

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
THE SHORES Provider CCN: 315394	Period: From: 07/01/2024 To: 06/30/2025 Run Date Time: 11/26/2025 8:35 am MCRIF32 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 THE SHORES, 315394 {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	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 V	Title XVIII			
			Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	1,220	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	1,220	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.

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Provider CCN: 315394			

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:	2201 BAY AVENUE	P.O. Box:				1.00	
2.00	City:	OCEAN CITY	State:	NJ	ZIP Code:	08226	2.00	
3.00	County:	CAPE MAY	CBSA Code:	36140	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	THE SHORES	315394	02/16/1998	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		2,107,810	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		2,107,810	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

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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:	212,744	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
<b>If this facility is part of a chain organization, enter the name and address of the home office on the lines below.</b>				
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

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

Worksheet S-2  
Part II  
PPS

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

**Completed by All Skilled Nursing Facilities**

**Provider Organization and Operation**

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

**Financial Data and Reports**

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) 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
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	Description	Part A		Part B	
		Y/N	Date	Y/N	Date
	0	1.00	2.00	3.00	4.00

**PS&R Data**

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	10/30/2025	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

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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	60	21,900	0	5,647	6,322	7,193	19,162	0	183	11	77	271	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	255	93,075				52,336	52,336				71	71	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)	315	114,975	0	5,647	6,322	59,529	71,498	0	183	11	148	342	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	30.86	574.73	70.71	0	227	3	41	271	41.83	0.00	1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0	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				737.13				94	94	51.86	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	30.86	574.73	209.06	0	227	3	135	365	93.69	0.00	8.00

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SNF WAGE INDEX INFORMATION

**Worksheet S-3**  
**Part II**  
**PPS**

**PART II - DIRECT SALARIES**

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SALARIES</b>							
1.00	Total salaries (See Instructions)	11,369,872	0	<b>11,369,872</b>	362,765.00	31.34	1.00
2.00	Physician salaries-Part A	0	0	<b>0</b>	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	<b>0</b>	0.00	0.00	3.00
4.00	Home office personnel	0	0	<b>0</b>	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	11,369,872	0	<b>11,369,872</b>	362,765.00	31.34	6.00
7.00	Other Long Term Care	3,474,474	0	<b>3,474,474</b>	107,869.00	32.21	7.00
8.00	HOME HEALTH AGENCY COST	0	0	<b>0</b>	0.00	0.00	8.00
9.00	CMHC	0	0	<b>0</b>	0.00	0.00	9.00
10.00	HOSPICE	0	0	<b>0</b>	0.00	0.00	10.00
11.00	Other excluded areas	66,746	0	<b>66,746</b>	3,770.00	17.70	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	<b>3,541,220</b>	<b>0</b>	<b>3,541,220</b>	<b>111,639.00</b>	31.72	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	<b>7,828,652</b>	<b>0</b>	<b>7,828,652</b>	<b>251,126.00</b>	31.17	13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
14.00	Contract Labor: Patient Related & Mgmt	486,767	0	<b>486,767</b>	10,815.00	45.01	14.00
15.00	Contract Labor: Physician services-Part A	23,808	0	<b>23,808</b>	104.00	228.92	15.00
16.00	Home office salaries & wage related costs	1,114,311	0	<b>1,114,311</b>	14,896.00	74.81	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs core (See Part IV)	2,819,689	0	<b>2,819,689</b>			17.00
18.00	Wage-related costs other (See Part IV)	4,003	0	<b>4,003</b>			18.00
19.00	Wage related costs (excluded units)	878,210	0	<b>878,210</b>			19.00
20.00	Physician Part A - WRC	0	0	<b>0</b>			20.00
21.00	Physician Part B - WRC	0	0	<b>0</b>			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	<b>1,945,482</b>	<b>0</b>	<b>1,945,482</b>			22.00

