Pease Bell Advisory, LLC
peasebell.com

May 30, 2026

Novitas Solutions, Inc.
Provider Audit & Reimbursement
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050

Regarding: Medicare Cost Report
Provider Name: Green Hill Inc
Provider Number: 31-5416
Fiscal Period: 01/01/2025-12/31/2025

Dear Cost Report Acceptance:

On behalf of the above-named provider enclosed please find the following information:

- Medicare Cost Report certification page (Worksheet S) (signed)
- Thumb drive Containing the ECR files and PI files for the Medicare Cost Report
- Thumb drive containing Medicare Cost Report attachments and bad debt log.

The password required to open the Bad Debt Log has been emailed to settlement@novitas-solutions.com.

If you have any questions with regard to the enclosed report, please let us know or reimbursement@peasebell.com.

Respectfully yours,

Green Hill Inc

Pease Bell Advisory, LLC provides tax and business consulting services to its clients. Pease Bell Advisory, LLC operates under the "Pease Bell" brand alongside Pease Bell CPAs, LLC, a licensed independent CPA firm that provides attest services. These entities practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations, and professional standards. Pease Bell Advisory, LLC and its subsidiary entities are not licensed CPA firms.

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: 07/31/2027

GREEN HILL INC	Period:	Run Date Time:	5/29/2026 9:22
	From: 01/01/2025	MCRIF32	**2540-24**
Provider CCN: 31-5416	To: 12/31/2025	Version:	2.7.181.0

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTHCARE COMPLEX COST REPORT STATUS, CERTIFICATION, AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

	PART I - COST REPORT STATUS	1	2	3	
1	ELECTRONICALLY PREPARED	Y	5/29/2026	9:22 pm	1
2	MANUALLY PREPARED				2
3	IF AMENDED, NUMBER OF TIMES AMENDED	0			3
4	MEDICARE UTILIZATION	F			4
5	CONTRACTOR: HCRIS STATUS CODE	1			5
6	CONTRACTOR: COST REPORT RECEIVED DATE				6
7	CONTRACTOR: CONTRACTOR NUMBER				7
8	CONTRACTOR: INITIAL COST REPORT FOR THIS CCN				8
9	CONTRACTOR: FINAL COST REPORT FOR THIS CCN				9
10	CONTRACTOR: NPR DATE				10
11	CONTRACTOR: ADR SOFTWARE VENDOR CODE	4			11
12	CONTRACTOR: REOPENING NUMBER	0			12

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 OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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 GREEN HILL INC, 31-5416 {PROVIDER NAME(S) AND PROVIDER CCN(S)} FOR THE COST REPORTING PERIOD BEGINNING 01/01/2025 AND ENDING 12/31/2025 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	*Monica Terrano*		Y	I HAVE READ AND AGREE WITH THE ABOVE CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE.	1
2	Signatory Printed Name	MONICA TERRANO			2
3	Signatory Title	CFO			3
4	Signature Date	05/29/2026 06:26:10 PM (PT)			4

PART III - SETTLEMENT SUMMARY

			Title XVIII			
		Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SNF	0	127,362	0	0	1.00
2.00	NF	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF-BASED HHA I	0		0	0	4.00
100.00	TOTAL	**0**	**127,362**	**0**	**0**	100.00

ECR Encryption Information

ECR: Date: 5/29/2026 Time: 9:22 pm
VzcRbjnJkMDlq.6ukfununTIs4dpk0
pxVBb0vJLf96zoAYLTg38kCwS5Uq7U
B9.o0hpedt0ICtRF

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 OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0463. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 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 REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENSE 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, CONTACT 1-800-MEDICARE.

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Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS		1	2	3	
1	ELECTRONICALLY PREPARED	Y			1
2	MANUALLY PREPARED				2
3	IF AMENDED, NUMBER OF TIMES AMENDED	0			3
4	MEDICARE UTILIZATION	F			4
5	CONTRACTOR: HCRIS STATUS CODE	1			5
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2	Signatory Printed Name	MONICA TERRANO			2
3	Signatory Title	CFO			3
4	Signature Date	(Dated when report is electronically signed.)			4

PART III - SETTLEMENT SUMMARY

			Title XVIII			
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SNF	0	127,362	0	0	1.00
2.00	NF	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF-BASED HHA I	0		0	0	4.00
100.00	TOTAL	**0**	**127,362**	**0**	**0**	100.00

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 OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0463. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 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 REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENSE 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, CONTACT 1-800-MEDICARE.

GREEN HILL INC	Period:	Run Date Time: 5/29/2026 9:22
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5416	To: 12/31/2025	Version: 2.7.181.0

IDENTIFICATION DATA **Worksheet S-2**

SNF / SNF HEALTHCARE COMPLEX INFORMATION

		STREET ADDRESS	P O BOX		
		1.00	2.00		
1.00	ADDRESS LINE 1	103 PLEASANT VALLEY WAY			1.00

	CITY	STATE	ZIP CODE	COUNTY		
	1.00	2.00	3.00	4.00		
2.00 ADDRESS LINE 2	WEST ORANGE	NJ	07052	BELL		2.00

	COMPONENT TYPE	COMPONENT NAME	CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00		
3.00	SNF	GREEN HILL INC	315416	35084	U	12/01/1997			3.00
4.00	NF								4.00
5.00	ICF/IID								5.00
6.00	SNF-BASED HHA								6.00
7.00	SNF-BASED HOSPICE								7.00
8.00	CORF								8.00
8.10	OPT								8.10
8.20	OOT								8.20
8.30	OSP								8.30

		FROM	TO	
		1.00	2.00	
9.00	COST REPORTING PERIOD	01/01/2025	12/31/2025	9.00

		TOC CODE	SPECIFY OTHER	
		1.00	2.00	
10.00	TYPE OF CONTROL	2		10.00

SNF ORGANIZATION AND OPERATION

		1.00	
11.00	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?	N	11.00
12.00	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?	N	12.00

		COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	
		1.00	2.00	3.00	4.00	5.00	6.00	
13.00	Non-contiguous component locations							13.00

		Y/N	DATE	V OR I	
		1.00	2.00	3.00	
14.00	COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination.	N			14.00
15.00	COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date.	N			15.00
		1.00	2.00		
16.00	COLUMN 1: Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? COLUMN 2: Enter the number of HO/COs allocating costs to this SNF.	N	0		16.00

		HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	HO/CO CCN	HO/CO CONTRACTOR #	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
17.00	HO/CO ALLOCATING TO SNF									17.00

		1.00		
18.00	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?	N		18.00
19.00	Did this SNF operate a ventilator care unit?	N		19.00

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IDENTIFICATION DATA **Worksheet S-2**

SNF OWNED SERVICES

		1.00	2.00	
20.00	COLUMN 1: Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493? COLUMN 2: Enter the CLIA ID number.	N		20.00
21.00	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	N		21.00
22.00	COLUMN 1: Did this SNF operate an institutional based ambulance service? COLUMN 2: Enter the ambulance provider number.	N		22.00

		1.00	
23.00	Is this SNF involved in business transactions, including management contracts, with individuals or entities 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?	N	23.00
24.00	Indicate whether the provider is licensed in a State that certifies the provider as a SNF as described on line 3 above, regardless of the level of care given for Titles V and XIX patients. Enter Y or N.	Y	24.00

PROFESSIONAL SERVICES PURCHASED BY THE SNF

		1.00	2.00		
29.00	COLUMN 1: Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? COLUMN 2: Were the majority of the expenses (i.e., greater than 50 percent of the total professional services expenses) for services purchased from unrelated organizations located outside of the SNF's local area labor market?	Y	N		29.00

SNF-BASED HHA THERAPY COSTS

		1.00	
31.00	Did the SNF-based HHA contract with outside suppliers for physical therapy services?	N	31.00
32.00	Did the SNF-based HHA contract with outside suppliers for occupational therapy services?	N	32.00
33.00	Did the SNF-based HHA contract with outside suppliers for speech therapy services?	N	33.00

MEDICAL MALPRACTICE COST

		1.00	2.00	3.00	
34.00	Is the SNF legally required to carry malpractice insurance?	Y			34.00
35.00	If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy.	1			35.00
36.00	If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3.	233,467	0	0	36.00
37.00	Are malpractice premiums and paid losses reported in other than the A&G cost center?	N			37.00

LOWER OF COST OR CHARGE EXEMPTION

		PART A	PART B		
		1.00	2.00		
40.00	Did the SNF qualify for an exemption from the application of the lower of costs or charges?	N	N		40.00
41.00	Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges?	N	N		41.00

FINANCIAL STATEMENTS

		1.00	2.00	3.00	
50.00	COLUMN 1: Were the financial statements prepared by a CPA? COLUMN 2: If column 1 is Y, enter "A" for audited, "C" for complied, or "R" for reviewed in column 2. COLUMN 3: If complete copy of the financial statements not submitted with cost report, enter date available.	Y	A	06/30/2026	50.00
51.00	Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If "Y", submit a reconciliation.	N			51.00

BAD DEBTS

		1.00	
52.00	Is the SNF seeking reimbursement for Medicare bad debts?	Y	52.00
53.00	If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period?	N	53.00
54.00	If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance?	N	54.00

PS&R REPORT DATA

		Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
		0	1.00	2.00	3.00	4.00	
55.00	Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 55 "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)		Y	05/13/2026	Y	05/13/2026	55.00
56.00	Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)		N		N		56.00
57.00	If line 55 or 56 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?		N		N		57.00
58.00	If line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?		N		N		58.00

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IDENTIFICATION DATA **Worksheet S-2**

PS&R REPORT DATA

		Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
		0	1.00	2.00	3.00	4.00	
59.00	If line 55 or 56 is Y, were adjustments made to PS&R data for other reasons? If Y, describe the other adjustment:		N		N		59.00
60.00	Is this cost report prepared using only the provider's records?		N		N		60.00

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IDENTIFICATION DATA **Worksheet S-2**

COST REPORT PREPARER CONTACT INFORMATION

		FIRST NAME	LAST NAME	TITLE	
		1.00	2.00	3.00	
70.00	PREPARER	JOYCE	CARDENAS	HEALTHCARE SUPERVISOR	70.00
		NAME			
		1.00			
71.00	EMPLOYER	PEASE BELL ADVISORY			71.00
		TELEPHONE NUMBER	EMAIL ADDRESS		
		1.00	2.00		
72.00	CONTACT INFORMATION	216.770.4708	REIMBURSEMENT@PEASEBELL.COM		72.00

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STATISTICAL DATA

Worksheet S-3
Part I

PART I - VISITS AND CENSUS DATA

				INPATIENT DAYS					DISCHARGES					
		NUMBER OF BEDS	BED DAYS AVAILABLE	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SNF - FFS	127	46,355	0	9,028	1,262	4,733	**32,637**	0	181	43	12	**236**	1.00
2.00	SNF - HMO			0	3,220	14,394			0	94	18	0	**112**	2.00
3.00	NF - FFS	0	0	0		0	0	**0**	0		0	0	**0**	3.00
4.00	NF - HMO			0		0			0		0	0	**0**	4.00
5.00	ICF/IID	0	0	0		0	0	**0**	0		0	0	**0**	5.00
6.00	HOSPICE	0	0	0	0	0	0	**0**	0	0	0	0	**0**	6.00
7.00	TOTAL	**127**	**46,355**	**0**	**12,248**	**15,656**	**4,733**	**32,637**	**0**	**275**	**61**	**12**	**348**	7.00

PART I - VISITS AND CENSUS DATA

		AVERAGE LENGTH OF STAY					ADMISSIONS					FTE		
		TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	EMPLOYEE	NON-PAID	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	
1.00	SNF - FFS	0.00	49.88	29.35	394.42	**138.29**	0	205	36	81	**322**	110.22	0.00	1.00
2.00	SNF - HMO	0.00	34.26	799.67			0	73	23	0	**96**			2.00
3.00	NF - FFS	0.00		0.00	0.00	**0.00**	0		0	0	**0**	0.00	0.00	3.00
4.00	NF - HMO	0.00		0.00			0		0	0	**0**			4.00
5.00	ICF/IID	0.00		0.00	0.00	**0.00**	0		0	0	**0**	0.00	0.00	5.00
6.00	HOSPICE											0.00	0.00	6.00
7.00	TOTAL													7.00

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STATISTICAL DATA

Worksheet S-3
Part II

PART II - SNF WAGE INDEX - DIRECT SALARIES

		AMOUNT REPORTED	RECLASS-IFICATIONS	ADJUSTMENTS	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		1.00	2.00	3.00	4.00	5.00	6.00	
SALARIES								
1.00	TOTAL SALARY (SEE INSTRUCTIONS)	6,118,524	0	0	**6,118,524**	229,252.00	26.69	1.00
2.00	PHYSICIAN SALARIES-PART A	0	0	0	**0**	0.00	0.00	2.00
3.00	PHYSICIAN SALARIES-PART B	0	0	0	**0**	0.00	0.00	3.00
4.00	HOME OFFICE PERSONNEL	0	0	0	**0**	0.00	0.00	4.00
5.00	SUM OF LINES 2 THROUGH 4	**0**	**0**	**0**	**0**	**0.00**	0.00	5.00
6.00	REVISED WAGES (LINE 1 MINUS LINE 5)	6,118,524	0	0	**6,118,524**	229,252.00	26.69	6.00
7.00	HOME HEALTH AGENCY	0	0	0	**0**	0.00	0.00	7.00
8.00	HOSPICE	0	0	0	**0**	0.00	0.00	8.00
9.00	OTHER EXCLUDED AREAS	91,550	0	0	**91,550**	1,118.00	81.89	9.00
10.00	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9)	**91,550**	**0**	**0**	**91,550**	**1,118.00**	81.89	10.00
11.00	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10)	**6,026,974**	**0**	**0**	**6,026,974**	**228,134.00**	26.42	11.00
OTHER WAGES AND RELATED COST								
12.00	CONTRACT LABOR: PATIENT RELATED & MGMT	1,971,332	0	0	**1,971,332**	56,293.90	35.02	12.00
13.00	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	0	0	0	**0**	0.00	0.00	13.00
14.00	HOME OFFICE SALARIES AND WAGE RELATED COSTS	0	0	0	**0**	0.00	0.00	14.00
WAGE RELATED COSTS								
15.00	WAGE RELATED COSTS CORE (SEE PT.IV)	2,176,501	0	0	**2,176,501**			15.00
16.00	WAGE RELATED COSTS (EXCLUDED UNITS)	32,566	0	0	**32,566**			16.00
17.00	PHYSICIANS PART A - WRC	0	0	0	**0**			17.00
18.00	PHYSICIANS PART B - WRC	0	0	0	**0**			18.00
19.00	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUCTIONS)	**2,143,935**	**0**	**0**	**2,143,935**			19.00

