#### Health Financial Systems EXCEL CARE AT THE PINES In Lieu of Form CMS-2540-10 This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0463 Expires: 12/31/2021 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provi der CCN: 315317 Worksheet S Parts I, II & III Peri od. From 12/27/2021 COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: То 5/23/2023 9:54 am PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 5/23/2023 Time: 9:54 am use only ] Manually prepared cost report 2 [0] If this is an amended report enter the number of times the provider resubmitted this cost report 3 3.01 [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no. Contractor 4. [ 1 ] Cost Report Status 6. Contractor No. use only (1) As Submitted 7.[ N ] First Cost Report for this Provider CCN (2) Settled without audit 8.[ N ] Last Cost Report for this Provider CCN (3) Settled with audit 9. NPR Date: (4) Reopened 10.[ 0 ]If line 4, column 1 is "4": Enter number of times reopened (5) Amended 11.Contractor Vendor Code 12.[F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" 5. Date Received: for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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.

#### CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by EXCEL CARE AT THE PINES (315317) for the cost reporting period beginning 12/27/2021 and ending 12/31/2022 and 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 FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
		1	2 SI GNATURE STATEMEN		
1	Eli	Frankel	Y Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Eli Frankel			2
3	Signatory Title	MEMBER			3
4	Date	(Dated when report is electronica			4

		Title	XVIII		
Cost Center Description	Title V	Part A	Part B	Title XIX	
	1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	114, 222	1, 681	0	1.00
2.00 NURSING FACILITY	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF - BASED HHA I	0	0	0		4.00
5.00 SNF - BASED RHC I	0		0		5.00
6.00 SNF - BASED FQHC I	0		0		6.00
7.00 SNF - BASED CMHC I	0		0		7.00
100. 00 TOTAL	0	114, 222	1, 681	0	100.00

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

MPLE	Financial Systems D NURSING FACILITY AND SKILLED NURSING FACILI X INDENTIFICATION DATA		ARE AT THE	Provider No.	: 315317	Period: From 12/27, To 12/31,	/2021	of Forr Workshe Part I Date/Ti 5/23/20	et S-2 me Pre	pared
	1.00	2	. 00		3.00			5725720	20 7.0	
	Skilled Nursing Facility and Skilled Nursing		Complex Add	dress:						
	Street: 29-33 NORTH VERMONT AVENUE	PO Box:								1. (
00	City: ATLANTIC CITY	State: N.		Zip Code: 084						2.0
00	County: ATLANTIC	CBSA Code		Urban/Rural:	U					3. 0
01		CBSA Code				_	-			3. (
			Compone	ent Name	Provi der	Date		nt Syste		
					CCN	Certified	-	0, or N)		-
							V	XVIII		
	CNE and CNE Deced Component I dont! fi action		I.	. 00	2.00	3.00	4.00	5.00	6.00	
00	SNF and SNF-Based Component Identification:				215217	00/02/2012	N	P	N	
	SNF		EXCEL CARE	AT THE PINES	315317	09/03/2013	I N	P	IN	4.0
00	Nursing Facility									5.0
00										6.0
	SNF-Based HHA									7.0
00	SNF-Based RHC									8.0
00	SNF-Based FQHC									9. (
	SNF-Based CMHC									10.0
	SNF-Based OLTC									11. (
	SNF-Based HOSPICE									12. (
00	SNF-Based CORF						I			13. (
						From:		To:		-
0.5						1.00		2.0		
	Cost Reporting Period (mm/dd/yyyy)					12/27/2		12/31/	2022	14.0
00	Type of Control (See Enstructions)						4		1	15.
							-	Y/N		-
								1.0	0	
~~	Type of Freestanding Skilled Nursing Facility				ant Couth	1 - 40 OFD		N		1.0
00	Is this a distinct part skilled nursing facil	ity that	meets the r	requirements	set forth	IN 42 CFR		N		16. (
00	section 483.5?	olna fool	lity that a	aata tha raa		oot forth		N		17
00	Is this a composite distinct part skilled nur	sing raci	lity that n	leets the rec	quirements	set forth	In	N		17.0
00	42 CFR section 483.5?		+ <i>E</i> +			1		N		10
00	Are there any costs included in Worksheet A 1							N		18. (
	organizations as defined in CMS Pub. 15-1, ch	hapter 10	r ir yes, c	complete work	KSneet A-8	-1.				-
00	Miscellaneous Cost Reporting Information If this is a low Medicare utilization cost re	nost ind	li ooto with	o "V" for y		" for no		N		10
							_	N		19.0
01	If line 19 is yes, does this cost report meet				riiing a	row medicar	e	N		19. (
	utilization cost report, indicate with a "Y",				mathed in	diastad an	Linco	20 22		1
00	Depreciation - Enter the amount of depreciati	ion repor		SNF FOR the	method in	dicated on	Lines			200
	Straight Line								10, 960	
	Declining Balance								C	21.
	Sum of the Year's Digits								10.010	22.
	Sum of line 20 through 22	<b>C</b> 11							10, 960	
00	If depreciation is funded, enter the balance				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				C	24.
	Were there any disposal of capital assets dur							N		25.
00	Was accelerated depreciation claimed on any a	assets in	the current	or any pric	or cost re	porting per	i od?	N		26.
~ ~	(Y/N)						.			0.7
00	Did you cease to participate in the Medicare	program a	at end of th	ne period to	which thi	s cost repo	rt	N		27.
~~	applies? (Y/N)			с. I.I. I.I.						0.0
00	Was there a substantial decrease in health in	isurance p	proportion c	or allowable	COST TFOM	prior cost		N		28.
	reports? (Y/N)						Dart	APart B	Othor	
							1.00			1
	If this facility contains a public or non-pu	blic provi	ider that o	alifies for	an exempt	ion from th	-			
		Y" for eac	ch component	t and type of	r service					1
	of the lower of the costs or charges enter "	Y" for eac	ch component	t and type of	r service					
00	of the lower of the costs or charges enter " exemption.	Y" for eac	ch component	t and type of	r service		N	N		29.
	of the lower of the costs or charges enter "	Y" for ead	ch component	t and type of	r service	1	N	N	N	
00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility	Y" for ead	ch component	t and type of			N	N	Ν	30.
00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID	Y" for ead	ch componen <sup>†</sup>	t and type of	r service		N	N	Ν	30. 31.
00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA	Y" for ead	ch component	t and type of	r service				Ν	30. 31. 32.
00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC	Y" for ead	ch componen	t and type of	r service				Ν	30. 31. 32. 33.
00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC	Y" for ead	ch componen	t and type of	r service			N	Ν	30. 31. 32. 33. 34.
00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC	Y" for ead	ch componen	t and type of	r service				Ν	30. 31. 32. 33. 34. 35.
00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC	Y" for eac	ch componen	t and type of	r service		N	N	Ν	30. 31. 32. 33. 34. 35.
00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC	Y" for eac	ch componen	t and type of	r servi ce	Y/N	N	N		30. 31. 32. 33. 34. 35.
00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC					Y/N	N	N		30. 31. 32. 33. 34. 35. 36.
00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based HHA SNF-Based FQHC SNF-Based CMHC SNF-Based OLTC Is the skilled nursing facility located in a	state that	at certifies	s the provide		Y/N	N	N		30. 31. 32. 33. 34. 35. 36.
00 00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC SNF-Based OLTC Is the skilled nursing facility located in a regardless of the level of care given for Tit	state tha	at certifies	s the provide		Y/N 1.00 F Y	N	N		30. 31. 32. 33. 34. 35. 36. 37.
00 00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC SNF-Based OLTC Is the skilled nursing facility located in a regardless of the level of care given for Tit Are you legally-required to carry malpractice	state tha tles V & > e insuranc	at certifies (IX patients ce? (Y/N)	s the provide ? (Y/N)		Y/N	N	N		30. 31. 32. 33. 34. 35. 36. 37. 38.
00 00 00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC SNF-Based OLTC Is the skilled nursing facility located in a regardless of the level of care given for Tit Are you legally-required to carry malpractice Is the malpractice a "claims-made" or "occurr	state tha tles V & > e insuranc rence" pol	at certifies (IX patients ce? (Y/N) icy? If the	s the provide ? (Y/N)		Y/N 1.00 F Y	N	N		30. 31. 32. 33. 34. 35. 36. 37. 38.
00 00 00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC SNF-Based OLTC Is the skilled nursing facility located in a regardless of the level of care given for Tit Are you legally-required to carry malpractice	state tha tles V & > e insuranc rence" pol	at certifies (IX patients ce? (Y/N) icy? If the	s the provide ? (Y/N) e policy is		Y/N 1.00 F Y	N	N	0	30. 31. 32. 33. 34. 35. 36. 37. 38.
00 00 00 00 00 00 00	of the lower of the costs or charges enter " exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC SNF-Based OLTC Is the skilled nursing facility located in a regardless of the level of care given for Tit Are you legally-required to carry malpractice Is the malpractice a "claims-made" or "occurr	state tha tles V & > e insuranc rence" pol	at certifies (IX patients ce? (Y/N) icy? If the	s the provide ? (Y/N) e policy is	er as a SN	Y/N 1.00 F Y N	N sses S	N N 2.0	0 Jrance	29. ( 30. ( 31. ( 32. ( 33. ( 34. ( 35. ( 36. ( 37. ( 38. ( 39. (

Heal th	Financial Systems	EXCEL CARE AT THE	PINES		In Lieu	u of Form CMS	S-2540-10
SKI LLE	D NURSING FACILITY AND SKILLED NURSING	FACILITY HEALTH CARE	Provider No.: 3		Period:	Worksheet S	-2
COMPLE	X INDENTIFICATION DATA				From 12/27/2021 To 12/31/2022	Part I	ronorod.
					10 12/31/2022	Date/Time P 5/23/2023 9	
				I		Y/N	
	1.00						
42.00	Are malpractice premiums and paid losse					N	42.00
	center? Enter Y or N. If yes, check box	c, and submit supporting s	schedule listing	g cost c	enters and		
	amounts.						
	Are there any home office costs as defi					N	43.00
	If line 43 is yes, enter the home offic	ce chain number and enter	the name and ad	ddress o	f the home		44.00
	office on lines 45, 46 and 47.	1					_
	1.00	2.00			3.00		
	If this facility is part of a chain or	ganization, enter the nam	e and address o	f the ho	me office on the	lines	
	bel ow.						
45.00	Name:	Contractor's Name:	C	Contracto	or's Number:		45.00
46.00	00 Street: P0 Box:						46.00
47.00	Ci ty:			47.00			

MPLEX REIMBURSEMENI (	FY AND SKILLED NURSING FACILI QUESTIONNAIRE	TY HEALTH CARE Prov	vider No.: 315317	Period: From 12/27/2021 To 12/31/2022	Date/Time Pre	epared
				Y/N	5/23/2023 9:5 Date	54 am
				1.00	2.00	+
responses the fo Completed by All	ion: For all column 1 respons rmat will be (mm/dd/yyyy) Skilled Nursing Facilites ation and Operation	ses enter in column 1, "	Y" for Yes or "N"	for No. For all	the date	
00 Has the provider	changed ownership immediatel ? If column 1 is "Y", enter		n column 2. (see	Y	12/27/2021	1.0
			Y/N 1.00	Date 2.00	V/I 3.00	
column 1 is yes,	terminated participation in enter in column 2 the date o tary or "I" for involuntary.		f N	2.00	3.00	2.
contracts, with or medical suppl officers, medica of directors thr	involved in business transac- individuals or entities (e.g. y companies) that are related I staff, management personnel ough ownership, control, or see instructions)	., chain home offices, c d to the provider or its L, or members of the boa	drug s ard			3.
· · · · ·			Y/N	Туре	Date	
Financial Data a	nd Reports		1.00	2.00	3.00	-
00 Column 1: Were 1 Accountant? (Y/M Compiled, or "R" available in col	he financial statements prepa D) Column 2: If yes, enter "A" for Reviewed. Submit comple- umn 3. (see instructions) If	" for Audited, "C" for te copy or enter date no, see instructions.		C		4.
	ort total expenses and total ed financial statements? If o		n N			5.
				Y/N 1.00	Legal Oper. 2.00	
	onal Activities osts claimed for Nursing Scho f the program? (Y/N)	ool? (Y/N) Column 2: Is	s the provider the		N	6.
00 Were approvals a	nd/or renewals obtained duri			N N		
00 Were approvals a School and/or Al		ng the cost reporting pe			Y/N 1.00	
00 Were approvals a School and/or Al Bad Debts 00 Is the provider 00 If line 9 is "Y"	nd/or renewals obtained durin lied Health Program? (Y/N) so seeking reimbursement for bac , did the provider's bad deb	ng the cost reporting pe ee instructions. d debts? (Y/N) see instr	eriod for Nursing	N		8. 9.
00 Were approvals a School and/or Al Bad Debts 00 Is the provider 00 If line 9 is "Y" period? If "Y", 00 If line 9 is "Y"	nd/or renewals obtained durin lied Health Program? (Y/N) so seeking reimbursement for bac , did the provider's bad deb	ng the cost reporting pe ee instructions. d debts? (Y/N) see instr t collection policy char	eriod for Nursing ructions. nge during this co	N st reporting	1.00 Y	8. 9. 10.
00 Were approvals a School and/or Al Bad Debts 1s the provider 00 If line 9 is "Y" period? If "Y", 00 If line 9 is "Y" Bed Complement	nd/or renewals obtained durin lied Health Program? (Y/N) so seeking reimbursement for bac , did the provider's bad deb submit copy. , are patient deductibles and	ng the cost reporting pe ee instructions. d debts? (Y/N) see instr t collection policy char d/or coinsurance waived?	eriod for Nursing Fuctions. nge during this co ? If "Y", see inst	N st reporting ructions.	1.00 Y N	8. 9. 10. 11.
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00 Were approvals a School and/or Al 00 Is the provider 00 If line 9 is "Y" period? If "Y", 00 If line 9 is "Y" Bed Complement	nd/or renewals obtained durin lied Health Program? (Y/N) so seeking reimbursement for bac , did the provider's bad deb submit copy. , are patient deductibles and	ng the cost reporting pe ee instructions. d debts? (Y/N) see instr t collection policy char d/or coinsurance waived? cost reporting period? Description	ructions. nge during this co P If "Y", see inst If "Y", see instr P Y/N	N st reporting ructions. uctions. art A Date	1.00 Y N N Part B Y/N	8. 9. 10. 11.
00 Were approvals a School and/or Al 00 Is the provider 00 If line 9 is "Y" period? If "Y", 00 If line 9 is "Y" Bed Complement	nd/or renewals obtained durin lied Health Program? (Y/N) so seeking reimbursement for bac , did the provider's bad deb submit copy. , are patient deductibles and	ng the cost reporting pe ee instructions. d debts? (Y/N) see instr t collection policy char d/or coinsurance waived? cost reporting period?	ructions. nge during this co Plf "Y", see inst If "Y", see instr	N st reporting ructions. uctions. art A	1.00 Y N N Part B	8. 9. 10. 11.
0 Were approvals a School and/or Al Bad Debts 0 Is the provider 00 If line 9 is "Y" period? If "Y", 00 If line 9 is "Y" Bed Complement 00 Have total beds 00 Was the cost rep only? If either the paid through	nd/or renewals obtained durin lied Health Program? (Y/N) so seeking reimbursement for bac , did the provider's bad deb submit copy. , are patient deductibles and available changed from prior ort prepared using the PS&R col. 1 or 3 is "Y", enter date of the PS&R used to st report in cols. 2 and	ng the cost reporting pe ee instructions. d debts? (Y/N) see instr t collection policy char d/or coinsurance waived? cost reporting period? Description	ructions. nge during this co P If "Y", see inst If "Y", see instr P Y/N	N st reporting ructions. uctions. art A Date	1.00 Y N N Part B Y/N	8. 9. 10. 11. 12.
<ul> <li>Were approvals a School and/or Al School and/or Al School and/or Al Is the provider</li> <li>Is the provider Is "Y" period? If 'Y", 00 If line 9 is "Y" Bed Complement</li> <li>Have total beds</li> <li>PS&amp;R Data</li> <li>Was the cost rep onl y? If either the paid through prepare this cos 4. (see Instructi</li> <li>Was the cost rep for total and the allocation? If either allocation? If either the paid to prepare this</li> </ul>	nd/or renewals obtained durin lied Health Program? (Y/N) so seeking reimbursement for bac , did the provider's bad deb submit copy. , are patient deductibles and available changed from prior ort prepared using the PS&R col. 1 or 3 is "Y", enter date of the PS&R used to st report in cols. 2 and	ng the cost reporting period?	ructions. nge during this co P If "Y", see instr If "Y", see instr P Y/N 1.00	N st reporting ructions. uctions. art A Date 2.00	1.00 Y N N Part B Y/N 3.00	8. 9. 10. 11. 12. 13.
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00       Were approvals a school and/or Al School and/or Al         00       Is the provider         00       Is the provider         00       Is the provider         00       If line 9 is "Y" period? If "Y",         00       If line 9 is "Y"         Bed Complement       .00         Have total beds         00       Was the cost reponly? If either the paid through prepare this cost .00         00       Was the cost repfor total and thal location? If either the paid through prepare this cost .00         00       Was the cost repfor total and thal location? If either the paid through prepare this cost .00         00       If line 13 or 14 made to PS&R dath have been billed programe this cost .00         00       If line 13 or 14 made to PS&R dath have been billed programe this .00         00       If line 13 or 14 made to PS&R dath have been billed programe this .00         00       If line 13 or 14 made to PS&R dath have been billed programe this .00         00       If line 13 or 14 made to PS&R dath have been billed programe the pro	nd/or renewals obtained durin lied Health Program? (Y/N) so seeking reimbursement for bac , did the provider's bad deb submit copy. , are patient deductibles and available changed from prior available from prior available changed from pri	ng the cost reporting period? d debts? (Y/N) see instructions. d debts? (Y/N) see instruction policy char d/or coinsurance waived? cost reporting period? Description 0	ructions. age during this co 2 If "Y", see instr If "Y", see instr Y/N 1.00 Y N N	N st reporting ructions. uctions. art A Date 2.00	1.00           Y           N           Part B           Y/N           3.00           Y           N           N	8.           9.           10.           11.           12.           13.           14.           15.

