

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
PITMAN Provider CCN: 315427	Period: From: 07/01/2024 To: 06/30/2025 Run Date Time: 11/26/2025 8:32 am MCRIF32 2540-10 Version: 11.3.180.0



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

**Worksheet S
 Parts I, II & III**

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 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 <u>0</u> 11. Contractor Vendor Code: <u>4</u> 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 PITMAN, 315427 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 07/01/2024 and ending 06/30/2025 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	1	2		
1	<i>Robert Peterson</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 ROBERT PETERSON			2
3	Signatory Title CFO			3
4	Signature Date (Dated when report is electronically signed.)			4

PART III - SETTLEMENT SUMMARY

	Cost Center Description	Title XVIII				
		Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00	NURSING FACILITY	0				2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	0	0	0	100.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete 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.

PITMAN		Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427		From: 07/01/2024	MCRIF32	2540-10	
		To: 06/30/2025	Version:	11.3.180.0	

**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:	535 NORTH OAK AVENUE	P.O. Box:				1.00	
2.00	City:	PITMAN	State:	NJ	ZIP Code:	08071	2.00	
3.00	County:	GLOUCESTER	CBSA Code:	15804	Urban / Rural:	U	3.00	
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01


SNF and SNF-Based Component Identification:								
Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
				V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00		
4.00	SNF	PITMAN	315427	11/30/1993	N	P	O	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)	07/01/2024		06/30/2025		14.00		
15.00	Type of Control (See Instructions)	1 - Voluntary Nonprofit, Church					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?		N	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		521,970	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		521,970	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)		Y	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)		Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)		N		38.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
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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:	211,270	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.		H53010	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: UNITED METHODIST HOMES OF NJ	Contractor Name: UNITED METHODIST HOMES OF NJ	Contractor Number: 12001	45.00
46.00	Street: 3311 HIGHWAY 33	P.O. Box:		46.00
47.00	City: NEPTUNE	State: NJ	ZIP Code: 07753	47.00

PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	2540-10	
Provider CCN: 315427				

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) If no, see instructions.	Y	A	10/24/2025	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.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00	3.00	

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	2.00	

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	Part A	Part B	
			Y/N	Date	Y/N
		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	10/28/2025	N		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.	DEANDRA	FALLON	DIRECTOR	19.00
20.00	Enter the employer/company name of the cost report preparer.	BAKER TILLY ADVISORY GROUP, LP			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	570-820-0301	DEANDRA.FALLON@BAKERTILLY.COM		21.00


PITMAN		Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427		From: 07/01/2024	MCRIF32	2540-10	
		To: 06/30/2025	Version:	11.3.180.0	

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

Worksheet S-3
Part I
PPS

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					Discharges					
				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	72	26,280	0	3,531	8,942	9,411	21,884	0	112	10	50	172	1.00
2.00	NURSING FACILITY	0	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	ICF/IID	0	0	0	0	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	178	64,970				42,393	42,393				25	25	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)	250	91,250	0	3,531	8,942	51,804	64,277	0	112	10	75	197	8.00

	Component	Average Length of Stay				Admissions					Full Time Equivalent		
		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	31.53	894.20	127.23	0	138	1	38	177	43.36	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				1,695.72				47	47	35.86	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	31.53	894.20	326.28	0	138	1	85	224	79.22	0.00	8.00

PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

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)	10,188,688	0	10,188,688	332,120.00	30.68	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)	10,188,688	0	10,188,688	332,120.00	30.68	6.00
7.00	Other Long Term Care	2,314,809	0	2,314,809	74,580.00	31.04	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	38,853	0	38,853	1,937.00	20.06	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	2,353,662	0	2,353,662	76,517.00	30.76	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7,835,026	0	7,835,026	255,603.00	30.65	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	444,407	0	444,407	11,390.00	39.02	14.00
15.00	Contract Labor: Physician services-Part A	18,144	0	18,144	104.00	174.46	15.00
16.00	Home office salaries & wage related costs	866,427	0	866,427	11,582.00	74.81	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	2,323,005	0	2,323,005			17.00
18.00	Wage-related costs other (See Part IV)	3,902	0	3,902			18.00
19.00	Wage related costs (excluded units)	536,631	0	536,631			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)	1,790,276	0	1,790,276			22.00