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STATISTICAL DATA

Worksheet S-3
Part III

PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES

		WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		0	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	EMPLOYEE BENEFITS DEPARTMENT	3.00	0	0	0	**0**	0.00	0.00	1.00
2.00	ADMINISTRATIVE AND GENERAL	4.00	2,336,765	0	0	**2,336,765**	57,319.00	40.77	2.00
3.00	PLANT OP, MAINT & REPAIRS	5.00	123,436	0	0	**123,436**	6,767.00	18.24	3.00
4.00	LAUNDRY AND LINEN SERVICE	6.00	0	0	0	**0**	0.00	0.00	4.00
5.00	HOUSEKEEPING	7.00	344,687	0	0	**344,687**	20,466.00	16.84	5.00
6.00	DIETARY	8.00	157,407	0	0	**157,407**	8,185.00	19.23	6.00
7.00	NURSING ADMINISTRATION	9.00	733,944	0	0	**733,944**	16,106.00	45.57	7.00
8.00	CENTRAL SERVICES AND SUPPLY	10.00	0	0	0	**0**	0.00	0.00	8.00
9.00	PHARMACY	11.00	0	0	0	**0**	0.00	0.00	9.00
10.00	MEDICAL RECORDS	12.00	17,165	0	0	**17,165**	810.00	21.19	10.00
11.00	MEDICAL SOCIAL SERVICES	13.00	135,167	0	0	**135,167**	3,484.00	38.80	11.00
12.00	ACTIVITIES PROGRAM	14.00	141,875	0	0	**141,875**	5,630.00	25.20	12.00
13.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	15.00	0	0	0	**0**	0.00	0.00	13.00
14.00	TRAINING AND IN-SERVICE EDUCATION	16.00	0	0	0	**0**	0.00	0.00	14.00
15.00	PATIENT TRANSPORTATION PART A	17.00	0	0	0	**0**	0.00	0.00	15.00
16.00	OTHER GENERAL SERVICE	18.00	0	0	0	**0**	0.00	0.00	16.00

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STATISTICAL DATA

Worksheet S-3
Part IV

PART IV - SNF WAGE RELATED COSTS			
		AMOUNT	
		1.00	
RETIREMENT COST			
1.00	401k EMPLOYER CONTRIBUTIONS	241,216	1.00
2.00	TAX SHELTERED ANNUITY EMPLOYER CONTRIBUTION	0	2.00
3.00	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	0	3.00
4.00	PRIOR YEAR PENSION SERVICE COST	0	4.00
PLAN ADMINISTRATIVE COSTS			
5.00	401K/TSA PLAN ADMINISTRATION FEES	0	5.00
6.00	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	0	6.00
7.00	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	0	7.00
HEALTH AND INSURANCE COSTS			
8.00	HEALTH INSURANCE	908,751	8.00
9.00	PRESCRIPTION DRUG PLAN	0	9.00
10.00	DENTAL, HEARING AND VISION PLANS	0	10.00
11.00	LIFE INSURANCE	0	11.00
12.00	ACCIDENTAL INSURANCE	0	12.00
13.00	DISABILITY INSURANCE	0	13.00
14.00	LONG-TERM CARE INSURANCE	0	14.00
15.00	WORKERS' COMPENSATION INSURANCE	255,101	15.00
16.00	RETIREMENT HEALTH CARE COST	0	16.00
TAXES			
17.00	FICA - EMPLOYER'S PORTION ONLY	466,632	17.00
18.00	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	0	18.00
19.00	UNEMPLOYMENT INSURANCE	0	19.00
20.00	STATE OR FEDERAL UNEMPLOYMENT TAXES	191,574	20.00
OTHER			
21.00	EXECUTIVE DEFERRED COMPENSATION	0	21.00
22.00	DAY CARE COST AND ALLOWANCES	0	22.00
23.00	TUITION REIMBURSEMENT	113,227	23.00
24.00	TOTAL WAGE RELATED COST	**2,176,501**	24.00

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STATISTICAL DATA

Worksheet S-3
Part V

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES

		AMOUNT REPORTED	EMPLOYEE WAGE-RELATED COSTS	ADJUSTED SALARIES (COL. 1 + COL. 2)	PAID HOURS RELATED TO SALARY IN COL. 3	AVERAGE HOURLY WAGE (COL. 3 ÷ COL. 4)	
		1.00	2.00	3.00	4.00	5.00	
DIRECT SALARIES							
NURSING EMPLOYEES							
1.00	REGISTERED NURSE	17,466	6,213	**23,679**	391.00	60.56	1.00
2.00	LICENSED PRACTICAL NURSE	387,180	137,729	**524,909**	15,724.00	33.38	2.00
3.00	CERTIFIED NURSING ASSISTANT	1,091,155	388,149	**1,479,304**	80,552.00	18.36	3.00
4.00	TOTAL NURSING EXPENDITURES	**1,495,801**	**532,091**	**2,027,892**	**96,667.00**	20.98	4.00
5.00	PHYSICAL THERAPIST	263,198	93,626	**356,824**	6,259.00	57.01	5.00
6.00	PHYSICAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	6.00
7.00	OCCUPATIONAL THERAPIST	266,447	94,781	**361,228**	6,232.00	57.96	7.00
8.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	8.00
9.00	SPEECH-LANGUAGE PATHOLOGIST	11,082	3,942	**15,024**	209.00	71.89	9.00
10.00	THERAPY AIDES AND STUDENTS	0	0	**0**	0.00	0.00	10.00
11.00	RESPIRATORY THERAPIST	0	0	**0**	0.00	0.00	11.00
12.00	OTHER MEDICAL STAFF	0	0	**0**	0.00	0.00	12.00
CONTRACT LABOR							
NURSING EMPLOYEES							
15.00	REGISTERED NURSE	44,591	0	**44,591**	901.55	49.46	15.00
16.00	LICENSED PRACTICAL NURSE	1,119,991	0	**1,119,991**	29,022.82	38.59	16.00
17.00	CERTIFIED NURSING ASSISTANT	668,271	0	**668,271**	24,239.09	27.57	17.00
18.00	TOTAL NURSING EXPENDITURES	**1,832,853**	**0**	**1,832,853**	**54,163.46**	33.84	18.00
TECHNICAL/PROFESSIONAL EMPLOYEES							
19.00	PHYSICAL THERAPIST	62,646	0	**62,646**	963.78	65.00	19.00
20.00	PHYSICAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	20.00
21.00	OCCUPATIONAL THERAPIST	0	0	**0**	0.00	0.00	21.00
22.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	22.00
23.00	SPEECH-LANGUAGE PATHOLOGIST	75,833	0	**75,833**	1,166.66	65.00	23.00
24.00	THERAPY AIDES AND STUDENTS	0	0	**0**	0.00	0.00	24.00
25.00	RESPIRATORY THERAPIST	0	0	**0**	0.00	0.00	25.00
26.00	OTHER MEDICAL STAFF	0	0	**0**	0.00	0.00	26.00
HOME OFFICE/CHAIN ORGANIZATION							
NURSING EMPLOYEES							
29.00	REGISTERED NURSE	0	0	**0**	0.00	0.00	29.00
30.00	LICENSED PRACTICAL NURSE	0	0	**0**	0.00	0.00	30.00
31.00	CERTIFIED NURSING ASSISTANT	0	0	**0**	0.00	0.00	31.00
32.00	TOTAL NURSING EXPENDITURES	**0**	**0**	**0**	**0.00**	0.00	32.00
TECHNICAL/PROFESSIONAL EMPLOYEES							
33.00	PHYSICAL THERAPIST	0	0	**0**	0.00	0.00	33.00
34.00	PHYSICAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	34.00
35.00	OCCUPATIONAL THERAPIST	0	0	**0**	0.00	0.00	35.00
36.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	36.00
37.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	**0**	0.00	0.00	37.00
38.00	THERAPY AIDES AND STUDENTS	0	0	**0**	0.00	0.00	38.00
39.00	RESPIRATORY THERAPIST	0	0	**0**	0.00	0.00	39.00
40.00	OTHER MEDICAL STAFF	0	0	**0**	0.00	0.00	40.00

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

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES				1,154,962	**1,154,962**	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT				591,827	**591,827**	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	**0**	2,176,501	**2,176,501**	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	2,336,765	930,535	**3,267,300**	1,785,880	**5,053,180**	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	123,436	928,040	**1,051,476**	0	**1,051,476**	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	365	**365**	15,655	**16,020**	6.00
7.00	00700	HOUSEKEEPING	344,687	31,140	**375,827**	6,155	**381,982**	7.00
8.00	00800	DIETARY	157,407	623,458	**780,865**	288,641	**1,069,506**	8.00
9.00	00900	NURSING ADMINISTRATION	733,944	146,582	**880,526**	170,626	**1,051,152**	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	**0**	416,908	**416,908**	10.00
11.00	01100	PHARMACY	0	0	**0**	0	**0**	11.00
12.00	01200	MEDICAL RECORDS	17,165	0	**17,165**	0	**17,165**	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	135,167	0	**135,167**	0	**135,167**	13.00
14.00	01400	ACTIVITIES PROGRAM	141,875	0	**141,875**	1,828	**143,703**	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	**0**	0	**0**	15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	0	**0**	0	**0**	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	**0**	0	**0**	17.00
18.00	01800	OTHER GENERAL SERVICE COST	0	0	**0**	0	**0**	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	1,495,801	1,832,853	**3,328,654**	0	**3,328,654**	25.00
26.00	02600	NURSING FACILITY	0	0	**0**	0	**0**	26.00
27.00	02700	ICF/IID	0	0	**0**	0	**0**	27.00
ANCILLARY SERVICE COST CENTERS								
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	0	**0**	28,615	**28,615**	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	**0**	0	**0**	31.00
32.00	03200	LABORATORY	0	0	**0**	32,905	**32,905**	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	**0**	0	**0**	33.00
34.00	03400	RESPIRATORY THERAPY	0	0	**0**	0	**0**	34.00
35.00	03500	PHYSICAL THERAPY	263,198	62,646	**325,844**	3,322	**329,166**	35.00
36.00	03600	OCCUPATIONAL THERAPY	266,447	0	**266,447**	-130	**266,317**	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	11,082	75,833	**86,915**	0	**86,915**	37.00
38.00	03800	AUDIOLOGY	0	0	**0**	0	**0**	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	**0**	0	**0**	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	**0**	0	**0**	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	**0**	104,127	**104,127**	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	**0**	0	**0**	42.00
43.00	04300	DENTAL CARE	0	0	**0**	0	**0**	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	**0**	0	**0**	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	**0**	0	**0**	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	**0**	0	**0**	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	**0**	0	**0**	47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	**0**	0	**0**	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	**0**	0	**0**	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	**0**	0	**0**	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	**0**	0	**0**	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	**0**	0	**0**	64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY	0	0	**0**	0	**0**	70.00
71.00	07100	AMBULANCE	0	0	**0**	0	**0**	71.00
72.00	07200	HOSPICE	0	0	**0**	0	**0**	72.00
73.00	07300	CORF	0	0	**0**	0	**0**	73.00
74.00	07400	OPT	0	0	**0**	0	**0**	74.00
75.00	07500	OOT	0	0	**0**	0	**0**	75.00
76.00	07600	OSP	0	0	**0**	0	**0**	76.00

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

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	**0**	0	**0**	77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES				0	**0**	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	**0**	0	**0**	81.00
89.00		SUBTOTAL	**6,026,974**	**4,631,452**	**10,658,426**	**6,777,822**	**17,436,248**	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	**0**	0	**0**	90.00
91.00	09100	NONPAID WORKERS	0	0	**0**	0	**0**	91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	**0**	0	**0**	92.00
93.00	09300	OTHER NONREIMBURSABLE COST	91,550	0	**91,550**	45,260	**136,810**	93.00
100.00		TOTAL	**6,118,524**	**4,631,452**	**10,749,976**	**6,823,082**	**17,573,058**	100.00

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

		Cost Center Description	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES	0	**1,154,962**	0	**1,154,962**		1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT	0	**591,827**	0	**591,827**		2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	**2,176,501**	0	**2,176,501**		3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	0	**5,053,180**	-939,944	**4,113,236**		4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	0	**1,051,476**	0	**1,051,476**		5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	**16,020**	0	**16,020**		6.00
7.00	00700	HOUSEKEEPING	0	**381,982**	0	**381,982**		7.00
8.00	00800	DIETARY	0	**1,069,506**	0	**1,069,506**		8.00
9.00	00900	NURSING ADMINISTRATION	0	**1,051,152**	-16,109	**1,035,043**		9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	**416,908**	0	**416,908**		10.00
11.00	01100	PHARMACY	0	**0**	0	**0**		11.00
12.00	01200	MEDICAL RECORDS	0	**17,165**	0	**17,165**		12.00
13.00	01300	MEDICAL SOCIAL SERVICES	0	**135,167**	0	**135,167**		13.00
14.00	01400	ACTIVITIES PROGRAM	0	**143,703**	0	**143,703**		14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	**0**	0	**0**		15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	**0**	0	**0**		16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	**0**	0	**0**		17.00
18.00	01800	OTHER GENERAL SERVICE COST	0	**0**	0	**0**		18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	0	**3,328,654**	0	**3,328,654**		25.00
26.00	02600	NURSING FACILITY	0	**0**	0	**0**		26.00
27.00	02700	ICF/IID	0	**0**	0	**0**		27.00
ANCILLARY SERVICE COST CENTERS								
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	**28,615**	0	**28,615**		30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	**0**	0	**0**		31.00
32.00	03200	LABORATORY	0	**32,905**	0	**32,905**		32.00
33.00	03300	INTRAVENOUS THERAPY	0	**0**	0	**0**		33.00
34.00	03400	RESPIRATORY THERAPY	0	**0**	0	**0**		34.00
35.00	03500	PHYSICAL THERAPY	0	**329,166**	0	**329,166**		35.00
36.00	03600	OCCUPATIONAL THERAPY	0	**266,317**	0	**266,317**		36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	**86,915**	0	**86,915**		37.00
38.00	03800	AUDIOLOGY	0	**0**	0	**0**		38.00
39.00	03900	ELECTROCARDIOLOGY	0	**0**	0	**0**		39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	**0**	0	**0**		40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	**104,127**	0	**104,127**		41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	**0**	0	**0**		42.00
43.00	04300	DENTAL CARE	0	**0**	0	**0**		43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	**0**	0	**0**		44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	**0**	0	**0**		45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	**0**	0	**0**		46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	**0**	0	**0**		47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	**0**	0	**0**		60.00
61.00	06100	OUTPATIENT LABORATORY	0	**0**	0	**0**		61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	**0**	0	**0**		62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	**0**	0	**0**		63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	**0**	0	**0**		64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY	0	**0**	0	**0**		70.00
71.00	07100	AMBULANCE	0	**0**	0	**0**		71.00
72.00	07200	HOSPICE	0	**0**	0	**0**		72.00
73.00	07300	CORF	0	**0**	0	**0**		73.00
74.00	07400	OPT	0	**0**	0	**0**		74.00
75.00	07500	OOT	0	**0**	0	**0**		75.00

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

		Cost Center Description	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
76.00	07600	OSP	0	**0**	0	**0**		76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	**0**	0	**0**		77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES	0	**0**	0	**0**		80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	**0**	0	**0**		81.00
89.00		SUBTOTAL	**0**	**17,436,248**	**-956,053**	**16,480,195**		89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	**0**	0	**0**		90.00
91.00	09100	NONPAID WORKERS	0	**0**	0	**0**		91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	**0**	0	**0**		92.00
93.00	09300	OTHER NONREIMBURSABLE COST	0	**136,810**	0	**136,810**		93.00
100.00		TOTAL	**0**	**17,573,058**	**-956,053**	**16,617,005**		100.00

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RECLASSIFICATIONS **Worksheet A-6**

	INCREASES				DECREASES				
	COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER	
	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
GRAND TOTAL									
500.00	**TOTAL RECLASSIFICATIONS**		**0**	**0**			**0**	**0**	500.00