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SNF WAGE INDEX INFORMATION

**Worksheet S-3**  
**Part III**  
**PPS**

**PART III - OVERHEAD COST - DIRECT SALARIES**


		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	<b>0</b>	0.00	0.00	1.00
2.00	Administrative & General	1,469,134	0	<b>1,469,134</b>	30,866.00	47.60	2.00
3.00	Plant Operation, Maintenance & Repairs	449,187	0	<b>449,187</b>	19,325.00	23.24	3.00
4.00	Laundry & Linen Service	83,063	0	<b>83,063</b>	4,097.00	20.27	4.00
5.00	Housekeeping	430,645	0	<b>430,645</b>	21,311.00	20.21	5.00
6.00	Dietary	1,196,963	0	<b>1,196,963</b>	61,206.00	19.56	6.00
7.00	Nursing Administration	0	0	<b>0</b>	0.00	0.00	7.00
8.00	Central Services and Supply	0	0	<b>0</b>	0.00	0.00	8.00
9.00	Pharmacy	0	0	<b>0</b>	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	<b>0</b>	0.00	0.00	10.00
11.00	Social Service	80,577	0	<b>80,577</b>	2,098.00	38.41	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	373,183	0	<b>373,183</b>	17,262.00	21.62	13.00
14.00	Total (sum lines 1 thru 13)	<b>4,082,752</b>	<b>0</b>	<b>4,082,752</b>	<b>156,165.00</b>	26.14	14.00

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SNF WAGE RELATED COSTS

**Worksheet S-3  
Part IV  
PPS**


<b>PART IV - WAGE RELATED COSTS</b>			
			Amount Reported
			1.00
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	257,841	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	1,248,027	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	9,860	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)	4,997	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	323,707	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	681,298	17.00
18.00	Medicare Taxes - Employers Portion Only	159,811	18.00
19.00	Unemployment Insurance	134,148	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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)	<b>2,819,689</b>	24.00
			Amount Reported
			1.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COST	4,003	25.00

THE SHORES	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:35 am MCRIF32 Version: 11.3.180.0	
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SNF REPORTING OF DIRECT CARE EXPENDITURES

**Worksheet S-3**  
**Part V**  
**PPS**

	OCCUPATIONAL CATEGORY	Amount Reported 1.00	Fringe Benefits 2.00	Adjusted Salaries (col. 1 + col. 2) 3.00	Paid Hours Related to Salary in col. 3 4.00	Average Hourly Wage (col. 3 ÷ col. 4) 5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	837,824	207,780	1,045,604	16,419.00	63.68	1.00
2.00	Licensed Practical Nurses (LPNs)	595,474	147,678	743,152	16,559.00	44.88	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,176,195	291,696	1,467,891	43,761.00	33.54	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,609,493	647,154	3,256,647	76,739.00	42.44	4.00
5.00	Physical Therapists	218,923	54,293	273,216	4,224.00	64.68	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	73,814	18,306	92,120	1,600.00	57.58	7.00
8.00	Occupational Therapists	201,598	49,996	251,594	3,643.00	69.06	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	66,339	16,452	82,791	1,960.00	42.24	10.00
11.00	Speech Therapists	28,809	7,145	35,954	465.00	77.32	11.00
12.00	Respiratory Therapists	68,614	17,016	85,630	1,585.00	54.03	12.00
13.00	Other Medical Staff	478,310	118,621	596,931	14,216.00	41.99	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	126,033		126,033	1,939.00	65.00	14.00
15.00	Licensed Practical Nurses (LPNs)	47,979		47,979	857.00	55.98	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	312,755		312,755	8,019.00	39.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	486,767		486,767	10,815.00	45.01	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


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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA


Worksheet S-7

PPS

	Group	Days		
	1.00	2.00		
58.00	SSA		58.00	
59.00	IB2		59.00	
60.00	IB1		60.00	
61.00	IA2		61.00	
62.00	IA1		62.00	
63.00	BB2		63.00	
64.00	BB1		64.00	
65.00	BA2		65.00	
66.00	BA1		66.00	
67.00	PE2		67.00	
68.00	PE1		68.00	
69.00	PD2		69.00	
70.00	PD1		70.00	
71.00	PC2		71.00	
72.00	PC1		72.00	
73.00	PB2		73.00	
74.00	PB1		74.00	
75.00	PA2		75.00	
76.00	PA1		76.00	
99.00	AAA		99.00	
100.00			100.00	
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing				101.00
102.00	Recruitment				102.00
103.00	Retention of employees				103.00
104.00	Training				104.00
105.00	OTHER (SPECIFY)				105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)				106.00