Heal th	Financial Systems	EXCEL CARE AT	THE	PINES	In Lie	u of Form CMS-	2540-10
	D NURSING FACILITY AND SKILLED NURSING FACILI	TY HEALTH CARE		Provider No.: 315317	eriod:	Worksheet S-2	
COMPLE	X REIMBURSEMENT QUESTIONNAIRE				rom 12/27/2021 0 12/31/2022	Part II Date/Time Pre	pared:
						5/23/2023 9:5	<u>4 am</u>
				1.00	2. (	00	
	Cost Report Preparer Contact Information						
19.00	Enter the first name, last name and the title	e/position S	SLAVK	A	PARTI LOVA		19.00
	held by the cost report preparer in columns 1	, 2, and 3,					
	respecti vel y.						
20.00	Enter the employer/company name of the cost r	report H	HEALT	H CARE RESOURCES			20.00
	preparer.						
21.00	Enter the telephone number and email address		609-9	87-1440	SLAVKA. PARTI LO\	/A@HCRNJ. NET	21.00
	report preparer in columns 1 and 2, respectiv	vel y.					

Health Financial Systems	EXCEL CARE AT	THE PINES	In Lie	u of Form CMS-2	540-10
SKILLED NURSING FACILITY AND SKILLED NURSING FAC COMPLEX REIMBURSEMENT QUESTIONNAIRE	LITY HEALTH CARE	Provi der No.: 315317	Period: From 12/27/2021	Worksheet S-2 Part II	bared:
	Part B Date				
	4.00				
PS&R Data					
13.00 Was the cost report prepared using the PS& only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	R 03/30/2023				13.00
14.00 Was the cost report prepared using the PS& for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R us to prepare this cost report in columns 2 a 4.	sed				14.00
15.00 If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims th have been billed but are not included on 1 PS&R used to file this cost report? If "Y" see Instructions.	he				15. 00
16.00 If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.					16. 00
17.00 If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:					17.00
18.00 Was the cost report prepared only using th provider's records? If "Y" see Instruction					18.00
		3.00			
<ul> <li>Cost Report Preparer Contact Information</li> <li>19.00 Enter the first name, last name and the ti held by the cost report preparer in column respectively.</li> </ul>		REPARER			19. 00
20.00 Enter the employer/company name of the cospression of the cospre	st report				20.00
21.00 Enter the telephone number and email addre report preparer in columns 1 and 2, respec					21.00

	ED NURSING FACILITY AND SKILLED NURSIN EX STATISTICAL DATA	NG FACILITY HEALTH CARE	Provi der	1	Period: From 12/27/2021 To 12/31/2022	Worksheet S-3 Part I Date/Time Prep 5/23/2023 9:54	pared:
				l nj	patient Days/Vis	sits	
	Component	Number of Beds	Bed Days Avai Labl e	Title V	Title XVIII	Title XIX	
	7	1.00	2.00	3.00	4.00	5.00	
. 00	SKILLED NURSING FACILITY	151	52, 170		0 2, 307	24, 656	1.00
. 00 . 00	NURSING FACILITY	0	0		0	0	2.00
00	HOME HEALTH AGENCY COST	0	0		0 0	0	4.00
. 00	Other Long Term Care	0	0				5.00
. 00	SNF-Based CMHC						6.00
. 00	HOSPICE	0	0 52 170		0 0	0	
. 00	Total (Sum of lines 1-7)	151 Inpatient D	52, 170 avs/Visits		0 2, 307 Di scharges	24, 656	8.00
		inpatrent b	ay37 11 31 13		Di Schar ges		
	Component	Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	1 1 0
. 00 . 00	SKILLED NURSING FACILITY NURSING FACILITY	5, 988	32, 951		0 69 0	93 0	1.00
. 00		0	0	'	0	0	3.0
. 00	HOME HEALTH AGENCY COST	0	0			J. J	4.0
. 00	Other Long Term Care	0	0				5.0
. 00	SNF-Based CMHC		_				6.0
. 00	HOSPICE	0	0 32, 951		0 0 0 69	0 93	
. 00	Total (Sum of lines 1-7)	5, 988 Di scha		Ave	erage Length of		8.0
	Companyat						
	Component	0ther 11.00	<u>Total</u> 12.00	Title V 13.00	Title XVIII 14.00	Title XIX 15.00	
. 00	SKILLED NURSING FACILITY	94	256				1.0
. 00	NURSING FACILITY	0	0	0.0	0	0.00	
. 00		0	0			0.00	
. 00 . 00	HOME HEALTH AGENCY COST Other Long Term Care	0	0				4.0 5.0
. 00	SNF-Based CMHC	Ŭ	0				6.0
. 00	HOSPI CE	0	0	0.0	0.00	0.00	
. 00	Total (Sum of lines 1-7)	94	256			265.12	8.0
		Average Length of Stay		Admi	ssions		
	Component	Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	
. 00	SKILLED NURSING FACILITY	128. 71	0	7	-	128	
. 00 . 00	NURSING FACILITY	0. 00 0. 00	0		0	0	2.0 3.0
00	HOME HEALTH AGENCY COST	0.00			0	0	4.0
00	Other Long Term Care	0.00				0	5. C
00	SNF-Based CMHC						6. C
00	HOSPICE	0.00	0		0 0		
00	Total (Sum of lines 1-7)	128.71 Admissions	O Full Time		0 70	128	8.0
					_		
	Component	Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00			
. 00	SKILLED NURSING FACILITY	268	95.40		0		1.0
. 00	NURSING FACILITY	0	0.00				2.0
00	ICF/IID	0	0.00				3.0
00	HOME HEALTH AGENCY COST Other Long Term Care	0	0.00 0.00				4.0 5.0
	SNF-Based CMHC	0	0.00				6.0
. 00							
00	HOSPICE Total (Sum of Lines 1-7)	0 268	0.00 95.40				7.0 8.0

	Financial Systems	EXCEL CARE A				u of Form CMS-2	
SNF WA	GE INDEX INFORMATION				Period: From 12/27/2021 To 12/31/2022	Worksheet S-3 Part II Date/Time Pre 5/23/2023 9:5	pared:
		Amount	Reclass. of	Adj usted		Average Hourly	
		Reported	Salaries from			Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col. 3	col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	PART II – DIRECT SALARIES						
	SALARIES		-				
1.00	Total salaries (See Instructions)	5, 070, 259	0	5, 070, 25			1.00
2.00	Physician salaries-Part A	0	0		0 0.00		2.00
3.00	Physician salaries-Part B	0	0		0 0.00		
4.00	Home office personnel	0	0		0 0.00		
5.00	Sum of lines 2 through 4		0	F 070 0F	0 0.00		
6.00 7.00	Revised wages (line 1 minus line 5)	5, 070, 259		5, 070, 25	9 200, 853. 00 0 0. 00		6.0 7.0
7.00 8.00	Other Long Term Care HOME HEALTH AGENCY COST	0			0 0.00		-
8.00 9.00	CMHC	0			0 0.00		
9.00 10.00	HOSPICE	0			0 0.00		
11.00	Other excluded areas	0			0 0.00		
12.00	Subtotal Excluded salary (Sum of lines 7				0 0.00		
12.00	through 11)				0.00	0.00	12.0
13.00	Total Adjusted Salaries (line 6 minus line	5, 070, 259	c	5, 070, 25	9 200, 853.00	25.24	13.0
	12)						
	OTHER WAGES & RELATED COSTS			-			
14.00	Contract Labor: Patient Related & Mgmt	359, 453	0	359, 45			
15.00	Contract Labor: Physician services-Part A	0	0		0 0.00		
16.00	Home office salaries & wage related costs	0	0		0 0.00	0.00	16.0
	WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	764, 635	0	764, 63	5		17.0
18.00	Wage-related costs other (See Part IV)	0	0		0		18.0
19.00	Wage related costs (excluded units)	0	0		0		19.0
20.00	Physician Part A - WRC	0	0		0		20.0
21.00	Physician Part B - WRC	0	0		0		21.0
22.00	Total Adjusted Wage Related cost (see instructions)	764, 635	0	764, 63	5		22.00

Heal th	Financial Systems	EXCEL CARE A	T THE PINES		In Lie	eu of Form CMS-2	2540-10
SNF WA	GE INDEX INFORMATION		Provi der		Period:	Worksheet S-3	
					From 12/27/2021 To 12/31/2022	Part III Date/Time Pre	parad
					10 12/31/2022	5/23/2023 9: 5	
		Amount	Reclass. of	Adj usted	Paid Hours	Average Hourly	
		Reported		Salaries (col.	Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col.	col. 4)	
					3		
		1.00	2.00	3.00	4.00	5.00	
	PART III - OVERHEAD COST - DIRECT SALARIES	1		1	-		
1.00	Employee Benefits	0	0		0.00		
2.00	Administrative & General	384, 737		384, 73			2.00
3.00	Plant Operation, Maintenance & Repairs	84, 487	0	84, 48	7 3, 871. 00	21.83	3.00
4.00	Laundry & Linen Service	0	0	) (	0.00	0.00	4.00
5.00	Housekeepi ng	256, 971	0	256, 97	1 16, 370. 00	15. 70	5.00
6.00	Dietary	379, 093	0	379, 093	3 23, 322. 00	16. 25	6.00
7.00	Nursing Administration	144, 982	0	144, 982	2 2, 104. 00	68.91	7.00
8.00	Central Services and Supply	0	0	) (	0.00	0.00	8.00
9.00	Pharmacy	0	0	)	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	) (	0.00	0.00	10.00
11.00	Soci al Servi ce	60, 162	0	60, 162	1, 936. 00	31.08	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	204, 472	0	204, 472	11, 292. 00	18. 11	13.00
14.00	Total (sum lines 1 thru 13)	1, 514, 904	0	1, 514, 904	1 71, 045. 00	21.32	14.00

	Financial Systems	EXCEL CARE AT TH		In Lie	u of Form CMS-2	2540-1
SNF WA	GE RELATED COSTS		Provider No.: 315317	Period: From 12/27/2021 To 12/31/2022	Worksheet S-3 Part IV Date/Time Pre 5/23/2023 9:54	pared:
					Amount	
					Reported	
	1				1.00	
	PART IV - WAGE RELATED COSTS					
	Part A - Core List					
	RETIREMENT COST					
1.00	401K Employer Contributions				0	1.0
2.00	Tax Sheltered Annuity (TSA) Employer (				0	2.0
3.00	Qualified and Non-Qualified Pension PI	in Cost			0	3.0
4.00	Prior Year Pension Service Cost				0	4.0
- 00	PLAN ADMINISTRATIVE COSTS (Paid to Ext 401K/TSA Plan Administration fees	rnai Organization)			0	5. C
5.00	Legal /Accounting/Management Fees-Pensi	n Di an			0	6.0
5.00 7.00	Employee Managed Care Program Administ				0	7.0
. 00	HEALTH AND INSURANCE COST	atton rees			0	7.0
. 00	Health Insurance (Purchased or Self Fu				153, 481	8.
. 00	Prescription Drug Plan	lueu)			155, 461	9.
	Dental, Hearing and Vision Plan				0	7. 10.
	Life Insurance (If employee is owner of	beneficiary)			0	11.
	Accident Insurance (If employee is own				0	12.
	Disability Insurance (If employee is c				0	13.
	Long-Term Care Insurance (If employee is a				0	14.
	Workers' Compensation Insurance	s owner of benefiterary)			133, 842	15.
	Retirement Health Care Cost (Only curr	ant year not the extraor	rdinary accrual require	d by FASB 106	133, 042	16.
0.00	Non cumulative portion)	site your, not the extruct		Ju by 1165 166.	0	10.
	TAXES					
7.00	FICA-Employers Portion Only				358, 128	17.0
8.00	Medicare Taxes - Employers Portion Onl	/			0	18.
9.00	Unemployment Insurance				113, 633	19.1
	State or Federal Unemployment Taxes				5, 551	20.
	OTHER					
1.00	Executive Deferred Compensation				0	21.0
2.00	Day Care Cost and Allowances				0	22.
3.00	Tuition Reimbursement				0	23.0
4.00	Total Wage Related cost (Sum of lines	- 23)			764, 635	24.
					Amount	
					Reported	
					1.00	
	Part B - Other than Core Related Cost					
5.00	OTHER WAGE RELATED COSTS (SPECIFY)				0	25.0

