


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 WELLINGTON	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 4:01 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315152			

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARYWorksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only:	1. <input checked="" type="checkbox"/> Electronically prepared cost report 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.	Date:	Time:
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 5. Date Received: _____	6. Contractor No.: _____ 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 _____ 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 WELLINGTON, 315152 {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			
		Title V	Part A	Part B	Title XIX
		1.00	2.00	3.00	4.00
1.00	SKILLED NURSING FACILITY	0	-32,570	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	-32,570	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 WELLINGTON		Period:	Run Date Time:	5/28/2025 4:01 pm	
Provider CCN:	315152	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:	301 UNION STREET	P.O. Box:						1.00
2.00	City:	HACKENSACK	State:	NJ	ZIP Code:	07601			2.00
3.00	County:	BERGEN	CBSA Code:	35614	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:									
	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00		
4.00	SNF	CARE ONE AT WELLINGTON	315152	04/15/1974	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:	59,720	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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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 available 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

CARE ONE AT WELLINGTON

Provider CCN: 315152

Period:

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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	128	46,848	0	8,303	11,111	13,080	32,494	0	199	66	291	556	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	128	46,848	0	8,303	11,111	13,080	32,494	0	199	66	291	556	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	41.72	168.35	58.44	0	231	39	282	552	131.95	0.00	1.00	
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00	2.00	
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00	3.00	
4.00	HOME HEALTH AGENCY COST										0.00	0.00	4.00	
5.00	Other Long Term Care				0.00				0	0	0.00	0.00	5.00	
6.00	SNF-Based CMHC										0.00	0.00	6.00	
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00	7.00	
8.00	Total (Sum of lines 1-7)	0.00	41.72	168.35	58.44	0	231	39	282	552	131.95	0.00	8.00	

CARE ONE AT WELLINGTON

Provider CCN: 315152

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SNF WAGE INDEX INFORMATION

Worksheet S-3

Part II

PPS

PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALARIES							
1.00	Total salaries (See Instructions)	9,034,474	0	9,034,474	274,448.00	32.92	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)	9,034,474	0	9,034,474	274,448.00	32.92	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,034,474	0	9,034,474	274,448.00	32.92	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	18,092	0	18,092	205.00	88.25	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)	1,130,331	0	1,130,331			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,130,331	0	1,130,331			22.00

CARE ONE AT WELLINGTON

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SNF WAGE INDEX INFORMATION

Worksheet S-3

Part III

PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	703,785	0	703,785	15,214.00	46.26	2.00
3.00	Plant Operation, Maintenance & Repairs	102,545	0	102,545	4,828.00	21.24	3.00
4.00	Laundry & Linen Service	80,448	0	80,448	4,775.00	16.85	4.00
5.00	Housekeeping	363,640	0	363,640	20,129.00	18.07	5.00
6.00	Dietary	641,744	0	641,744	28,260.00	22.71	6.00
7.00	Nursing Administration	791,687	0	791,687	15,413.00	51.36	7.00
8.00	Central Services and Supply	32,910	0	32,910	1,427.00	23.06	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	77,607	0	77,607	2,280.00	34.04	10.00
11.00	Social Service	147,208	0	147,208	3,642.00	40.42	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	166,604	0	166,604	8,217.00	20.28	13.00
14.00	Total (sum lines 1 thru 13)	3,108,178	0	3,108,178	104,185.00	29.83	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS

PART IV - WAGE RELATED COSTS			
		Amount Reported	
		1.00	
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	43,508	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)	254,371	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)	1,545	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	46,265	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	654,400	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	128,359	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	1,883	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,130,331	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