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Provider CCN: 315427		From: 07/01/2024	MCRIF32	2540-10
		To: 06/30/2025	Version:	11.3.180.0



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	1,365,310	0	1,365,310	27,534.00	49.59	2.00
3.00	Plant Operation, Maintenance & Repairs	511,865	0	511,865	21,460.00	23.85	3.00
4.00	Laundry & Linen Service	125,674	0	125,674	5,886.00	21.35	4.00
5.00	Housekeeping	602,165	0	602,165	26,137.00	23.04	5.00
6.00	Dietary	998,459	0	998,459	54,293.00	18.39	6.00
7.00	Nursing Administration	0	0	0	0.00	0.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	70,564	0	70,564	2,072.00	34.06	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	363,202	0	363,202	14,569.00	24.93	13.00
14.00	Total (sum lines 1 thru 13)	4,037,239	0	4,037,239	151,951.00	26.57	14.00


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Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0



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	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	192,251	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)	954,108	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	8,033	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	4,437	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	290,483	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	607,860	17.00
18.00	Medicare Taxes - Employers Portion Only	142,584	18.00
19.00	Unemployment Insurance	123,249	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	2,323,005	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	3,902	25.00

PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

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)	1,316,826	300,236	1,617,062	24,969.00	64.76	1.00
2.00	Licensed Practical Nurses (LPNs)	211,556	48,235	259,791	5,450.00	47.67	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,304,977	297,535	1,602,512	50,076.00	32.00	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,833,359	646,006	3,479,365	80,495.00	43.22	4.00
5.00	Physical Therapists	116,560	26,576	143,136	2,191.00	65.33	5.00
6.00	Physical Therapy Assistants	87,687	19,993	107,680	1,880.00	57.28	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	106,904	24,374	131,278	2,065.00	63.57	8.00
9.00	Occupational Therapy Assistants	69,789	15,912	85,701	1,714.00	50.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	57,916	13,205	71,121	838.00	84.87	11.00
12.00	Respiratory Therapists	67,109	15,301	82,410	1,641.00	50.22	12.00
13.00	Other Medical Staff	458,463	104,530	562,993	12,828.00	43.89	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	50,203		50,203	628.00	79.94	14.00
15.00	Licensed Practical Nurses (LPNs)	186,135		186,135	2,482.00	74.99	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	208,069		208,069	4,161.00	50.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	444,407		444,407	7,271.00	61.12	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	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0




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

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

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


PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

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		599,591	599,591	0	599,591	0	599,591	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		0	0	0	0	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS		2,326,907	2,326,907	0	2,326,907	-51,658	2,275,249	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,365,310	3,026,265	4,391,575	0	4,391,575	-1,060,117	3,331,458	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	511,865	1,023,695	1,535,560	0	1,535,560	-25,184	1,510,376	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	125,674	30,351	156,025	0	156,025	-27	155,998	6.00
7.00	00700	HOUSEKEEPING	602,165	85,340	687,505	0	687,505	-432	687,073	7.00
8.00	00800	DIETARY	998,459	1,393,800	2,392,259	0	2,392,259	-1,315	2,390,944	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	70,564	0	70,564	0	70,564	0	70,564	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	14.00
15.00	01500	ACTIVITIES	290,319	63,839	354,158	0	354,158	0	354,158	15.00
15.01	01501	CHAPLAIN	72,883	225	73,108	0	73,108	0	73,108	15.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	3,189,910	834,504	4,024,414	0	4,024,414	0	4,024,414	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	2,314,809	168,557	2,483,366	0	2,483,366	0	2,483,366	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	12,166	12,166	0	12,166	0	12,166	40.00
41.00	04100	LABORATORY	0	14,870	14,870	0	14,870	0	14,870	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	67,109	17,216	84,325	0	84,325	0	84,325	43.00
44.00	04400	PHYSICAL THERAPY	306,159	98,229	404,388	-96,630	307,758	0	307,758	44.00
45.00	04500	OCCUPATIONAL THERAPY	176,693	0	176,693	81,842	258,535	0	258,535	45.00
46.00	04600	SPEECH PATHOLOGY	57,916	0	57,916	14,788	72,704	0	72,704	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,837	11,837	0	11,837	0	11,837	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	119,452	119,452	0	119,452	0	119,452	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	0	0	51.00
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
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	0	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	0	0	73.00
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
89.00		SUBTOTALS (sum of lines 1-84)	10,149,835	9,826,844	19,976,679	0	19,976,679	-1,138,733	18,837,946	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	38,853	19,122	57,975	0	57,975	0	57,975	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	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
100.00		TOTAL	10,188,688	9,845,966	20,034,654	0	20,034,654	-1,138,733	18,895,921	100.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	