Heal th	Financial Systems	EXCEL CARE AT	THE PINES		In Lie	eu of Form CMS-2	2540-10
	PORTING OF DIRECT CARE EXPENDITURES				Period: From 12/27/2021 To 12/31/2022	Worksheet S-3 Part V	pared:
	Occupational Category	Amount Reported	Fringe Benefits	Adjusted Salaries (col 1 + col. 2)	. Related to	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	Direct Salaries						
	Nursing Occupations						
1.00	Registered Nurses (RNs)	1, 298, 310	195, 796				1.00
2.00	Licensed Practical Nurses (LPNs)	986, 438	148, 763				2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1, 270, 608	191, 618	1, 462, 22	6 67, 301.00	21.73	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3, 555, 356	536, 177	4, 091, 53	3 129, 809. 00	31.52	4.00
5.00	Physical Therapists	0	0		0 0.00		5.00
6.00	Physical Therapy Assistants	0	0		0 0.00		6.00
7.00	Physical Therapy Aides	0	0		0 0.00		7.00
8.00	Occupational Therapists	0	0		0 0.00		8.00
9.00	Occupational Therapy Assistants	0	0		0 0.00		9.00
10.00	Occupational Therapy Aides	0	0		0 0.00		10.00
11.00	Speech Therapists	0	0		0 0.00		11.00
12.00	Respi ratory Therapi sts	0	0		0 0.00		12.00
13.00	Other Medical Staff	0	0		0 0.00	0.00	13.00
	Contract Labor						
	Nursing Occupations	н — — н			1		
14.00	Registered Nurses (RNs)	10, 120		10, 12			14.00
15.00	Licensed Practical Nurses (LPNs)	0			0 0.00		15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	6, 475		6, 47	5 199.00	32.54	16.00
17.00	Total Nursing (sum of lines 14 through 16)	16, 595		16, 59	5 343.00	48.38	17.00
18.00	Physical Therapists	148, 707		148, 70	7 3, 273. 00	45.43	18.00
19.00	Physical Therapy Assistants	0			0.00	0.00	19.00
20.00	Physical Therapy Aides	0			0.00	0.00	20.00
21.00	Occupational Therapists	122, 243		122, 24	3 3, 357.00	36.41	21.00
22.00	Occupational Therapy Assistants	0			0 0.00		22.00
23.00	Occupational Therapy Aides	0			0 0.00		
24.00	Speech Therapists	71, 907		71, 90			
25.00	Respi ratory Therapi sts	0			0 0.00		25.00
26.00	Other Medical Staff	0		l	0 0.00	0.00	26.00

Health Financial Systems EXCEL PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	CARE AT THE PINES Provider No.: 315317	Peri od:	u of Form CMS Worksheet S-	
		From 12/27/2021 To 12/31/2022		
		Group	5/23/2023 9: Days	54 am
1.00		1.00 RUX	2.00	1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5. 00 6. 00		RHX RHL		5.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10. 00 11. 00		RUC RUB		10.00
12.00		RUA		12.00
13. 00		RVC		13.00
14.00		RVB		14.00
15. 00 16. 00		RVA RHC		15.00 16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21. 00 22. 00		RMA RLB		21.00
23.00		RLA		23.00
24. 00		ES3		24.00
25. 00		ES2		25.00
26. 00 27. 00		ES1 HE2		26.00 27.00
28.00		HE1		27.00
29.00		HD2		29.00
30. 00		HD1		30.00
31.00		HC2		31.00
32. 00 33. 00		HC1 HB2		32.00 33.00
34. 00		HB1		34.00
35. 00		LE2		35.00
36. 00		LE1		36.00
37.00 38.00		LD2 LD1		37.00 38.00
39.00		LC2		39.00
40. 00		LC1		40.00
41.00		LB2		41.00
42. 00 43. 00		LB1 CE2		42.00
44.00		CE1		44.00
45. 00		CD2		45.00
46.00		CD1		46.00
47.00 48.00		CC2 CC1		47.00 48.00
49.00		CB2		40.00
50. 00		CB1		50.00
51.00		CA2		51.00
52. 00 53. 00		CA1 SE3		52.00 53.00
54.00		SE2		53.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58. 00 59. 00		SSA I B2		58.00 59.00
50.00		I B1		60.00
o1. 00		I A2		61.00
52.00		I A1		62.00
53.00 54.00		BB2 BB1		63.00 64.00
55. 00		BA2		65.00
66.00		BA1		66.00
57.00		PE2		67.00
58.00		PE1		68.00
59. 00 70. 00		PD2 PD1		69.00 70.00
71.00		PD1 PC2		70.00
72.00		PC1		72.00
73. 00		PB2		73.00
74.00		PB1		74.00

Health Financial Systems	EXCEL CARE AT THE	PINES		In Lie	u of Form CMS	6-2540-10			
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provi der	No.: 315317	Period:	Worksheet S	-7			
				From 12/27/2021 To 12/31/2022		repared: :54 am			
				Group	Days				
				1.00	2.00				
76.00				PA1		76.00			
99.00				AAA		99.00			
100. 00 TOTAL						100.00			
			Expenses	Percentage	Y/N				
			1.00	2.00	3.00				
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)									
101.00 Staffing 102.00 Recruitment 103.00 Retention of employees 104.00 Training 105.00 OTHER (SPECIFY) 106.00 Total SNF revenue (Worksheet G-2, Part I, lin	ne 1, column 3)					101.00 102.00 103.00 104.00 105.00 106.00			

	Financial Systems	EXCEL CARE AT	THE PINES		In Lie	u of Form CMS-2	2540-10
RECLAS	SIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	EXPENSES	Provi der	No.: 315317	Peri od: From 12/27/2021	Worksheet A	
					To 12/31/2022	Date/Time Pre 5/23/2023 9:5	
	Cost Center Description	Sal ari es	Other		1 Reclassi fi cati		
				+ col. 2)	ons I ncrease/Decre	Trial Balance (col. 3 +-	
					ase (Fr Wkst	col. 4)	
					A-6)		
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS	1		1		1	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES		2, 334, 905			_, _,	1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT		0		0 0	0	2.00
3.00 4.00	00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL	0 384, 737	764, 905 2, 053, 010			764, 905 2, 437, 747	3.00 4.00
4.00 5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	84, 487	413, 629			498, 116	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	01, 107	115, 659			115, 659	6.00
7.00	00700 HOUSEKEEPI NG	256, 971	40, 782			297, 753	
8.00	00800 DI ETARY	379, 093	334, 580	713, 6	/3 0	713, 673	8.00
9.00	00900 NURSING ADMINISTRATION	144, 982	0	144, 98	32 0	144, 982	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0		0 0	0	
11.00	01100 PHARMACY	0	0		0 0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	(0.1)	0 0	0	
13.00 14.00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	60, 162 0	0	60, 10	0 0	60, 162 0	
14.00	01500 PATIENT ACTIVITIES	204, 472	56, 285	260, 75	-		
15.00	INPATIENT ROUTINE SERVICE COST CENTERS	204,472	50, 205	200,73		200,737	15.00
30.00	03000 SKI LLED NURSI NG FACI LI TY	3, 555, 355	922, 409	4, 477, 70	04 0	4, 477, 764	30.00
31.00	03100 NURSING FACILITY	0	0		0 0	0	31.00
32.00	03200   CF/I   D	0	0		0 0		32.00
33.00	O3300 OTHER LONG TERM CARE	0	0		0 0	0	33.00
10.00	ANCI LLARY SERVICE COST CENTERS		0.000			0.000	10.00
40.00 41.00	04000 RADI OLOGY 04100 LABORATORY	0	3, 299 8, 722			3, 299	40.00
41.00	04200 INTRAVENOUS THERAPY	0	12,000			12,000	
43.00	04300 OXYGEN (INHALATION) THERAPY	0	12,000		0 0	0	
44.00	04400 PHYSI CAL THERAPY	0	148, 707	148, 70	07 0	148, 707	
45.00	04500 OCCUPATI ONAL THERAPY	0	122, 243	122, 24	3 0	122, 243	45.00
46.00	04600 SPEECH PATHOLOGY	0	71, 907	71, 90	07 0	71, 907	
47.00	04700 ELECTROCARDI OLOGY	0	0		0 0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	107.0	0 0	0	48.00
49.00 50.00	04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY	0	107, 971	107, 9	0 0 0	107, 971	
51.00	05100 SUPPORT SURFACES	0	0		0 0		51.00
01100	OUTPATIENT SERVICE COST CENTERS			1	<u> </u>		01100
60.00	06000 CLI NI C	0	0	I	0 0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0 0	0	61.00
62.00	06200 FQHC						62.00
70.00	OTHER REIMBURSABLE COST CENTERS		0		0	0	70.00
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0	0 15, 504		0 0 04 0		70.00
	07300 CMHC	0	15, 504		0 0		73.00
75.00	SPECIAL PURPOSE COST CENTERS	0	0				/ 5. 00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES		0	1	0 0	0	80.00
81.00	08100 INTEREST EXPENSE		0		0 0	0	81.00
82.00	08200 UTILIZATION REVIEW - SNF	0	0		0 0	0	
83.00	08300 HOSPI CE	0	0		0 0	0	
89.00	SUBTOTALS (sum of lines 1-84)	5, 070, 259	7, 526, 517	12, 596, 7	0	12, 596, 776	89.00
90.00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	90.00
90.00 91.00	09100 BARBER AND BEAUTY SHOP	0	0		0 0	0	
92.00	09200 PHYSI CLANS PRI VATE OFFI CES	0	0		0 0		92.00
93.00	09300 NONPAID WORKERS	0	0		0 0	0	
	09400 PATIENTS LAUNDRY	0	0		0 0	0	
100.00	TOTAL	5, 070, 259	7, 526, 517	12, 596, 7	0	12, 596, 776	100. 00