CARE ONE AT WELLINGTON		Period:	Run Date Time:	5/28/2025 4:01 pm
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SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	975,030	132,741	1,107,771	19,237.00	57.59	1.00
2.00	Licensed Practical Nurses (LPNs)	1,983,703	270,063	2,253,766	48,909.00	46.08	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,705,031	232,124	1,937,155	74,013.00	26.17	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,663,764	634,928	5,298,692	142,159.00	37.27	4.00
5.00	Physical Therapists	674,444	91,819	766,263	13,583.00	56.41	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	551,033	75,018	626,051	13,684.00	45.75	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	37,055	5,045	42,100	839.00	50.18	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)	11,919		11,919	119.00	100.16	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	11,919		11,919	119.00	100.16	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	5,600		5,600	75.00	74.67	24.00
25.00	Respiratory Therapists	573		573	11.00	52.09	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

CARE ONE AT WELLINGTON

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
1.00	RUX		1.00
2.00	RUL		2.00
3.00	RVX		3.00
4.00	RVL		4.00
5.00	RHX		5.00
6.00	RHL		6.00
7.00	RMX		7.00
8.00	RML		8.00
9.00	RLX		9.00
10.00	RUC		10.00
11.00	RUB		11.00
12.00	RUA		12.00
13.00	RVC		13.00
14.00	RVB		14.00
15.00	RVA		15.00
16.00	RHC		16.00
17.00	RHB		17.00
18.00	RHA		18.00
19.00	RMC		19.00
20.00	RMB		20.00
21.00	RMA		21.00
22.00	RLB		22.00
23.00	RLA		23.00
24.00	ES3		24.00
25.00	ES2		25.00
26.00	ES1		26.00
27.00	HE2		27.00
28.00	HE1		28.00
29.00	HD2		29.00
30.00	HD1		30.00
31.00	HC2		31.00
32.00	HC1		32.00
33.00	HB2		33.00
34.00	HB1		34.00
35.00	LE2		35.00
36.00	LE1		36.00
37.00	LD2		37.00
38.00	LD1		38.00
39.00	LC2		39.00
40.00	LC1		40.00
41.00	LB2		41.00
42.00	LB1		42.00
43.00	CE2		43.00
44.00	CE1		44.00
45.00	CD2		45.00
46.00	CD1		46.00
47.00	CC2		47.00
48.00	CC1		48.00
49.00	CB2		49.00
50.00	CB1		50.00
51.00	CA2		51.00
52.00	CA1		52.00
53.00	SE3		53.00
54.00	SE2		54.00
55.00	SE1		55.00
56.00	SSC		56.00
57.00	SSB		57.00

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	To: 12/31/2024	Version:	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	Y/N
	1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)			
101.00	Staffing		101.00
102.00	Recruitment		102.00
103.00	Retention of employees		103.00
104.00	Training		104.00
105.00	OTHER (SPECIFY)		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		106.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		1,979,613	1,979,613	0	1,979,613	440,631	2,420,244	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		35,596	35,596	0	35,596	0	35,596	2.00
3.00	00300	EMPLOYEE BENEFITS	0	1,229,960	1,229,960	0	1,229,960	0	1,229,960	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	703,785	2,260,520	2,964,305	0	2,964,305	477,867	3,442,172	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	102,545	681,123	783,668	0	783,668	0	783,668	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	80,448	103,607	184,055	0	184,055	0	184,055	6.00
7.00	00700	HOUSEKEEPING	363,640	72,794	436,434	0	436,434	0	436,434	7.00
8.00	00800	DIETARY	641,744	345,048	986,792	0	986,792	0	986,792	8.00
9.00	00900	NURSING ADMINISTRATION	791,687	273,895	1,065,582	0	1,065,582	-2,658	1,062,924	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	32,910	217,173	250,083	-5,694	244,389	0	244,389	10.00
11.00	01100	PHARMACY	0	57,618	57,618	0	57,618	-4,610	53,008	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	77,607	-522	77,085	0	77,085	0	77,085	12.00
13.00	01300	SOCIAL SERVICE	147,208	0	147,208	0	147,208	0	147,208	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	14.00
15.00	01500	ACTIVITIES	166,604	5,097	171,701	0	171,701	0	171,701	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	4,663,764	91,830	4,755,594	0	4,755,594	-50,988	4,704,606	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	77,113	77,113	0	77,113	0	77,113	40.00
41.00	04100	LABORATORY	0	115,699	115,699	0	115,699	0	115,699	41.00
42.00	04200	INTRAVENOUS THERAPY	0	-4,022	-4,022	0	-4,022	322	-3,700	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	674,444	34,722	709,166	0	709,166	0	709,166	44.00
45.00	04500	OCCUPATIONAL THERAPY	551,033	0	551,033	0	551,033	0	551,033	45.00
46.00	04600	SPEECH PATHOLOGY	37,055	5,600	42,655	0	42,655	0	42,655	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	5,694	5,694	0	5,694	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	610,440	610,440	0	610,440	-48,834	561,606	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	75,033	75,033	0	75,033	0	75,033	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)	9,034,474	8,267,937	17,302,411	0	17,302,411	811,730	18,114,141	89.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries 1.00	Other 2.00	Total (col. 1 + col. 2) 3.00	Reclassifications Increase/Decrease (Fr Wkst A-6) 4.00	Reclassified Trial Balance (col. 3 +- col. 4) 5.00	Adjustments to Expenses (Fr Wkst A-8) 6.00	Net Expenses For Allocation (col. 5 +- col. 6) 7.00	
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	4,265	4,265	0	4,265	0	4,265	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	6,992	6,992	0	6,992	0	6,992	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	9,034,474	8,279,194	17,313,668	0	17,313,668	811,730	18,125,398	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