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

			ACQUISITIONS						
		BEGINNING BALANCES	PURCHASES	DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	LAND	0	0	0	**0**	0	0	0	1.00
2.00	LAND IMPROVEMENTS	0	0	0	**0**	0	0	0	2.00
3.00	BUILDINGS AND FIXTURES	2,288,591	0	0	**0**	2,288,591	0	0	3.00
4.00	BUILDING IMPROVEMENTS	815,227	0	0	**0**	787,811	27,416	0	4.00
5.00	FIXED EQUIPMENT	0	0	0	**0**	0	0	0	5.00
6.00	MOVABLE EQUIPMENT	1,000,412	0	0	**0**	922,837	77,575	0	6.00
7.00	SUBTOTAL	**4,104,230**	**0**	**0**	**0**	**3,999,239**	**104,991**	**0**	7.00
8.00	RECONCILING ITEMS	0	0	0	**0**	0	0	0	8.00
9.00	TOTAL	**4,104,230**	**0**	**0**	**0**	**3,999,239**	**104,991**	**0**	9.00

PART II - RECONCILIATION OF CAPITAL COST CENTERS (SUMMARY OF CAPITAL)

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	1,409	1,033,756	0	119,797	0	0	**1,154,962**	1.00
2.00	CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	91,827	500,000	0	0	0	0	**591,827**	2.00
3.00	TOTAL	**93,236**	**1,533,756**	**0**	**119,797**	**0**	**0**	**1,746,789**	3.00

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ADJUSTMENTS TO EXPENSES **Worksheet A-8**

				WORKSHEET A		
	DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	COST CENTER	LINE NO.	
	1.00	2.00	3.00	4.00	5.00	
1.00	INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2)		0		0.00	1.00
2.00	TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTER 8)		0		0.00	2.00
3.00	REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)		0		0.00	3.00
4.00	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8)		0		0.00	4.00
5.00	TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00	5.00
6.00	TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00	6.00
7.00	PARKING LOT (CMS PUB. 15-1, CHAPTER 21)		0		0.00	7.00
8.00	REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	0			8.00
9.00	SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)		0		0.00	9.00
10.00	RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPTER 10)	A-8-1	0			10.00
11.00	LAUNDRY AND LINEN SERVICE		0		0.00	11.00
12.00	REVENUE - EMPLOYEE MEALS		0		0.00	12.00
13.00	COST OF MEALS - GUESTS		0		0.00	13.00
14.00	SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS		0		0.00	14.00
15.00	SALE OF DRUGS TO OTHER THAN PATIENTS		0		0.00	15.00
16.00	REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS		0		0.00	16.00
17.00	VENDING MACHINES		0		0.00	17.00
18.00	INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21)		0		0.00	18.00
19.00	INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS		0		0.00	19.00
20.00	DEPRECIATION--BUILDINGS AND FIXTUES		0	CAPITAL RELATED-BUILDINGS & FIXTURES	1.00	20.00
21.00	DEPRECIATION--MOVABLE EQUIPMENT		0	CAPITAL RELATED-MOVABLE EQUIPMENT	2.00	21.00
22.00	SHORT TERM INPATIENT HOSPICE CARE		0		0.00	22.00
23.00	HOSPICE NON-CORE CONTRACTED SERVICES		0		0.00	23.00
24.00	MISCELLANEOUS REVENUE	B	-674	ADMINISTRATIVE AND GENERAL	4.00	24.00
25.00	CREDIT LOSS	B	-426,353	ADMINISTRATIVE AND GENERAL	4.00	25.00
26.00	OTHER BAD DEBTS	A	-125,000	ADMINISTRATIVE AND GENERAL	4.00	26.00
27.00	OTHER ADMINISTRATIVE EXPENSE	A	-11,452	ADMINISTRATIVE AND GENERAL	4.00	27.00
28.00	OTHER NURSING SERVICE EXPENSE	A	-16,109	NURSING ADMINISTRATION	9.00	28.00
29.00	MANAGEMENT FEES	A	-376,465	ADMINISTRATIVE AND GENERAL	4.00	29.00
100.00	**TOTAL**		**-956,053**			100.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	1,154,962	1,154,962							1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT	591,827		591,827						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	2,176,501	0	0	2,176,501					3.00
4.00	ADMINISTRATIVE AND GENERAL	4,113,236	242,110	124,062	831,243	**5,310,651**	5,310,651			4.00
5.00	PLANT OP, MAINT. & REPAIRS	1,051,476	146,359	74,998	43,909	**1,316,742**	624,229	1,940,971		5.00
6.00	LAUNDRY AND LINEN SERVICE	16,020	48,647	24,928	0	**89,595**	42,474	123,187	255,256	6.00
7.00	HOUSEKEEPING	381,982	25,162	12,894	122,613	**542,651**	257,255	63,718	0	7.00
8.00	DIETARY	1,069,506	119,437	61,202	55,993	**1,306,138**	619,202	302,448	0	8.00
9.00	NURSING ADMINISTRATION	1,035,043	9,125	4,676	261,081	**1,309,925**	620,997	23,108	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	416,908	1,611	826	0	**419,345**	198,799	4,080	0	10.00
11.00	PHARMACY	0	4,294	2,200	0	**6,494**	3,079	10,873	0	11.00
12.00	MEDICAL RECORDS	17,165	0	0	6,106	**23,271**	11,032	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	135,167	1,409	722	48,082	**185,380**	87,883	3,568	0	13.00
14.00	ACTIVITIES PROGRAM	143,703	0	0	50,468	**194,171**	92,051	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	**0**	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	**0**	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	**0**	0	0	0	17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0	0	**0**	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	3,328,654	529,299	271,223	532,091	**4,661,267**	2,209,772	1,340,328	255,256	25.00
26.00	NURSING FACILITY	0	0	0	0	**0**	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	**0**	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	28,615	0	0	0	**28,615**	13,566	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	**0**	0	0	0	31.00
32.00	LABORATORY	32,905	0	0	0	**32,905**	15,599	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	**0**	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	**0**	0	0	0	34.00
35.00	PHYSICAL THERAPY	329,166	17,614	9,026	93,626	**449,432**	213,063	44,603	0	35.00
36.00	OCCUPATIONAL THERAPY	266,317	4,360	2,234	94,781	**367,692**	174,312	11,042	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	86,915	0	0	3,942	**90,857**	43,073	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	**0**	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	**0**	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	**0**	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	104,127	0	0	0	**104,127**	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	**0**	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	**0**	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	**0**	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	**0**	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	**0**	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	**0**	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	**0**	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	**0**	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	**0**	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	**0**	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	**0**	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	**0**	0	0	0	70.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
71.00	AMBULANCE	0	0	0	0	**0**	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	**0**	0	0	0	72.00
73.00	CORF	0	0	0	0	**0**	0	0	0	73.00
74.00	OPT	0	0	0	0	**0**	0	0	0	74.00
75.00	OOT	0	0	0	0	**0**	0	0	0	75.00
76.00	OSP	0	0	0	0	**0**	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	**0**	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	**0**	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	**0**	0	0	0	81.00
89.00	SUBTOTAL	**16,480,195**	**1,149,427**	**588,991**	**2,143,935**	**16,439,258**	**5,226,386**	**1,926,955**	**255,256**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	**0**	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	**0**	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	**0**	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	136,810	5,535	2,836	32,566	**177,747**	84,265	14,016	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	**0**	0	0	0	99.00
100.00	TOTAL	**16,617,005**	**1,154,962**	**591,827**	**2,176,501**	**16,617,005**	**5,310,651**	**1,940,971**	**255,256**	100.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	863,624								7.00
8.00	DIETARY	148,912	2,376,700							8.00
9.00	NURSING ADMINISTRATION	11,377	0	1,965,407						9.00
10.00	CENTRAL SERVICES AND SUPPLY	2,009	0	0	624,233					10.00
11.00	PHARMACY	5,353	0	0	0	25,799				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	34,303			12.00
13.00	MEDICAL SOCIAL SERVICES	1,757	0	0	0	0	0	278,588		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	286,222	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	659,918	2,376,700	1,965,407	624,233	25,799	34,303	278,588	286,222	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	21,961	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	5,436	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00

GREEN HILL INC	Period:	Run Date Time: 5/29/2026 9:22
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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	**856,723**	**2,376,700**	**1,965,407**	**624,233**	**25,799**	**34,303**	**278,588**	**286,222**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	6,901	0	0	0	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	**863,624**	**2,376,700**	**1,965,407**	**624,233**	**25,799**	**34,303**	**278,588**	**286,222**	100.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY									8.00
9.00	NURSING ADMINISTRATION									9.00
10.00	CENTRAL SERVICES AND SUPPLY									10.00
11.00	PHARMACY									11.00
12.00	MEDICAL RECORDS									12.00
13.00	MEDICAL SOCIAL SERVICES									13.00
14.00	ACTIVITIES PROGRAM									14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0								15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0							16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0						17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0	0					18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	0	0	0	0	14,717,793	0	14,717,793		25.00
26.00	NURSING FACILITY	0	0		0	0	0	0		26.00
27.00	ICF/IID	0	0		0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0		0	42,181	0	42,181		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0	0		31.00
32.00	LABORATORY	0	0		0	48,504	0	48,504		32.00
33.00	INTRAVENOUS THERAPY	0	0		0	0	0	0		33.00
34.00	RESPIRATORY THERAPY	0	0		0	0	0	0		34.00
35.00	PHYSICAL THERAPY	0	0		0	729,059	0	729,059		35.00
36.00	OCCUPATIONAL THERAPY	0	0		0	558,482	0	558,482		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		0	133,930	0	133,930		37.00
38.00	AUDIOLOGY	0	0		0	0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		0	104,127	0	104,127		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		0	0	0	0		42.00
43.00	DENTAL CARE	0	0		0	0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		0	0	0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		0	0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0		0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0	0		71.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
72.00	HOSPICE	0	0		0	0	0	0		72.00
73.00	CORF	0	0		0	0	0	0		73.00
74.00	OPT	0	0		0	0	0	0		74.00
75.00	OOT	0	0		0	0	0	0		75.00
76.00	OSP	0	0		0	0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0		0	0	0	0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0	0		81.00
89.00	SUBTOTAL	**0**	**0**	**0**	**0**	**16,334,076**	**0**	**16,334,076**		89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0	0		92.00
93.00	OTHER NONREIMBURSABLE COST	0	0		0	282,929	0	282,929		93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0		99.00
100.00	TOTAL	**0**	**0**	**0**	**0**	**16,617,005**	**0**	**16,617,005**		100.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	**0**	0				3.00
4.00	ADMINISTRATIVE AND GENERAL	0	242,110	124,062	**366,172**	0	366,172			4.00
5.00	PLANT OP, MAINT. & REPAIRS	0	146,359	74,998	**221,357**	0	43,040	264,397		5.00
6.00	LAUNDRY AND LINEN SERVICE	0	48,647	24,928	**73,575**	0	2,929	16,780	93,284	6.00
7.00	HOUSEKEEPING	0	25,162	12,894	**38,056**	0	17,738	8,680	0	7.00
8.00	DIETARY	0	119,437	61,202	**180,639**	0	42,694	41,199	0	8.00
9.00	NURSING ADMINISTRATION	0	9,125	4,676	**13,801**	0	42,818	3,148	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	1,611	826	**2,437**	0	13,707	556	0	10.00
11.00	PHARMACY	0	4,294	2,200	**6,494**	0	212	1,481	0	11.00
12.00	MEDICAL RECORDS	0	0	0	**0**	0	761	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	0	1,409	722	**2,131**	0	6,060	486	0	13.00
14.00	ACTIVITIES PROGRAM	0	0	0	**0**	0	6,347	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	**0**	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	**0**	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	**0**	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0	**0**	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	0	529,299	271,223	**800,522**	0	152,365	182,578	93,284	25.00
26.00	NURSING FACILITY	0	0	0	**0**	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	**0**	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	**0**	0	935	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	**0**	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	**0**	0	1,076	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	**0**	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	**0**	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	17,614	9,026	**26,640**	0	14,691	6,076	0	35.00
36.00	OCCUPATIONAL THERAPY	0	4,360	2,234	**6,594**	0	12,019	1,504	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	**0**	0	2,970	0	0	37.00
38.00	AUDIOLOGY	0	0	0	**0**	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	**0**	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	**0**	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	**0**	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	**0**	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	**0**	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	**0**	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	**0**	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	**0**	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	**0**	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	**0**	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	**0**	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	**0**	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	**0**	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	**0**	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	**0**	0	0	0	0	70.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
71.00	AMBULANCE	0	0	0	**0**	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	**0**	0	0	0	0	72.00
73.00	CORF	0	0	0	**0**	0	0	0	0	73.00
74.00	OPT	0	0	0	**0**	0	0	0	0	74.00
75.00	OOT	0	0	0	**0**	0	0	0	0	75.00
76.00	OSP	0	0	0	**0**	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	**0**	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	**0**	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	**0**	0	0	0	0	81.00
89.00	SUBTOTAL	**0**	**1,149,427**	**588,991**	**1,738,418**	**0**	**360,362**	**262,488**	**93,284**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	**0**	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	**0**	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	**0**	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	0	5,535	2,836	**8,371**	0	5,810	1,909	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER		0	0	**0**	0	0	0	0	99.00
100.00	TOTAL	**0**	**1,154,962**	**591,827**	**1,746,789**	**0**	**366,172**	**264,397**	**93,284**	100.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	64,474								7.00
8.00	DIETARY	11,117	275,649							8.00
9.00	NURSING ADMINISTRATION	849	0	60,616						9.00
10.00	CENTRAL SERVICES AND SUPPLY	150	0	0	16,850					10.00
11.00	PHARMACY	400	0	0	0	8,587				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	761			12.00
13.00	MEDICAL SOCIAL SERVICES	131	0	0	0	0	0	8,808		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	6,347	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	49,267	275,649	60,616	16,850	8,587	761	8,808	6,347	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	1,639	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	406	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	**63,959**	**275,649**	**60,616**	**16,850**	**8,587**	**761**	**8,808**	**6,347**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	515	0	0	0	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	**64,474**	**275,649**	**60,616**	**16,850**	**8,587**	**761**	**8,808**	**6,347**	100.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY									8.00
9.00	NURSING ADMINISTRATION									9.00
10.00	CENTRAL SERVICES AND SUPPLY									10.00
11.00	PHARMACY									11.00
12.00	MEDICAL RECORDS									12.00
13.00	MEDICAL SOCIAL SERVICES									13.00
14.00	ACTIVITIES PROGRAM									14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0								15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0							16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0						17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0	0					18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	0	0	0	0	1,655,634	0	1,655,634		25.00
26.00	NURSING FACILITY	0	0		0	0	0	0		26.00
27.00	ICF/IID	0	0		0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0		0	935	0	935		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0	0		31.00
32.00	LABORATORY	0	0		0	1,076	0	1,076		32.00
33.00	INTRAVENOUS THERAPY	0	0		0	0	0	0		33.00
34.00	RESPIRATORY THERAPY	0	0		0	0	0	0		34.00
35.00	PHYSICAL THERAPY	0	0		0	49,046	0	49,046		35.00
36.00	OCCUPATIONAL THERAPY	0	0		0	20,523	0	20,523		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		0	2,970	0	2,970		37.00
38.00	AUDIOLOGY	0	0		0	0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		0	0	0	0		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		0	0	0	0		42.00
43.00	DENTAL CARE	0	0		0	0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		0	0	0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		0	0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0		0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0	0		71.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	OTHER GENERAL SERVICE COST	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
72.00	HOSPICE	0	0		0	0	0	0		72.00
73.00	CORF	0	0		0	0	0	0		73.00
74.00	OPT	0	0		0	0	0	0		74.00
75.00	OOT	0	0		0	0	0	0		75.00
76.00	OSP	0	0		0	0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0		0	0	0	0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0	0		81.00
89.00	SUBTOTAL	**0**	**0**	**0**	**0**	**1,730,184**	**0**	**1,730,184**		89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0	0		92.00
93.00	OTHER NONREIMBURSABLE COST	0	0		0	16,605	0	16,605		93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0		99.00
100.00	TOTAL	**0**	**0**	**0**	**0**	**1,746,789**	**0**	**1,746,789**		100.00