GENE           1.00         0010           2.00         0022           3.00         0030           4.00         0040           5.00         0056           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0440           15.00         0300           30.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0443           45.00         0450           46.00         0446           47.00         0470           48.00         0480	CATION AND ADJUSTMENT OF TRIAL BALANCE O Cost Center Description Cost Center Description Cost Center Description CAP REL COSTS - BLDGS & FIXTURES CO CAP REL COSTS - BUDGS & FIXTURES CO CAP REL COSTS - MOVABLE EQUIPMENT DO EMPLOYEE BENEFITS CO ADMINISTRATIVE & GENERAL CO PLANT OPERATION, MAINT. & REPAIRS CO ADMINISTRATIVE & GENERAL CO PLANT OPERATION, MAINT. & REPAIRS CO HOUSEKEEPING CO HOUSEKEEPING CO DI ETARY CO NURSING ADMINISTRATION CO CENTRAL SERVICES & SUPPLY CO PHARMACY CO MEDICAL RECORDS & LIBRARY CO SOCIAL SERVICE CO NURSING AND ALLIED HEALTH EDUCATION CO PATIENT ACTIVITIES ATIENT ROUTINE SERVICE COST CENTERS CO SKILLED NURSING FACILITY CO ICF/IID CO THER LONG TERM CARE LLARY SERVICE COST CENTERS CO RADIOLOGY	Adjustments to	Net Expenses For Al locati or (col . 5 +- col . 6) 7.00 2, 332, 334 764, 905 1, 833, 633 498, 116 115, 655 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 3 6 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0	7 Period: From 12/27/20: To 12/31/20:		54 am 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
1.00         0010           2.00         0020           3.00         0030           4.00         0040           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0440           15.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	ERAL SERVICE COST CENTERS DO CAP REL COSTS - BLDGS & FIXTURES DO CAP REL COSTS - MOVABLE EQUIPMENT DO EMPLOYEE BENEFITS DO ADMINISTRATIVE & GENERAL DO PLANT OPERATION, MAINT. & REPAIRS DO LAUNDRY & LINEN SERVICE DO HOUSEKEEPING DO DIETARY DO NURSING ADMINISTRATION DO CENTRAL SERVICES & SUPPLY DO MEDICAL RECORDS & LIBRARY DO MURSING AND ALLIED HEALTH EDUCATION DO PATIENT ACTIVITIES ATIENT ROUTINE SERVICE COST CENTERS DO SOCIAL SERVICE DO NURSING FACILITY DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	Expenses (Fr Wkst A-8) 6.00 -2,571 0 -2,571 0 0 0 -604,114 0 0 0 0 0 0 0 0 0 0 0 0 0	For Al locati or (col. 5 +- col. 6) 7.00 2, 332, 334 764, 905 1, 833, 633 498, 116 115, 655 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 3 6 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0		22 Date/Time Pre	54 am 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
1.00         0010           2.00         0020           3.00         0030           4.00         0040           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0440           15.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	ERAL SERVICE COST CENTERS DO CAP REL COSTS - BLDGS & FIXTURES DO CAP REL COSTS - MOVABLE EQUIPMENT DO EMPLOYEE BENEFITS DO ADMINISTRATIVE & GENERAL DO PLANT OPERATION, MAINT. & REPAIRS DO LAUNDRY & LINEN SERVICE DO HOUSEKEEPING DO DIETARY DO NURSING ADMINISTRATION DO CENTRAL SERVICES & SUPPLY DO MEDICAL RECORDS & LIBRARY DO MURSING AND ALLIED HEALTH EDUCATION DO PATIENT ACTIVITIES ATIENT ROUTINE SERVICE COST CENTERS DO SOCIAL SERVICE DO NURSING FACILITY DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	Expenses (Fr Wkst A-8) 6.00 -2,571 0 -2,571 0 0 0 -604,114 0 0 0 0 0 0 0 0 0 0 0 0 0	For Al locati or (col. 5 +- col. 6) 7.00 2, 332, 334 764, 905 1, 833, 633 498, 116 115, 655 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 3 6 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0			1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 30. 00 31. 00 32. 00
1.00         0010           2.00         0020           3.00         0030           4.00         0040           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0440           15.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	ERAL SERVICE COST CENTERS DO CAP REL COSTS - BLDGS & FIXTURES DO CAP REL COSTS - MOVABLE EQUIPMENT DO EMPLOYEE BENEFITS DO ADMINISTRATIVE & GENERAL DO PLANT OPERATION, MAINT. & REPAIRS DO LAUNDRY & LINEN SERVICE DO HOUSEKEEPING DO DIETARY DO NURSING ADMINISTRATION DO CENTRAL SERVICES & SUPPLY DO MEDICAL RECORDS & LIBRARY DO MURSING AND ALLIED HEALTH EDUCATION DO PATIENT ACTIVITIES ATIENT ROUTINE SERVICE COST CENTERS DO SOCIAL SERVICE DO NURSING FACILITY DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	Expenses (Fr Wkst A-8) 6.00 -2,571 0 -2,571 0 0 0 -604,114 0 0 0 0 0 0 0 0 0 0 0 0 0	For Al locati or (col. 5 +- col. 6) 7.00 2, 332, 334 764, 905 1, 833, 633 498, 116 115, 655 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 3 6 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
1.00         0010           2.00         0020           3.00         0030           4.00         0040           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0440           15.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	00       CAP       REL       COSTS       -       BLDGS & FIXTURES         00       CAP       REL       COSTS       -       MOVABLE       EQUI PMENT         00       CAP       REL       COSTS       -       MOVABLE       EQUI PMENT         00       EMPLOYEE       BENEFITS       -       MOVABLE       EQUI PMENT         00       ADMI NI STRATI VE       & GENERAL       -       -       -         00       PLANT       OPERATION, MAINT.       & REPAIRS       -       -         00       PLANT       OPERATION, MAINT.       & REPAIRS       - <td< td=""><td>6.00 -2,571 0 0 0 -604,114 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>col . 6) 7.00 2, 332, 334 764, 905 1, 833, 633 498, 116 115, 659 297, 753 713, 673 144, 982 60, 162 260, 757 4, 468, 764 0 0 0</td><td>D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7</td><td></td><td></td><td>2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00</td></td<>	6.00 -2,571 0 0 0 -604,114 0 0 0 0 0 0 0 0 0 0 0 0 0	col . 6) 7.00 2, 332, 334 764, 905 1, 833, 633 498, 116 115, 659 297, 753 713, 673 144, 982 60, 162 260, 757 4, 468, 764 0 0 0	D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
1.00         0010           2.00         0020           3.00         0030           4.00         0040           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0440           15.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	00       CAP       REL       COSTS       -       BLDGS & FIXTURES         00       CAP       REL       COSTS       -       MOVABLE       EQUI PMENT         00       CAP       REL       COSTS       -       MOVABLE       EQUI PMENT         00       EMPLOYEE       BENEFITS       -       MOVABLE       EQUI PMENT         00       ADMI NI STRATI VE       & GENERAL       -       -       -         00       PLANT       OPERATION, MAINT.       & REPAIRS       -       -         00       PLANT       OPERATION, MAINT.       & REPAIRS       - <td< td=""><td>-2, 571 0 0 -604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>7.00 2,332,334 764,905 1,833,633 498,116 115,659 297,753 713,673 144,982 00 60,162 260,757 4,468,764 00 00 00 00 00 00 00 00 00 00 00 00 00</td><td>D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7</td><td></td><td></td><td>2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00</td></td<>	-2, 571 0 0 -604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7.00 2,332,334 764,905 1,833,633 498,116 115,659 297,753 713,673 144,982 00 60,162 260,757 4,468,764 00 00 00 00 00 00 00 00 00 00 00 00 00	D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
1.00         0010           2.00         0020           3.00         0030           4.00         0040           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0440           15.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	00       CAP       REL       COSTS       -       BLDGS & FIXTURES         00       CAP       REL       COSTS       -       MOVABLE       EQUI PMENT         00       CAP       REL       COSTS       -       MOVABLE       EQUI PMENT         00       EMPLOYEE       BENEFITS       -       MOVABLE       EQUI PMENT         00       ADMI NI STRATI VE       & GENERAL       -       -       -         00       PLANT       OPERATION, MAINT.       & REPAIRS       -       -         00       PLANT       OPERATION, MAINT.       & REPAIRS       - <td< td=""><td>-2, 571 0 0 -604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>2, 332, 334 764, 905 1, 833, 633 498, 116 115, 659 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7</td><td></td><td></td><td>2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00</td></td<>	-2, 571 0 0 -604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 332, 334 764, 905 1, 833, 633 498, 116 115, 659 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0	D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
1.00         0010           2.00         0020           3.00         0030           4.00         0040           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0440           15.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	00       CAP       REL       COSTS       -       BLDGS & FIXTURES         00       CAP       REL       COSTS       -       MOVABLE       EQUI PMENT         00       CAP       REL       COSTS       -       MOVABLE       EQUI PMENT         00       EMPLOYEE       BENEFITS       -       MOVABLE       EQUI PMENT         00       ADMI NI STRATI VE       & GENERAL       -       -       -         00       PLANT       OPERATION, MAINT.       & REPAIRS       -       -         00       PLANT       OPERATION, MAINT.       & REPAIRS       - <td< td=""><td>-604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>( 764, 905 1, 833, 633 498, 116 115, 655 297, 753 713, 673 144, 982 ( 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7</td><td></td><td></td><td>2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00</td></td<>	-604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	( 764, 905 1, 833, 633 498, 116 115, 655 297, 753 713, 673 144, 982 ( 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
$\begin{array}{cccccc} 2 & 00 & 0020 \\ 3 & 00 & 0030 \\ 4 & 00 & 0040 \\ 5 & 00 & 0050 \\ 6 & 00 & 0050 \\ 7 & 00 & 0070 \\ 8 & 00 & 0070 \\ 10 & 00 & 0100 \\ 11 & 00 & 0110 \\ 12 & 00 & 0120 \\ 13 & 00 & 0130 \\ 14 & 00 & 0140 \\ 15 & 00 & 0150 \\ 1300 & 0330 \\ 31 & 00 & 0330 \\ 31 & 00 & 0330 \\ 31 & 00 & 0330 \\ 31 & 00 & 0330 \\ 33 & 00 & 0330 \\ 33 & 00 & 0330 \\ 33 & 00 & 0330 \\ 40 & 0140 \\ 41 & 00 & 0440 \\ 41 & 00 & 0440 \\ 41 & 00 & 0440 \\ 41 & 00 & 0440 \\ 41 & 00 & 0440 \\ 41 & 00 & 0440 \\ 45 & 00 & 0450 \\ 46 & 00 & 0450 \\ 46 & 00 & 0460 \\ 47 & 00 & 0470 \\ 48 & 00 & 0480 \end{array}$	D0       CAP REL COSTS - MOVABLE EQUIPMENT         D0       EMPLOYEE BENEFITS         D0       ADMINISTRATIVE & GENERAL         D0       PLANT OPERATION, MAINT. & REPAIRS         D0       LAUNDRY & LINEN SERVICE         D0       HOUSEKEEPING         D0       DIETARY         D0       NURSING ADMINISTRATION         D0       CENTRAL SERVICES & SUPPLY         D0       HARMACY         D0       MEDICAL RECORDS & LIBRARY         D0       SOCIAL SERVICE         D0       NURSING AND ALLIED HEALTH EDUCATION         D0       PATIENT ACTIVITIES         ATIENT ROUTINE SERVICE COST CENTERS         D0       NURSING FACILITY         D0       NURSING FACILITY         D0       NURSING FACILITY         D0       OTHER LONG TERM CARE         LLARY SERVICE COST CENTERS	-604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	( 764, 905 1, 833, 633 498, 116 115, 655 297, 753 713, 673 144, 982 ( 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	D 5 5 7 9 3 3 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7 7			2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
3.00         0030           4.00         0040           5.00         0055           6.00         0060           7.00         0070           8.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0300           31.00         0310           32.00         0320           33.00         0330           34.00         0420           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0445           47.00         0470           48.00         0480	D0       EMPLOYEE BENEFITS         D0       ADMI NI STRATI VE & GENERAL         D0       PLANT OPERATION, MAINT. & REPAIRS         D0       LAUNDRY & LINEN SERVICE         D0       HOUSEKEEPING         D0       DI ETARY         D0       NURSI NG ADMINI STRATI ON         D0       CENTRAL SERVICES & SUPPLY         D0       HARMACY         D0       MEDI CAL RECORDS & LI BRARY         D0       SOCIAL SERVICE         D0       NURSI NG AND ALLIED HEALTH EDUCATION         D0       PATIENT ACTIVITIES         D1       ENT ROUTINE SERVICE COST CENTERS         D0       NURSI NG FACILITY         D0       OTHER LONG TERM CARE         LLARY SERVICE COST CENTERS	0 -604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	764, 905 1, 833, 633 498, 116 115, 659 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0	5 3 4 9 3 2 2 2 2 2 2 2 2 2 2 2 2 2			3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
4.00         0040           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0300           31.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0400           41.00         0410           42.00         0420           43.00         0433           44.00         0440           45.00         0450           46.00         0445           47.00         0470           48.00         0480	D0       ADMI NI STRATI VE & GENERAL         D0       PLANT OPERATION, MAINT. & REPAIRS         D0       LAUNDRY & LINEN SERVICE         D0       HOUSEKEEPING         D0       DI ETARY         D0       NURSI NG ADMI NI STRATION         D0       CENTRAL SERVICES & SUPPLY         D0       PHARMACY         D0       NURSI NG AND ALLIED HEALTH EDUCATION         D0       SOCIAL SERVICE         D0       NURSI NG AND ALLIED HEALTH EDUCATION         D0       PATI ENT ACTIVITIES         ATI ENT ROUTINE SERVICE COST CENTERS         D0       NURSI NG FACILITY         D0       NURSI NG TACILITY         D0       NURSI NG FACILITY         D0       NURSI NG TERM CARE         LLARY SERVICE COST CENTERS	-604, 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 833, 633 498, 116 115, 659 297, 753 713, 673 144, 982 60, 162 260, 757 4, 468, 764 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 6 9 3 2 2 0 0 2 2 0 0 7 7			4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0300           31.00         0310           32.00         0320           33.00         0330           44.00         0440           45.00         0430           44.00         0440           45.00         0450           46.00         04430           47.00         0470           48.00         0480	D0       PLANT OPERATION, MAINT. & REPAIRS         D0       LAUNDRY & LINEN SERVICE         D0       HOUSEKEEPING         D0       DIETARY         D0       NURSING ADMINISTRATION         D0       CENTRAL SERVICES & SUPPLY         D0       PHARMACY         D0       NURSING AND ALLIED HEALTH EDUCATION         D0       SOCIAL SERVICE         D0       NURSING AND ALLIED HEALTH EDUCATION         D0       PATIENT ACTIVITIES         D1       ENTION SING FACILITY         D0       SKILLED NURSING FACILITY         D0       OTHER LONG TERM CARE         LLARY SERVICE COST CENTERS	-9, 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	498, 116 115, 659 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 9 3 3 2 2 0 2 2 0 7 7			5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0400           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           47.00         0470           48.00         0480	D0       LAUNDRY & LINEN SERVICE         D0       HOUSEKEEPING         D0       DIETARY         D0       NURSING ADMINISTRATION         D0       CENTRAL SERVICES & SUPPLY         D0       PHARMACY         D0       MEDICAL RECORDS & LIBRARY         D0       SOCIAL SERVICE         D0       NURSING AND ALLIED HEALTH EDUCATION         D0       PATIENT ACTIVITIES         ATIENT ROUTINE SERVICE COST CENTERS         D0       SKILLED NURSING FACILITY         D0       ICF/IID         D0       OTHER LONG TERM CARE         LLARY SERVICE COST CENTERS	00000	115, 659 297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 3 3 2 5 5 5 7 7 4 5 5			6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0300           31.00         0310           32.00         0320           33.00         0430           41.00         0410           42.00         0420           43.00         0430           44.00         0444           45.00         0450           47.00         0470           48.00         0480	00 HOUSEKEEPING 00 DI ETARY 00 NURSING ADMINISTRATION 00 CENTRAL SERVICES & SUPPLY 00 PHARMACY 00 MEDICAL RECORDS & LIBRARY 00 SOCIAL SERVICE 00 NURSING AND ALLIED HEALTH EDUCATION 00 PATIENT ACTIVITIES 10 PATIENT ACTIVITIES 11 ENT ROUTINE SERVICE COST CENTERS 10 SKILLED NURSING FACILITY 10 NURSING FACILITY 10 ICF/IID 10 OTHER LONG TERM CARE 11 LARY SERVICE COST CENTERS	00000	297, 753 713, 673 144, 982 0 0 0 0 0 0 0 0 0 0 260, 757 4, 468, 764 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 3 2 5 5 5 5 7 7 7			7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
8.00         0080           9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0300           30.00         0300           31.00         0310           32.00         0320           33.00         0330           44.00         0440           41.00         0440           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0445           47.00         0470           48.00         0480	DO DI ETARY DO NURSI NG ADMI NI STRATI ON DO CENTRAL SERVI CES & SUPPLY DO PHARMACY DO MEDI CAL RECORDS & LI BRARY DO SOCI AL SERVI CE DO NURSI NG AND ALLI ED HEALTH EDUCATION DO PATI ENT ACTI VI TI ES ATI ENT ROUTI NE SERVI CE COST CENTERS DO SKI LLED NURSI NG FACI LI TY DO NURSI NG FACI LI TY DO NURSI NG FACI LI TY DO I CF/I ID DO OTHER LONG TERM CARE LLARY SERVI CE COST CENTERS	00000	713, 673 144, 982 0 60, 162 260, 757 4, 468, 764 0 0 0	3 2 5 5 5 7 7 4 5 5			8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
9.00         0090           10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0300           31.00         0310           32.00         0320           33.00         0330           44.00         0440           41.00         0410           42.00         0420           43.00         0433           44.00         0440           45.00         0450           47.00         0460           47.00         0460           48.00         0480	00 NURSING ADMINISTRATION 00 CENTRAL SERVICES & SUPPLY 00 PHARMACY 00 MEDICAL RECORDS & LIBRARY 00 SOCIAL SERVICE 00 NURSING AND ALLIED HEALTH EDUCATION 00 PATIENT ACTIVITIES 01 ENT ROUTINE SERVICE COST CENTERS 00 SKILLED NURSING FACILITY 00 NURSING FACILITY 00 NURSING FACILITY 00 OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	00000	144, 982 0 60, 162 260, 757 4, 468, 764 0 0 0	2 5 5 5 7 7 4 5 5			9.00 10.00 11.00 12.00 13.00 14.00 15.00 30.00 31.00 32.00
10.00         0100           11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0150           30.00         0300           31.00         0310           32.00         0320           33.00         0330           44.00         0440           41.00         0410           42.00         0420           43.00         0433           44.00         0440           45.00         0450           46.00         0446           47.00         0470           48.00         0480	D0       CENTRAL SERVICES & SUPPLY         D0       PHARMACY         D0       MEDICAL RECORDS & LIBRARY         D0       SOCIAL SERVICE         D0       NURSING AND ALLIED HEALTH EDUCATION         D0       PATIENT ACTIVITIES         ATIENT ROUTINE SERVICE COST CENTERS         D0       SKILLED NURSING FACILITY         D0       NURSING FACILITY         D0       ICF/IID         D0       OTHER LONG TERM CARE         LLARY SERVICE COST CENTERS	00000	60, 162 260, 757 4, 468, 764	2 2 2 7 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 30. 00 31. 00 32. 00
11.00         0110           12.00         0120           13.00         0130           14.00         0140           15.00         0150           30.00         0300           31.00         0310           32.00         0320           33.00         0320           34.00         0400           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	DO PHARMACY DO MEDICAL RECORDS & LIBRARY DO SOCIAL SERVICE DO NURSING AND ALLIED HEALTH EDUCATION DO PATIENT ACTIVITIES ATTENT ROUTINE SERVICE COST CENTERS DO SKILLED NURSING FACILITY DO NURSING FACILITY DO ICF/IID DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	00000	60, 162 60, 162 260, 757 4, 468, 764 0 0 0 0	2 2 7 7 4 2 2 2 2			12.00 13.00 14.00 15.00 30.00 31.00 32.00
13.00         0130           14.00         0140           15.00         0150           INPA         030.00           30.00         0300           31.00         0310           32.00         0320           33.00         0330           40.00         0400           41.00         0410           42.00         0422           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	D0       SOCIAL SERVICE         D0       NURSING AND ALLIED HEALTH EDUCATION         D0       PATIENT ACTIVITIES         ATIENT ROUTINE SERVICE COST CENTERS         D0       SKILLED NURSING FACILITY         D0       NURSING FACILITY         D0       ICF/IID         D0       OTHER LONG TERM CARE         LLARY SERVICE COST CENTERS	00000	260, 757 4, 468, 764 0 0	D 7 4 D D			13.00 14.00 15.00 30.00 31.00 32.00
14.00         0140           15.00         0150           INPA         0.300           30.00         0.300           31.00         0.310           32.00         0.320           33.00         0.330           40.00         0400           41.00         0410           42.00         0422           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	DO       NURSING AND ALLIED HEALTH EDUCATION         DO       PATIENT ACTIVITIES         ATIENT ROUTINE SERVICE COST CENTERS         DO       SKILLED NURSING FACILITY         DO       NURSING FACILITY         DO       ICF/IID         DO       OTHER LONG TERM CARE         LLARY SERVICE COST CENTERS	00000	260, 757 4, 468, 764 0 0	D 7 4 D D			14.00 15.00 30.00 31.00 32.00
15.00         0150           INPA         0.00           30.00         0.300           31.00         0.310           32.00         0.320           33.00         0.330           ANCI         ANCI           40.00         0400           41.00         0440           42.00         0420           43.00         0443           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	DO PATIENT ACTIVITIES ATLENT ROUTINE SERVICE COST CENTERS DO SKILLED NURSING FACILITY DO NURSING FACILITY DO ICF/IID DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	00000	4, 468, 764 C C	4			15.00 30.00 31.00 32.00
INPA           30.00         0300           31.00         0310           32.00         0320           33.00         0333           40.00         0400           41.00         0410           42.00         0420           43.00         0433           44.00         0443           45.00         0455           46.00         0460           47.00         0470           48.00         0480	ATIENT ROUTINE SERVICE COST CENTERS DO SKILLED NURSING FACILITY DO NURSING FACILITY DO ICF/IID DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	00000	4, 468, 764 C C	4			30. 00 31. 00 32. 00
30.00         0300           31.00         0310           32.00         0320           33.00         0330           ANCI         ANCI           40.00         0400           41.00         0410           42.00         0420           43.00         0433           44.00         0440           45.00         0450           46.00         0460           47.00         0460           48.00         0480	DO SKILLED NURSING FACILITY DO NURSING FACILITY DO ICF/IID DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	00000	( ( (				31.00 32.00
31.00         0310           32.00         0320           33.00         0330           ANCI           40.00         0410           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	DO NURSING FACILITY DO ICF/IID DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	00000	( ( (				31.00 32.00
32.00         0320           33.00         0330           ANCI         ANCI           40.00         0400           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0456           47.00         0470           48.00         0480	DO ICF/IID DO OTHER LONG TERM CARE LLARY SERVICE COST CENTERS	0	C C	o			32.00
33.00         0330 ANCI           40.00         0400           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0450           47.00         0470           48.00         0480	DO OTHER LONG TERM CARE	0	С				
ANCI           40.00         0400           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	LLARY SERVICE COST CENTERS	-		0			
40.00         0400           41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0467           47.00         0440           48.00         0480		0					33.00
41.00         0410           42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480	DO  RADI OLOGY	0		. [			4
42.00         0420           43.00         0430           44.00         0440           45.00         0450           46.00         0460           47.00         0470           48.00         0480			3, 299				40.00
43.00       0430         44.00       0440         45.00       0450         46.00       0460         47.00       0470         48.00       0480		0	8, 722	1			41.00
44.00       0440         45.00       0450         46.00       0460         47.00       0470         48.00       0480	DO INTRAVENOUS THERAPY	0	12,000	1			42.00
45.00 0450 46.00 0460 47.00 0470 48.00 0480	DO OXYGEN (INHALATION) THERAPY	0	140 707	-			43.00
46.00 0460 47.00 0470 48.00 0480	DO PHYSI CAL THERAPY DO OCCUPATI ONAL THERAPY	0	148, 707				44.00
47.00 0470 48.00 0480	DO SPEECH PATHOLOGY	0	122, 243 71, 907	1			45.00
48.00 0480	DO ELECTROCARDI OLOGY	0	/1, <del>3</del> 0/				40.00
	DO MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				48.00
49.00 0490	DO DRUGS CHARGED TO PATIENTS	0	107, 971	-			49.00
	DO DENTAL CARE - TITLE XIX ONLY	0	(0,, ,, ) (				50.00
	DO SUPPORT SURFACES	0	C				51.00
	PATIENT SERVICE COST CENTERS	-	-	-1			
60.00 0600		0	C	C			60.00
61.00 0610	DO RURAL HEALTH CLINIC	0	C	b			61.00
62.00 0620	DO FOHC						62.00
	ER REIMBURSABLE COST CENTERS						
	DO HOME HEALTH AGENCY COST	0	C				70.00
	DO AMBULANCE	0	15, 504				71.00
73.00 0730		0	0				73.00
	CIAL PURPOSE COST CENTERS	-		-1			
	DO MALPRACTI CE PREMI UMS & PAI D LOSSES	0	C				80.00
	DO INTEREST EXPENSE	0	0	1			81.00
	DO UTILIZATION REVIEW - SNF	0					82.00
	DO HOSPICE		11 001 001	1			83.00
89.00 NONE	SUBTOTALS (sum of lines 1-84)	-615, 685	11, 981, 091	1			89.00
	REIMBURSABLE COST CENTERS						
							90.00
	JU BVDBFD VND BFVIIIA COUD						91.00
	DO BARBER AND BEAUTY SHOP		( (				93.00
	DO PHYSICIANS PRIVATE OFFICES						94.00
100.00		0	(				1 7 4.00