Increases					Decreases				
Cost Center	Line #	Salary	Non Salary		Cost Center	Line #	Salary	Non Salary	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - RECLASS MED SUPP CHARGED									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	0	5,694	CENTRAL SERVICES & SUPPLY	10.00	0	5,694	1.00
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))		0	5,694			0	5,694	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 WELLINGTON

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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	-366	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	1,289,554		12.00
13.00	Laundry and linen service		0		13.00
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	RESIDENT REPLACEMENT ITEMS	A	-2,604	ADMINISTRATIVE & GENERAL	4.00
25.01	MARKETING EXPENSE	A	-13,651	ADMINISTRATIVE & GENERAL	4.00
25.02	MARKETING CORP EXPENSE	A	-9,409	ADMINISTRATIVE & GENERAL	4.00
25.03	MARKETING - MEALS	A	-9,343	ADMINISTRATIVE & GENERAL	4.00
25.04	SPONSORSHIPS	A	-556	ADMINISTRATIVE & GENERAL	4.00
25.05	OTHER DONATIONS	A	-3,100	ADMINISTRATIVE & GENERAL	4.00
25.06	BAD DEBT EXPENSE	A	-226,250	ADMINISTRATIVE & GENERAL	4.00
25.07	BAD DEBT EXPENSE - MEDICARE	A	-133,930	ADMINISTRATIVE & GENERAL	4.00
25.08	OTHER MEDICAL SERVICES EXPENSE	A	-50,988	SKILLED NURSING FACILITY	30.00
25.09	RESIDENT PERSONAL ITEMS	B	-20	ADMINISTRATIVE & GENERAL	4.00
25.10	OTHER REVENUE	B	-27,607	ADMINISTRATIVE & GENERAL	4.00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		811,730		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.