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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		3,317,309	3,317,309	0	3,317,309	-519	3,316,790	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		0	0	0	0	0	0	2.00
3.00	00300	EMPLOYEE BENEFITS	0	2,823,692	2,823,692	0	2,823,692	-86,781	2,736,911	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,469,134	3,315,057	4,784,191	0	4,784,191	-1,123,757	3,660,434	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	449,187	1,636,905	2,086,092	0	2,086,092	-37,934	2,048,158	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	83,063	27,694	110,757	0	110,757	-5,108	105,649	6.00
7.00	00700	HOUSEKEEPING	430,645	111,060	541,705	0	541,705	-936	540,769	7.00
8.00	00800	DIETARY	1,196,963	1,614,065	2,811,028	0	2,811,028	-14,476	2,796,552	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	80,577	0	80,577	0	80,577	0	80,577	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	14.00
15.00	01500	ACTIVITIES	311,168	40,354	351,522	0	351,522	0	351,522	15.00
15.01	01501	CHAPLAIN	62,015	233	62,248	0	62,248	0	62,248	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	03000	SKILLED NURSING FACILITY	2,912,349	771,906	3,684,255	0	3,684,255	0	3,684,255	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	3,474,474	484,700	3,959,174	0	3,959,174	0	3,959,174	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	04000	RADIOLOGY	0	26,994	26,994	0	26,994	0	26,994	40.00
41.00	04100	LABORATORY	0	28,590	28,590	0	28,590	0	28,590	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	68,614	28,012	96,626	0	96,626	0	96,626	43.00
44.00	04400	PHYSICAL THERAPY	468,191	168,927	637,118	-156,966	480,152	0	480,152	44.00
45.00	04500	OCCUPATIONAL THERAPY	267,937	0	267,937	128,571	396,508	0	396,508	45.00
46.00	04600	SPEECH PATHOLOGY	28,809	0	28,809	28,395	57,204	0	57,204	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,217	11,217	0	11,217	0	11,217	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	261,259	261,259	0	261,259	0	261,259	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
<b>OUTPATIENT SERVICE COST CENTERS</b>										
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
<b>OTHER REIMBURSABLE COST CENTERS</b>										
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
<b>SPECIAL PURPOSE COST CENTERS</b>										
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)	11,303,126	14,667,974	25,971,100	0	25,971,100	-1,269,511	24,701,589	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	66,746	25,895	92,641	0	92,641	0	92,641	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	11,369,872	14,693,869	26,063,741	0	26,063,741	-1,269,511	24,794,230	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

Increases					Decreases				
Cost Center	Line #	Salary	Non Salary		Cost Center	Line #	Salary	Non Salary	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
<b>A - TO RECLASS OT AND ST</b>									
1.00	OCCUPATIONAL THERAPY	45.00	54,834	73,737	PHYSICAL THERAPY	44.00	66,944	90,022	1.00
2.00	SPEECH PATHOLOGY	46.00	12,110	16,285		0.00	0	0	2.00
100.00	<b>TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))</b>		<b>66,944</b>	<b>90,022</b>			<b>66,944</b>	<b>90,022</b>	100.00

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


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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

		Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>									
1.00	Land	463,497	0	0	0	0	463,497	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	53,327,806	1,160,435	0	1,160,435	0	54,488,241	0	3.00
4.00	Building Improvements	0	0	0	0	0	0	0	4.00
5.00	Fixed Equipment	4,193,100	245,525	0	245,525	14,381	4,424,244	0	5.00
6.00	Movable Equipment	22,321	0	0	0	0	22,321	0	6.00
7.00	Subtotal (sum of lines 1-6)	58,006,724	1,405,960	0	1,405,960	14,381	59,398,303	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	58,006,724	1,405,960	0	1,405,960	14,381	59,398,303	0	9.00

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

	Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
				1.00	2.00	3.00	4.00
						Cost Center	Line No.
1.00	Investment income on restricted funds (chapter 2)	B	-519		CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0			0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	5.00
6.00	Television and radio service (chapter 21)	B	-34,118		PLANT OPERATTON, 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	-162,386				12.00
13.00	Laundry and linen service	B	-5,108		LAUNDRY & LINEN SERVICE	6.00	13.00
14.00	Revenue - Employee meals	B	-14,476		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 SALARIES AND OTHER	A	-746,205		ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	MARKETING BENEFITS	A	-86,781		EMPLOYEE BENEFITS	3.00	25.01
25.02	NON-ALLOWABLE EXPENSES	A	-25,844		ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	BED TAX ASSESSMENT	A	-188,275		ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	ELECTRIC REVENUE	B	-1,811		PLANT OPERATON, MAINT. & REPAIRS	5.00	25.04
25.05	HOUSEKEEPING	B	-936		HOUSEKEEPING	7.00	25.05
25.06	LATE CHARGES	B	-1,037		ADMINISTRATIVE & GENERAL	4.00	25.06
25.07	MAINTENANCE SERVICE	B	-2,005		PLANT OPERATON, MAINT. & REPAIRS	5.00	25.07
29.00	BANK RETURN	B	-10		ADMINISTRATIVE & GENERAL	4.00	29.00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,269,511				100.00