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

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	536,899								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT		536,899							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	6,118,524						3.00
4.00	ADMINISTRATIVE AND GENERAL	112,548	112,548	2,336,765	**-5,310,651**	11,202,227				4.00
5.00	PLANT OP, MAINT. & REPAIRS	68,037	68,037	123,436	**0**	1,316,742	356,314			5.00
6.00	LAUNDRY AND LINEN SERVICE	22,614	22,614	0	**0**	89,595	22,614	32,637		6.00
7.00	HOUSEKEEPING	11,697	11,697	344,687	**0**	542,651	11,697	0	322,003	7.00
8.00	DIETARY	55,522	55,522	157,407	**0**	1,306,138	55,522	0	55,522	8.00
9.00	NURSING ADMINISTRATION	4,242	4,242	733,944	**0**	1,309,925	4,242	0	4,242	9.00
10.00	CENTRAL SERVICES AND SUPPLY	749	749	0	**0**	419,345	749	0	749	10.00
11.00	PHARMACY	1,996	1,996	0	**0**	6,494	1,996	0	1,996	11.00
12.00	MEDICAL RECORDS	0	0	17,165	**0**	23,271	0	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	655	655	135,167	**0**	185,380	655	0	655	13.00
14.00	ACTIVITIES PROGRAM	0	0	141,875	**0**	194,171	0	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	**0**	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	**0**	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	**0**	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0	**0**	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	246,051	246,051	1,495,801	**0**	4,661,267	246,051	32,637	246,051	25.00
26.00	NURSING FACILITY	0	0	0	**0**	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	**0**	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	**0**	28,615	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	**0**	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	**0**	32,905	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	**0**	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	**0**	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	8,188	8,188	263,198	**0**	449,432	8,188	0	8,188	35.00
36.00	OCCUPATIONAL THERAPY	2,027	2,027	266,447	**0**	367,692	2,027	0	2,027	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	11,082	**0**	90,857	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	**0**	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	**0**	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	**0**	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	**-104,127**	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	**0**	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	**0**	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	**0**	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	**0**	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	**0**	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	**0**	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	**0**	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	**0**	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	**0**	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	**0**	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	**0**	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										

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

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
70.00	HOME HEALTH AGENCY	0	0	0	**0**	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	**0**	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	**0**	0	0	0	0	72.00
73.00	CORF	0	0	0	**0**	0	0	0	0	73.00
74.00	OPT	0	0	0	**0**	0	0	0	0	74.00
75.00	OOT	0	0	0	**0**	0	0	0	0	75.00
76.00	OSP	0	0	0	**0**	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	**0**	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	**0**	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	**0**	0	0	0	0	81.00
89.00	SUBTOTAL	**534,326**	**534,326**	**6,026,974**	**-5,414,778**	**11,024,480**	**353,741**	**32,637**	**319,430**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	**0**	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	**0**	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	**0**	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	2,573	2,573	91,550	**0**	177,747	2,573	0	2,573	93.00
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	1,154,962	591,827	2,176,501		5,310,651	1,940,971	255,256	863,624	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	2.151172	1.102306	0.355723		0.474071	5.447361	7.821062	2.682037	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II			0		366,172	264,397	93,284	64,474	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II			0.000000		0.032687	0.742034	2.858228	0.200228	105.00

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

	Cost Center Description	DIETARY (TOTAL PATIENT DAYS)	NURSING ADMIN (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (TOTAL PATIENT DAYS)	MEDICAL RECORDS (TOTAL PATIENT DAYS)	MEDICAL SOCIAL SERVICES (TOTAL PATIENT DAYS)	ACTIVITIES PROGRAM (TOTAL PATIENT DAYS)	QUALITY & PERFORM IMPROV PGM (TIME SPENT)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	32,637								8.00
9.00	NURSING ADMINISTRATION	0	32,637							9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	32,637						10.00
11.00	PHARMACY	0	0	0	32,637					11.00
12.00	MEDICAL RECORDS	0	0	0	0	32,637				12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	32,637			13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	32,637		14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	32,637	32,637	32,637	32,637	32,637	32,637	32,637	0	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										

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

	Cost Center Description	DIETARY (TOTAL PATIENT DAYS)	NURSING ADMIN (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	PHARMACY (TOTAL PATIENT DAYS)	MEDICAL RECORDS (TOTAL PATIENT DAYS)	MEDICAL SOCIAL SERVICES (TOTAL PATIENT DAYS)	ACTIVITIES PROGRAM (TOTAL PATIENT DAYS)	QUALITY & PERFORM IMPROV PGM (TIME SPENT)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	**32,637**	**32,637**	**32,637**	**32,637**	**32,637**	**32,637**	**32,637**	**0**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	2,376,700	1,965,407	624,233	25,799	34,303	278,588	286,222	0	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	72.822257	60.220210	19.126543	0.790483	1.051046	8.535956	8.769862	0.000000	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	275,649	60,616	16,850	8,587	761	8,808	6,347	0	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	8.445905	1.857279	0.516285	0.263106	0.023317	0.269878	0.194473	0.000000	105.00

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

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (TIME SPENT)	PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS)	OTHER GENERAL SERVICE COST (SPECIFY)		
		16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS						
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES					1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE AND GENERAL					4.00
5.00	PLANT OP, MAINT. & REPAIRS					5.00
6.00	LAUNDRY AND LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES AND SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS					12.00
13.00	MEDICAL SOCIAL SERVICES					13.00
14.00	ACTIVITIES PROGRAM					14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM					15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0				16.00
17.00	PATIENT TRANSPORTATION PART A	0	0			17.00
18.00	OTHER GENERAL SERVICE COST	0	0	0		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
25.00	SKILLED NURSING FACILITY	0	0	0		25.00
26.00	NURSING FACILITY	0		0		26.00
27.00	ICF/IID	0		0		27.00
ANCILLARY SERVICE COST CENTERS						
30.00	RADIOLOGY-DIAGNOSTIC	0		0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0		0		31.00
32.00	LABORATORY	0		0		32.00
33.00	INTRAVENOUS THERAPY	0		0		33.00
34.00	RESPIRATORY THERAPY	0		0		34.00
35.00	PHYSICAL THERAPY	0		0		35.00
36.00	OCCUPATIONAL THERAPY	0		0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0		0		37.00
38.00	AUDIOLOGY	0		0		38.00
39.00	ELECTROCARDIOLOGY	0		0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0		0		41.00
42.00	DRUGS: IV SOLUTIONS	0		0		42.00
43.00	DENTAL CARE	0		0		43.00
44.00	APPLIANCES AND EQUIPMENT	0		0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0		0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0		0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0		0		47.00
OUTPATIENT SERVICE COST CENTERS						
60.00	SCREENING & PREVENTIVE SERVICES	0		0		60.00
61.00	OUTPATIENT LABORATORY	0		0		61.00
62.00	PORTABLE X-RAY SERVICES	0		0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0		0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0		0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS						

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

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (TIME SPENT)	PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS)	OTHER GENERAL SERVICE COST (SPECIFY)		
		16.00	17.00	18.00		
70.00	HOME HEALTH AGENCY	0		0		70.00
71.00	AMBULANCE	0	0	0		71.00
72.00	HOSPICE	0		0		72.00
73.00	CORF	0		0		73.00
74.00	OPT	0		0		74.00
75.00	OOT	0		0		75.00
76.00	OSP	0		0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0		0		77.00
COST REIMBURSED SERVICES COST CENTERS						
80.00	PREVENTIVE VACCINES	0		0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0		0		81.00
89.00	SUBTOTAL	**0**	**0**	**0**		89.00
NONREIMBURSABLE COST CENTERS						
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		0		90.00
91.00	NONPAID WORKERS	0		0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0		0		92.00
93.00	OTHER NONREIMBURSABLE COST	0		0		93.00
98.00	CROSS FOOT ADJUSTMENT					98.00
99.00	NEGATIVE COST CENTER					99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	0	0	0		102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	0.000000	0.000000	0.000000		103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	0	0	0		104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.000000	0.000000	0.000000		105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS **Worksheet C**

			CHARGES				
	Cost Center Description	TOTAL COST	TOTAL CHARGES	RECLASS-IFICATIONS	RECLASSIFIED CHARGES	COST TO CHARGE RATIO	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
25.00	SKILLED NURSING FACILITY	14,717,793	15,781,341	0	15,781,341		25.00
26.00	NURSING FACILITY	0	0	0	0		26.00
27.00	ICF/IID	0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS							
30.00	RADIOLOGY-DIAGNOSTIC	42,181	57,230	0	57,230	0.737044	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0.000000	31.00
32.00	LABORATORY	48,504	65,811	0	65,811	0.737020	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0.000000	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0.000000	34.00
35.00	PHYSICAL THERAPY	729,059	591,565	0	591,565	1.232424	35.00
36.00	OCCUPATIONAL THERAPY	558,482	684,588	0	684,588	0.815793	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	133,930	213,853	0	213,853	0.626271	37.00
38.00	AUDIOLOGY	0	0	0	0	0.000000	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0.000000	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	104,127	221,514	0	221,514	0.470070	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0.000000	42.00
43.00	DENTAL CARE	0	0	0	0	0.000000	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0.000000	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0.000000	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0.000000	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0.000000	47.00
OUTPATIENT SERVICE COST CENTERS							
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0.000000	64.00
OUTPATIENT REIMBURSABLE COST CENTERS							
71.00	AMBULANCE	0	0	0	0	0.000000	71.00
COST REIMBURSED SERVICES COST CENTERS							
80.00	PREVENTIVE VACCINES	0	0	0	0	0.000000	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0.000000	81.00
100.00	Total	**16,334,076**	**17,615,902**	**0**	**17,615,902**		100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS **Worksheet D**

Title XVIII Skilled Nursing Facility

			HEALTHCARE CHARGES			HEALTHCARE COSTS			
		RATIO OF COST TO CHARGES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS									
30.00	RADIOLOGY-DIAGNOSTIC	0.737044	19,292	0		14,219	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0.000000	0	0		0	0		31.00
32.00	LABORATORY	0.737020	20,616	0		15,194	0		32.00
33.00	INTRAVENOUS THERAPY	0.000000	0	0		0	0		33.00
34.00	RESPIRATORY THERAPY	0.000000	0	0		0	0		34.00
35.00	PHYSICAL THERAPY	1.232424	591,565	0		729,059	0		35.00
36.00	OCCUPATIONAL THERAPY	0.815793	684,588	0		558,482	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0.626271	213,853	0		133,930	0		37.00
38.00	AUDIOLOGY	0.000000	0	0		0	0		38.00
39.00	ELECTROCARDIOLOGY	0.000000	0	0		0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0		0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0.470070	221,514	0		104,127	0		41.00
42.00	DRUGS: IV SOLUTIONS	0.000000	0	0		0	0		42.00
43.00	DENTAL CARE	0.000000	0	0		0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0.000000	0	0		0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0.000000	0	0		0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0.000000	0	0		0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0.000000	0	0		0	0		47.00
OUTPATIENT SERVICE COST CENTERS									
64.00	OTHER OUTPATIENT SERVICE COST	0.000000	0	0		0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
71.00	AMBULANCE	0.000000	0	0		0	0		71.00
COST REIMBURSED SERVICES COST CENTERS									
80.00	PREVENTIVE VACCINES	0.000000			0			0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0.000000	0	0		0	0		81.00
100.00	Total		**1,751,428**	**0**	**0**	**1,555,011**	**0**	**0**	100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS **Worksheet D-1**

Title XVIII Skilled Nursing Facility

		1.00	
INPATIENT DAYS			
1.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	32,637	1.00
2.00	PRIVATE ROOM DAYS	0	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	9,028	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	**14,717,793**	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	15,781,341	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.932607	7.00
8.00	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	8.00
9.00	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00	9.00
10.00	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	10.00
11.00	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00	11.00
12.00	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00	12.00
13.00	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00	13.00
14.00	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0	14.00
15.00	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	14,717,793	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	450.95	16.00
17.00	PROGRAM ROUTINE SERVICE COST	4,071,177	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	**4,071,177**	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,655,634	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	50.73	21.00
22.00	PROGRAM CAPITAL RELATED COST	457,990	22.00
23.00	INPATIENT ROUTINE SERVICE COST	3,613,187	23.00
24.00	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0	24.00
25.00	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	**3,613,187**	25.00
26.00	ENTER THE PER DIEM LIMITATION		26.00
27.00	INPATIENT ROUTINE SERVICE COST LIMITATION		27.00
28.00	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS		28.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A

Worksheet E
Part A

Title XVIII Skilled Nursing Facility

		1.00	
1.00	INPATIENT PPS AMOUNT	6,719,435	1.00
2.00	ALLOWABLE BAD DEBTS	427,669	2.00
3.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	110,961	3.00
4.00	REIMBURSABLE BAD DEBTS	277,985	4.00
5.00	TOTAL REIMBURSABLE COST	**6,997,420**	5.00
6.00	PRIMARY PAYER AMOUNTS	0	6.00
7.00	COINSURANCE	1,448,902	7.00
8.00	OTHER ADJUSTMENTS (SPECIFY)	0	8.00
9.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	9.00
10.00	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	5,560	10.00
11.00	SEQUESTRATION AMOUNT	105,411	11.00
12.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	12.00
13.00	NET REIMBURSABLE COST	**5,437,547**	13.00
14.00	INTERIM PAYMENTS	5,310,185	14.00
15.00	TENTATIVE ADJUSTMENT	0	15.00
16.00	BALANCE DUE PROVIDER/PROGRAM	**127,362**	16.00
17.00	PROTESTED AMOUNTS	0	17.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART B

Worksheet E
Part B

Title XVIII Skilled Nursing Facility

		1.00	
1.00	PART B ANCILLARY SERVICE COSTS	0	1.00
2.00	PREVENTIVE VACCINES	0	2.00
3.00	TOTAL REASONABLE COSTS	**0**	3.00
4.00	MEDICARE PART B ANCILLARY CHARGES	0	4.00
5.00	COST OF COVERED SERVICES	0	5.00
6.00	ALLOWABLE BAD DEBTS	0	6.00
7.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES	0	7.00
8.00	REIMBURSABLE BAD DEBTS	0	8.00
9.00	TOTAL REIMBURSABLE COST	**0**	9.00
10.00	PRIMARY PAYER AMOUNTS	0	10.00
11.00	COINSURANCE AND DEDUCTIBLES	0	11.00
12.00	OTHER ADJUSTMENTS (SPECIFY)	0	12.00
13.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	13.00
14.00	SEQUESTRATION AMOUNT	0	14.00
15.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	15.00
16.00	NET REIMBURSABLE COST	0	16.00
17.00	INTERIM PAYMENTS	0	17.00
18.00	TENTATIVE ADJUSTMENT	0	18.00
19.00	BALANCE DUE PROVIDER/PROGRAM	0	19.00
20.00	PROTESTED AMOUNTS	0	20.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES

Worksheet E-1

Title XVIII Skilled Nursing Facility

		PART A		PART B		
		DATE	AMOUNT	DATE	AMOUNT	
		1.00	2.00	3.00	4.00	
1.00	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,181,815		0	1.00
2.00	INTERIM PAYMENTS PAYABLE		0		0	2.00
3.00	RETROACTIVE LUMP SUM ADJUSTMENTS					3.00
PROGRAM TO PROVIDER						
3.01	ADJUSTMENT TO PROVIDER	11/25/2025	128,370		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
PROVIDER TO PROGRAM						
3.50	ADJUSTMENT 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		**128,370**		**0**	3.99
4.00	TOTAL INTERIM PAYMENTS		**5,310,185**		**0**	4.00
5.00	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS					5.00
PROGRAM TO PROVIDER						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
PROVIDER TO PROGRAM						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	SUBTOTAL		**0**		**0**	5.99
6.00	CONTRACTOR: NET SETTLEMENT AMOUNT					6.00
6.01	PROGRAM TO PROVIDER		127,362		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		**5,437,547**		**0**	7.00
	NAME OF CONTRACTOR	CONTRACTOR NUMBER			DATE OF NPR	
	1.00	2.00			3.00	
8.00						8.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER **Worksheet E-2**

Title XIX Skilled Nursing Facility

		1.00	
COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	INPATIENT ANCILLARY SERVICES	0	1.00
2.00	OUTPATIENT SERVICES	0	2.00
3.00	INPATIENT ROUTINE SERVICES	0	3.00
4.00	COST OF COVERED SERVICES	**0**	4.00
5.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	5.00
6.00	SUBTOTAL	**0**	6.00
7.00	PRIMARY PAYER AMOUNTS	0	7.00
8.00	TOTAL REASONABLE COST	**0**	8.00
REASONABLE CHARGES			
9.00	INPATIENT ANCILLARY SERVICES CHARGES	0	9.00
10.00	OUTPATIENT SERVICES CHARGES	0	10.00
11.00	INPATIENT ROUTINE SERVICES CHARGES	0	11.00
12.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	12.00
13.00	TOTAL REASONABLE CHARGES	**0**	13.00
CUSTOMARY CHARGES			
14.00	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0	14.00
15.00	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	15.00
16.00	RATIO OF LINE 14 TO LINE 15 (NOT TO EXCEED 1.000000)	0.000000	16.00
17.00	TOTAL CUSTOMARY CHARGES	0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18.00	COST OF COVERED SERVICES	0	18.00
19.00	COST SHARING	0	19.00
20.00	SUBTOTAL	**0**	20.00
21.00	ALLOWABLE BAD DEBTS	**0**	21.00
22.00	SUBTOTAL	0	22.00
23.00	OTHER ADJUSTMENTS (SPECIFY)	0	23.00
24.00	SUBTOTAL	**0**	24.00
25.00	INTERIM PAYMENTS	0	25.00
26.00	BALANCE DUE PROVIDER/PROGRAM (INDICATE OVERPAYMENT IN PARENTHESES)	**0**	26.00

GREEN HILL INC	Period:	Run Date Time:	5/29/2026 9:22
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BALANCE SHEET **Worksheet G**

		1.00	
ASSETS			
CURRENT ASSETS			
1.00	CASH ON HAND AND IN BANKS	-254,421	1.00
2.00	TEMPORARY INVESTMENTS	0	2.00
3.00	NOTES RECEIVABLE	0	3.00
4.00	ACCOUNTS RECEIVABLE	3,141,088	4.00
5.00	OTHER RECEIVABLES	831,742	5.00
6.00	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	55,904	6.00
7.00	INVENTORY	0	7.00
8.00	PREPAID EXPENSES	25,342	8.00
9.00	OTHER CURRENT ASSETS	0	9.00
10.00	DUE FROM OTHER FUNDS	0	10.00
11.00	TOTAL CURRENT ASSETS)	**3,687,847**	11.00
FIXED ASSETS			
12.00	LAND	0	12.00
13.00	LAND IMPROVEMENTS	0	13.00
14.00	LESS: ACCUMULATED DEPRECIATION	0	14.00
15.00	BUILDINGS	0	15.00
16.00	LESS: ACCUMULATED DEPRECIATION	0	16.00
17.00	LEASEHOLD IMPROVEMENTS	27,416	17.00
18.00	LESS: ACCUMULATED AMORTIZATION	1,162	18.00
19.00	FIXED EQUIPMENT	0	19.00
20.00	LESS: ACCUMULATED DEPRECIATION	0	20.00
21.00	AUTOMOBILES AND TRUCKS	13,176	21.00
22.00	LESS: ACCUMULATED DEPRECIATION	3,492	22.00
23.00	MAJOR MOVABLE EQUIPMENT	64,399	23.00
24.00	LESS: ACCUMULATED DEPRECIATION	247	24.00
25.00	MINOR EQUIPMENT - DEPRECIABLE	0	25.00
26.00	MINOR EQUIPMENT NONDEPRECIABLE	0	26.00
27.00	OTHER FIXED ASSETS	6,875	27.00
28.00	TOTAL FIXED ASSETS	**106,965**	28.00
OTHER ASSETS			
29.00	INVESTMENTS	0	29.00
30.00	DEPOSITS ON LEASES	0	30.00
31.00	DUE FROM OWNERS/OFFICERS	0	31.00
32.00	OTHER ASSETS	0	32.00
33.00	TOTAL OTHER ASSETS	**0**	33.00
34.00	TOTAL ASSETS	**3,794,812**	34.00
LIABILITIES			
CURRENT LIABILITIES			
35.00	ACCOUNTS PAYABLE	556,851	35.00
36.00	SALARIES, WAGES, AND FEES PAYABLE	73,670	36.00
37.00	PAYROLL TAXES PAYABLE	5,664	37.00
38.00	NOTES & LOANS PAYABLE (SHORT TERM)	9,583	38.00
39.00	DEFERRED INCOME	0	39.00
40.00	ACCELERATED PAYMENTS	0	40.00
41.00	DUE TO OTHER FUNDS	0	41.00
42.00	OTHER CURRENT LIABILITIES	2,697,036	42.00
43.00	TOTAL CURRENT LIABILITIES	**3,342,804**	43.00
LONG TERM LIABILITIES			
44.00	MORTGAGE PAYABLE	0	44.00
45.00	NOTES PAYABLE	0	45.00
46.00	UNSECURED LOANS	0	46.00
47.00	LOANS FROM OWNERS	0	47.00
48.00	OTHER LONG TERM LIABILITIES	0	48.00
49.00	TOTAL LONG TERM LIABILITIES	**0**	49.00
50.00	TOTAL LIABILITIES	**3,342,804**	50.00
CAPITAL ACCOUNTS			
51.00	FUND BALANCE	452,008	51.00
52.00	TOTAL LIABILITIES AND FUND BALANCES	**3,794,812**	52.00

GREEN HILL INC	Period:	Run Date Time: 5/29/2026 9:22
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES **Worksheet G-2**

PART I - PATIENT REVENUES

		INPATIENT					OUTPATIENT						
		MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
GENERAL INPATIENT ROUTINE CARE SERVICES													
1.00	SKILLED NURSING FACILITY	5,020,032	1,710,713	501,875	5,724,240	2,824,481						**15,781,341**	1.00
2.00	NURSING FACILITY	0	0	0	0	0						**0**	2.00
3.00	ICF/IID	0	0	0	0	0						**0**	3.00
4.00	TOTAL GENERAL INPATIENT CARE SERVICES	**5,020,032**	**1,710,713**	**501,875**	**5,724,240**	**2,824,481**						**15,781,341**	4.00
ALL OTHER SERVICES													
5.00	ANCILLARY SERVICES	431,167	565,924	13,882	323,942	499,646	0	0	0	0	0	**1,834,561**	5.00
6.00	HOME HEALTH AGENCY						0	0	0	0	0	**0**	6.00
7.00	AMBULANCE		0	0	0	0	0	0	0	0	0	**0**	7.00
8.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	**0**	8.00
9.00	ALL OTHER REVENUES	0	0	0	0	0	0	0	0	0	0	**0**	9.00
10.00	TOTAL PATIENT REVENUES	**5,451,199**	**2,276,637**	**515,757**	**6,048,182**	**3,324,127**	**0**	**0**	**0**	**0**	**0**	**17,615,902**	10.00

PART II - OPERATING EXPENSES

		TOTAL	
		1.00	
11.00	OPERATING EXPENSES	17,573,058	11.00
12.00	ADD (SPECIFY)	0	12.00
13.00	TOTAL ADDITIONS	0	13.00
14.00	DEDUCT (SPECIFY)	0	14.00
15.00	TOTAL DEDUCTIONS	0	15.00
16.00	TOTAL OPERATING EXPENSES	**17,573,058**	16.00

GREEN HILL INC	Period:	Run Date Time: 5/29/2026 9:22
	From: 01/01/2025	MCRIF32 **2540-24**
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STATEMENT OF REVENUES AND EXPENSES **Worksheet G-3**

		1.00	
INCOME FROM SERVICES TO PATIENTS			
1.00	TOTAL PATIENT REVENUES	17,615,902	1.00
2.00	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	1,447,690	2.00
3.00	NET PATIENT REVENUES	16,168,212	3.00
4.00	LESS: TOTAL OPERATING EXPENSES	17,573,058	4.00
5.00	NET INCOME FROM SERVICES TO PATIENTS	**-1,404,846**	5.00
OTHER INCOME			
6.00	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	0	6.00
7.00	INCOME FROM INVESTMENTS	674	7.00
8.00	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	0	8.00
9.00	REVENUE FROM TELEVISION AND RADIO SERVICES	0	9.00
10.00	PURCHASE DISCOUNTS	0	10.00
11.00	REBATES AND REFUNDS OF EXPENSES	0	11.00
12.00	PARKING LOT RECEIPTS	0	12.00
13.00	REVENUE FROM LAUNDRY AND LINEN SERVICE	0	13.00
14.00	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	0	14.00
15.00	REVENUE FROM RENTAL OF LIVING QUARTERS	0	15.00
16.00	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	0	16.00
17.00	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	0	17.00
18.00	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	0	18.00
19.00	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	0	19.00
20.00	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	0	20.00
21.00	RENTAL OF VENDING MACHINES	0	21.00
22.00	RENTAL OF SKILLED NURSING SPACE	0	22.00
23.00	GOVERNMENTAL APPROPRIATIONS	0	23.00
24.00	OTHER MISCELLANEOUS REVENUE (SPECIFY)	438,191	24.00
25.00	PHE FUNDING	0	25.00
26.00	TOTAL OTHER INCOME	**438,865**	26.00
27.00	TOTAL INCOME	**-965,981**	27.00
EXPENSES			
28.00	OTHER EXPENSES (SPECIFY)	0	28.00
29.00		0	29.00
30.00		0	30.00
31.00	TOTAL OTHER EXPENSES	**0**	31.00
32.00	NET INCOME (LOSS) FOR THE PERIOD	**-965,981**	32.00

Green Hill Inc
Medicare Grouper
For the period 1/1/2025 - 12/31/2025

Client #	Client Description	AHCA #	AHCA Description	WTB	Pre C/R Adjs	Ending Bal	HFS W/S	HFS LINE
10748	Greenhill_Valley_Operating	111100	Cash General	98,494	-	98,494	G	1.00
10749	Greenhill_Valley_Gov	111100	Cash General	(18,296)	-	(18,296)	G	1.00
10751	Greenhill_Valley_Payroll	111100	Cash General	(354,764)	-	(354,764)	G	1.00
10998	Payroll Clearing	111100	Cash General	20,145	-	20,145	G	1.00
						(254,421)		**1.00 Total**
12003	A/R Medicaid	132100	Res A/RMedicaid	893,134	-	893,134	G	4.00
12004	A/R Medicaid Pending	132100	Res A/RMedicaid	197,067	-	197,067	G	4.00
12005	A/R Managed Medicaid	132100	Res A/RMedicaid	46,233	-	46,233	G	4.00
12000	A/R Medicare A	132200	Res A/RMedicare Part A	376,729	-	376,729	G	4.00
12001	A/R Medicare B	132300	Res A/RMedicare Part B	32,687	-	32,687	G	4.00
12009	A/R Private	132400	Res A/RPrivate Pay	874,248	-	874,248	G	4.00
12006	A/R Hospice	132700	Res A/RHospice	39,864	-	39,864	G	4.00
12002	A/R Insurance	132800	Res A/RLTC Insurance	803,302	-	803,302	G	4.00
12008	A/R Other	132800	Res A/RLTC Insurance	17,321	-	17,321	G	4.00
12090	Third Party Settlement	132900	Other Resident Accounts Receivables	(139,498)	-	(139,498)	G	4.00
						3,141,088		**4.00 Total**
12103	Misc AR	133900	Other General Receivables Non-R/P	831,742	-	831,742	G	5.00
						831,742		**5.00 Total**
12100	Allowance For Doubtful Accounts	139000	Allowance for Doubtful Accounts	(55,904)	-	(55,904)	G	6.00
						(55,904)		**6.00 Total**
12510	Prepaid Insurance	151000	Prepaid Insurance	5,913	-	5,913	G	8.00
12500	Prepaid Expenses	159000	Other Prepaid Expenses	19,430	-	19,430	G	8.00
						25,342		**8.00 Total**
13200	Leasehold Improvements	242300	Leasehold Improvements	18,084	-	18,084	G	17.00
13400	Renovations	242300	Leasehold Improvements	9,332	-	9,332	G	17.00
						27,416		**17.00 Total**
14660	Accumulated Depreciation	252300	A/D Leasehold Improvements	(1,162)	-	(1,162)	G	18.00
						(1,162)		**18.00 Total**
12600	Automobile	245000	Vehicles	13,176	-	13,176	G	21.00
						13,176		**21.00 Total**
14600	Accumulated Amortization	255000	A/D Vehicles	(3,492)	-	(3,492)	G	22.00
						(3,492)		**22.00 Total**
13550	Computer Equipment	243100	Equipment and Furniture	1,546	-	1,546	G	23.00
13600	Software/Website	243100	Equipment and Furniture	62,853	-	62,853	G	23.00
						64,399		**23.00 Total**
14650	Accumulated Depreciation F&E	253000	A/D Equipment and Furniture	(247)	-	(247)	G	24.00
						(247)		**24.00 Total**
13450	Construction in Progress	246000	Construction in Progress	6,875	-	6,875	G	27.00
						6,875		**27.00 Total**
20000	Accounts Payable	331000	Trade Accounts Payable Non-R/P	(556,851)	-	(556,851)	G	35.00
						(556,851)		**35.00 Total**
20300	Accrued Payroll	311000	Accrued Payroll	(64,149)	-	(64,149)	G	36.00
20302	Accrued PTO	311000	Accrued Payroll	3,143	-	3,143	G	36.00
20118	Employee Dental	313100	Group Insurance	(2,282)	-	(2,282)	G	36.00
20119	Employee Vision	313100	Group Insurance	(373)	-	(373)	G	36.00
20105	Employee 401K Payable	313600	Employee Ret/Svgs Plan	3,117	-	3,117	G	36.00
20107	Union Dues Payable	319100	Union Dues	(2,904)	-	(2,904)	G	36.00
20117	Employee Life Insurance	319900	Other Employee Benefits	(2,403)	-	(2,403)	G	36.00
20121	Employee Voluntary Benefits	319900	Other Employee Benefits	(7,818)	-	(7,818)	G	36.00
						(73,670)		**36.00 Total**
20301	Accrued Payroll Taxes	312200	FICA	(5,664)	-	(5,664)	G	37.00
						(5,664)		**37.00 Total**
20110	Note Payable	332000	Notes Payable Non-R/P	(9,583)	-	(9,583)	G	38.00
						(9,583)		**38.00 Total**
20180	Due To/From Old Owner	390000	Other Current Liabilities	(1,145,013)	-	(1,145,013)	G	42.00
20185	Due to Investors	390000	Other Current Liabilities	(385,000)	-	(385,000)	G	42.00
20303	Accrued Expenses	390000	Other Current Liabilities	(1,199,978)	-	(1,199,978)	G	42.00