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 - TO RECLASS OT AND ST									
1.00	OCCUPATIONAL THERAPY	45.00	34,221	47,621	PHYSICAL THERAPY	44.00	40,404	56,226	1.00
2.00	SPEECH PATHOLOGY	46.00	6,183	8,605		0.00	0	0	2.00
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))		40,404	56,226			40,404	56,226	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.


PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

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	39,437	0	0	0	0	39,437	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	15,517,000	853,625	0	853,625	38,352	16,332,273	0	3.00
4.00	Building Improvements	0	0	0	0	0	0	0	4.00
5.00	Fixed Equipment	2,378,945	147,136	0	147,136	2,367	2,523,714	0	5.00
6.00	Movable Equipment	33,413	0	0	0	0	33,413	0	6.00
7.00	Subtotal (sum of lines 1-6)	17,968,795	1,000,761	0	1,000,761	40,719	18,928,837	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	17,968,795	1,000,761	0	1,000,761	40,719	18,928,837	0	9.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

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.	
				1.00	2.00	3.00
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)	B	-24,727	PLANT OPERATON, MAINT. & REPAIRS	5.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-181,464			12.00
13.00	Laundry and linen service	B	-27	LAUNDRY & LINEN SERVICE	6.00	13.00
14.00	Revenue - Employee meals	B	-1,315	DIETARY	8.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.00	MARKETING SAL/OTHER	A	-595,282	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	MARKETING BENEFITS	A	-51,658	EMPLOYEE BENEFITS	3.00	25.01
25.03	BED TAX ASSESSMENT	A	-263,840	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	ELECTRIC REVENUE	B	-457	PLANT OPERATON, MAINT. & REPAIRS	5.00	25.04
25.05	HOUSEKEEPING SERVICES	B	-432	HOUSEKEEPING	7.00	25.05
25.06	EMPLOYEE RECOGNITION	A	-19,121	ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	OTHER INCOME	B	-410	ADMINISTRATIVE & GENERAL	4.00	25.07
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,138,733			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.

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0



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

Worksheet A-8-1
Parts I & II
PPS

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

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
1.00	4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION	1,058,544	1,240,008	-181,464
2.00	0.00			0	0	0
3.00	0.00			0	0	0
4.00	0.00			0	0	0
5.00	0.00			0	0	0
6.00	0.00			0	0	0
7.00	0.00			0	0	0
8.00	0.00			0	0	0
9.00	0.00			0	0	0
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.			1,058,544	1,240,008	-181,464

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		
			Name	Percentage of Ownership	Type of Business
1.00	2.00	3.00	4.00	5.00	6.00
G	UNITED METHODIST HOMES OF NJ	100.00	UNITED METHODIST HOMES OF NJ	100.00	SUPPORT SERVICES
2.00		0.00		0.00	
3.00		0.00		0.00	
4.00		0.00		0.00	
5.00		0.00		0.00	
6.00		0.00		0.00	
7.00		0.00		0.00	
8.00		0.00		0.00	
9.00		0.00		0.00	
10.00		0.00		0.00	

- (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:


PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0



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	599,591	599,591							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	0		0						2.00
3.00	EMPLOYEE BENEFITS	2,275,249	0	0	2,275,249					3.00
4.00	ADMINISTRATIVE & GENERAL	3,331,458	25,612	0	260,077	3,617,147	3,617,147			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,510,376	6,681	0	116,905	1,633,962	386,829	2,020,791		5.00
6.00	LAUNDRY & LINEN SERVICE	155,998	8,165	0	28,703	192,866	45,660	29,087	267,613	6.00
7.00	HOUSEKEEPING	687,073	3,712	0	137,528	828,313	196,097	13,221	0	7.00
8.00	DIETARY	2,390,944	15,589	0	228,038	2,634,571	623,716	55,529	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	70,564	1,858	0	16,116	88,538	20,961	6,617	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	354,158	8,908	0	66,306	429,372	101,651	31,731	0	15.00
15.01	CHAPLAIN	73,108	0	0	16,646	89,754	21,249	0	0	15.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	4,024,414	96,044	0	728,543	4,849,001	1,147,973	342,122	222,984	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	2,483,366	430,525	0	528,679	3,442,570	815,004	1,533,588	44,629	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	12,166	0	0	0	12,166	2,880	0	0	40.00
41.00	LABORATORY	14,870	0	0	0	14,870	3,520	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	84,325	0	0	15,327	99,652	23,592	0	0	43.00
44.00	PHYSICAL THERAPY	307,758	1,755	0	60,696	370,209	87,644	6,252	0	44.00
45.00	OCCUPATIONAL THERAPY	258,535	0	0	48,171	306,706	72,610	0	0	45.00
46.00	SPEECH PATHOLOGY	72,704	0	0	14,640	87,344	20,678	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,837	0	0	0	11,837	2,802	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	119,452	0	0	0	119,452	28,279	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
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
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
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
89.00	SUBTOTALS (sum of lines 1-84)	18,837,946	598,849	0	2,266,375	18,828,330	3,601,145	2,018,147	267,613	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	57,975	0	0	8,874	66,849	15,826	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	742	0	0	742	176	2,644	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00

PITMAN		Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427		From: 07/01/2024	MCRIF32	2540-10	
		To: 06/30/2025	Version:	11.3.180.0	

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	
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
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	18,895,921	599,591	0	2,275,249	18,895,921	3,617,147	2,020,791	267,613	100.00


PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0



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	1,037,631								7.00
8.00	DIETARY	29,123	3,342,939							8.00
9.00	NURSING ADMINISTRATION	0	0	0						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0			12.00
13.00	SOCIAL SERVICE	3,470	0	0	0	0	0	119,586		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	16,641	0	0	0	0	0	0	0	15.00
15.01	CHAPLAIN	0	0	0	0	0	0	0	0	15.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	179,428	1,513,308	0	0	0	0	119,586	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	804,303	1,829,631	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	3,279	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
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
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
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
89.00	SUBTOTALS (sum of lines 1-84)	1,036,244	3,342,939	0	0	0	0	119,586	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	1,387	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

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

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	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
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	1,037,631	3,342,939	0	0	0	0	119,586	0	100.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	ACTIVITIES	CHAPLAIN	Subtotal	Post Stepdown Adjustments	Total	
		15.00	15.01	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	ACTIVITIES	579,395					15.00
15.01	CHAPLAIN	0	111,003				15.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	579,395	37,793	8,991,590	0	8,991,590	30.00
31.00	NURSING FACILITY	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	73,210	8,542,935	0	8,542,935	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	0	15,046	0	15,046	40.00
41.00	LABORATORY	0	0	18,390	0	18,390	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	123,244	0	123,244	43.00
44.00	PHYSICAL THERAPY	0	0	467,384	0	467,384	44.00
45.00	OCCUPATIONAL THERAPY	0	0	379,316	0	379,316	45.00
46.00	SPEECH PATHOLOGY	0	0	108,022	0	108,022	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	14,639	0	14,639	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	147,731	0	147,731	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	FQHC						62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	73.00
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	83.00
89.00	SUBTOTALS (sum of lines 1-84)	579,395	111,003	18,808,297	0	18,808,297	89.00
NONREIMBURSABLE COST CENTERS							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	82,675	0	82,675	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	4,949	0	4,949	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	579,395	111,003	18,895,921	0	18,895,921	100.00


PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0



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	25,612	0	25,612	0	25,612			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	6,681	0	6,681	0	2,739	9,420		5.00
6.00	LAUNDRY & LINEN SERVICE	0	8,165	0	8,165	0	323	136	8,624	6.00
7.00	HOUSEKEEPING	0	3,712	0	3,712	0	1,388	62	0	7.00
8.00	DIETARY	0	15,589	0	15,589	0	4,416	259	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	1,858	0	1,858	0	148	31	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	8,908	0	8,908	0	720	148	0	15.00
15.01	CHAPLAIN	0	0	0	0	0	150	0	0	15.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	96,044	0	96,044	0	8,133	1,595	7,186	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	430,525	0	430,525	0	5,770	7,148	1,438	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	20	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	25	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	167	0	0	43.00
44.00	PHYSICAL THERAPY	0	1,755	0	1,755	0	620	29	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	514	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	146	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	20	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	200	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
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
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
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
89.00	SUBTOTALS (sum of lines 1-84)	0	598,849	0	598,849	0	25,499	9,408	8,624	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	112	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	742	0	742	0	1	12	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

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

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	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	599,591	0	599,591	0	25,612	9,420	8,624	100.00

PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	5,162								7.00
8.00	DIETARY	145	20,409							8.00
9.00	NURSING ADMINISTRATION	0	0	0						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0			12.00
13.00	SOCIAL SERVICE	17	0	0	0	0	0	2,054		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	83	0	0	0	0	0	0	0	15.00
15.01	CHAPLAIN	0	0	0	0	0	0	0	0	15.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	893	9,239	0	0	0	0	2,054	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	4,001	11,170	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	16	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
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
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
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
89.00	SUBTOTALS (sum of lines 1-84)	5,155	20,409	0	0	0	0	2,054	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	7	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

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
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	5,162	20,409	0	0	0	0	2,054	0	100.00


PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	ACTIVITIES	CHAPLAIN	Subtotal	Post Step-Down Adjustments	Total	
		15.00	15.01	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	ACTIVITIES	9,859					15.00
15.01	CHAPLAIN	0	150				15.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	9,859	51	135,054	0	135,054	30.00
31.00	NURSING FACILITY	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	99	460,151	0	460,151	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	0	20	0	20	40.00
41.00	LABORATORY	0	0	25	0	25	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	167	0	167	43.00
44.00	PHYSICAL THERAPY	0	0	2,420	0	2,420	44.00
45.00	OCCUPATIONAL THERAPY	0	0	514	0	514	45.00
46.00	SPEECH PATHOLOGY	0	0	146	0	146	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	20	0	20	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	200	0	200	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	FQHC						62.00
OTHER REIMBURSABLE COST CENTERS							
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	73.00
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	83.00
89.00	SUBTOTALS (sum of lines 1-84)	9,859	150	598,717	0	598,717	89.00
NONREIMBURSABLE COST CENTERS							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	112	0	112	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	762	0	762	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

100.00	TOTAL	9,859	150	599,591	0	599,591		100.00
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PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0




COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQ. FEET)	MOVABLE EQUIPMENT (SQ. FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. 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	163,969								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		0							2.00
3.00	EMPLOYEE BENEFITS	0	0	9,962,117						3.00
4.00	ADMINISTRATIVE & GENERAL	7,004	0	1,138,739	-3,617,147	15,278,774				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,827	0	511,865	0	1,633,962	155,138			5.00
6.00	LAUNDRY & LINEN SERVICE	2,233	0	125,674	0	192,866	2,233	221,196		6.00
7.00	HOUSEKEEPING	1,015	0	602,165	0	828,313	1,015	0	151,890	7.00
8.00	DIETARY	4,263	0	998,459	0	2,634,571	4,263	0	4,263	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	508	0	70,564	0	88,538	508	0	508	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	2,436	0	290,319	0	429,372	2,436	0	2,436	15.00
15.01	CHAPLAIN	0	0	72,883	0	89,754	0	0	0	15.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	26,265	0	3,189,910	0	4,849,001	26,265	184,308	26,265	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	117,735	0	2,314,809	0	3,442,570	117,735	36,888	117,735	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	12,166	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	14,870	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	67,109	0	99,652	0	0	0	43.00
44.00	PHYSICAL THERAPY	480	0	265,755	0	370,209	480	0	480	44.00
45.00	OCCUPATIONAL THERAPY	0	0	210,914	0	306,706	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	64,099	0	87,344	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	11,837	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	119,452	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
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
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
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
89.00	SUBTOTALS (sum of lines 1-84)	163,766	0	9,923,264	-3,617,147	15,211,183	154,935	221,196	151,687	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	38,853	0	66,849	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	203	0	0	0	742	203	0	203	91.00