(1) Description - All chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE 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 COST	1,377,093	1,539,479	-162,386
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	<b>TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.</b>			<b>1,377,093</b>	<b>1,539,479</b>	<b>-162,386</b>

**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:


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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B  
Part I  
PPS


	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	3,316,790	3,316,790							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	0		0						2.00
3.00	EMPLOYEE BENEFITS	2,736,911	0	0	2,736,911					3.00
4.00	ADMINISTRATIVE & GENERAL	3,660,434	102,590	0	277,967	4,040,991	4,040,991			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	2,048,158	26,767	0	111,560	2,186,485	425,744	2,612,229		5.00
6.00	LAUNDRY & LINEN SERVICE	105,649	32,709	0	20,630	158,988	30,958	26,806	216,752	6.00
7.00	HOUSEKEEPING	540,769	14,869	0	106,955	662,593	129,017	12,186	0	7.00
8.00	DIETARY	2,796,552	62,447	0	297,278	3,156,277	614,578	51,178	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	80,577	7,435	0	20,012	108,024	21,034	6,093	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	351,522	35,679	0	77,282	464,483	90,442	29,241	0	15.00
15.01	CHAPLAIN	62,248	0	0	15,402	77,650	15,120	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	3,684,255	498,497	0	723,311	4,906,063	955,289	408,538	173,401	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	3,959,174	2,523,375	0	862,916	7,345,465	1,430,283	2,068,007	43,351	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	26,994	0	0	0	26,994	5,256	0	0	40.00
41.00	LABORATORY	28,590	0	0	0	28,590	5,567	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	96,626	0	0	17,041	113,667	22,133	0	0	43.00
44.00	PHYSICAL THERAPY	480,152	9,451	0	99,654	589,257	114,738	7,745	0	44.00
45.00	OCCUPATIONAL THERAPY	396,508	0	0	80,163	476,671	92,815	0	0	45.00
46.00	SPEECH PATHOLOGY	57,204	0	0	10,163	67,367	13,117	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,217	0	0	0	11,217	2,184	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	261,259	0	0	0	261,259	50,871	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
<b>OUTPATIENT SERVICE COST CENTERS</b>										
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
<b>OTHER REIMBURSABLE COST CENTERS</b>										
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
<b>SPECIAL PURPOSE COST CENTERS</b>										
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)	24,701,589	3,313,819	0	2,720,334	24,682,041	4,019,146	2,609,794	216,752	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	92,641	0	0	16,577	109,218	21,266	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	2,971	0	0	2,971	579	2,435	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**


	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
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	<b>TOTAL</b>	<b>24,794,230</b>	<b>3,316,790</b>	<b>0</b>	<b>2,736,911</b>	<b>24,794,230</b>	<b>4,040,991</b>	<b>2,612,229</b>	<b>216,752</b>	<b>100.00</b>

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
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	803,796								7.00
8.00	DIETARY	15,986	3,838,019							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	1,903	0	0	0	0	0	137,054		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	9,134	0	0	0	0	0	0	0	15.00
15.01	CHAPLAIN	0	0	0	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	127,614	1,314,774	0	0	0	0	137,054	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	645,980	2,523,245	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
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	2,419	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
<b>OUTPATIENT SERVICE COST CENTERS</b>										
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
<b>OTHER REIMBURSABLE COST CENTERS</b>										
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
<b>SPECIAL PURPOSE COST CENTERS</b>										
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)	803,036	3,838,019	0	0	0	0	137,054	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	760	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

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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
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	<b>TOTAL</b>	<b>803,796</b>	<b>3,838,019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>137,054</b>	<b>0</b>	<b>100.00</b>

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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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	593,300					15.00
15.01	CHAPLAIN	0	92,770				15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	SKILLED NURSING FACILITY	593,300	24,863	8,640,896	0	8,640,896	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	67,907	14,124,238	0	14,124,238	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	0	0	32,250	0	32,250	40.00
41.00	LABORATORY	0	0	34,157	0	34,157	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	135,800	0	135,800	43.00
44.00	PHYSICAL THERAPY	0	0	714,159	0	714,159	44.00
45.00	OCCUPATIONAL THERAPY	0	0	569,486	0	569,486	45.00
46.00	SPEECH PATHOLOGY	0	0	80,484	0	80,484	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,401	0	13,401	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	312,130	0	312,130	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	593,300	92,770	24,657,001	0	24,657,001	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	130,484	0	130,484	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	6,745	0	6,745	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	593,300	92,770	24,794,230	0	24,794,230	100.00