Health Financial Systems	EXCEL CARE AT THE	-		-	u of Form CMS-	
RECLASSI FI CATI ONS		Provi der	No.: 315317	Period: From 12/27/2021	Worksheet A-0	5
					Date/Time Pre 5/23/2023 9:5	epared: 54 am
			Increases			
	Cost Cente	er	Line #	Sal ary	Non Salary	
	2.00		3.00	4.00	5.00	
TOTALS						
	Total Reclassifica of columns 4 and 5 equal sum of colum 9)	must		0	C	100. 00

A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer to Worksheet A, col. 5, line as appropriate.

Health Financial Systems	EXCEL CARE AT THE	PINES		In Lie	u of Form CMS-	2540-10
RECLASSI FI CATI ONS		Provider No.: 315317		Period: From 12/27/2021	Worksheet A-0	5
					Date/Time Pre 5/23/2023 9:5	
		Decreases				
	Cost Cente	r	Line #	Sal ary	Non Salary	
	6.00		7.00	8.00	9.00	
TOTALS						
100.00				0	(	100.00

A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer to Worksheet A, col. 5, line as appropriate.

	n Financial Systems	EXCEL CARE AT				u of Form CMS-2	
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der	No.: 315317	Period: From 12/27/2021	Worksheet A-7	
					To 12/31/2022	Date/Time Prep	nared.
					10 12/01/2022	5/23/2023 9:54	
				Acqui si ti on			
	Description	Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BA	LANCES					
1.00	Land	0	0		0 0	0	1.00
2.00	Land Improvements	0	0		0 0	0	2.00
3.00	Buildings and Fixtures	0	0		0 0	0	3.00
4.00	Building Improvements	0	317, 853		0 317, 853	0	4.00
5.00	Fixed Equipment	0	0		0 0	0	5.00
6.00	Movable Equipment	0	3, 646		0 3, 646	0	6.00
7.00	Subtotal (sum of lines 1-6)	0	321, 499		0 321, 499	0	7.00
8.00	Reconciling Items	0	0		0 0	0	8.00
9.00	Total (line 7 minus line 8)	0	321, 499		0 321, 499	0	9.00
	Description	Endi ng Bal ance	Fully		·		
			Depreci ated				
			Assets				
		6.00	7.00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BA	LANCES					
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	317, 853	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	3, 646	0				6.00
7.00	Subtotal (sum of lines 1-6)	321, 499	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	321, 499	0				9.00

ADJUST							
	MENTS TO EXPENSES		Provi der	No.: 315317	Period: From 12/27/2021 To 12/31/2022	Worksheet A-8 Date/Time Pre 5/23/2023 9:5	pared:
					assification on the Amount is	Worksheet A	
	Description (1)	(2) Basis For Adjustment	Amount	Cost	Center	Line No.	
		1.00	2.00		3. 00	4.00	
1.00	Investment income on restricted funds	В		CAP REL COST	S - BLDGS &	1.00	1.00
2 00	(chapter 2)			FI XTURES		0.00	2 00
2.00	Trade, quantity, and time discounts (chapter		0			0.00	2.00
3.00	8) Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00	Rental of provider space by suppliers		0			0.00	
	(chapter 8)		0			0.00	
5.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	5.00
6.00	Television and radio service (chapter 21)		0			0.00	6.00
7.00	Parking lot (chapter 21)		0			0.00	1
8.00	Remuneration applicable to provider-based	A-8-2	0				8.00
0.00	physician adjustment		0			0.00	0.00
9.00 10.00	Home office cost (chapter 21) Sale of scrap, waste, etc. (chapter 23)		0			0.00 0.00	
11.00	Nonallowable costs related to certain		0				11.00
11.00	Capital expenditures (chapter 24)		0			0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0				12.00
13.00	Laundry and linen service		0			0.00	13.00
14.00	Revenue - Employee meals		0			0.00	14.00
15.00	Cost of meals - Guests		0				15.00
16.00	Sale of medical supplies to other than		0			0.00	16.00
17 00	patients		0			0.00	17 00
	Sale of drugs to other than patients Sale of medical records and abstracts		0				17.00 18.00
19.00	Vendi ng machi nes		0				19.00
20.00	Income from imposition of interest, finance		0				20.00
	or penalty charges (chapter 21)						
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare		0			0.00	21.00
	overpayments						
22.00	Utilization reviewphysicians' compensation		0	UTILIZATION	REVIEW - SNF	82.00	22.00
23. 00	(chapter 21) Depreciationbuildings and fixtures			CAP REL COST	S - BLDGS &	1.00	23.00
24. 00	Depreciationmovable equipment		0	FI XTURES CAP REL COST: EQUI PMENT	S - MOVABLE	2.00	24.00
25 00	Other adjustment (specify)		0	EQUI PIVENT		0.00	25.00
	MISC REVENUE	В	-8 500	ADMI NI STRATI '	VF & GENERAL		25.00
	MARKETING	A		ADMI NI STRATI			25.02
	BAD DEBT	A		ADMI NI STRATI			25.03
	MANAGEMENT FEE	A		ADMI NI STRATI			25.04
	PSYCH FEES	A		SKILLED NURS			25.05
	DONATI ONS/CHARI TY	A		ADMI NI STRATI '	VE & GENERAL	4.00	25.06
100 00	Total (sum of lines 1 through 99) (Transfer		-615, 685	d .			100.00

Description - all chapter references in this column pertain to CMS Pub. 15-1.
 Basis for adjustment (see instructions).
 Costs - if cost, including applicable overhead, can be determined.
 Amount Received - if cost cannot be determined.

