PATHOLOGY	0	8,291	268	8,559	0	1,503	905	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	3,412	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	173	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 MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:05 pm

2540-10

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	ADMINISTRA TIVE & 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	748,060	24,144	772,204	0	57,761	68,582	36,047	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	28	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	6,647	215	6,862	0	129	726	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	754,707	24,359	779,066	0	57,918	69,308	36,047	100.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

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	
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	1,956								7.00
8.00	DIETARY	112	44,994							8.00
9.00	NURSING ADMINISTRATION	92	0	36,444						9.00
10.00	CENTRAL SERVICES & SUPPLY	13	0	0	5,627					10.00
11.00	PHARMACY	0	0	0	0	36				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	369			12.00
13.00	SOCIAL SERVICE	6	0	0	0	0	0	2,791		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	1,027	27,496	22,271	3,439	22	225	1,706	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	579	17,498	14,173	2,188	14	144	1,085	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	6	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	38	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	34	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	27	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 MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	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)	1,934	44,994	36,444	5,627	36	369	2,791	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	22	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	1,956	44,994	36,444	5,627	36	369	2,791	0	100.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

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	711					15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	434	456,528	0	456,528		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	277	263,439	0	263,439		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	464	0	464		40.00
41.00	LABORATORY	0	2,494	0	2,494		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	17,919	0	17,919		44.00
45.00	OCCUPATIONAL THERAPY	0	15,876	0	15,876		45.00
46.00	SPEECH PATHOLOGY	0	10,994	0	10,994		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	3,412	0	3,412		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	173	0	173		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

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)	711	771,299	0	771,299		89.00
NONREIMBURSABLE COST CENTERS							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	28	0	28		90.00
91.00	BARBER AND BEAUTY SHOP	0	7,739	0	7,739		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	711	779,066	0	779,066		100.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

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	42,694								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		42,694							2.00
3.00	EMPLOYEE BENEFITS	0	0	8,147,185						3.00
4.00	ADMINISTRATIVE & GENERAL	3,174	3,174	692,385	-3,009,295	11,343,000				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	3,622	3,622	79,162	0	629,450	35,898			5.00
6.00	LAUNDRY & LINEN SERVICE	1,744	1,744	70,433	0	167,598	1,744	33,080		6.00
7.00	HOUSEKEEPING	0	0	300,778	0	383,007	0	0	34,154	7.00
8.00	DIETARY	1,956	1,956	636,204	0	1,060,315	1,956	0	1,956	8.00
9.00	NURSING ADMINISTRATION	1,599	1,599	586,685	0	800,441	1,599	0	1,599	9.00
10.00	CENTRAL SERVICES & SUPPLY	228	228	11,558	0	198,512	228	0	228	10.00
11.00	PHARMACY	0	0	0	0	7,105	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	63,796	0	72,214	0	0	0	12.00
13.00	SOCIAL SERVICE	108	108	102,837	0	118,426	108	0	108	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	0	113,846	0	139,156	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	17,960	17,960	2,346,964	0	3,031,733	17,960	20,215	17,960	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	10,102	10,102	1,500,948	0	1,884,049	10,102	12,865	10,102	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	90,920	0	0	0	40.00
41.00	LABORATORY	97	97	0	0	104,072	97	0	97	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	1,005	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	669	669	725,819	0	857,947	669	0	669	44.00
45.00	OCCUPATIONAL THERAPY	590	590	671,243	0	770,899	590	0	590	45.00
46.00	SPEECH PATHOLOGY	469	469	244,527	0	294,267	469	0	469	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	668,301	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	33,849	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 MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10
	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	
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)	42,318	42,318	8,147,185	-3,008,290	11,312,261	35,522	33,080	33,778	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	5,560	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	376	376	0	0	25,179	376	0	376	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)	754,707	24,359	1,078,895		3,009,295	796,443	250,755	484,619	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	17.677121	0.570549	0.132425		0.265300	22.186278	7.580260	14.189231	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		57,918	69,308	36,047	1,956	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.005106	1.930693	1.089692	0.057270	105.00

CARE ONE AT MOORESTOWN		Period:	Run Date Time:
Provider CCN: 315482		From: 01/01/2024	5/28/2025 3:05 pm
		To: 12/31/2024	MCRIF32 Version: 11.1.179.1



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRA TION (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)	ACTIVITIES (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	99,240								8.00
9.00	NURSING ADMINISTRATION	0	33,080							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	33,080						10.00
11.00	PHARMACY	0	0	0	33,080					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	33,080				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	33,080			13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0		14.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	33,080	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	60,645	20,215	20,215	20,215	20,215	20,215	0	20,215	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	38,595	12,865	12,865	12,865	12,865	12,865	0	12,865	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 MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

Version: 11.1.179.1




COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRA TION (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)	ACTIVITIES (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)	99,240	33,080	33,080	33,080	33,080	33,080	0	33,080	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)	1,412,767	1,070,963	259,470	8,990	91,372	153,772	0	176,074	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	14.235863	32.374940	7.843712	0.271765	2.762152	4.648489	0.000000	5.322672	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	44,994	36,444	5,627	36	369	2,791	0	711	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.453386	1.101693	0.170103	0.001088	0.011155	0.084371	0.000000	0.021493	105.00

CARE ONE AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm	
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