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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II  
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>										
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	102,590	0	102,590	0	102,590			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	26,767	0	26,767	0	10,808	37,575		5.00
6.00	LAUNDRY & LINEN SERVICE	0	32,709	0	32,709	0	786	386	33,881	6.00
7.00	HOUSEKEEPING	0	14,869	0	14,869	0	3,275	175	0	7.00
8.00	DIETARY	0	62,447	0	62,447	0	15,601	736	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	7,435	0	7,435	0	534	88	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	35,679	0	35,679	0	2,296	421	0	15.00
15.01	CHAPLAIN	0	0	0	0	0	384	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	0	498,497	0	498,497	0	24,251	5,877	27,105	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	2,523,375	0	2,523,375	0	36,316	29,746	6,776	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	133	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	141	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	562	0	0	43.00
44.00	PHYSICAL THERAPY	0	9,451	0	9,451	0	2,913	111	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2,356	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	333	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	55	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,291	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
<b>OUTPATIENT SERVICE COST CENTERS</b>										
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
<b>OTHER REIMBURSABLE COST CENTERS</b>										
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
<b>SPECIAL PURPOSE COST CENTERS</b>										
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	3,313,819	0	3,313,819	0	102,035	37,540	33,881	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	540	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	2,971	0	2,971	0	15	35	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

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
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	<b>0</b>	<b>3,316,790</b>	<b>0</b>	<b>3,316,790</b>	<b>0</b>	<b>102,590</b>	<b>37,575</b>	<b>33,881</b>	100.00


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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	18,319								7.00
8.00	DIETARY	364	79,148							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	43	0	0	0	0	0	8,100		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	208	0	0	0	0	0	0	0	15.00
15.01	CHAPLAIN	0	0	0	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	2,908	27,113	0	0	0	0	8,100	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	14,724	52,035	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
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	55	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
<b>OUTPATIENT SERVICE COST CENTERS</b>										
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
<b>OTHER REIMBURSABLE COST CENTERS</b>										
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
<b>SPECIAL PURPOSE COST CENTERS</b>										
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)	18,302	79,148	0	0	0	0	8,100	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	17	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

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
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	<b>TOTAL</b>	<b>18,319</b>	<b>79,148</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,100</b>	<b>0</b>	100.00


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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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	38,604					15.00
15.01	CHAPLAIN	0	384				15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	SKILLED NURSING FACILITY	38,604	103	632,558	0	632,558	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	281	2,663,253	0	2,663,253	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	0	0	133	0	133	40.00
41.00	LABORATORY	0	0	141	0	141	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	562	0	562	43.00
44.00	PHYSICAL THERAPY	0	0	12,530	0	12,530	44.00
45.00	OCCUPATIONAL THERAPY	0	0	2,356	0	2,356	45.00
46.00	SPEECH PATHOLOGY	0	0	333	0	333	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	55	0	55	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	1,291	0	1,291	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	38,604	384	3,313,212	0	3,313,212	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	540	0	540	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	3,038	0	3,038	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

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
PPS

100.00	TOTAL	38,604	384	3,316,790	0	3,316,790	100.00
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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQ FT)	MOVABLE EQUIPMENT (\$ VALUE OR SQ FT)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQ FT)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ FT)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	215,483								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		0							2.00
3.00	EMPLOYEE BENEFITS	0	0	11,019,947						3.00
4.00	ADMINISTRATIVE & GENERAL	6,665	0	1,119,209	-4,040,991	20,753,239				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,739	0	449,187	0	2,186,485	207,079			5.00
6.00	LAUNDRY & LINEN SERVICE	2,125	0	83,063	0	158,988	2,125	273,503		6.00
7.00	HOUSEKEEPING	966	0	430,645	0	662,593	966	0	203,988	7.00
8.00	DIETARY	4,057	0	1,196,963	0	3,156,277	4,057	0	4,057	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	483	0	80,577	0	108,024	483	0	483	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	2,318	0	311,168	0	464,483	2,318	0	2,318	15.00
15.01	CHAPLAIN	0	0	62,015	0	77,650	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	32,386	0	2,912,349	0	4,906,063	32,386	218,802	32,386	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	163,937	0	3,474,474	0	7,345,465	163,937	54,701	163,937	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	26,994	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	28,590	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	68,614	0	113,667	0	0	0	43.00
44.00	PHYSICAL THERAPY	614	0	401,247	0	589,257	614	0	614	44.00
45.00	OCCUPATIONAL THERAPY	0	0	322,771	0	476,671	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	40,919	0	67,367	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	11,217	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	261,259	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
<b>OUTPATIENT SERVICE COST CENTERS</b>										
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
<b>OTHER REIMBURSABLE COST CENTERS</b>										
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
<b>SPECIAL PURPOSE COST CENTERS</b>										
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)	215,290	0	10,953,201	-4,040,991	20,641,050	206,886	273,503	203,795	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	66,746	0	109,218	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	193	0	0	0	2,971	193	0	193	91.00