20310	Accrued Sequester	390000	Other Current Liabilities	(5,070)	-	(5,070)	G	42.00
22059	Pex_Greenhill	390000	Other Current Liabilities	9,769	-	9,769	G	42.00
24100	Insurance Refund	390000	Other Current Liabilities	28,256	-	28,256	G	42.00
						(2,697,036)		**42.00 Total**
31050	Contribution	541000	Retained Earnings	(1,417,993)	-	(1,417,993)	G	51.00
						(1,417,993)		**51.00 Total**
40000	Income Medicare A	601200	Medicare R&B	(2,203,324)	-	(2,203,324)	G-2	1.10
40050	Sequester	601200	Medicare R&B	44,066	-	44,066	G-2	1.10
4100001	4100001 · NUR-Medicare A	601200	Medicare R&B	(4,571,488)	1,710,713	(2,860,775)	G-2	1.10
						(5,020,032)		**1.10 Total**
601400.01	Medicare HMO	601400	Managed Care R&B	0	(1,710,713)	(1,710,713)	G-2	1.20
						(1,710,713)		**1.20 Total**
43000	Income Medicaid	601100	Medicaid R&B	(1,761,525)	-	(1,761,525)	G-2	1.30
44000	Income Managed Medicaid	601100	Medicaid R&B	(67,915)	-	(67,915)	G-2	1.30
4000000	4000000 · NUR-Managed Care	601100	Medicaid R&B	(1,402,168)	-	(1,402,168)	G-2	1.30
4100000	4100000 · NUR-Medicaid	601100	Medicaid R&B	(2,995,194)	5,724,240	2,729,046	G-2	1.30
4100005	4100005 · AL-Medicaid	601100	Medicaid R&B	687	-	687	G-2	1.30
						(501,875)		**1.30 Total**
601100.01	Medicaid HMO	601100	Medicaid R&B	0	(5,724,240)	(5,724,240)	G-2	1.40
						(5,724,240)		**1.40 Total**
47000	Income Private	601300	Private Pay R&B	(454,015)	-	(454,015)	G-2	1.50
48000	Income Private ALF	601300	Private Pay R&B	(324,570)	-	(324,570)	G-2	1.50
4100004	4100004 · NUR-Private	601300	Private Pay R&B	(595,702)	-	(595,702)	G-2	1.50
4100006	4100006 · AL-Private	601300	Private Pay R&B	(631,948)	-	(631,948)	G-2	1.50
4100011	4100011 · AL-Memmory Care - PVT	601300	Private Pay R&B	(150,474)	-	(150,474)	G-2	1.50
46000	Income Hospice	601600	Hospice R&B	(48,694)	-	(48,694)	G-2	1.50
42000	Income Insurance	601700	LTC Insurance R&B	(602,770)	-	(602,770)	G-2	1.50
4100002	4100002 · NUR-Other	601700	LTC Insurance R&B	(16,308)	-	(16,308)	G-2	1.50
						(2,824,481)		**1.50 Total**
49125	Income Radiology Mdcr A	610210	Rad Medicare Part A	(5,016)	1,275	(3,741)	G-2	5.1.30
						(3,741)		**5.1.30 Tota**
49145	Income Laboratory Mdcr A	609210	Lab Medicare Part A	(3,642)	(59,479)	(63,121)	G-2	5.1.32
						(63,121)		**5.1.32 Tota**
49085	Income PT Mdcr A	602210	PT Medicare Part A	(176,436)	44,844	(131,592)	G-2	5.1.35
						(131,592)		**5.1.35 Tota**
49100	Income OT Mdcr A	604210	OT Medicare Part A	(205,557)	52,245	(153,312)	G-2	5.1.36
						(153,312)		**5.1.36 Tota**
49065	Income ST Mdcr A	603210	ST Medicare Part A	(71,363)	18,138	(53,225)	G-2	5.1.37
						(53,225)		**5.1.37 Tota**
49050	Income Pharmacy Mdcr A	608210	Pharmacy Medicare Part A	(35,097)	8,920	(26,176)	G-2	5.1.41
						(26,176)		**5.1.41 Tota**
610400.01	Rad Medicare HMO	610400	Rad Managed Care	0	(52,250)	(52,250)	G-2	5.2.30
						(52,250)		**5.2.30 Tota**
609400.01	Lab Medicare HMO	609400	Lab Managed Care	0	(926)	(926)	G-2	5.2.32
						(926)		**5.2.32 Tota**
611400.01	IV Medicare HMO	611400	IV Managed Care	0	-	0	G-2	5.2.33
						0		**5.2.33 Tota**
607400.01	Inhal/RT Medicare HMO	607400	Inhal/RT Managed Care	0	-	0	G-2	5.2.34
						0		**5.2.34 Tota**
602400.01	PT Medicare HMO	602400	PT Managed Care	0	(74,201)	(74,201)	G-2	5.2.35
						(74,201)		**5.2.35 Tota**
604400.01	OT Medicare HMO	604400	OT Managed Care	0	(354,408)	(354,408)	G-2	5.2.36
						(354,408)		**5.2.36 Tota**
603400.01	ST Medicare HMO	603400	ST Managed Care	0	(75,219)	(75,219)	G-2	5.2.37
						(75,219)		**5.2.37 Tota**
606400.01	MedSupp Medicare HMO	606400	MedSupp Managed Care	0	-	0	G-2	5.2.40
						0		**5.2.40 Tota**
608400.01	Pharmacy Medicare HMO	608400	Pharmacy Managed Care	0	(8,920)	(8,920)	G-2	5.2.41
						(8,920)		**5.2.41 Tota**
605400.01	CME Medicare HMO	605400	CME Managed Care	0	-	0	G-2	5.2.44
						0		**5.2.44 Tota**
613400.01	PEN Medicare HMO	613400	PEN Managed Care	0	-	0	G-2	5.2.47
619400.01	OtherAnc Medicare HMO	619400	OtherAnc Managed Care	0	-	0	G-2	5.2.47
						0		**5.2.47 Tota**

608400.02	Vaccine Medicare HMO	608400	Pharmacy Managed Care	0	-	0	G-2	5.2.80
						0		**5.2.80 Tota**
49089	Income PT Managed Mcd	602100	PT Medicaid	(74,302)	68,313	(5,989)	G-2	5.3.35
						(5,989)		**5.3.35 Tota**
49104	Income OT Managed Mcd	604100	OT Medicaid	(75,753)	69,647	(6,106)	G-2	5.3.36
						(6,106)		**5.3.36 Tota**
49069	Income ST Managed Mcd	603100	ST Medicaid	(4,615)	4,243	(372)	G-2	5.3.37
						(372)		**5.3.37 Tota**
49053	Income Pharmacy Managed Mcd	608100	Pharmacy Medicaid	(17,549)	16,134	(1,415)	G-2	5.3.41
						(1,415)		**5.3.41 Tota**
610100.01	Rad Medicaid HMO	610100	Rad Medicaid	0	-	0	G-2	5.4.30
						0		**5.4.30 Tota**
609100.01	Lab Medicaid HMO	609100	Lab Medicaid	0	-	0	G-2	5.4.32
						0		**5.4.32 Tota**
611100.01	IV Medicaid HMO	611100	IV Medicaid	0	-	0	G-2	5.4.33
						0		**5.4.33 Tota**
607100.01	Inhal/RT Medicaid HMO	607100	Inhal/RT Medicaid	0	-	0	G-2	5.4.34
						0		**5.4.34 Tota**
602100.01	PT Medicaid HMO	602100	PT Medicaid	0	(68,313)	(68,313)	G-2	5.4.35
						(68,313)		**5.4.35 Tota**
604100.01	OT Medicaid HMO	604100	OT Medicaid	0	(69,647)	(69,647)	G-2	5.4.36
						(69,647)		**5.4.36 Tota**
603100.01	ST Medicaid HMO	603100	ST Medicaid	0	(4,243)	(4,243)	G-2	5.4.37
						(4,243)		**5.4.37 Tota**
606100.01	MedSupp Medicaid HMO	606100	MedSupp Medicaid	0	-	0	G-2	5.4.40
						0		**5.4.40 Tota**
608100.01	Pharmacy Medicaid HMO	608100	Pharmacy Medicaid	0	(181,740)	(181,740)	G-2	5.4.41
						(181,740)		**5.4.41 Tota**
605100.01	CME Medicaid HMO	605100	CME Medicaid	0	-	0	G-2	5.4.44
						0		**5.4.44 Tota**
613100.01	PEN Medicaid HMO	613100	PEN Medicaid	0	-	0	G-2	5.4.47
619100.01	OtherAnc Medicaid HMO	619100	OtherAnc Medicaid	0	-	0	G-2	5.4.47
						0		**5.4.47 Tota**
608100.02	Vaccine Medicaid HMO	608100	Pharmacy Medicaid	0	-	0	G-2	5.4.80
						0		**5.4.80 Tota**
49132	Income Radiology Insurance	610700	Rad LTC Insurance	(1,239)	-	(1,239)	G-2	5.5.30
						(1,239)		**5.5.30 Tota**
49146	Income Laboratory Insurance	609700	Lab LTC Insurance	(1,764)	-	(1,764)	G-2	5.5.32
						(1,764)		**5.5.32 Tota**
49086	Income PT Mdcr B	602220	PT Medicare Part B	(40,563)	-	(40,563)	G-2	5.5.35
4100008	4100008 · NURS-Medicare B Ancil	602220	PT Medicare Part B	(120,410)	-	(120,410)	G-2	5.5.35
49087	Income PT Pvt	602300	PT Private Pay	(3,691)	-	(3,691)	G-2	5.5.35
4100010	4100010 · NUR-Private Ancil	602300	PT Private Pay	(23,495)	-	(23,495)	G-2	5.5.35
4100016	4100016 · AL-Private Ancil	602300	PT Private Pay	(89,384)	-	(89,384)	G-2	5.5.35
49092	Income PT Insurance	602700	PT LTC Insurance	(14,588)	-	(14,588)	G-2	5.5.35
4100003	4100003 · NUR-Managed Care Ancil	602700	PT LTC Insurance	(19,339)	-	(19,339)	G-2	5.5.35
						(311,469)		**5.5.35 Tota**
49101	Income OT Mdcr B	604220	OT Medicare Part B	(80,646)	-	(80,646)	G-2	5.5.36
49102	Income OT Pvt	604300	OT Private Pay	(5,471)	-	(5,471)	G-2	5.5.36
49107	Income OT Insurance	604700	OT LTC Insurance	(14,998)	-	(14,998)	G-2	5.5.36
						(101,115)		**5.5.36 Tota**
49066	Income ST Mdcr B	603220	ST Medicare Part B	(28,937)	-	(28,937)	G-2	5.5.37
49067	Income ST Pvt	603300	ST Private Pay	(2,682)	-	(2,682)	G-2	5.5.37
49072	Income ST Insurance	603700	ST LTC Insurance	(49,176)	-	(49,176)	G-2	5.5.37
						(80,795)		**5.5.37 Tota**
49057	Income Pharmacy Insurance	608700	Pharmacy LTC Insurance	(3,263)	-	(3,263)	G-2	5.5.41
						(3,263)		**5.5.41 Tota**
608220.02	Vaccine Part B	608220	Pharmacy Medicare Part B	0	-	0	G-2	5.5.80
608300.02	Vaccine Private	608300	Pharmacy Private Pay	0	-	0	G-2	5.5.80
608900.02	Vaccine Other	608900	Other Pharmacy Payors	0	-	0	G-2	5.5.80
						0		**5.5.80 Tota**
49013	C/A O/A Managed Medicaid	670100	C/A Medicaid	53,302	-	53,302	G-3	2.00
4100026	4100026 · NUR Contractual - Retro Adj	670100	C/A Medicaid	14,560	165,606	180,166	G-3	2.00
49001	C/A O/A Medicare A	670210	C/A Medicare Part A	497,110	50,975	548,085	G-3	2.00

49003	C/A O/A Medicare B	670220	C/A Medicare Part B	30,692	60,404	91,096	G-3	2.00
49005	C/A O/A Insurance	670700	C/A LTC Insurance	186,439	388,602	575,040	G-3	2.00
						1,447,690		**2.00 Total**
5056100	5056100 · INTEREST INCOME	690180	Interest Revenue	(674)	-	(674)	G-3	7.00
						(674)		**7.00 Total**
49500	Other Income	690900	Other Revenue	(11,000)	-	(11,000)	G-3	24.00
4100027	4100027 · Other Income	690900	Other Revenue	(415,353)	-	(415,353)	G-3	24.00
						(426,353)		**24.00 Total**
49350	Prior Period Adj.-Medicaid	680100	Prior Year Medicaid	71,760	-	71,760	G-3	24.03
49355	Prior Period Adj.-Managed Medicaid	680100	Prior Year Medicaid	(11,400)	-	(11,400)	G-3	24.03
49200	Prior Period Adj.- Medicare A	680200	Prior Year Medicare	29,714	-	29,714	G-3	24.03
49300	Prior Period Adj.- Insurance	680900	Prior Year Other Payors	32,128	-	32,128	G-3	24.03
49450	Prior Period Adj.- Private	680900	Prior Year Other Payors	(134,040)	-	(134,040)	G-3	24.03
						(11,838)		**24.03 Total**
8220710	8220710 · RENT-BUILDING-NH	930110	Lease Expense Land/Building Non-R/P	1,000,000	-	1,000,000	A	1.40
8420000	8420000 · RENT AND LEASES	930110	Lease Expense Land/Building Non-R/P	33,756	-	33,756	A	1.40
65000	Depreciation Expense	930410	Deprn Land Improvements	1,409	-	1,409	A	1.40
52100	Auto Insurance	930910	Property Insurance	10,000	-	10,000	A	1.40
52200	Commercial Property Insurance	930910	Property Insurance	32,720	-	32,720	A	1.40
8220810	8220810 · PROPERTY INS.	930910	Property Insurance	64,419	-	64,419	A	1.40
8460812	8460812 · Auto Insurance	930910	Property Insurance	12,658	-	12,658	A	1.40
						1,154,962		**1.40 Total**
66000	Rent	930130	Rent/Lease Expense Furniture/Equipment Non-R	500,000	-	500,000	A	2.40
8410690	8410690 · DEPRECIATION-MOVEABLE EQT	930450	Deprn Equipment and Furniture	88,335	-	88,335	A	2.40
65100	Amortization	930460	Deprn Vehicles	3,492	-	3,492	A	2.40
						591,827		**2.40 Total**
50550	FICA	730420	Admin FICA	143,705	-	143,705	A	3.40
8460160	8460160 · SOCIAL SECURITY TAX FICA	730420	Admin FICA	322,927	-	322,927	A	3.40
50600	SUI	730430	Admin Unemployment Taxes	8,915	-	8,915	A	3.40
50700	FUI	730430	Admin Unemployment Taxes	2,200	-	2,200	A	3.40
8460165	8460165 · NJSDI	730430	Admin Unemployment Taxes	26,326	-	26,326	A	3.40
8460170	8460170 · UNEMPLOYMENT	730430	Admin Unemployment Taxes	149,271	-	149,271	A	3.40
8460171	8460171 · FEDERAL UNEMPLOYMENT	730430	Admin Unemployment Taxes	4,861	-	4,861	A	3.40
52600	Health Insurance	730440	Admin Health Insurance	269,262	-	269,262	A	3.40
52650	Health Insurance Contribution	730440	Admin Health Insurance	(11,071)	-	(11,071)	A	3.40
8460180	8460180 · HEALTH AND LIFE INSURANCE	730440	Admin Health Insurance	73,933	-	73,933	A	3.40
8460186	8460186 · HEALTH_Union	730440	Admin Health Insurance	576,626	-	576,626	A	3.40
52300	Workers Comp. Insurance	730450	Admin Workers Comp	85,061	-	85,061	A	3.40
8460200	8460200 · WORKMENS COMP	730450	Admin Workers Comp	170,040	-	170,040	A	3.40
8460187	8460187 · PENSION_Union	730460	Admin Employee Ret/Svgs Plan	241,216	-	241,216	A	3.40
53050	Other Employee Benefits	730490	Admin Other Taxes/Benefits	99,269	-	99,269	A	3.40
846018	846018 · Union Hospital League_Union	730490	Admin Other Taxes/Benefits	13,958	-	13,958	A	3.40
						2,176,501		**3.40 Total**
8350010	8350010 · ADMIN.ADMINISTRATOR S AND W	730110	Sal Administrator	97,136	-	97,136	A	4.10
50000	Wages	730190	Sal Other Administrative	1,711,179	-	1,711,179	A	4.10
50050	Overtime	730190	Sal Other Administrative	78,917	-	78,917	A	4.10
50150	Vacation/Sick	730190	Sal Other Administrative	70,546	-	70,546	A	4.10
50250	Holiday	730190	Sal Other Administrative	37,417	-	37,417	A	4.10
50300	Holiday Worked	730190	Sal Other Administrative	6,980	-	6,980	A	4.10
50350	Orientation	730190	Sal Other Administrative	3,974	-	3,974	A	4.10
50450	Other Pay	730190	Sal Other Administrative	128	-	128	A	4.10
8310010	8310010 · FISCAL SERVICES SALARY	730190	Sal Other Administrative	52,672	-	52,672	A	4.10
8310700	8310700 · HR Payroll	730190	Sal Other Administrative	59,856	-	59,856	A	4.10
8350061	8350061 · ADMIN.RECEPTIONIST S AND W	730190	Sal Other Administrative	84,994	-	84,994	A	4.10
8360000	8360000 · DIRECTOR OF OPERATIONS	730190	Sal Other Administrative	132,967	-	132,967	A	4.10
						2,336,765		**4.10 Total**
50750	Contracted Service	730510	Admin Contract Svcs Non-R/P	930,535	-	930,535	A	4.20
						930,535		**4.20 Total**
8311671	8311671 · MANAGEMENT FEES	730520	Management Fees Non-R/P	348,715	-	348,715	A	4.40
58004	IT Fees	730530	Data Processing Non-R/P	12,343	-	12,343	A	4.40
58100	Admin Software	730530	Data Processing Non-R/P	10,187	-	10,187	A	4.40
8318674	8318674 · COMPUTER SOFTWARE	730530	Data Processing Non-R/P	85,215	-	85,215	A	4.40
8319671	8319671 · COMPUTER OTHER PURCHASE SERV-NH	730530	Data Processing Non-R/P	163	-	163	A	4.40
8319675	8319675 · COMPUTER MONTHLY SERVICE - NH	730530	Data Processing Non-R/P	0	-	0	A	4.40