PITMAN		Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427		From: 07/01/2024	MCRIF32	2540-10	
		To: 06/30/2025	Version:	11.3.180.0	

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQ. FEET)	MOVABLE EQUIPMENT (SQ. FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
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	PATIENT'S LAUNDRY	0	0	0	0	0	0	0	0	94.00
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)	599,591	0	2,275,249		3,617,147	2,020,791	267,613	1,037,631	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	3.656734	0.000000	0.228390		0.236743	13.025764	1.209846	6.831464	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		25,612	9,420	8,624	5,162	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.001676	0.060720	0.038988	0.033985	105.00


PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	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	145,491								8.00
9.00	NURSING ADMINISTRATION	0	0							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	21,884			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	21,884	15.00
15.01	CHAPLAIN	0	0	0	0	0	0	0	0	15.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	65,862	0	0	0	0	21,884	0	21,884	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	79,629	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
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
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
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
89.00	SUBTOTALS (sum of lines 1-84)	145,491	0	0	0	0	21,884	0	21,884	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

PITMAN		Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427		From: 07/01/2024	MCRIF32	2540-10	
		To: 06/30/2025	Version:	11.3.180.0	

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRA TION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	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	
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	PATIENT'S LAUNDRY	0	0	0	0	0	0	0	0	94.00
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)	3,342,939	0	0	0	0	119,586	0	579,395	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	22.976947	0.000000	0.000000	0.000000	0.000000	5.464540	0.000000	26.475736	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	20,409	0	0	0	0	2,054	0	9,859	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.140277	0.000000	0.000000	0.000000	0.000000	0.093859	0.000000	0.450512	105.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10
	To: 06/30/2025	Version:	11.3.180.0




COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	CHAPLAIN (PATIENT DAYS)	
		15.01	
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	ACTIVITIES		15.00
15.01	CHAPLAIN	64,277	15.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	SKILLED NURSING FACILITY	21,884	30.00
31.00	NURSING FACILITY	0	31.00
32.00	ICF/IID	0	32.00
33.00	OTHER LONG TERM CARE	42,393	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	RADIOLOGY	0	40.00
41.00	LABORATORY	0	41.00
42.00	INTRAVENOUS THERAPY	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	PHYSICAL THERAPY	0	44.00
45.00	OCCUPATIONAL THERAPY	0	45.00
46.00	SPEECH PATHOLOGY	0	46.00
47.00	ELECTROCARDIOLOGY	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	50.00
51.00	SUPPORT SURFACES	0	51.00
OUTPATIENT SERVICE COST CENTERS			
60.00	CLINIC	0	60.00
61.00	RURAL HEALTH CLINIC	0	61.00
62.00	FQHC		62.00
OTHER REIMBURSABLE COST CENTERS			
70.00	HOME HEALTH AGENCY COST	0	70.00
71.00	AMBULANCE	0	71.00
73.00	CMHC	0	73.00
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	83.00
89.00	SUBTOTALS (sum of lines 1-84)	64,277	89.00
NONREIMBURSABLE COST CENTERS			
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	NONPAID WORKERS	0	93.00


PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	CHAPLAIN (PATIENT DAYS)		
		15.01		
94.00	PATIENTS LAUNDRY	0		94.00
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)	111,003		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	1.726947		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	150		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.002334		105.00


PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

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	15,046	12,166	1.236725	40.00
41.00	LABORATORY	18,390	15,524	1.184617	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	123,244	84,325	1.461536	43.00
44.00	PHYSICAL THERAPY	467,384	429,416	1.088418	44.00
45.00	OCCUPATIONAL THERAPY	379,316	486,952	0.778960	45.00
46.00	SPEECH PATHOLOGY	108,022	88,012	1.227355	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,639	11,837	1.236715	48.00
49.00	DRUGS CHARGED TO PATIENTS	147,731	125,713	1.175145	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
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
71.00	AMBULANCE	0	0	0.000000	71.00
100.00	Total	1,273,772	1,253,945		100.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	


APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Part I
PPS

Title XVIII Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
			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	1.236725	6,949	0	8,594	0	40.00
41.00	LABORATORY	1.184617	13,866	0	16,426	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1.461536	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1.088418	245,988	0	267,738	0	44.00
45.00	OCCUPATIONAL THERAPY	0.778960	286,870	0	223,460	0	45.00
46.00	SPEECH PATHOLOGY	1.227355	43,049	0	52,836	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.236715	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.175145	107,623	0	126,473	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
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
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		704,345	0	695,527	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.

PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS


Worksheet D
Parts II-III
PPS

Title XVIII Skilled Nursing Facility

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)	1.175145
2.00	Program vaccine charges (From your records, or the PS&R)	0
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0

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	15,046	0	0.000000	8,594	0	40.00
41.00	LABORATORY	18,390	0	0.000000	16,426	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	123,244	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	467,384	0	0.000000	267,738	0	44.00
45.00	OCCUPATIONAL THERAPY	379,316	0	0.000000	223,460	0	45.00
46.00	SPEECH PATHOLOGY	108,022	0	0.000000	52,836	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,639	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	147,731	0	0.000000	126,473	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
100.00	Total (Sum of lines 40 - 52)	1,273,772	0		695,527	0	100.00


PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I
PPS

Title XVIII Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	21,884	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	3,531	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	8,991,590	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	11,859,270	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.758191	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	11,859,270	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	541.92	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)	8,991,590	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	410.88	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,450,817	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)	1,450,817	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)	135,054	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	6.17	21.00
22.00	Program capital related cost (Line 3 times line 21)	21,786	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,429,031	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)	1,429,031	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
		1.00	
1.00	Total SNF inpatient days	21,884	1.00
2.00	Program inpatient days (see instructions)	3,531	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)	0.161351	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00


PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I
Cost

Title XIX Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	21,884	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	8,942	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	8,991,590	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	11,859,270	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.758191	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	11,859,270	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	541.92	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)	8,991,590	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	410.88	16.00
17.00	Program routine service cost (Line 3 times line 16)	3,674,089	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)	3,674,089	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)	135,054	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	6.17	21.00
22.00	Program capital related cost (Line 3 times line 21)	55,172	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	3,618,917	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)	3,618,917	25.00
26.00	Enter the per diem limitation (1)	0.00	26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	0	27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)	3,674,089	28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		1.00	
1.00	Total SNF inpatient days	21,884	1.00
2.00	Program inpatient days (see instructions)	8,942	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)	0.408609	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E
Part I
PPS


Title XVIII Skilled Nursing Facility

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	2,465,075	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)	2,465,075	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	325,353	5.00
6.00	Allowable bad debts (From your records)	0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	0	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)	2,139,722	11.00
12.00	Interim payments (See instructions)	2,096,928	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	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	42,794	14.99
15.00	Balance due provider/program (see Instructions)	0	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

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

**Worksheet E
Part II**

		Title XIX	Skilled Nursing Facility	Cost
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		3,674,089	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		3,674,089	6.00
7.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		3,674,089	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		3,674,089	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			


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		2,096,928		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		0		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		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		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)		2,096,928		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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,096,928		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.


PITMAN	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:32 am MCRIF32 Version: 11.3.180.0	
Provider CCN: 315427			