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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQ. FEET)	MOVABLE EQUIPMENT (\$ VALUE OR SQ. FT)	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	PATIENTS 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)	3,316,790	0	2,736,911		4,040,991	2,612,229	216,752	803,796	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	15.392351	0.000000	0.248360		0.194716	12.614649	0.792503	3.940408	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		102,590	37,575	33,881	18,319	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.004943	0.181452	0.123878	0.089804	105.00


THE SHORES	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:35 am MCRIF32 Version: 11.3.180.0	
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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	
<b>GENERAL SERVICE COST CENTERS</b>										
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	188,285								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	19,162			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	19,162	15.00
15.01	CHAPLAIN	0	0	0	0	0	0	0	0	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	64,500	0	0	0	0	19,162	0	19,162	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	123,785	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
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
<b>OUTPATIENT SERVICE COST CENTERS</b>										
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
<b>OTHER REIMBURSABLE COST CENTERS</b>										
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
<b>SPECIAL PURPOSE COST CENTERS</b>										
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)	188,285	0	0	0	0	19,162	0	19,162	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
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


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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	
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
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)	3,838,019	0	0	0	0	137,054	0	593,300	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	20.384093	0.000000	0.000000	0.000000	0.000000	7.152385	0.000000	30.962321	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	79,148	0	0	0	0	8,100	0	38,604	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.420363	0.000000	0.000000	0.000000	0.000000	0.422712	0.000000	2.014612	105.00


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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	CHAPLAIN (PATIENT DAYS)	
		15.01	
<b>GENERAL SERVICE COST CENTERS</b>			
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	71,498	15.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	SKILLED NURSING FACILITY	19,162	30.00
31.00	NURSING FACILITY	0	31.00
32.00	ICF/IID	0	32.00
33.00	OTHER LONG TERM CARE	52,336	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
60.00	CLINIC	0	60.00
61.00	RURAL HEALTH CLINIC	0	61.00
62.00	FQHC		62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
70.00	HOME HEALTH AGENCY COST	0	70.00
71.00	AMBULANCE	0	71.00
73.00	CMHC	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
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)	71,498	89.00
<b>NONREIMBURSABLE COST CENTERS</b>			
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


THE SHORES	Period:	Run Date Time:	11/26/2025 8:35 am	
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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)	92,770		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	1.297519		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	384		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.005371		105.00


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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	32,250	24,254	1.329678	40.00
41.00	LABORATORY	34,157	23,659	1.443721	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	135,800	96,626	1.405419	43.00
44.00	PHYSICAL THERAPY	714,159	732,177	0.975391	44.00
45.00	OCCUPATIONAL THERAPY	569,486	684,393	0.832104	45.00
46.00	SPEECH PATHOLOGY	80,484	151,212	0.532259	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,401	11,217	1.194704	48.00
49.00	DRUGS CHARGED TO PATIENTS	312,130	268,275	1.163470	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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	<b>1,891,867</b>	<b>1,991,813</b>		100.00

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS


**Worksheet D**  
**Part I**  
**PPS**

Title XVIII Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	1.329678	19,143	0	25,454	0	40.00
41.00	LABORATORY	1.443721	19,577	0	28,264	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1.405419	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.975391	399,080	0	389,259	0	44.00
45.00	OCCUPATIONAL THERAPY	0.832104	418,535	0	348,265	0	45.00
46.00	SPEECH PATHOLOGY	0.532259	94,857	0	50,488	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.194704	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.163470	218,515	0	254,236	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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)		<b>1,169,707</b>	<b>0</b>	<b>1,095,966</b>	<b>0</b>	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

**Worksheet D**  
**Parts II-III**  
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)	1.163470	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