8350310	8350310 · ADMIN ACCOUNTING SVCS.	730560	Accounting	10,500	-	10,500	A	4.40
58001	Legal Fees	730580	Legal	38,416	-	38,416	A	4.40
8350300	8350300 · ADMIN. LEGAL FEES	730580	Legal	93,403	-	93,403	A	4.40
57950	Professional Fees	730590	Admin Other Contract/Prof Svcs	500	-	500	A	4.40
58002	Management Consulting	730590	Admin Other Contract/Prof Svcs	27,750	-	27,750	A	4.40
58005	Consulting	730590	Admin Other Contract/Prof Svcs	9,669	-	9,669	A	4.40
58126	Operations Consulting Services	730590	Admin Other Contract/Prof Svcs	58,000	-	58,000	A	4.40
58130	Business Office Services	730590	Admin Other Contract/Prof Svcs	51,000	-	51,000	A	4.40
8310294	8310294 · BILLING FEES	730590	Admin Other Contract/Prof Svcs	37,221	-	37,221	A	4.40
8311300	8311300 · PROFESSIONAL FEES	730590	Admin Other Contract/Prof Svcs	27,025	-	27,025	A	4.40
8311310	8311310 · COLLECTION FEES (A/R)	730590	Admin Other Contract/Prof Svcs	219	-	219	A	4.40
8350250	8350250 · ADMIN CONSULTANT	730590	Admin Other Contract/Prof Svcs	1,575	-	1,575	A	4.40
8350315	8350315 · Actuarial Fees	730590	Admin Other Contract/Prof Svcs	8,000	-	8,000	A	4.40
58150	Admin Equip Rental	730620	Admin Equipment Rental	18,332	-	18,332	A	4.40
8350730	8350730 · COPY MACHINE-LEASE	730620	Admin Equipment Rental	33,057	-	33,057	A	4.40
8350731	8350731 · Rental-other	730620	Admin Equipment Rental	2,308	-	2,308	A	4.40
58700	Office Supplies	730710	Office Supplies	826	-	826	A	4.40
8319751	8319751 · OFFICE SUPPLIES - NH	730710	Office Supplies	3,296	-	3,296	A	4.40
8350550	8350550 · ADMIN. OFFICE SUPPLIES	730710	Office Supplies	1,546	-	1,546	A	4.40
8350590	8350590 · ADMIN.OTHER SUPPLIES/MATERIAL	730710	Office Supplies	100	-	100	A	4.40
58810	Licenses & Permits	730750	Licenses	1,125	-	1,125	A	4.40
8351830	8351830 · LICENSE AND PERMITS	730750	Licenses	25,605	-	25,605	A	4.40
8440000	8440000 · LICENSES AND FEES	730750	Licenses	15,930	-	15,930	A	4.40
58400	Bank Fee	730770	Bank Service Charges	1,267	-	1,267	A	4.40
58830	Finance Charges	730770	Bank Service Charges	4,137	-	4,137	A	4.40
8310732	8310732 · CREDIT CARD SERVICE CHARGE	730770	Bank Service Charges	37,063	-	37,063	A	4.40
8350914	8350914 · BANK CHARGES	730770	Bank Service Charges	24,080	-	24,080	A	4.40
58510	Telephone & Internet	730780	Telephone/ Communication	14,308	-	14,308	A	4.40
58520	Cell Phones	730780	Telephone/ Communication	323	-	323	A	4.40
8319551	8319551 · COMPUTER INTERNET	730780	Telephone/ Communication	173	-	173	A	4.40
8350842	8350842 · WIRELESS (CELL) PHONES	730780	Telephone/ Communication	12,291	-	12,291	A	4.40
8350847	8350847 · PHONE SYSTEM REPAIR	730780	Telephone/ Communication	1,809	-	1,809	A	4.40
8350854	8350854 · TELEPHONE NH	730780	Telephone/ Communication	5,659	-	5,659	A	4.40
8350855	8350855 · INTERNET CABLE NH	730780	Telephone/ Communication	8,335	-	8,335	A	4.40
51900	EPLI Insurance	730810	General & Professional Liability Third Party	20,160	-	20,160	A	4.40
52000	GL/PL Insurance	730810	General & Professional Liability Third Party	58,430	-	58,430	A	4.40
8460810	8460810 · GENERAL INSURANCE	730810	General & Professional Liability Third Party	154,877	-	154,877	A	4.40
58160	Admin Travel	730902	Admin Travel	145	-	145	A	4.40
52950	Employee Physical	730903	Admin Recruitment Expense	50	-	50	A	4.40
53000	Employee Satisfaction	730903	Admin Recruitment Expense	117	-	117	A	4.40
58300	Background Checks	730903	Admin Recruitment Expense	701	-	701	A	4.40
58310	Recruitment	730903	Admin Recruitment Expense	720	-	720	A	4.40
58315	Corp. Recruitment	730903	Admin Recruitment Expense	10,427	-	10,427	A	4.40
8350918	8350918 · EMPLOYEE BACKGROUND CHECK	730903	Admin Recruitment Expense	6,159	-	6,159	A	4.40
58800	Dues & Subscriptions	730908	Admin Dues/Subscriptions	200	-	200	A	4.40
8350891	8350891 · REHAB SUBSCRIPTIONS	730908	Admin Dues/Subscriptions	28,000	-	28,000	A	4.40
67000	Bad Debt	730915	Other Bad Debts	55,904	-	55,904	A	4.40
8351943	8351943 · BAD DEBT EXPENSE	730915	Other Bad Debts	125,000	-	125,000	A	4.40
51000	Bed Tax	730980	Nursing Home Quality Assessment	100,000	-	100,000	A	4.40
9009000	9009000 · Bed Tax	730980	Nursing Home Quality Assessment	178,680	-	178,680	A	4.40
56855	Uniforms	730990	Other Administrative Expense	6,808	-	6,808	A	4.40
8350733	8350733 · ARCHIVING AND STORAGE - NH 3014	730990	Other Administrative Expense	2,322	-	2,322	A	4.40
8350908	8350908 · WEBSITE GRAPHICS FEE	730990	Other Administrative Expense	600	-	600	A	4.40
8350910	8350910 · ADMIN.OTHER DIRECT EXPENSES	730990	Other Administrative Expense	(6,101)	-	(6,101)	A	4.40
8351911	8351911 · Patient Loss	730990	Other Administrative Expense	3,647	-	3,647	A	4.40
8460000	8460000 · OTHER OPERATING EXPENSES	730990	Other Administrative Expense	(240)	-	(240)	A	4.40
9300006	9300006 · Gift Cards	730990	Other Administrative Expense	7,805	-	7,805	A	4.40
						1,785,880		**4.40 Total**
8220070	8220070 · MAINTENANCE WORKERS	710120	Plant Sal Maintenance Staff	88,628	-	88,628	A	5.10
8350611	8350611 · Security Officer	710130	Plant Sal Security Staff	34,808	-	34,808	A	5.10
						123,436		**5.10 Total**
57410	Maintenance Contracted Services	710510	Maintenance Services	12,991	-	12,991	A	5.20
8220680	8220680 · SECURITY - CONTR SERV	710510	Maintenance Services	6,949	-	6,949	A	5.20
57430	Exterminator	710520	Exterminator/Fumigation Services	3,488	-	3,488	A	5.20

8220682	8220682 · MAINT.EXTERMINATOR CONTR.SERV	710520	Exterminator/Fumigation Services	3,892	-	3,892	A	5.20
8220591	8220591 · MAINTENANCE FIRE ALARM EXPENSES	710630	Fire Protection and Security	12,289	-	12,289	A	5.20
8220592	8220592 · MAINTENANCE FIRE SAFETY CONSULT	710630	Fire Protection and Security	33,506	-	33,506	A	5.20
57400	Maintenance Supplies	710710	Plant Maintenance Supplies	9,029	-	9,029	A	5.20
8220590	8220590 · MAINTENANCE OTHER SUPPLIES/MAT	710710	Plant Maintenance Supplies	21,718	-	21,718	A	5.20
57420	Repairs & Maintenance	710720	Maintenance Building	5,155	-	5,155	A	5.20
8220630	8220630 · REPAIRS AND MAINT	710720	Maintenance Building	55,720	-	55,720	A	5.20
8220683	8220683 · MAINT.ELEVATOR CONTR.SERV.	710720	Maintenance Building	21,929	-	21,929	A	5.20
57440	Snow Removal & Landscaping	710750	Maintenance Grounds	17,789	-	17,789	A	5.20
8225610	8225610 · GROUNDS R & M PURCHASED SERVICE	710750	Maintenance Grounds	27,052	-	27,052	A	5.20
57200	Water/Sewer	710810	Utilities	47,193	-	47,193	A	5.20
57250	Electric	710810	Utilities	96,610	-	96,610	A	5.20
57260	Gas	710810	Utilities	50,358	-	50,358	A	5.20
8220740	8220740 · ELECTRICITY - NH	710810	Utilities	0	-	0	A	5.20
8220750	8220750 · GAS HEATING - NH	710810	Utilities	339,241	-	339,241	A	5.20
8220760	8220760 · WATER	710810	Utilities	117,184	-	117,184	A	5.20
57450	Trash Removal	710850	Waste Disposal/Refuse	10,454	-	10,454	A	5.20
8220613	8220613 · Waste	710850	Waste Disposal/Refuse	25,780	-	25,780	A	5.20
57470	Storage Rental	710990	Other Plant Operations Expense	32	-	32	A	5.20
8220379	8220379 · MAINTENANCE OTHER DIRECT EXP	710990	Other Plant Operations Expense	8,635	-	8,635	A	5.20
8220593	8220593 · TRANSPORTATION EXPENSE	710990	Other Plant Operations Expense	1,047	-	1,047	A	5.20
						928,040		**5.20 Total**
56900	Laundry Contracted Service	918510	L&L Contract Svcs Non-R/P	365	-	365	A	6.20
						365		**6.20 Total**
56700	Laundry Supplies	918710	Laundry and Linen Supplies	1,625	-	1,625	A	6.40
56800	Laundry Chemicals	918710	Laundry and Linen Supplies	4,612	-	4,612	A	6.40
8253910	8253910 · LAUNDRY OTHER DIRECT EXPENSES	918990	Other Laundry and Linen Expense	9,419	-	9,419	A	6.40
						15,655		**6.40 Total**
8240070	8240070 · HOUSEKEEPING STAFF S AND W	720110	Sal Housekeeping Supervisor	260,890	-	260,890	A	7.10
8240010	8240010 · HOUSEKEEPING DIRECTOR S AND W	720120	Sal Housekeeping Staff	83,798	-	83,798	A	7.10
						344,687		**7.10 Total**
8240590	8240590 · HOUSEKEEPING OTHER SUPPLIES/MAT	720510	Contract Svcs Housekeeping	31,140	-	31,140	A	7.20
						31,140		**7.20 Total**
56500	Housekeeping Supplies	720710	Housekeeping Supplies	6,155	-	6,155	A	7.40
						6,155		**7.40 Total**
8212021	8212021 · COOKS	912130	Sal Cooks	38,351	-	38,351	A	8.10
8212070	8212070 · DIETARY AIDES S AND W	912140	Sal Dietary Assistants	119,056	-	119,056	A	8.10
						157,407		**8.10 Total**
56300	Dietary Contracted Service	912510	Diet Contract Svcs Non-R/P	348,367	-	348,367	A	8.20
8212681	8212681 · DIETARY-CONTRACT SERVICES	912510	Diet Contract Svcs Non-R/P	275,091	-	275,091	A	8.20
						623,458		**8.20 Total**
8212590	8212590 · DIETARY SUPPLIES/MATERIAL	912710	Diet Supplies Consumable	35,189	-	35,189	A	8.40
8212510	8212510 · DIETARY-TABLEWARE/UTENSILS	912720	Dietary Supplies	1,010	-	1,010	A	8.40
8212018	8212018 · Dirct Food and Nutrition	912740	Raw Food	11,326	-	11,326	A	8.40
8212500	8212500 · DIETARY FOOD 3	912740	Raw Food	197,615	-	197,615	A	8.40
8212504	8212504 · DIETARY-BREAD	912740	Raw Food	2,111	-	2,111	A	8.40
55800	Supplements	912750	Dietary Supplements	5,015	-	5,015	A	8.40
8212511	8212511 · DIETARY-TUBE FEEDS/NUTRIT SUPPL	912750	Dietary Supplements	13,861	-	13,861	A	8.40
8212514	8212514 · DIETARY TUBE FEEDIN KITS &SUPPL	912750	Dietary Supplements	3,312	-	3,312	A	8.40
8212000	8212000 · DIETARY	912990	Other Dietary Services Expense	12,854	-	12,854	A	8.40
8212540	8212540 · DIETARY CLEANING SUPPLIES	912990	Other Dietary Services Expense	511	-	511	A	8.40
8212680	8212680 · DIETARY-PROGRAM ACCESS	912990	Other Dietary Services Expense	5,253	-	5,253	A	8.40
8212920	8212920 · DIETARY-MAINTENANCE - KITCHEN	912990	Other Dietary Services Expense	583	-	583	A	8.40
						288,641		**8.40 Total**
6010010	6010010 · NURSING DNS AND ASST. S AND W	911110	Sal Director of Nursing	99,120	-	99,120	A	9.10
6010020	6010020 · DON Assistant	911120	Sal Asst. Director of Nursing	6,400	-	6,400	A	9.10
6010012	6010012 · NURSING SUPERVISOR S AND W	911190	Sal Other Nursing Administration	412,818	-	412,818	A	9.10
6010017	6010017 · WELLNESS DIRECTOR	911190	Sal Other Nursing Administration	43,670	-	43,670	A	9.10
6010065	6010065 · Unit Secretary - Clinical Servi	911190	Sal Other Nursing Administration	58,131	-	58,131	A	9.10
6011016	6011016 · MDS COORDINATOR S&W	911190	Sal Other Nursing Administration	46,562	-	46,562	A	9.10
6011018	6011018 · MDS nursing staff	911190	Sal Other Nursing Administration	39,199	-	39,199	A	9.10
6020902	6020902 · Case Manager	911190	Sal Other Nursing Administration	28,044	-	28,044	A	9.10
						733,944		**9.10 Total**
50800	Medical Director	911310	Medical Director Non-R/P	30,000	-	30,000	A	9.20