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	115,041	227,300	0.506120	40.00
41.00	LABORATORY	135,210	255,755	0.528670	41.00
42.00	INTRAVENOUS THERAPY	0	213,276	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	PHYSICAL THERAPY	1,109,896	2,692,631	0.412198	44.00
45.00	OCCUPATIONAL THERAPY	996,881	2,674,404	0.372749	45.00
46.00	SPEECH PATHOLOGY	389,396	1,132,947	0.343702	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	845,601	1,816,035	0.465630	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	42,829	84,622	0.506121	71.00
100.00	Total	3,634,854	9,096,970		100.00

CARE ONE AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:05 pm
Provider CCN: 315482		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



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	0.506120	52,562	0	26,603	0	40.00
41.00	LABORATORY	0.528670	31,259	0	16,526	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	40,678	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.412198	1,576,395	0	649,787	0	44.00
45.00	OCCUPATIONAL THERAPY	0.372749	1,548,604	0	577,241	0	45.00
46.00	SPEECH PATHOLOGY	0.343702	667,395	0	229,385	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0.465630	92,621	0	43,127	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)	0.506121		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		4,009,514	0	1,542,669	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 MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm	
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

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)	0.465630	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	115,041	0	0.000000	26,603	0	40.00
41.00	LABORATORY	135,210	0	0.000000	16,526	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	1,109,896	0	0.000000	649,787	0	44.00
45.00	OCCUPATIONAL THERAPY	996,881	0	0.000000	577,241	0	45.00
46.00	SPEECH PATHOLOGY	389,396	0	0.000000	229,385	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	845,601	0	0.000000	43,127	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)	3,592,025	0		1,542,669	0	100.00

CARE ONE AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm	
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

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		20,215	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		12,291	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		6,581,841	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		17,609,573	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.373765	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		6,581,841	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		325.59	16.00
17.00	Program routine service cost (Line 3 times line 16)		4,001,827	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)		4,001,827	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)		456,528	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		22.58	21.00
22.00	Program capital related cost (Line 3 times line 21)		277,531	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		3,724,296	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)		3,724,296	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		20,215	1.00
2.00	Program inpatient days (see instructions)		12,291	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)		0.608014	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

CARE ONE AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm	
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

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)	9,179,753	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)	9,179,753	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	1,479,816	5.00
6.00	Allowable bad debts (From your records)	98,146	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	63,795	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)	7,763,732	11.00
12.00	Interim payments (See instructions)	7,554,069	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	48,892	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	1,276	14.75
14.99	Sequestration amount (see instructions)	153,999	14.99
15.00	Balance due provider/program (see Instructions)	5,496	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 MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm	
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

		Title XVIII		Skilled Nursing Facility		PPS
	DESCRIPTION	Inpatient Part A mm/dd/yyyy	Amount	Part B mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		7,497,046		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		30,366		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	05/21/2024	26,657		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		26,657		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)		7,554,069		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		5,496		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,559,565		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.

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:05 pm

2540-10

11.1.179.1




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	46,763	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	1,816,476	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	-231,579	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	45,054	0	0	0	8.00
9.00	Other current assets	13,000	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)	1,689,714	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Less: Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	0	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	-2,475	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-2,475	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	1,687,239	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	1,039,278	0	0	0	35.00
36.00	Salaries, wages, and fees payable	246,420	0	0	0	36.00
37.00	Payroll taxes payable	-46,081	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	0	0	0	0	41.00
42.00	Other current liabilities	1,365,399	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,605,016	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	-27,643,965	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)	-27,643,965	0	0	0	50.00

CARE ONE AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



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)	-25,038,949	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	26,726,188				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)	26,726,188	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1,687,239	0	0	0	60.00
() = contra amount						

CARE ONE AT MOORESTOWN

Provider CCN: 315482

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:05 pm

MCRIF32

Version: 11.1.179.1




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		24,029,669		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		1,700,743							2.00
3.00	Total (sum of line 1 and line 2)		25,730,412		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00	ADJ	995,776		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)		995,776		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		26,726,188		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)		26,726,188		0		0		0	19.00

CARE ONE AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:05 pm	
Provider CCN: 315482	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

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	17,609,573		17,609,573	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)	17,609,573		17,609,573	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	9,096,970	0	9,096,970	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)	26,706,543	0	26,706,543	14.00
PART II - OPERATING EXPENSES					
		1.00	2.00		
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		15,488,970		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)		15,488,970		15.00

CARE ONE AT MOORESTOWN

Provider CCN: 315482

 Period:
 From: 01/01/2024
 To: 12/31/2024

 Run Date Time: 5/28/2025 3:05 pm
 MCRIF32
 Version: 11.1.179.1
2540-10


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)	26,706,543	1.00
2.00	Less: contractual allowances and discounts on patients accounts	9,589,806	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,116,737	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	15,488,970	4.00
5.00	Net income from service to patients (Line 3 minus 4)	1,627,767	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	300	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	136	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BARBER AND BEAUTY	22,865	24.00
24.01	RESIDENT PERSONAL ITEMS	14	24.01
24.02	MAINT FEE INCOME	20,271	24.02
24.03	OTHER REV	29,390	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	72,976	25.00
26.00	Total (Line 5 plus line 25)	1,700,743	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	1,700,743	31.00