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

Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
	1.00	2.00	3.00	4.00	5.00

**ANCILLARY SERVICE COST CENTERS**

40.00	RADIOLOGY	32,250	0	0.000000	25,454	0	40.00
41.00	LABORATORY	34,157	0	0.000000	28,264	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	135,800	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	714,159	0	0.000000	389,259	0	44.00
45.00	OCCUPATIONAL THERAPY	569,486	0	0.000000	348,265	0	45.00
46.00	SPEECH PATHOLOGY	80,484	0	0.000000	50,488	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,401	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	312,130	0	0.000000	254,236	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)	<b>1,891,867</b>	<b>0</b>		<b>1,095,966</b>	<b>0</b>	100.00


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Provider CCN: 315394			

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
<b>INPATIENT DAYS</b>			
1.00	Inpatient days including private room days	19,162	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	5,647	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	<b>8,640,896</b>	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
6.00	General inpatient routine service charges	10,227,619	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.844859	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	10,227,619	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	533.74	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)	8,640,896	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	450.94	16.00
17.00	Program routine service cost (Line 3 times line 16)	2,546,458	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)	<b>2,546,458</b>	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)	632,558	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	33.01	21.00
22.00	Program capital related cost (Line 3 times line 21)	186,407	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	2,360,051	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)	<b>2,360,051</b>	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
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>			
			1.00
1.00	Total SNF inpatient days	19,162	1.00
2.00	Program inpatient days (see instructions)	5,647	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)	0.294698	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00


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Provider CCN: 315394			

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	
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		19,162	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		6,322	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		<b>8,640,896</b>	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		10,227,619	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.844859	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		10,227,619	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		533.74	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)		8,640,896	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		450.94	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,850,843	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)		<b>2,850,843</b>	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)		632,558	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		33.01	21.00
22.00	Program capital related cost (Line 3 times line 21)		208,689	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		2,642,154	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)		<b>2,642,154</b>	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)		2,850,843	28.00
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>			1.00	
1.00	Total SNF inpatient days		19,162	1.00
2.00	Program inpatient days (see instructions)		6,322	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)		0.329924	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

THE SHORES	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 11/26/2025 8:35 am MCRIF32 Version: 11.3.180.0	
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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)	4,256,213	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)	<b>4,256,213</b>	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	517,906	5.00
6.00	Allowable bad debts (From your records)	34,516	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	34,516	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	22,435	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)	<b>3,760,742</b>	11.00
12.00	Interim payments (See instructions)	3,684,307	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)	449	14.75
14.99	Sequestration amount (see instructions)	74,766	14.99
15.00	Balance due provider/program (see Instructions)	<b>1,220</b>	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)	<b>0</b>	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)	<b>0</b>	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)	<b>0</b>	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00


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CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

**Worksheet E  
Part II**

Title XIX Skilled Nursing Facility Cost

		1.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
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)	2,850,843	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)	2,850,843	6.00
7.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	0	7.00
8.00	<b>SUBTOTAL (Line 6 minus line 7)</b>	<b>2,850,843</b>	<b>8.00</b>
9.00	Primary payor amounts	0	9.00
10.00	<b>Total Reasonable Cost (Line 8 minus line 9)</b>	<b>2,850,843</b>	<b>10.00</b>
<b>REASONABLE CHARGES</b>			
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	<b>Total reasonable charges</b>	<b>0</b>	<b>15.00</b>
<b>CUSTOMARY CHARGES</b>			
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	<b>Total customary charges (see instructions)</b>	<b>0</b>	<b>19.00</b>
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
20.00	Cost of covered services (see Instructions)	0	20.00
21.00	Deductibles	0	21.00
22.00	<b>Subtotal (Line 20 minus line 21)</b>	<b>0</b>	<b>22.00</b>
23.00	Coinsurance	0	23.00
24.00	<b>Subtotal (Line 22 minus line 23)</b>	<b>0</b>	<b>24.00</b>
25.00	Allowable bad debts (from your records)	0	25.00
26.00	<b>Subtotal (sum of lines 24 and 25)</b>	<b>0</b>	<b>26.00</b>
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	<b>Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)</b>	<b>0</b>	<b>31.00</b>
32.00	Interim payments	0	32.00
33.00	<b>Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)</b>	<b>0</b>	<b>33.00</b>

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,663,541		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
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	01/16/2025	20,766		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
<b>Provider to Program</b>						
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)		20,766		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)		3,684,307		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		1,220		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,685,527		0	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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