7420379	7420379 · MEDICAL DIRECTOR OTH DIRECT EXP	911310	Medical Director Non-R/P	43,388	-	43,388	A	9.20
7420655	7420655 · Physician - Medical Services	911310	Medical Director Non-R/P	629	-	629	A	9.20
55700	Pharmacy Analysis	911330	Pharmacy Consultant Non-R/P	8,023	-	8,023	A	9.20
7270290	7270290 · PHARMACY CONSULTANT	911330	Pharmacy Consultant Non-R/P	17,342	-	17,342	A	9.20
58127	Clinical Consulting Service	911510	Contract Svcs Nursing Administration	44,000	-	44,000	A	9.20
6020370	6020370 · NURSING EMPLOYMENT AGENCY-DON	911510	Contract Svcs Nursing Administration	3,200	-	3,200	A	9.20
						146,582		**9.20 Total**
53220	Nursing Minor Equip.	911610	IPC Non Cap Equip Purchases	4,515	-	4,515	A	9.40
53230	Nursing Equip Rental	911620	IPC Equipment Rental	29,210	-	29,210	A	9.40
6020640	6020640 · NURSING RENT/LEASE MATTRESS/BED	911620	IPC Equipment Rental	(440)	-	(440)	A	9.40
6020650	6020650 · NURSING RENT/ LEASE VENT/OXYGEN	911620	IPC Equipment Rental	21,868	-	21,868	A	9.40
6020660	6020660 · NURSI RENT/LEASE EQUIP PUMP/BAT	911620	IPC Equipment Rental	36,196	-	36,196	A	9.40
53240	Nursing Software	911990	Other Nursing Service Expense	33,347	-	33,347	A	9.40
54000	Ambulance	911990	Other Nursing Service Expense	16,109	-	16,109	A	9.40
6020883	6020883 · NURSING PATIENT TRANSPORT	911990	Other Nursing Service Expense	29,822	-	29,822	A	9.40
						170,626		**9.40 Total**
53210	Nursing Supplies	911710	Nursing Supplies	40,280	-	40,280	A	10.40
6020590	6020590 · NURSING SUPPLIES	911710	Nursing Supplies	101,751	-	101,751	A	10.40
55500	Facility Stock Charges	911720	Drugs Non Legend	(3,985)	-	(3,985)	A	10.40
55600	OTC	911720	Drugs Non Legend	9,582	-	9,582	A	10.40
7270590	7270590 · PHARMACY SUPPLIES OTHER	911720	Drugs Non Legend	264,556	-	264,556	A	10.40
53215	Respiratory Supplies	911760	Oxygen	36	-	36	A	10.40
54100	Oxygen	911760	Oxygen	4,000	-	4,000	A	10.40
7200493	7200493 · OXYGEN	911760	Oxygen	688	-	688	A	10.40
						416,908		**10.40 Total**
7390060	7390060 · MEDICAL RECORDS AIDE S AND W	916120	Sal Medical Records Staff	17,165	-	17,165	A	12.10
						17,165		**12.10 Total**
7380010	7380010 · SOCIAL SERV. MANAGER S AND W	915110	Sal Social Services Supervisor	59,561	-	59,561	A	13.10
7380060	7380060 · SOCIAL SERVICES S & W	915120	Sal Social Services Staff	19,096	-	19,096	A	13.10
8321010	8321010 · ADMISSIONS DIRECTOR	915130	Sal Admissions/Discharge Coordinator	56,511	-	56,511	A	13.10
						135,167		**13.10 Total**
7260010	7260010 · RECREATION ASST DIR & DIRECTOR	914110	Sal Activities Supervisor	46,823	-	46,823	A	14.10
7260050	7260050 · RECREATION AIDE S AND W	914120	Sal Activities Staff	95,052	-	95,052	A	14.10
						141,875		**14.10 Total**
57000	Recreation Supplies	914710	Supplies Activities	515	-	515	A	14.40
7260000	7260000 · RECREATION	914990	Other Activities Expense	175	-	175	A	14.40
7260590	7260590 · RECREATION OTHER SUPPLIES/MAT	914990	Other Activities Expense	639	-	639	A	14.40
7260673	7260673 · RECREATION ENTER	914990	Other Activities Expense	500	-	500	A	14.40
						1,828		**14.40 Total**
6020030	6020030 · NURSING STAFFING RN REG	810120	Sal RNs	17,466	-	17,466	A	25.10
6020034	6020034 · Unit Manager-LPN	810130	Sal LPNs	59,018	-	59,018	A	25.10
6020040	6020040 · NURSING STAFFING LPNS REG	810130	Sal LPNs	252,850	-	252,850	A	25.10
6020043	6020043 · NURSING STAFFING LPNS - AL	810130	Sal LPNs	75,312	-	75,312	A	25.10
6020060	6020060 · NURSING C.N.A.	810140	Sal CNAs	741,416	-	741,416	A	25.10
6020260	6020260 · NURSING WOUND CARE	810140	Sal CNAs	19,034	-	19,034	A	25.10
6020400	6020400 · CHHA_ Cert Home Health Aid - AL	810140	Sal CNAs	330,705	-	330,705	A	25.10
						1,495,801		**25.10 Total**
6020371	6020371 · NURSING EMPLOYMENT AGENCY-RN	810520	Contract Svcs RNs	44,591	-	44,591	A	25.20
6020372	6020372 · NURSING EMPLOYMENT AGENCY-LPN	810530	Contract Svcs LPNs	1,119,991	-	1,119,991	A	25.20
6020373	6020373 · NURSING EMPLOYMENT AGENCY - CNA	810540	Contract Svcs CNAs	668,272	-	668,272	A	25.20
						1,832,853		**25.20 Total**
54200	Radiology	940510	Radiology Contract Svcs Non-R/P	5,208	-	5,208	A	30.40
7240670	7240670 · RADIOLOGY SVCS	940510	Radiology Contract Svcs Non-R/P	23,407	-	23,407	A	30.40
						28,615		**30.40 Total**
54300	Laboratory	941510	Lab Contract Svcs Non-R/P	8,089	-	8,089	A	32.40
7210686	7210686 · LAB-ALL OTHERS CONTRACT SERVICE	941510	Lab Contract Svcs Non-R/P	24,816	-	24,816	A	32.40
						32,905		**32.40 Total**
7330000	7330000 · PHYSICAL THERAPY SALARIES	921110	Sal Physical Therapists	100,938	-	100,938	A	35.10
7330020	7330020 · PHYSICAL THERAPY DIRECTOR	921110	Sal Physical Therapists	87,283	-	87,283	A	35.10
7330021	7330021 · PT ASSISTANT	921110	Sal Physical Therapists	74,977	-	74,977	A	35.10
						263,198		**35.10 Total**
7330372	7330372 · REHAB EMPLOYMENT AGENCY-PTA	921510	Contract Svcs PT Non-R/P	62,646	-	62,646	A	35.20
						62,646		**35.20 Total**
54850	Rehab Equip Rental	921620	PT Equipment Rental	2,731	-	2,731	A	35.40

54825	Rehab Supplies	921710	Physical Therapy Supplies	592	-	592	A	35.40
						3,322		**35.40 Total**
7340021	7340021 · O/T THERAPIST	923110	Sal Occupational Therapists	266,447	-	266,447	A	36.10
						266,447		**36.10 Total**
7340372	7340372 · REHAB EMPLOYMENT AGENCY-OTA	923990	Other Occupational Therapy Expenses	(130)	-	(130)	A	36.40
						(130)		**36.40 Total**
7355000	7355000 · SPEECH LANGUAGE PATHOLOGIST	922110	Sal Speech/Audiological Therapists	11,082	-	11,082	A	37.10
						11,082		**37.10 Total**
7340373	7340373 · REHAB EMPLOYM AGENC-SPEECH THER	922510	ST Contract Svcs Non-R/P	576	-	576	A	37.20
7350000	7350000 · SPEECH THERAPY	922510	ST Contract Svcs Non-R/P	75,257	-	75,257	A	37.20
						75,833		**37.20 Total**
55000	RX-Mdcr A	942720	Legend Drugs	55,573	-	55,573	A	41.40
55100	RX-Insurance	942720	Legend Drugs	26,974	-	26,974	A	41.40
55200	Rx-Mdcr D	942720	Legend Drugs	6,915	-	6,915	A	41.40
55350	IV Drugs-Insurance	942720	Legend Drugs	14,665	-	14,665	A	41.40
						104,127		**41.40 Total**
942720.01	Preventive Vaccines	942720	Legend Drugs	0	-	0	A	80.40
						0		**80.40 Total**
8320060	8320060 · BUSNIESS DEVELOPMENT - S&W	995110	Marketing/Sales Salaries	83,308	-	83,308	A	93.10
8321012	8321012 · Director of Marketing	995110	Marketing/Sales Salaries	8,242	-	8,242	A	93.10
						91,550		**93.10 Total**
59200	Marketing	995906	Promotional Advertising	3,210	-	3,210	A	93.40
8350909	8350909 · MARKETING/ADVERTISING	995906	Promotional Advertising	6,758	-	6,758	A	93.40
58820	Fines/Penalties	998300	Penalties/Fines	240	-	240	A	93.40
8350915	8350915 · PENALTIES	998300	Penalties/Fines	8,416	-	8,416	A	93.40
58500	TV Cable	999026	Television/Resident Rooms	3,379	-	3,379	A	93.40
7260891	7260891 · CABLE T.V.	999026	Television/Resident Rooms	23,257	-	23,257	A	93.40
						45,260		**93.40 Total**
						(0)		**Grand Tot**

Green Hill Inc
PS&R / Cost Report Crosswalk
For the period 1/1/2025 - 12/31/2025

Revenue Code PSR	Description	Cost Center Code	Cost Center Name
110	Routine Services	25	Skilled Nursing Facility
120	Routine Services	25	Skilled Nursing Facility
250	Pharmacy	41	Drugs Charged to Patients
258	Pharmacy/IV Solutions	42	Drugs Charged to Patients
260	IV Therapy	33	Drugs Charged to Patients
270	Med/Surg Supplies	40	Medical Supplies charged to patients
272	Med/Surg Supplies / Sterile	40	Medical Supplies charged to patients
274	Med/Surg Supplies / Pros	40	Medical Supplies charged to patients
310	Lab	32	Laboratory
320	Dx X-Ray	30	Radiology
410	Resp Therapy	34	Oxy (Inhalation) Therapy
420	Physical Therapy	35	Physical Therapy
424	Physical Therapy	35	Physical Therapy
429	Other Physical Therpay	35	Physical Therapy
430	Occupational Therapy	36	Occupational Therapy
434	Occupational Therapy	36	Occupational Therapy
439	Other Occupational Therpay	36	Occupational Therapy
440	Speech Therapy	37	Speech Therapy
444	Speech Therapy	37	Speech Therapy
449	Other Speech Therapy	37	Speech Therapy
730	EKG/ECG	39	Radiology
940	Other Therapeutic S/	44	Support Surfaces
946	Rtn Complex Med Equipment	40	Medical Supplies charged to patients
947	Complex Med Equipment	44	Support Surfaces

Green Hill Inc
Schedule A-8 Adjustment to Expenses
For the period 1/1/2025 - 12/31/2025

A-8 Line	A-8 Description	Basis	Adjustment	Cost Center Description	MCR Line
1.00	INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2)	B	0	CAP REL COSTS - BLDGS & FIXTURES	1
2.00	TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTE	B	0	ADMINISTRATIVE & GENERAL	4
3.00	REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)	B	0	DIETARY	8
4.00	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8)		0		
5.00	TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)		0	ADMINISTRATIVE & GENERAL	4
6.00	TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		
7.00	PARKING LOT (CMS PUB. 15-1, CHAPTER 21)		0		
8.00	REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	0		
9.00	SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)		0		
10.00	RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPT	A-8-1	0	ADMINISTRATIVE & GENERAL	4
11.00	LAUNDRY AND LINEN SERVICE		0		
12.00	REVENUE - EMPLOYEE MEALS		0		
13.00	COST OF MEALS - GUESTS		0		
14.00	SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS		0		
15.00	SALE OF DRUGS TO OTHER THAN PATIENTS	B	0		
16.00	REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS		0		
17.00	VENDING MACHINES		0		
18.00	INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1	B	0	ADMINISTRATIVE & GENERAL	4
19.00	INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERI		0	PLANT OPERATION, MAINT. & REPAIRS	5
20.00	DEPRECIATION--BUILDINGS AND FIXTUES		0		
21.00	DEPRECIATION--MOVABLE EQUIPMENT		0		
22.00	SHORT TERM INPATIENT HOSPICE CARE		0		
23.00	HOSPICE NON-CORE CONTRACTED SERVICES		0		
24.00	MISCELLANEOUS REVENUE	B	(674)	ADMINISTRATIVE & GENERAL	4
25.00	Credit Loss	A	(426,353)	ADMINISTRATIVE & GENERAL	4
26.00	Other Bad Debts	A	(125,000)	ADMINISTRATIVE & GENERAL	4
27.00	Other Administrative Expense	A	(11,452)	ADMINISTRATIVE & GENERAL	4
28.00	Other Nursing Service Expense	A	(16,109)	NURSING ADMINISTRATION	9
29.00	Management Fees	A	(376,465)	ADMINISTRATIVE & GENERAL	4
30.00	Nursing Home Quality Assessment	A	0	NURSING ADMINISTRATION	9
31.00		A	0		95
32.00		A	0	ADMINISTRATIVE & GENERAL	4
33.00		A	0	ADMINISTRATIVE & GENERAL	4
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		(956,052)		