2.00         00200         CAP REL COSTS - MOVABLE EQUIPMENT         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         7.64, 905         0         0         0         0         0         0.600         0         0         7.64, 905         0         0         1.56, 59         38, 737         0         0         0         0         0.56, 58, 38         7.7         0         1.000, 677         8.         0 <th>Heal th</th> <th>Financial Systems</th> <th>EXCEL CARE AT</th> <th>THE PINES</th> <th></th> <th> In Lie</th> <th>u of Form CMS-:</th> <th>2540-10</th>	Heal th	Financial Systems	EXCEL CARE AT	THE PINES		In Lie	u of Form CMS-:	2540-10
Cost Center Description         Not Expenses for Cost All Cost On A colt P)         BUDCS & EVIDERS         MOVABLE FIXTURES         EMPLOYEE EUVIPNENT         Subtotal           1.00         CeleRent SERVICE COST CENTERS         0         2.00         3.00         34           1.00         Cost Center Description         2.322,334         2.00         3.00         34           1.00         Cost Center Description         2.322,334         2.00         3.00         34           1.00         Cost Center Description         744,905         2.00         38,727         0         74,905         2.00         58,042         2.000,016,43,83,033         120,746         557,239         58,057,239         58,057,239         58,057,239         58,057,239         58,057,239         58,050,71         58,058,77         38,053,723         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         58,050,71         10,07,07         10,07,07         10,07,07         10,07,07         10,07,07         10,07,07         10,07,07         10,07,07         10,07,07         10,00         10,07,07         10,00 <td>COST A</td> <td>ALLOCATION - GENERAL SERVICE COSTS</td> <td></td> <td>Provi der</td> <td>No.: 315317</td> <td>From 12/27/2021</td> <td>Part I Date/Time Pre</td> <td></td>	COST A	ALLOCATION - GENERAL SERVICE COSTS		Provi der	No.: 315317	From 12/27/2021	Part I Date/Time Pre	
Increase         Proc Toost (from Wast AL 200         FLATURES 0         EQUIPMENT         BENEFITS           1.000         2.00         3.00         3.0           1.000         2.00         3.00         3.0           1.000         00000 CAP REL COST - MOVABLE EQUIPMENT         2.332, 334         0         1.00           2.000         00000 CAP REL COST - MOVABLE EQUIPMENT         2.332, 334         0         1.400           0.00000 CAP REL COST - MOVABLE EQUIPMENT         1.033, 633         129, 243         0         1.616, 439           0.00000 CAUMENTS INSTRUCE ENDING         1.133, 633         129, 743         0         1.616, 439         6.           0.000000 CAUMENTS INSTRUTION         1144, 92         158, 490         0.11, 212         0         0.11, 212         0         1.12         0         0.11, 212         0         0.11, 212         0         0.01, 000         0.01, 400         0.01, 600         0.01, 600         0.01, 600         0.01, 600         0.01, 600         0.01, 600         0.01, 600         0.01, 600         0.01, 600         0.01, 600         0.01, 711         0.03, 843         1.000         0.01, 600         0.01, 720         0.01, 720         0.01, 720         0.01, 720         0.01, 720, 720         0.000         0.01, 720				CAPI TAL REL	ATED COSTS			
Element         Service         Construction           100         00100 CAP REL COSTS - MOVABLE EULIPAIENT         2, 332, 334         0         1           2:00         00200 CAP REL COSTS - MOVABLE EULIPAIENT         764, 905         0         0         764, 905         2         2, 332, 334         0         1         2         1         1         2         1         1         2         1<		Cost Center Description	for Cost Allocation (from Wkst A				Subtotal	
1.00         00100 (APA REL COSTS - BLOSA F LATURES         2, 332, 334         1         1           2.00         00200 (DAP REL COSTS - BLOSA F LATURES         764, 905         0         764, 905         3           3.00         00300 (DAPLOYEE BENEF ITS         764, 905         0         764, 905         3           3.00         00500 FLANT OPERATION, MAINT & REPARS         496, 116         46, 577         0         12, 746         557, 335         5           5.00         00500 FLANT OPERATION, MAINT & REPARS         496, 116         46, 577         0         22, 202, 018         8         7         138, 636         7           7.00         00500 FLANT OPERATION, MAINT & REPARS         496, 116         46, 577         0         2, 202, 018         6         75, 735         22, 2014         0         8         767         138, 636         7           7.00         01000 (ENTRAL ANIN STRATON         114, 992         0				1.00	2.00	3.00	3A	
2.00         D0200 CAP REL COSTS - MOVABLE EQUIPMENT         0         0         2.0           3.00         D0300 CAP REL COSTS - MOVABLE EQUIPMENT         764, 905         2.02, 918         4.00           4.00         D0400 ADMIN STRATIVE & GENERAL         1, 333, 633         129, 243         0         58, 642         2.020, 918         4.00           5.00         D0600 LAUNDEY REPRINTS         NEW SERVICE         115, 659         38, 732         0         0         758, 536         73         55, 739         55, 739         55, 739         55, 739         55, 539         55, 549         60         21, 872         73, 85, 738         78         78         60         0         78, 64, 65         73         60         0         78, 64         78         60         71, 70         10, 00         60, 71, 78         60         71, 78         60         71, 80         78, 78         78	1 00	GENERAL SERVICE COST CENTERS	2 222 224	2 222 224				1.00
8.00         008000 DIETARY         713, 673         238, 814         0         57, 190         1, 000, 677         8, 00           10.00         01000 CENTRAL SERVICES & SUPPLY         0         11, 212         0	2.00 3.00 4.00 5.00 6.00	00200CAP REL COSTS - MOVABLE EQUIPMENT00300EMPLOYEE BENEFITS00400ADMINISTRATIVE & GENERAL00500PLANT OPERATION, MAINT. & REPAIRS00600LAUNDRY & LINEN SERVICE	0 764,905 1,833,633 498,116 115,659	0 129, 243 46, 377 38, 732		0 764, 905 0 58, 042 0 12, 746 0 0	557, 239 154, 391	2.00 3.00 4.00 5.00 6.00
9.00 00900 NURSI NG ADMI NI STRATION 144.952 55.499 0 21.872 222.353 9 0 110.212 10. 10.00 01000 CENTRAL SERVICES & SUPPLY 0 11.212 0 0 11.212 10. 11.00 0100 PHARMACY 0 0 0 0 0 0 0 0 12. 13.00 0100 DELGAL RECORDS & LIBRARY 0 0 0 0 0 0 0 0 0 14. 15.00 01300 NORSI NG ADA LLED HEALTH EDUCATION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•
12:00         01200 MEDICAL         RECERCISE ALL RECORDS & LIBRARY         0         0         0         0         0         0         0         12           13:00         01300 NURSI NG AND ALLIED HEALTH EDUCATION         0         0         0         0         0         0         0         0         0         0         14           14:00         01400 NURSI NG AND ALLIED HEALTH EDUCATION         0 <td>9. 00 10. 00</td> <td>00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES &amp; SUPPLY</td> <td></td> <td>55, 499 11, 212</td> <td></td> <td>0 21, 872</td> <td>222, 353 11, 212</td> <td>10.00</td>	9. 00 10. 00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY		55, 499 11, 212		0 21, 872	222, 353 11, 212	10.00
15.00         01500 PATLENT ACTUVITIES         260,757         56,263         0         30,847         347,867         15.70           0.00         03000 SKILLED NURSING FACILITY         4,468,764         1,702,071         0         536,365         6,707,200         31.0           32.00         03200 IGF/IE         0         0         0         0         31.0           33.00         03300 IGF/IE         Cost Canters         0         0         0         32.0           40.00         04000 RADIOLGY         3,299         0         0         0         3.299         0         0         3.299         0         0         3.299         0         0         3.299         0         0         3.299         0         0         3.299         0         0         3.299         0         0         3.299         0         0         0         3.299         0         0         0         0         0         3.299         0         0         0         0         0         0         0         0         3.299         0         0         0         0         0         0         0         0         0         0         0         0         0         0	12. 00 13. 00	01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE	0 0 60, 162	0			0 80, 246	13.00
INPATE INT ROUTINE SERVICE COST CENTERS         Image: Cost Cos			260, 757	56, 263		-	-	•
31.00       03100       NUSING FACILITY       0       0       0       0       0       33.00         31.00       03300       (F7/110       0       0       0       0       33.3         33.00       03300       THER LONG TERM CARE       0       0       0       0       33.3         40.00       04000       RADI OLOGY       3.299       0       0       0       8,299         41.00       04000       INTRAVENUUS THERAPY       8,722       0       0       0       12,000         42.00       04200       INTRAVENUUS THERAPY       148,707       0       0       167,654       44.4         43.00       04300       OVECHTIONAL THERAPY       148,707       0       0       167,654       44.4         40.00       04000       PRESCARDIOLOCY       71,907       0       0       0       17.907       46.0         40.00       04500       OREGS CHARGED TO PATIENTS       0       0       0       0       17.907       46.0         40.00       04500       DEUROS CHARGED TO PATIENTS       107,971       0       0       0       0       0       0       0       0       0       0       0 <td></td> <td>INPATIENT ROUTINE SERVICE COST CENTERS</td> <td></td> <td></td> <td></td> <td>· · ·</td> <td></td> <td></td>		INPATIENT ROUTINE SERVICE COST CENTERS				· · ·		
32:00         032:00         CF/11 D         0         0         0         0         0         33.           33:00         033:00         OTHER LONG TERM CARE         0         0         0         33.           40:00         04000         RADI LLARY SERVICE COST CENTERS         0         0         32.         33.           40:00         04000         RADI LLARY SERVICE COST CENTERS         0         0         32.         33.           40:00         04000         RADI LLARY SERVICE COST CENTERS         0         0         0         32.         33.           40:00         04200         NITAVENOUS THERAPY         18.         772         0         0         0         0         0         44.           50:00         04000 SPEECH PATHOLOCY         71.         907         0         0         0         167.         55.         44.           50:00         04000 SPEECH PATHOLOCY         71.907         0         0         0         0         0         0         47.907         6.         6.         6.         6.         6.         6.         6.         6.         6.         6.         6.         6.         6.         6.         6.         6. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>30.00</td>								30.00
ANCI LLARY SERVICE COST CENTERS         Image: Control of Contrele			-	-			-	•
40.00         Q4000         RADIOLOGY         3.299         0         0         3.299         0         0         3.299         41.0           41.00         A4100         LABORATORY         8.722         0         0         0         8.722         41.           42.00         V4200         INTRAVENOUS THERAPY         12.000         0         0         0         0         0         0         0         0         0         42.0         44.0         44.00         04400         PHYLICAL THERAPY         18.347         0         0         167.054         44.           40.00         04000         PYESICAL THERAPY         122.243         0         0         0         0         0         0         0         0         71.907         0	33.00		0	0		0 0	0	33.00
41.00       04100       LABORATORY       8.722       0       0       8.722       12.00         41.00       04200       INTRAVENUS THERAPY       12.000       0       0       12.000       42.         43.00       04300       OXYGEN (INHALATION) THERAPY       12.000       0       0       0       43.         44.00       04400       PHYSI CAL THERAPY       148.707       18.347       0       0       122.243       45.         65.00       0COLPATIONAL THERAPY       122.243       0       0       0       122.243       45.         66.00       04600 SEECH PATHOLOGY       71.907       0       0       0       0       47.         70.00       04900 ENUSC CHARGED TO PATI ENTS       0 <td< td=""><td>40.00</td><td></td><td>2 200</td><td>0</td><td></td><td>0</td><td>2 200</td><td>1 40 00</td></td<>	40.00		2 200	0		0	2 200	1 40 00
42.00         04200         INTRAVENOUS THERAPY         12.000         0         12.000         43.00           43.00         04300         OXYGEN (I NHALATION) THERAPY         0         0         0         43.00           44.00         04400         PHYSI CAL THERAPY         118,707         18,347         0         0         122,243         44.00           65.00         OSCOO SPEECH PATHOLOGY         71,907         0         0         0         71,907         46.00           64.00         PHYSI CAL         SUPPLI ES CHARGED TO PATIENTS         0								
44.00         04400         PHYSI CAL THERAPY         148,707         18,347         0         0         167,054         44,           45.00         04600         SPEECH PATHOLOGY         122,243         0         0         122,243         45,           46.00         04600         SPEECH PATHOLOGY         71,907         0         0         0         71,907         0         0         0         0         46,           48.00         04800         SPEECH PATHOLOGY         71,907         0         0         0         0         48,           49.00         04900         RDUGS CHARGED TO PATI ENTS         0         0         0         0         0         0         0         48,           90.00         05000 DENTAL CARE - TITLE XIX ONLY         0				0		0 0		
45.00       OCUPATI ONAL THERAPY       122,243       0       0       122,243       45.         46.00       O4600       SPECH PATHOLOGY       71,907       0       0       0       71,907       46.         46.00       O4700       ELECTROCARDI OLOGY       0       0       0       0       47.         48.00       O4900       RUGC ALARGED TO PATI ENTS       0       0       0       0       47.         49.00       Q4900       RUGC ARAGED TO PATI ENTS       0       0       0       0       0       47.         50.00       OS000       DENTAL CARE - TI TLE XI X ONLY       0       0       0       0       0       0       50.         60.00       OS000       DENTAL CARE - TI TLE XI X ONLY       0       0       0       0       0       0       0       0       0       50.         60.00       OS1000 SUPPORT SURFACES       0       0       0       0       0       0       0       60.       60.       60.       62.       62.       62.       62.       62.       62.       62.       62.       62.       62.       62.       62.       62.       62.       62.       62.       62.				0		0 0		43.00
46. 00       04000       SPEECH PATHOLOGY       71,907       0       0       0       71,907       46.         47. 00       04700       ELECTROCARDIOLOGY       0       <						0 0		•
48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       0       0       0       0       0       0       107,971       0       0       0       0       107,971       49.         00.00       DENGS CHARGED TO PATIENTS       107,971       0       0       0       0       0       51.       0       0       0       0       0       51.       0       0       0       0       0       0       51.       0       0       0       0       0       0       0       51.       0				0		0 0		
49.00       04900       DRUGS CHARGED TO PATIENTS       107,971       0       0       0       107,971       49.         50.00       DENTAL CARRE - TITLE XIX ONLY       0       0       0       0       0       0       50.         00100       SUPPORT SURFACES       0       0       0       0       0       50.         001741       ENT SERVICE COST CENTERS       0       0       0       0       0       60.         00100       RURAL HEALTH CLINIC       0       0       0       0       60.       61.       62.         06200       FOHC       0       0       0       0       0       62.       63.       63.       63.			0	0		0 0		•
50.00         05000         DENTAL CARE - TITLE XIX ONLY         0         0         0         0         0         0         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         60.00         0         0         0         0         0         0         0         0         0         0         0         0         60.00         0         60.00         0         60.00         0         60.00         0         0         0         0         0         0         0         60.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00			107 071	0		0		•
51.00         DS100         SUPPORT SURFACES         O <td></td> <td>05000 DENTAL CARE - TITLE XIX ONLY</td> <td>107,971</td> <td>0</td> <td></td> <td>0</td> <td></td> <td>49.00 50.00</td>		05000 DENTAL CARE - TITLE XIX ONLY	107,971	0		0		49.00 50.00
60.00         06000         CLINIC         0		05100 SUPPORT SURFACES	0	0				51.00
61.00         06100         RURAL HEALTH CLINIC         0         0         0         61.           62.00         06200         FQHC         0         0         0         62.         0         62.0         0         62.0         0         62.0         0         62.0         62.0         0         62.0         0         0         0         62.0         70.0<	(0.00						0	1 /0 00
62.00         OGEQOD         FOHC         62.           0THER         REIMBURSABLE         COST CENTERS         62.           70.00         OTOOD         HEALTH         AGENCY         COST         0         0         0         70.         70.           0.0100         HBAUTH         AGENCY         COST         0         0         0         0         70.         70.           0.07300         CMHC         0         0         0         0         0         0         0         0         0         0         0         0         0         71.         70.         0         70.         0								60.00 61.00
70.00         O7000         HOME         HEALTH         AGENCY COST         0         0         0         0         0         0         0         70.00         70.00         AMBULANCE         15,504         0	62.00	06200 FQHC						62.00
71.00       07100       AMBULANCE       15,504       0       0       0       15,504       71.         73.00       07300       CMHC       0       0       0       0       0       0       73.         SPECIAL PURPOSE COST CENTERS         80.00       08000       MALPRACTICE PREMIUMS & PAID LOSSES       80.         81.00       08100       INTEREST EXPENSE       81.       81.         82.00       08200       UTI LIZATI ON REVIEW - SNF       81.       81.         83.00       08300       HOSPI CE       0       0       0       83.         89.00       SUBTOTALS (sum of lines 1-84)       11,981,091       2,329,582       0       764,905       11,978,339       89.         NONREL MBURSABLE COST CENTERS         90.00       09000       GI FT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       90.         91.00       09100       BARBER AND BEAUTY SHOP       0       2,752       0       0       2,752       91.         92.00       09300       NONPAID WORKERS       0       0       0       0       92.         93.00       09300       NONPAID WORKERS       0	70.00							
73.00         07300         CMHC         0         0         0         0         0         0         73.           SPECIAL PURPOSE COST CENTERS           80.00         08000         MALPRACTI CE PREMI UMS & PAI D LOSSES         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         80.         81.         82.         81.         82.         81.         82.         83.00         08300         HOSPICE         81.         82.         83.00         08300         11.978.339         89.         89.         89.00         SUBTOTALS (sum of lines 1-84)         11.981.091         2.329.582         0         764.905         11.978.339         89.         90.00         90.00         90.00         90.00         2.752         0         0         2.752         91.         92.00								70.00
80.00         08000         MALPRACTICE         PREMI UMS & PAID LOSSES         80.           81.00         08100         INTEREST EXPENSE         81.           82.00         08200         UTILIZATION REVIEW - SNF         81.           83.00         08300         HOSPICE         0         0         0         83.           89.00         SUBTOTALS (sum of Lines 1-84)         11,981,091         2,329,582         0         764,905         11,978,339         89.           NONREL MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.           91.00         09100         BARBER AND BEAUTY SHOP         0         2,752         0         0         2,752         91.           92.00         09200         PHYSICIANS PRIVATE OFFICES         0         0         0         92.           93.00         09300         NONPAID WORKERS         0         0         0         93.           94.00         09400         PATI ENTS LAUNDRY         0         0         0         94.           98.00         Cross Foot Adjustments         0         0         0         0         94.				-				73.00
81.00         08100         INTEREST EXPENSE         81.           82.00         08200         UTILIZATION REVIEW - SNF         0         0         0         82.           83.00         08300         HOSPICE         0         0         0         0         83.           89.00         SUBTOTALS (sum of lines 1-84)         11,981,091         2,329,582         0         764,905         11,978,339         89.           NONREI MBURSABLE COST CENTERS         0         0         0         0         0         90.         0         90.00         0         0         0         90.         90.         90.00         90.00         0         0         0         0         90.         90.         91.978,339         91.981,991         92.329,582         0         764.905         11,978,339         90.         90.         90.00         0         90.00         0         0         0         90.         90.         91.981,991         2,329,582         0         764.905         91.983         91.993         91.993         91.993         91.993         90.90         91.993         90.00         91.993         90.00         92.752         0         0         90.903         92.752         91.993								1
82.00         08200         UTILIZATION REVIEW - SNF         0         0         0         0         82.           83.00         08300         HOSPICE         0         0         0         0         83.           89.00         SUBTOTALS (sum of lines 1-84)         11,981,091         2,329,582         0         764,905         11,978,339         89.           NONREL MBURSABLE COST CENTERS           90.00         09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.           91.00         09100         BARBER AND BEAUTY SHOP         0         2,752         0         0         2,752         91.           92.00         09200         PHYSICIANS PRIVATE OFFICES         0         0         0         92.           93.00         09300         NONPAID WORKERS         0         0         0         93.           94.00         0400         PATIENTS LAUNDRY         0         0         0         0         93.           99.00         Negative Cost Centers         0         0         0         0         0         94.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00								80.00
83.00         08300         HOSPICE         0         0         0         0         83.           89.00         SUBTOTALS (sum of lines 1-84)         11,981,091         2,329,582         0         764,905         11,978,339         89.           NONREL MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.           91.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.           92.00         09200         PHYSICI ANS PRIVATE OFFICES         0         0         0         0         92.           93.00         09300         NONPAI D WORKERS         0         0         0         0         93.           94.00         0400         PATI ENTS LAUNDRY         0         0         0         94.           99.00         Negative Cost Centers         0         0         0         0         94.								81.00
NONREL MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.         90.         91.00         90000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.         91.00         90.00         BARBER AND BEAUTY SHOP         0         2,752         0         0         2,752         91.00         92.00         92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         92.00         93.00         NONPAID WORKERS         0         0         0         0         92.00         94.00         PATIE INTS LAUNDRY         0         0         0         0         93.00         0         0         0         93.00         0         0         0         93.00         0         0         0         0         93.00         0         0         0         0         93.00         0         0         0         0         93.00         0         0         0         0         93.00         0         0         0         0         93.00         0         0         0         0         93.00         0         0         0         0 <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>0</td> <td></td>			0	0		0 0	0	
90.00         09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         90.           91.00         09100 BARBER AND BEAUTY SHOP         0         2,752         0         0         2,752         91.           92.00         09200 PHYSI CI ANS PRI VATE OFFICES         0         0         0         0         92.           93.00         09300 NONPAI D WORKERS         0         0         0         0         93.           94.00         09400 PATI ENTS LAUNDRY         0         0         0         94.           98.00         Cross Foot Adjustments         0         0         0         0         98.           99.00         Negative Cost Centers         0         0         0         0         99.	89.00		11, 981, 091	2, 329, 582		0 764, 905	11, 978, 339	89.00
91.00         09100         BARBER AND BEAUTY SHOP         0         2,752         0         0         2,752         91.           92.00         09200         PHYSI CLANS PRI VATE OFFICES         0         0         0         0         92.           93.00         09300         NONPAI D WORKERS         0         0         0         0         93.           94.00         09400         PATI ENTS LAUNDRY         0         0         0         94.           98.00         Cross Foot Adjustments         0         0         0         0         98.           99.00         Negative Cost Centers         0         0         0         0         99.	00 00			0		0	0	
92.00         09200         PHYSICIANS PRIVATE OFFICES         0         0         0         92.           93.00         09300         NONPAID WORKERS         0         0         0         0         93.           94.00         09400         PATIENTS LAUNDRY         0         0         0         0         94.           98.00         Cross Foot Adjustments         0         0         0         0         98.           99.00         Negative Cost Centers         0         0         0         0         99.			0	0 2. 752				90.00
94.00         09400         PATIENTS LAUNDRY         0         0         0         94.           98.00         Cross Foot Adjustments         0         0         0         0         98.           99.00         Negative Cost Centers         0         0         0         0         99.			0	0		-		92.00
98.00         Cross Foot Adjustments         0         0         0         0         98.           99.00         Negative Cost Centers         0         0         0         0         99.			0	0		0 0		
99.00 Negative Cost Centers 0 0 0 0 0 0 99.			0	0		0		94.00 98.00
			0	0		0		•
100.001 + 100.0000000000	100.00	0	11, 981, 091	2, 332, 334		0 764, 905		