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

Worksheet G

PPS

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>Assets</b>					
<b>CURRENT ASSETS</b>					
1.00	Cash on hand and in banks	59,320	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	1,513,166	0	0	4.00
5.00	Other receivables	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-111,600	0	0	6.00
7.00	Inventory	67,255	0	0	7.00
8.00	Prepaid expenses	238,234	0	0	8.00
9.00	Other current assets	228	0	0	9.00
10.00	Due from other funds	24,079,730	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	25,846,333	0	0	11.00
<b>FIXED ASSETS</b>					
12.00	Land	463,497	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	54,488,241	0	0	15.00
16.00	Less Accumulated depreciation	-28,424,446	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	4,424,244	0	0	19.00
20.00	Less: Accumulated depreciation	-3,035,174	0	0	20.00
21.00	Automobiles and trucks	22,321	0	0	21.00
22.00	Less: Accumulated depreciation	-22,321	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	265,647	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	28,182,009	0	0	28.00
<b>OTHER ASSETS</b>					
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	3,044,385	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	3,044,385	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	57,072,727	0	0	34.00
<b>Liabilities and Fund Balances</b>					
<b>CURRENT LIABILITIES</b>					
35.00	Accounts payable	1,230,993	0	0	35.00
36.00	Salaries, wages, and fees payable	1,441,916	0	0	36.00
37.00	Payroll taxes payable	0	0	0	37.00
38.00	Notes & loans payable (Short term)	548,521	0	0	38.00
39.00	Deferred income	0	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	8,691,541	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	11,912,971	0	0	43.00
<b>LONG TERM LIABILITIES</b>					
44.00	Mortgage payable	0	0	0	44.00
45.00	Notes payable	27,194,192	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	12,500	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	27,206,692	0	0	50.00


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

**Worksheet G**

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	<b>39,119,663</b>	<b>0</b>	<b>0</b>	<b>0</b>	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	17,953,064				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)	<b>17,953,064</b>	<b>0</b>	<b>0</b>	<b>0</b>	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	<b>57,072,727</b>	<b>0</b>	<b>0</b>	<b>0</b>	60.00
( ) = contra amount						


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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS


		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		18,845,408		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-892,342							2.00
3.00	Total (sum of line 1 and line 2)		17,953,066		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00	INTERCOMPANY RECONCILIATION	0		0		0		0		5.00
6.00	ROUNDING	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	10.00
11.00	Subtotal (line 3 plus line 10)		17,953,066		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00	ROUNDING	2		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)		2		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		17,953,064		0		0		0	19.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**Worksheet G-2**  
**Part I**  
**PPS**

<b>PART I - PATIENT REVENUES</b>					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	10,227,619		10,227,619	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	15,843,338		15,843,338	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	26,070,957		26,070,957	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	1,915,074	0	1,915,074	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)	27,986,031	0	27,986,031	14.00
<b>PART II - OPERATING EXPENSES</b>					
			1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			26,063,741	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)			26,063,741	15.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	27,986,031	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,521,152	2.00
3.00	Net patient revenues (Line 1 minus line 2)	25,464,879	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	26,063,741	4.00
5.00	Net income from service to patients (Line 3 minus 4)	<b>-598,862</b>	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	293,667	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	34,118	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	5,108	13.00
14.00	Revenue from meals sold to employees and guests	14,476	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	MISCELLANEOUS	0	24.00
24.01	CATERING / COUNTRY STORE	37,153	24.01
24.02	MAINTENANCE SERVICES	0	24.02
24.03	GAIN / LOSS ON SALE OF ASSETS	0	24.03
24.04	TRANSPORTATION - RESIDENTIAL	9,783	24.04
24.05	MISCELLANEOUS INCOME	1,037	24.05
24.06	HOUSEKEEPING REVENUE	936	24.06
24.07	ELECTRIC INCOME	0	24.07
24.08	BEAUTICIAN INCOME	0	24.08
24.09	INSURANCE REVENUE	0	24.09
24.10	ELECTRIC REVENUE	1,811	24.10
24.11	GRANT INCOME	12,121	24.11
24.12	INVESTMENT SETTLEMENT	0	24.12
24.13	BANK RETURN CHECK CHARGE	10	24.13
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	<b>410,220</b>	25.00
26.00	Total (Line 5 plus line 25)	<b>-188,642</b>	26.00
27.00	LOSS ON DISPOSAL OF ASSET	84	27.00
28.00	INVESTMENT LOSS	703,616	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	<b>703,700</b>	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	<b>-892,342</b>	31.00