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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	2,163,449	1,722,452	440,997	1.00
2.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1,732,359	828,022	904,337	2.00
3.00	9.00	NURSING ADMINISTRATION	PHARMACY CONSULTANT	30,568	33,226	-2,658	3.00
4.00	10.00	CENTRAL SERVICES & SUPPLY	WOUND CARE EXPENSE	41,381	41,381	0	4.00
5.00	11.00	PHARMACY	DRUGS-NON-PRESCRIPTION, NON-LEGEND	47,287	51,399	-4,112	5.00
6.00	11.00	PHARMACY	PHARMACY SUPPLIES	5,721	6,219	-498	6.00
7.00	42.00	INTRAVENOUS THERAPY	IV EXPENSE	-3,700	-4,022	322	7.00
8.00	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, LEGEND DRUGS OTH	66,808	72,617	-5,809	8.00
9.00	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, LEGEND DRUGS MAN	218,126	237,093	-18,967	9.00
9.01	49.00	DRUGS CHARGED TO PATIENTS	DRUGS-PRESCRIPTION, MEDICARE A	276,672	300,730	-24,058	9.01
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.			4,578,671	3,289,117	1,289,554	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	Related Organization(s) and/or Home Office			
	1.00	2.00	3.00	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	A	DANIEL STRAUS	41.00	301 UNION STREET LLC	41.00	REALTY	1.00
2.00	A	MOSHAEI STRAUS	5.00	301 UNION STREET LLC	5.00	REALTY	2.00
3.00	A	DES 2009 GST TRUST	9.00	301 UNION STREET LLC	9.00	REALTY	3.00
4.00	A	BETHIA STRAUS	2.00	301 UNION STREET LLC	2.00	REALTY	4.00
5.00	A	JOEL JAFFE FAMILY TRUST	0.00	301 UNION STREET LLC	0.00	REALTY	5.00
6.00	A	DES HOLDING CO. INC. & DES 2009 FAM	43.00	301 UNION STREET LLC	43.00	REALTY	6.00
7.00	A	DANIEL STRAUS	41.00	HEALTHBRIDGE MANAGEMENT LLC	100.00	MANAGEMENT	7.00
8.00	A	DANIEL STRAUS	41.00	TOTALCARE LLC	99.00	WOUND CARE	8.00
9.00	A	DES HOLDING CO. INC.	22.00	TOTALCARE LLC	1.00	WOUND CARE	9.00
10.00	F	PARTNERS PHARMACY SERVICES LLC	0.00	PARTNERS PHARMACY LLC	100.00	PHARMACY	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:

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	2,420,244	2,420,244							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	35,596		35,596						2.00
3.00	EMPLOYEE BENEFITS	1,229,960	0	0	1,229,960					3.00
4.00	ADMINISTRATIVE & GENERAL	3,442,172	190,581	2,803	95,814	3,731,370	3,731,370			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	783,668	73,011	1,074	13,961	871,714	225,917	1,097,631		5.00
6.00	LAUNDRY & LINEN SERVICE	184,055	52,074	766	10,952	247,847	64,233	26,503	338,583	6.00
7.00	HOUSEKEEPING	436,434	11,274	166	49,506	497,380	128,903	5,738	0	7.00
8.00	DIETARY	986,792	162,598	2,391	87,368	1,239,149	321,143	82,754	0	8.00
9.00	NURSING ADMINISTRATION	1,062,924	18,119	266	107,781	1,189,090	308,169	9,221	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	244,389	10,066	148	4,480	259,083	67,145	5,123	0	10.00
11.00	PHARMACY	53,008	10,737	158	0	63,903	16,561	5,465	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	77,085	22,011	324	10,565	109,985	28,504	11,202	0	12.00
13.00	SOCIAL SERVICE	147,208	242,924	3,573	20,041	413,746	107,228	123,636	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	171,701	0	0	22,682	194,383	50,377	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	4,704,606	1,427,946	21,002	634,928	6,788,482	1,759,328	726,757	338,583	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	77,113	0	0	0	77,113	19,985	0	0	40.00
41.00	LABORATORY	115,699	0	0	0	115,699	29,985	0	0	41.00
42.00	INTRAVENOUS THERAPY	-3,700	0	0	0	-3,700	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	709,166	128,307	1,887	91,819	931,179	241,328	65,302	0	44.00
45.00	OCCUPATIONAL THERAPY	551,033	44,693	657	75,018	671,401	174,003	22,746	0	45.00
46.00	SPEECH PATHOLOGY	42,655	3,355	49	5,045	51,104	13,244	1,708	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,694	0	0	0	5,694	1,476	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	561,606	0	0	0	561,606	145,548	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	75,033	0	0	0	75,033	19,446	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 WELLINGTON

Period:

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Provider CCN: 315152

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)	18,114,141	2,397,696	35,264	1,229,960	18,091,261	3,722,523	1,086,155	338,583	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	4,265	0	0	0	4,265	1,105	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	6,992	22,548	332	0	29,872	7,742	11,476	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	18,125,398	2,420,244	35,596	1,229,960	18,125,398	3,731,370	1,097,631	338,583	100.00

CARE ONE AT WELLINGTON

Provider CCN: 315152

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	632,021								7.00
8.00	DIETARY	49,092	1,692,138							8.00
9.00	NURSING ADMINISTRATION	5,470	0	1,511,950						9.00
10.00	CENTRAL SERVICES & SUPPLY	3,039	0	0	334,390					10.00
11.00	PHARMACY	3,242	0	0	0	89,171				11.00
12.00	MEDICAL RECORDS & LIBRARY	6,646	0	0	0	0	156,337			12.00
13.00	SOCIAL SERVICE	73,345	0	0	0	0	0	717,955		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	431,133	1,692,138	1,511,950	334,390	89,171	156,337	717,955	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	38,739	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	13,494	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	1,013	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

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
89.00	SUBTOTALS (sum of lines 1-84)	625,213	1,692,138	1,511,950	334,390	89,171	156,337	717,955	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	6,808	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	632,021	1,692,138	1,511,950	334,390	89,171	156,337	717,955	0	100.00

CARE ONE AT WELLINGTON	Period:	Run Date Time:	5/28/2025 4:01 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	ACTIVITES	Subtotal	Post Stepdown Adjustments	Total		
		15.00	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE						13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION						14.00
15.00	ACTIVITES	244,760					15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	244,760	14,790,984	0	14,790,984		30.00
31.00	NURSING FACILITY	0	0	0	0		31.00
32.00	ICF/IID	0	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	97,098	0	97,098		40.00
41.00	LABORATORY	0	145,684	0	145,684		41.00
42.00	INTRAVENOUS THERAPY	0	-3,700	0	-3,700		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	1,276,548	0	1,276,548		44.00
45.00	OCCUPATIONAL THERAPY	0	881,644	0	881,644		45.00
46.00	SPEECH PATHOLOGY	0	67,069	0	67,069		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,170	0	7,170		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	707,154	0	707,154		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	94,479	0	94,479		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)	244,760	18,064,130	0	18,064,130		89.00

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	5,370	0	5,370		90.00
91.00	BARBER AND BEAUTY SHOP	0	55,898	0	55,898		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	244,760	18,125,398	0	18,125,398		100.00

CARE ONE AT WELLINGTON

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS	0	0	0	0	0				3.00
4.00	ADMINISTRATIVE & GENERAL	0	190,581	2,803	193,384	0	193,384			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	73,011	1,074	74,085	0	11,709	85,794		5.00
6.00	LAUNDRY & LINEN SERVICE	0	52,074	766	52,840	0	3,329	2,072	58,241	6.00
7.00	HOUSEKEEPING	0	11,274	166	11,440	0	6,681	448	0	7.00
8.00	DIETARY	0	162,598	2,391	164,989	0	16,644	6,468	0	8.00
9.00	NURSING ADMINISTRATION	0	18,119	266	18,385	0	15,972	721	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	10,066	148	10,214	0	3,480	400	0	10.00
11.00	PHARMACY	0	10,737	158	10,895	0	858	427	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	22,011	324	22,335	0	1,477	876	0	12.00
13.00	SOCIAL SERVICE	0	242,924	3,573	246,497	0	5,557	9,664	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	2,611	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	1,427,946	21,002	1,448,948	0	91,179	56,806	58,241	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	1,036	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	1,554	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	128,307	1,887	130,194	0	12,508	5,104	0	44.00
45.00	OCCUPATIONAL THERAPY	0	44,693	657	45,350	0	9,018	1,778	0	45.00
46.00	SPEECH PATHOLOGY	0	3,355	49	3,404	0	686	133	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	76	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	7,543	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	1,008	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 WELLINGTON	Period:	Run Date Time:	5/28/2025 4:01 pm
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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	2,397,696	35,264	2,432,960	0	192,926	84,897	58,241	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	57	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	22,548	332	22,880	0	401	897	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments								0	98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	2,420,244	35,596	2,455,840	0	193,384	85,794	58,241	100.00