Cost Center Description         ADMI NI STRATI VE & CENERAL         PLANT OPERATION, ALUNDRY & LINDRY & LI	Date/Time Prep 5/23/2023 9:54 DI ETARY 8.00 1, 338, 683 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00
Cost Center Description         ADM NJ STRATU @ K GENERAL         PLANT (N) (MAI NT. & K GENERAL         LAUNDRY & (N) (MAI NT. & K GENERAL         HOUSEKEEPI NG (N) (MAI NT. & K GENERAL         HOUSEKEEPI NG (N) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M	DI ETARY 8. 00 1, 338, 683 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ \end{array}$
GENERAL SERVICE COST CENTERS           1.00         00100 CAP REL COSTS - BLOSS & FLATURES           2.00         00200 CAP REL COSTS - MOVABLE EQUI PMENT           3.00         00300 EMPLOYEE BENEFITS           4.00         00400 ADMI NI STRATI VE & GENERAL         2,020,918           5.00         00500 PLANT OPERATION, WAINT. & REPAIRS         113,064         670,303           6.00         00600 LAUNDRY & LINEN SERVICE         31,326         12,038         197,755           7.00         00700 HOUSEKEEPI NG         72,747         6,843         0         438,126           0.00 0000 DIETARY         204,863         74,223         0         49,920           9.00         00000 CENTRAL SERVICES         SUPPLY         2,215         7,449         0         11,601           10.00         01000 PHARMACY         0         0         0         0         0         0           12.00         01200 NEDI CAL RECORDS & LI BRAY         0         0         0         0         0         0         0         0           14.00         01400 NURSI NG AND ALLIED HEALTH EDUCATI ON         0         0         0         0         0         0         0         0         0         0         0         0 <td< th=""><th>1, 338, 683 0 0 0 0 0 0 0 0 1, 338, 683</th><th><math display="block">\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00 \end{array}</math></th></td<>	1, 338, 683 0 0 0 0 0 0 0 0 1, 338, 683	$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00 \end{array}$
1.00       00100 CAP REL COSTS - BLIDS & FLIXTURES         2.00       00200 CAP REL COSTS - MUNABLE EQUI PMENT         3.00       00300 CAP REL COSTS - MUNABLE EQUI PMENT         4.00       00400 ADMI HISTRATIVE & GENERAL       2,020,918         5.00       00500 PLANT OPERATION, MAINT. & REPAIRS       113,064       670,303         6.00       00600 LAUNDRY & LINEN SERVICE       31,326       12,038       197,755         7.00       00700 HOUSEKEREN ING       72,747       6,443       0       438,126         8.00       006000 DIETARY       204,863       74,223       0       49,920         11.00       01000 CONTRAL SERVICES & SUPPLY       2,275       3,485       0       2,344         10.00       01000 SOCIAL SERVICE       16,282       3,421       0       2,301         10.00       01000 SOCIAL SERVICE COST CENTERS       11,761       1,747       0       0       0         10.00       03000 SOCIAL SERVICE COST CENTERS       0       0       0       0       0       0         30.00       03000 SOCIAL SERVICE COST CENTERS       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	0 0 0 0 0 0 1, 338, 683	$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00 \end{array}$
2.00         002000         CAP REL COSTS - MOVABLE EQUIPMENT           3.00         003000         EMPLOYEE BENFETTS           4.00         00400         ADMI NI STRATI VE & GENERAL         2,020,918           5.00         005000         LANT OPERATION, MAINT. & REPAIRS         113,064         670,303           6.00         00500         LANT OPERATION, MAINT. & REPAIRS         113,064         670,303           6.00         00500         LANT OPERATION, MAINT. & REPAIRS         113,064         670,303           6.00         00500         LANT OPERATION         415,115         17,249         0         438,126           6.00         00000         CENTAL SERVICES & SUPPLY         2,275         3,485         0         2,344           10.00         01000         ERVICE & SUPPLY         2,275         3,487         0         0         0           11.00         DIADO MEDICAL, PECORDS & LIBRARY         0         0         0         0         0           11.00         DIADO NARSING AND ALLI ED HEALTH EDUCATION         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	0 0 0 0 0 0 1, 338, 683	$\begin{array}{c} 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ \end{array}$
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000] SKI LED NURSI NG FACI LI TY         1, 360, 891         529, 000         197, 755         355, 789           31. 00         03100         NURSI NG FACI LI TY         0         0         0         0           32. 00         03200         ICF/IID         0         0         0         0         0           33. 00         03200         OTHER         LONG TERM CARE         0         0         0         0         0           40. 00         04000         RADI OLOGY         669         0         0         0         0           40. 00         04000         INTRAVENOUS THERAPY         2, 435         0         0         0           41. 00         04300         DYGEN (INHALATI ON) THERAPY         24, 803         0         0         0           42. 00         04500         DCUPATI ONAL THERAPY         24, 803         0         0         0         0           45. 00         04500         DCUPATI ONAL THERAPY         24, 803         0         0         0         0           46. 00         04500         DECH PATHOLOGY         14, 590         0         0         0         0         0 <td>1, 338, 683</td> <td></td>	1, 338, 683	
30.00       03000       SKI LLED NURSI NG FACI LI TY       1, 360, 891       529, 000       197, 755       355, 789         31.00       03100       NURSI NG FACI LI TY       0       0       0       0         32.00       02300 I CF/I ID       0       0       0       0       0         33.00       03300       OTHER LONG TERM CARE       0       0       0       0         40.00       RADI OLOGY       669       0       0       0       0         40.00       Addoto RADI OLOGY       1,770       0       0       0         40.00       VA000 RADI OLOGY       1,770       0       0       0         41.00       U4000 INTRAVENOUS THERAPY       2,435       0       0       0         43.00       04300 OXYGEN (1 NHALATI ON) THERAPY       33,895       5,702       0       3,835         45.00       04400       PHYSI CAL THERAPY       24,803       0       0       0         46.00       04400       SPEECH PATHOLOGY       14,590       0       0       0         46.00       04800       MARGE CH PATHOLOGY       14,590       0       0       0         47.00       04900       DRUGS CHARGED TO		00.00
31.00       03100       NURSI NG FACI LI TY       0       0       0         32.00       03200       ICF/I ID       0       0       0         33.00       03300       OTHER LONG TERM CARE       0       0       0         40.00       04000       RADI OLOGY       669       0       0       0         41.00       04100       LABORATORY       1,770       0       0       0         42.00       04200       INTRAVENOUS THERAPY       2,435       0       0       0         43.00       04300       OXGEN (INHALATI ON) THERAPY       33,895       5,702       0       3,835         45.00       04600       PEECH PATHOLOGY       14,590       0       0       0         46.00       04600       SPEECH PATHOLOGY       14,590       0       0       0         47.00       04900       RUGS CHARGED TO PATI ENTS       0       0       0       0         48.00       05000       DENTAL CARE - TITLE XI X ONLY       0       0       0       0       0         49.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       0       0         50.00       DS		30.00
33.00         O3300         OTHER LONG TERM CARE         O         O         O           ANCI LLARY SERVICE COST CENTERS		31.00
ANCILLARY SERVICE COST CENTERS           40.00         04000         RADIOLOGY         669         0         0           41.00         04100         LABORATORY         1,770         0         0           42.00         04200         INTRAVENOUS THERAPY         2,435         0         0         0           43.00         04300         OXYGEN (INHALATION) THERAPY         2,435         0         0         0         0           44.00         04400         PHYSI CAL THERAPY         33,895         5,702         0         3,835           45.00         04500         OCUPATI ONAL THERAPY         24,803         0         0         0           46.00         04600         SPEECH PATHOLOGY         14,590         0         0         0         0           48.00         04800         MEDI CAL SUPPLIES CHARGED TO PATIENTS         0         0         0         0         0           50.00         05000 DENTAL CARE - TITLE XI X ONLY         0 <t< td=""><td>0</td><td>32.00</td></t<>	0	32.00
40.00       04000       RADI OLOGY       669       0       0       0         41.00       04100       LABORATORY       1,770       0       0       0         42.00       04200       INTRAVENOUS THERAPY       2,435       0       0       0         43.00       04300       0X9GEN (INHALATI ON) THERAPY       0       0       0       0         43.00       04400       PHYSI CAL THERAPY       33,895       5,702       0       3,835         45.00       04500       OCCUPATI ONAL THERAPY       24,803       0       0       0         46.00       04600 SPEECH PATHOLOGY       14,590       0       0       0       0         47.00       04700 ELECTROCARDI OLOGY       0       0       0       0       0         48.00       04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       0       0       0       0         50.00       05000 DENTAL CARE - TI TLE XI X ONLY       0       0       0       0       0       0         50.00       05000 SUPPORT SURFACES       0       0       0       0       0       0       0         60.00       06000 CLI NI C       0       0       0	0	33.00
41.00       04100       LABORATORY       1,770       0       0         42.00       04200       INTRAVENOUS THERAPY       2,435       0       0         43.00       04300       OXYGEN (I NHALATION) THERAPY       0       0       0         44.00       04400       PHYSI CAL THERAPY       33,895       5,702       0       3,835         45.00       04500       OCUPATI ONAL THERAPY       24,803       0       0       0         46.00       04600       SPEECH PATHOLOGY       14,590       0       0       0         47.00       04700       ELECTROCARDI OLOGY       0       0       0       0         48.00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       0       0       0         49.00       04900       DRUGS CHARGED TO PATI ENTS       21,907       0       0       0         05100       SUPPORT SURFACES       0       0       0       0       0       0         061.00       06000       CLINI C       0       0       0       0       0       0         071.00       06100       RURAL HEALTH CLINI C       0       0       0       0       0       0		
42.00       04200       INTRAVENOUS THERAPY       2,435       0       0       0         43.00       04300       OXYGEN (INHALATION) THERAPY       0       0       0       0         44.00       04400       PHYSI CAL THERAPY       33,895       5,702       0       3,835         45.00       04500       OCCUPATI ONAL THERAPY       24,803       0       0       0         46.00       04600       SPEECH PATHOLOGY       14,590       0       0       0         47.00       04700       ELECTROCARDI OLOGY       0       0       0       0         47.00       04700       ELECTROCARDI OLOGY       0       0       0       0       0         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       0       0         49.00       04900       DRUGS CHARGED TO PATIENTS       21,907       0       0       0       0         51.00       05100 SUPPORT SURFACES       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0       0         0       0       0       0	0	40.00
43.00       04300       0XYGEN (INHALATION) THERAPY       0       0       0         44.00       04400       PHYSICAL THERAPY       33,895       5,702       0       3,835         45.00       04500       0CCUPATIONAL THERAPY       24,803       0       0       0         46.00       04600       SPEECH PATHOLOGY       14,590       0       0       0         46.00       04700       ELECTROCARDIOLOGY       14,590       0       0       0         47.00       04700       ELECTROCARDIOLOGY       0       0       0       0         48.00       04800       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       0       0       0         49.00       04900       DRUGS CHARGED TO PATIENTS       21,907       0       0       0         50.00       05000       DENTAL CARE - TITLE XI X ONLY       0       0       0       0         51.00       05000       DENTAL CARE - TITLE XI X ONLY       0       0       0       0         60.00       064000       CLINIC       0       0       0       0       0         61.00       06100       RURAL HEALTH CLINIC       0       0       0       0       0 </td <td>0</td> <td>41.00 42.00</td>	0	41.00 42.00
44.00       04400       PHYSI CAL THERAPY       33,895       5,702       0       3,835         45.00       04500       OCUPATI ONAL THERAPY       24,803       0       0       0         46.00       04600       SPEECH PATHOLOGY       14,590       0       0       0         47.00       04700       ELECTROCARDI OLOGY       0       0       0       0         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       0         49.00       04900       DRUGS CHARGED TO PATI ENTS       21,907       0       0       0         0       05000       DENTAL CARE - TI TLE XI X ONLY       0       0       0       0       0         0       05100       SUPPORT SURFACES       0       0       0       0       0         0       05100       SUPPORT SURFACES       0       0       0       0       0         0       06000       CLI NI C       0       0       0       0       0       0         0       06000       CLI NI C       0       0       0       0       0       0         0       06200       FQHC       0       0 <td>0</td> <td>42.00 43.00</td>	0	42.00 43.00
45.00       04500       OCCUPATI ONAL THERAPY       24,803       0       0       0         46.00       04600       SPEECH PATHOLOGY       14,590       0       0       0         47.00       04700       ELECTROCARDI OLOGY       0       0       0       0         48.00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       0       0       0         48.00       04900       DRUGS CHARGED TO PATI ENTS       21,907       0       0       0         50.00       05000       DENTAL CARE - TI TLE XI X ONLY       0       0       0       0         51.00       05100       SUPPORT SURFACES       0       0       0       0       0         0       05000       CLI NI C       0       0       0       0       0         0       06000       CLI NI C       0       0       0       0       0         60.00       06000       CLI NI C       0       0       0       0       0         61.00       06000       CLI NI C       0       0       0       0       0         62.00       0200       FQHC       1       0       0       0       0	0	44.00
46.00       04600       SPEECH PATHOLOGY       14,590       0       0       0         47.00       04700       ELECTROCARDI OLOGY       0       0       0       0         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       0         48.00       04900       DRUGS CHARGED TO PATI ENTS       0       0       0       0         49.00       04900       DRUGS CHARGED TO PATI ENTS       21,907       0       0       0         50.00       05000       DENTAL CARE - TI TLE XI X ONLY       0       0       0       0       0         51.00       05100 SUPPORT SURFACES       0       0       0       0       0       0       0         00       05000       CLI NI C       0       0       0       0       0       0         00       06000       CLI NI C       0       0       0       0       0       0         60.00       06100       RURAL HEALTH CLI NI C       0       0       0       0       0       0         01.00       06200       FOHC       0       0       0       0       0       0         0200	Ő	45.00
48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0         49.00       04900       DRUGS CHARGED TO PATIENTS       21,907       0       0       0         50.00       DENTAL CARE - TITLE XIX ONLY       0       0       0       0       0         51.00       DUPPORT SURFACES       0       0       0       0       0       0         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       0       0         06000       CLINIC       0       0       0       0       0       0         06100       RURAL HEALTH CLINIC       0       0       0       0       0       0         06200       FQHC       0       0       0       0       0       0       0         0700       07000       HOME HEALTH AGENCY COST       0       0       0       0       0         071.00       07000       ONME HEALTH AGENCY COST       0       0       0       0       0         07300       CMHC       3, 146       0       0       0       0       0       0         07300       CMHC       0       0       0 <t< td=""><td>0</td><td>46.00</td></t<>	0	46.00
49.00       04900       DRUGS CHARGED TO PATIENTS       21,907       0       0       0         50.00       05000       DENTAL CARE - TITLE XIX ONLY       0       0       0       0       0         51.00       05100       SUPPORT SURFACES       0       0       0       0       0       0         00       05100       SUPPORT SURFACES       0       0       0       0       0       0         00       00000       CLINIC       0	0	47.00
50.00         05000         DENTAL CARE - TITLE XIX ONLY         0	0	48.00
51.00         05100         SUPPORT SURFACES         0         0         0         0           OUTPATI ENT SERVICE COST CENTERS         0	0	49.00
OUTPATI ENT SERVICE COST CENTERS           60.00         06000         CLINIC         0         0         0           61.00         06100         RURAL HEALTH CLINIC         0         0         0         0           62.00         06200         FQHC         0         0         0         0         0           01.00         0000         0000         0         0         0         0         0         0         0           02.00         FQHC         0	0	50.00
60.00         06000         CLINIC         0         0         0         0           61.00         06100         RURAL HEALTH CLINIC         0         0         0         0           62.00         06200         FQHC         0         0         0         0         0           01.00         06200         FQHC         0         0         0         0         0           02.00         FQHC         0         0         0         0         0         0           07HER         REIMBURSABLE COST CENTERS         0         0         0         0         0           70.00         07100         AMBULANCE         3, 146         0         0         0         0           73.00         07300         CMHC         0         0         0         0         0	0	51.00
61.00       06100       RURAL HEALTH CLINIC       0       0       0         62.00       06200       FQHC       0       0       0         0THER       REI MBURSABLE COST CENTERS       0       0       0       0         70.00       07000       HOME HEALTH AGENCY COST       0       0       0       0         71.00       07100       AMBULANCE       3,146       0       0       0         73.00       07300       CMHC       0       0       0       0         SPECIAL PURPOSE COST CENTERS		(0.00
62.00         06200         FQHC         Image: Construction of the state of the stat	0	60. 00 61. 00
OTHER         REI MBURSABLE         COST         CENTERS           70.00         07000         HOME         HEALTH         AGENCY         COST         0         0         0         0           71.00         07100         AMBULANCE         3,146         0         0         0         0           73.00         07300         CMHC         0         0         0         0         0           SPECIAL PURPOSE COST CENTERS	U	62.00
70.00         07000         HOME         HEALTH         AGENCY COST         0<		02.00
73.00         O7300         CMHC         O <t< td=""><td>0</td><td>70.00</td></t<>	0	70.00
SPECIAL PURPOSE COST CENTERS	0	71.00
	0	73.00
80.00  08000 MALPRACTICE PREMIUMS & PAID LOSSES   I I I I I I I I I I		
		80.00
81. 00 08100 I NTEREST EXPENSE		81.00
82. 00 08200 UTI LI ZATI ON REVIEW - SNF 83. 00 08300 HOSPI CE 0 0 0 0	o	82.00 83.00
89.00 SUBTOTALS (sum of lines 1-84) 2,020,360 669,448 197,755 437,551	1, 338, 683	83.00 89.00
NONREI MBURSABLE COST CENTERS	1, 330, 003	09.00
90.00 [09000] GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0	0	90.00
91.00 09100 BARBER AND BEAUTY SHOP 558 855 0 575	Ő	91.00
92.00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 0 0	0	92.00
93. 00 09300 NONPAID WORKERS 0 0 0 0	0	93.00
94. 00 09400 PATIENTS LAUNDRY 0 0 0 0	•1	94.00
98.00         Cross Foot Adjustments         0         0         0         0         0	Ō	98.00
99.00         Negative Cost Centers         0 <td>0</td> <td>99.00</td>	0	99.00
100. 00           TOTAL         2, 020, 918         670, 303         197, 755         438, 126	0	100 00