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	75,764	0	0	1.00
2.00	Temporary investments	0	0	0	2.00
3.00	Notes receivable	0	0	0	3.00
4.00	Accounts receivable	2,664,067	0	0	4.00
5.00	Other receivables	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-606,100	0	0	6.00
7.00	Inventory	66,509	0	0	7.00
8.00	Prepaid expenses	176,481	0	0	8.00
9.00	Other current assets	0	0	0	9.00
10.00	Due from other funds	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,376,721	0	0	11.00
FIXED ASSETS					
12.00	Land	39,437	0	0	12.00
13.00	Land improvements	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	14.00
15.00	Buildings	16,332,273	0	0	15.00
16.00	Less Accumulated depreciation	-13,216,193	0	0	16.00
17.00	Leasehold improvements	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	18.00
19.00	Fixed equipment	2,523,714	0	0	19.00
20.00	Less: Accumulated depreciation	-1,836,160	0	0	20.00
21.00	Automobiles and trucks	33,413	0	0	21.00
22.00	Less: Accumulated depreciation	-33,413	0	0	22.00
23.00	Major movable equipment	0	0	0	23.00
24.00	Less: Accumulated depreciation	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	26.00
27.00	Other fixed assets	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	3,843,071	0	0	28.00
OTHER ASSETS					
29.00	Investments	0	0	0	29.00
30.00	Deposits on leases	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	31.00
32.00	Other assets	748,003	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	748,003	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	6,967,795	0	0	34.00
Liabilities and Fund Balances					
CURRENT LIABILITIES					
35.00	Accounts payable	935,676	0	0	35.00
36.00	Salaries, wages, and fees payable	1,210,274	0	0	36.00
37.00	Payroll taxes payable	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	38.00
39.00	Deferred income	12,500	0	0	39.00
40.00	Accelerated payments	0			40.00
41.00	Due to other funds	0	0	0	41.00
42.00	Other current liabilities	24,143	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,182,593	0	0	43.00
LONG TERM LIABILITIES					
44.00	Mortgage payable	0	0	0	44.00
45.00	Notes payable	0	0	0	45.00
46.00	Unsecured loans	0	0	0	46.00
47.00	Loans from owners:	0	0	0	47.00
48.00	Other long term liabilities	8,980,017	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	8,980,017	0	0	50.00


PITMAN		Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427		From: 07/01/2024	MCRIF32	2540-10	
		To: 06/30/2025	Version:	11.3.180.0	

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)	11,162,610	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-4,194,815				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)	-4,194,815	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	6,967,795	0	0	0	60.00
() = contra amount						


PITMAN		Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427		From: 07/01/2024	MCRIF32	2540-10	
		To: 06/30/2025	Version:	11.3.180.0	

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	-2,249,316		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)	-1,945,499							2.00
3.00	Total (sum of line 1 and line 2)	-4,194,815		0		0		0	3.00
4.00	Additions (credit adjustments)								4.00
5.00	INTERCOMPANY RECONCILIATION	0	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)	0	0	0	0	0	0	0	10.00
11.00	Subtotal (line 3 plus line 10)	-4,194,815		0		0		0	11.00
12.00	Deductions (debit adjustments)								12.00
13.00	ROUNDING	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	0	0	0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	-4,194,815		0		0		0	19.00

PITMAN	Period: 07/01/2024	Run Date Time: 11/26/2025 8:32 am	
Provider CCN: 315427	From: 06/30/2025	MCRIF32 2540-10	
	To: 06/30/2025	Version: 11.3.180.0	

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	11,859,270		11,859,270	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	9,058,026		9,058,026	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	20,917,296		20,917,296	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	1,155,381	0	1,155,381	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)	22,072,677	0	22,072,677	14.00
PART II - OPERATING EXPENSES					
			1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			20,034,654	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)			20,034,654	15.00

PITMAN	Period:	Run Date Time:	11/26/2025 8:32 am	
Provider CCN: 315427	From: 07/01/2024	MCRIF32	2540-10	
	To: 06/30/2025	Version:	11.3.180.0	

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)	22,072,677	1.00
2.00	Less: contractual allowances and discounts on patients accounts	4,171,842	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,900,835	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	20,034,654	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-2,133,819	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	109,419	6.00
7.00	Income from investments	485	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	24,727	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	27	13.00
14.00	Revenue from meals sold to employees and guests	1,315	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	CATERING / COUNTRY STORE	43,614	24.00
24.01	GAIN/LOSS ON DISPOSAL	0	24.01
24.02	TRANSPORTATION - RESIDENTIAL	13,387	24.02
24.03	MISCELLANEOUS INCOME	410	24.03
24.04	HOUSEKEEPING REVENUE	432	24.04
24.06	UTILITY INCOME	457	24.06
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	194,273	25.00
26.00	Total (Line 5 plus line 25)	-1,939,546	26.00
27.00	LOSS ON DISPOSAL	5,953	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	5,953	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-1,945,499	31.00