CARE ONE AT WELLINGTON

Provider CCN: 315152

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 4:01 pm

MCRIF32

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
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	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	18,569								7.00
8.00	DIETARY	1,442	189,543							8.00
9.00	NURSING ADMINISTRATION	161	0	35,239						9.00
10.00	CENTRAL SERVICES & SUPPLY	89	0	0	14,183					10.00
11.00	PHARMACY	95	0	0	0	12,275				11.00
12.00	MEDICAL RECORDS & LIBRARY	195	0	0	0	0	24,883			12.00
13.00	SOCIAL SERVICE	2,155	0	0	0	0	0	263,873		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	12,668	189,543	35,239	14,183	12,275	24,883	263,873	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,138	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	396	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	30	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 WELLINGTON	Period:	Run Date Time:	5/28/2025 4:01 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
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	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)	18,369	189,543	35,239	14,183	12,275	24,883	263,873	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	200	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	18,569	189,543	35,239	14,183	12,275	24,883	263,873	0	100.00

CARE ONE AT WELLINGTON		Period:	Run Date Time:
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	ACTIVITES	Subtotal	Post Step-Down Adjustments	Total	
		15.00	16.00	17.00	18.00	
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	2,611				15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	SKILLED NURSING FACILITY	2,611	2,210,449	0	2,210,449	30.00
31.00	NURSING FACILITY	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	0	1,036	0	1,036	40.00
41.00	LABORATORY	0	1,554	0	1,554	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	148,944	0	148,944	44.00
45.00	OCCUPATIONAL THERAPY	0	56,542	0	56,542	45.00
46.00	SPEECH PATHOLOGY	0	4,253	0	4,253	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	76	0	76	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	7,543	0	7,543	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	1,008	0	1,008	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)	2,611	2,431,405	0	2,431,405		89.00
NONREIMBURSABLE COST CENTERS							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	57	0	57		90.00
91.00	BARBER AND BEAUTY SHOP	0	24,378	0	24,378		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	2,611	2,455,840	0	2,455,840		100.00

CARE ONE AT WELLINGTON				Period:	Run Date Time:	5/28/2025 4:01 pm
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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	36,066								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		36,066							2.00
3.00	EMPLOYEE BENEFITS	0	0	9,034,474						3.00
4.00	ADMINISTRATIVE & GENERAL	2,840	2,840	703,785	-3,731,370	14,397,728				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,088	1,088	102,545	0	871,714	32,138			5.00
6.00	LAUNDRY & LINEN SERVICE	776	776	80,448	0	247,847	776	32,494		6.00
7.00	HOUSEKEEPING	168	168	363,640	0	497,380	168	0	31,194	7.00
8.00	DIETARY	2,423	2,423	641,744	0	1,239,149	2,423	0	2,423	8.00
9.00	NURSING ADMINISTRATION	270	270	791,687	0	1,189,090	270	0	270	9.00
10.00	CENTRAL SERVICES & SUPPLY	150	150	32,910	0	259,083	150	0	150	10.00
11.00	PHARMACY	160	160	0	0	63,903	160	0	160	11.00
12.00	MEDICAL RECORDS & LIBRARY	328	328	77,607	0	109,985	328	0	328	12.00
13.00	SOCIAL SERVICE	3,620	3,620	147,208	0	413,746	3,620	0	3,620	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	0	166,604	0	194,383	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	21,279	21,279	4,663,764	0	6,788,482	21,279	32,494	21,279	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	77,113	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	115,699	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	3,700	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	1,912	1,912	674,444	0	931,179	1,912	0	1,912	44.00
45.00	OCCUPATIONAL THERAPY	666	666	551,033	0	671,401	666	0	666	45.00
46.00	SPEECH PATHOLOGY	50	50	37,055	0	51,104	50	0	50	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	5,694	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	561,606	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	75,033	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 WELLINGTON		Period:	Run Date Time:	5/28/2025 4:01 pm
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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
84.00	OTHER SPECIAL PURPOSE COST I	0	0	0	0	0	0	0	0	84.00
84.01	OTHER SPECIAL PURPOSE COST II	0	0	0	0	0	0	0	0	84.01
89.00	SUBTOTALS (sum of lines 1-84)	35,730	35,730	9,034,474	-3,727,670	14,363,591	31,802	32,494	30,858	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	4,265	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	336	336	0	0	29,872	336	0	336	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,420,244	35,596	1,229,960		3,731,370	1,097,631	338,583	632,021	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	67.105972	0.986968	0.136141		0.259164	34.153681	10.419862	20.260980	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		193,384	85,794	58,241	18,569	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.013432	2.669550	1.792362	0.595275	105.00

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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	97,482								8.00
9.00	NURSING ADMINISTRATION	0	32,494							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	32,494						10.00
11.00	PHARMACY	0	0	0	32,494					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	32,494				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	32,494			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	32,494	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	97,482	32,494	32,494	32,494	32,494	32,494	0	32,494	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	COMPLEX MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	52.00
52.01	OTHER ANCILLARY SERVICES COST	0	0	0	0	0	0	0	0	52.01
52.02	MEDICAL SERVICES	0	0	0	0	0	0	0	0	52.02
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC		0	0		0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	DIALYSIS	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSEMENT	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00

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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)	97,482	32,494	32,494	32,494	32,494	32,494	0	32,494	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)	1,692,138	1,511,950	334,390	89,171	156,337	717,955	0	244,760	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	17.358466	46.530129	10.290823	2.744230	4.811257	22.095002	0.000000	7.532468	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	189,543	35,239	14,183	12,275	24,883	263,873	0	2,611	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	1.944390	1.084477	0.436481	0.377762	0.765772	8.120668	0.000000	0.080353	105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	97,098	192,782	0.503667	40.00
41.00	LABORATORY	145,684	289,248	0.503665	41.00
42.00	INTRAVENOUS THERAPY	0	154,420	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	PHYSICAL THERAPY	1,276,548	2,359,743	0.540969	44.00
45.00	OCCUPATIONAL THERAPY	881,644	2,803,439	0.314487	45.00
46.00	SPEECH PATHOLOGY	67,069	158,091	0.424243	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,170	14,235	0.503688	48.00
49.00	DRUGS CHARGED TO PATIENTS	707,154	1,526,100	0.463373	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	94,479	187,582	0.503668	71.00
100.00	Total	3,276,846	7,685,640		100.00

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I

PPS

Title XVIII


Skilled Nursing Facility

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	0.503667	38,619	0	19,451	0	40.00
41.00	LABORATORY	0.503665	18,916	0	9,527	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	23,851	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.540969	1,096,611	0	593,233	0	44.00
45.00	OCCUPATIONAL THERAPY	0.314487	1,265,380	0	397,946	0	45.00
46.00	SPEECH PATHOLOGY	0.424243	66,132	0	28,056	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.503688	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0.463373	64,432	0	29,856	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)	0.503668		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		2,573,941	0	1,078,069	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.

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

PART II - APPORTIONMENT OF VACCINE COST


		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	0.463373	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	97,098	0	0.000000	19,451	0	40.00
41.00	LABORATORY	145,684	0	0.000000	9,527	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	1,276,548	0	0.000000	593,233	0	44.00
45.00	OCCUPATIONAL THERAPY	881,644	0	0.000000	397,946	0	45.00
46.00	SPEECH PATHOLOGY	67,069	0	0.000000	28,056	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,170	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	707,154	0	0.000000	29,856	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)	3,182,367	0		1,078,069	0	100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1


Part I

Title XVIII

Skilled Nursing Facility

PPS

PART I CALCULATION OF INPATIENT ROUTINE COSTS		
		1.00
INPATIENT DAYS		
1.00	Inpatient days including private room days	32,494 1.00
2.00	Private room days	0 2.00
3.00	Inpatient days including private room days applicable to the Program	8,303 3.00
4.00	Medically necessary private room days applicable to the Program	0 4.00
5.00	Total general inpatient routine service cost	14,790,984 5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6.00	General inpatient routine service charges	15,566,611 6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.950174 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)	14,790,984 15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	455.19 16.00
17.00	Program routine service cost (Line 3 times line 16)	3,779,443 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)	3,779,443 19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	2,210,449 20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	68.03 21.00
22.00	Program capital related cost (Line 3 times line 21)	564,853 22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	3,214,590 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)	3,214,590 25.00
26.00	Enter the per diem limitation (1)	
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	
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)	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
		1.00
1.00	Total SNF inpatient days	32,494 1.00
2.00	Program inpatient days (see instructions)	8,303 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)	0.255524 4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0 5.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E

Part I

Title XVIII

Skilled Nursing Facility


PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	7,868,278	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)	7,868,278	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	1,111,188	5.00
6.00	Allowable bad debts (From your records)	363,562	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	130,260	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	236,315	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)	6,993,405	11.00
12.00	Interim payments (See instructions)	6,768,803	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	117,304	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	4,726	14.75
14.99	Sequestration amount (see instructions)	135,142	14.99
15.00	Balance due provider/program (see Instructions)	-32,570	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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,504,644		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		286,642		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	05/28/2024	22,483		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)		-22,483		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)		6,768,803		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		32,570		0	6.02
7.00	Total Medicare program liability (see instructions)		6,736,233		0	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	46,501	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	1,982,523	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	-408,047	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	34,268	0	0	0	8.00
9.00	Other current assets	30,700	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)	1,685,945	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	1,009,150	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1,009,150	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,695,095	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	1,427,656	0	0	0	35.00
36.00	Salaries, wages, and fees payable	230,733	0	0	0	36.00
37.00	Payroll taxes payable	-17,201	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	17,815	0	0	0	41.00
42.00	Other current liabilities	2,049,147	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	3,708,150	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	-37,948,128	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)	-37,948,128	0	0	0	50.00

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	-34,239,978	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	36,935,073				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	36,935,073	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,695,095	0	0	0	60.00

() = contra amount

CARE ONE AT WELLINGTON

Provider CCN: 315152

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 4:01 pm

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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		36,854,223		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-752,863							2.00
3.00	Total (sum of line 1 and line 2)		36,101,360		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00	ADJ	833,713		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)		833,713		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		36,935,073		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		36,935,073		0		0		0	19.00


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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	15,566,611		15,566,611	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)	15,566,611		15,566,611	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	7,685,640	0	7,685,640	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)	23,252,251	0	23,252,251	14.00
PART II - OPERATING EXPENSES					
		1.00	2.00		
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		17,313,668		1.00
2.00	Add (Specify)	0			2.00
3.00		0			3.00
4.00		0			4.00
5.00		0			5.00
6.00		0			6.00
7.00		0			7.00
8.00	Total Additions (Sum of lines 2 - 7)		0		8.00
9.00	Deduct (Specify)	0			9.00
10.00		0			10.00
11.00		0			11.00
12.00		0			12.00
13.00		0			13.00
14.00	Total Deductions (Sum of lines 9 - 13)		0		14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		17,313,668		15.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	23,252,251	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,726,161	2.00
3.00	Net patient revenues (Line 1 minus line 2)	16,526,090	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	17,313,668	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-787,578	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	366	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	0	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	OTHER REVENUES	27,607	24.00
24.01	BARBER AND BEAUTY	6,722	24.01
24.02	RESIDENT PERSONAL ITEMS	20	24.02
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	34,715	25.00
26.00	Total (Line 5 plus line 25)	-752,863	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)	-752,863	31.00