					From 12/27/20			
					To 12/31/20		e/Time Pre 3/2023 9:54	
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI A	AL SERVICE	
		9.00	10.00	11.00	12.00		13.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES							1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT							2.00
3.00	00300 EMPLOYEE BENEFITS						l	3.00
4.00	00400 ADMINISTRATIVE & GENERAL						l	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						l	5.00
6.00	00600 LAUNDRY & LINEN SERVICE						l	6.00
7.00	00700 HOUSEKEEPI NG						l	7.00
8.00	00800 DI ETARY						l	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	296, 318					I	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	19, 316		-		I	10.00
11.00	01100 PHARMACY	0	0		0		l	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0		0	0	100.050	12.00
	01300 SOCIAL SERVICE	0	0		0	0	102, 250	
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0	0	0	14.00
15.00	01500 PATIENT ACTIVITIES	0	0		0	0	0	15.00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	20/ 210	1/ 704				102.250	200.00
	03000 SKI LLED NURSI NG FACI LI TY	296, 318	16, 784		0	0	102, 250	1
31.00	03100 NURSING FACILITY 03200 ICF/IID	0	0		0	0	0	31.00
32.00		0	0		0	0	0	32.00
33.00	O3300 OTHER LONG TERM CARE	0	0		0	0	0	33.00
40.00	ANCI LLARY SERVI CE COST CENTERS	0	0		0			10.00
40.00 41.00	04000 RADI OLOGY 04100 LABORATORY	0	0		0	0	0 0	40.00
		0	0		0		0	41.00
42.00	04200 INTRAVENOUS THERAPY 04300 OXYGEN (INHALATION) THERAPY	0	0		0		0	42.00
	04400 PHYSI CAL THERAPY	0	0		0	0	0	43.00
	04500 OCCUPATI ONAL THERAPY	0	0		0	0	0	45.00
	04600 SPEECH PATHOLOGY	0	0		0	0	0	46.00
	04700 ELECTROCARDI OLOGY	0	0		0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	48.00
	04900 DRUGS CHARGED TO PATIENTS	0	2, 532		0	0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	2, 332		0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0		0	0	0	51.00
01.00	OUTPATIENT SERVICE COST CENTERS					<u> </u>		01.00
60.00	06000 CLINIC	0	0		0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	o		0	o	0	61.00
62.00	06200 FQHC		-		-	-	-	62.00
	OTHER REIMBURSABLE COST CENTERS	1. I			1	1		
70.00	07000 HOME HEALTH AGENCY COST	0	0		0	0	0	70.00
71.00	07100 AMBULANCE	0	0		0	0	0	71.00
73.00	07300 CMHC	0	0		0	0	0	73.00
	SPECIAL PURPOSE COST CENTERS							
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES							80.00
81.00	08100 INTEREST EXPENSE						I	81.00
82.00	08200 UTILIZATION REVIEW - SNF						1	82.00
83.00	08300 HOSPI CE	0	0		0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	296, 318	19, 316		0	0	102, 250	89.00
	NONREI MBURSABLE COST CENTERS							
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	0		0	0	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0		0	0	0	92.00
	09300 NONPAI D WORKERS	0	0		0	0	0	93.00
93.00			0		0	ol	0	94.00
	09400 PATIENTS LAUNDRY	0	U		0	9	0	1 1.00
	09400 PATIENTS LAUNDRY Cross Foot Adjustments	0	0		0	0	0	98.00
94.00		0	0		0	0	0	98.00

Heal th	Financial Systems	EXCEL CARE A	T THE PINES		In Lie	u of Form CMS-	2540-10
	ALLOCATION - GENERAL SERVICE COSTS			No.: 315317	Period: From 12/27/2021 To 12/31/2022	Worksheet B Part I Date/Time Pre 5/23/2023 9:5	pared:
			OTHER GENERAL			0,20,2020 7.0	
	Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	SERVI CE PATI ENT ACTI VI TI ES	Subtotal	Post Stepdown Adjustments	Total	
	L	14.00	15.00	16.00	17.00	18.00	
1 00	GENERAL SERVICE COST CENTERS			1			1 1 00
1.00 2.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT						1.00
2.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMI NI STRATI VE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPI NG						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON						9.00
10.00	01000 CENTRAL SERVICES & SUPPLY						10.00
11.00	01100 PHARMACY						11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY						12.00
13.00 14.00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0					13.00 14.00
15.00	01500 PATIENT ACTIVITIES	0	447, 697	,			15.00
15.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS		41,071	1			15.00
30.00	03000 SKILLED NURSING FACILITY	0	447, 697	11, 352, 30	57 0	11, 352, 367	30.00
31.00	03100 NURSING FACILITY	0			0 0	0	31.00
32.00	03200 I CF/I I D	0	0		0 0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	)	0 0	0	33.00
	ANCI LLARY SERVI CE COST CENTERS	1		1			
40.00	04000 RADI OLOGY	0				3, 968	
41.00	04100 LABORATORY	0	0			10, 492	•
42.00 43.00	04200 INTRAVENOUS THERAPY	0		14, 43		14, 435	
43.00	04300 OXYGEN (I NHALATI ON) THERAPY 04400 PHYSI CAL THERAPY	0		210, 48		0 210, 486	
45.00	04500 OCCUPATI ONAL THERAPY	0		147, 04		147, 046	•
46.00	04600 SPEECH PATHOLOGY	0		86, 49		86, 497	46.00
47.00	04700 ELECTROCARDI OLOGY	0	C	)	0 0	0	
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	132, 4	10 0	132, 410	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0 0	0	
51.00	05100 SUPPORT SURFACES	0	0	)	0 0	0	51.00
(0.00	OUTPATIENT SERVICE COST CENTERS	0		1		0	1 (0.00
60.00 61.00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0			0 0 0 0	0	60.00 61.00
62.00	06200 FQHC	0		,	0 0	0	62.00
02.00	OTHER REIMBURSABLE COST CENTERS						02.00
70.00	07000 HOME HEALTH AGENCY COST	0	C	)	0 0	0	70.00
71.00	07100 AMBULANCE	0	0	18, 6	50 0	18, 650	71.00
73.00	07300 CMHC	0	0	)	0 0	0	73.00
	SPECIAL PURPOSE COST CENTERS			1			
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80.00
81.00	08100 I NTEREST EXPENSE						81.00
82.00	08200 UTI LI ZATI ON REVI EW - SNF				0	0	82.00
83.00 89.00	08300 HOSPICE SUBTOTALS (sum of lines 1-84)	0	-	11, 976, 3	0 0 51 0	0 11, 976, 351	
07.00	NONREI MBURSABLE COST CENTERS	0	447,097	11, 770, 3	0	11, 770, 331	07.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	)	0 0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0		4,74	-	4, 740	
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	)	0 0	0	
93.00	09300 NONPAI D WORKERS	0	0		0 0	0	•
94.00	09400 PATIENTS LAUNDRY	0	0		0 0	0	
98.00	Cross Foot Adjustments	0	0		0 0	0	
99.00	Negative Cost Centers	0	0	11 001 0	0 0	0	
100.00	)   TOTAL	0	447, 697	11, 981, 09	91 0	11, 981, 091	1100.00

Heal th	Financial Systems	EXCEL CARE AT	THE PINES		In Li	eu of Form CMS-	2540-10
	ATION OF CAPITAL RELATED COSTS			No.: 315317	Period: From 12/27/202 To 12/31/2022	Worksheet B 1 Part II	epared:
			CAPI TAL REL	ATED COSTS			
	Cost Center Description	Di rectl y Assigned New Capital Related Costs	BLDGS & FI XTURES	MOVABLE EQUI PMENT	Subtotal	EMPLOYEE BENEFI TS	
		0	1.00	2.00	2A	3.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - BEDGS & FIXTORES						2.00
3.00	00300 EMPLOYEE BENEFITS	0	0		0	o o	
4.00	00400 ADMI NI STRATI VE & GENERAL	0	129, 243		0 129, 24		
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	46, 377		0 46, 37		
6.00	00600 LAUNDRY & LINEN SERVICE	0	38, 732		0 38, 73		
7.00 8.00	00700 HOUSEKEEPI NG 00800 DI ETARY	0	22, 016 238, 814		0 22, 01 0 238, 81		
9.00	00900 NURSI NG ADMI NI STRATI ON	0	55, 499		0 255, 49		
10.00	01000 CENTRAL SERVICES & SUPPLY	0	11, 212		0 11, 21		
11.00	01100 PHARMACY	0	0		0	o o	11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0		0	0 0	
13.00	01300 SOCIAL SERVICE	0	11, 008		0 11,00		
14.00 15.00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 PATIENT ACTIVITIES	0	0 56, 263		0 56, 26	0 0 3 0	
13.00	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	50, 205		0 50, 20	5 0	15.00
30.00	03000 SKI LLED NURSI NG FACI LI TY	0	1, 702, 071		0 1, 702, 07	1 C	30.00
31.00	03100 NURSING FACILITY	0	0		0	o o	31.00
32.00	03200   CF/I   D	0	0		0	0 0	
33.00	03300 OTHER LONG TERM CARE	0	0		0	0 0	33.00
40.00	ANCI LLARY SERVI CE COST CENTERS	0	0		0		40.00
41.00	04100 LABORATORY	0	0				
42.00	04200 I NTRAVENOUS THERAPY	0	0		0	0 0	
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0	o o	43.00
44.00	04400 PHYSI CAL THERAPY	0	18, 347		0 18, 34		
45.00	04500 OCCUPATIONAL THERAPY	0	0		0		
46.00 47.00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	0	0		0		
47.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0		
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0		0		
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0	0 0	
51.00	05100 SUPPORT SURFACES	0	0		0	o o	51.00
	OUTPATIENT SERVICE COST CENTERS	1 -1	_			-1 -	
60.00 61.00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0	0				
62.00	06200 FQHC	0	0		0	0 0	62.00
02.00	OTHER REIMBURSABLE COST CENTERS	<u> </u>					02.00
70.00	07000 HOME HEALTH AGENCY COST	0	0		0	0 0	70.00
71.00	07100 AMBULANCE	0	0			0 0	
73.00	07300 CMHC	0	0		0	0 0	73.00
80.00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES	1					80.00
80.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPI CE	0	0		0	o o	
89.00	SUBTOTALS (sum of lines 1-84)	0	2, 329, 582		0 2, 329, 58	2 0	89.00
	NONREI MBURSABLE COST CENTERS					-	
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0 75		
91.00 92.00	09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES	0	2, 752		0 2,75	2 C D C	
92.00 93.00	09300 NONPALD WORKERS	0	0		ŏ		
94.00	09400 PATIENTS LAUNDRY	0	0		0		
98.00	Cross Foot Adjustments				(	D	98.00
99.00	Negative Cost Centers		0		0		
100.00	D   TOTAL	0	2, 332, 334		0 2, 332, 33	4  C	100. 00

End         From         12/27/2021         Part   11         To         12/27/2021         Part   11           EVENT         & GENERAL         PLANT         LININSY & LINEN SERVICE         HUSEKEEPING         DEFA           100         DOTOD CAP REL COST CENTERS         4.00         5.00         6.00         7.00         8.00           100         DOTOD CAP REL COSTS - BLOSS & FLXTURES         129,243         -<		Financial Systems TION OF CAPITAL RELATED COSTS	EXCEL CARE AT		No.: 315317	Period:	worksheet B	2540-10
Cost Conter Description         ADUIN STRATUVE & GENERAL PLANT VE & GENERAL EPVINE 4 00         LAUNDRY & DEFANT OK MAINT & EPVINE EPVINE 4 00         HUSESKEEPING EPENT EPVINE EPVINE 4 00         HUSESKEEPING EPENT EPVINE 4 00         HUSESKEEPING EPVINE EPVINE EPVINE EPVINE EPVINE EPVINE 4 00         HUSESKEEPING EPVINE	RELOORI	TON OF ONTTIME RELATED COSTS			10	From 12/27/2021	Part II	
CENERAL SERVICE COST CENTERS           1:00         OTIOL CAP REL COSTS - BLDCS & FITURES           0:00         00200 CAP REL COSTS - MOVABLE EQUI PMENT           0:00         00200 CAP REL COSTS - MOVABLE EQUI PMENT           0:00         00200 CAP REL COSTS - MOVABLE EQUI PMENT           0:00         00200 CAP REL COSTS - MOVABLE EQUI PMENT           0:00         00400 ADM INI STRATIVE & GENERAL         129, 243           0:00         006000 LAUNDRY & LINEN SERVICE         2, 003           0:00         006000 MERSI MC ADMINI STRATION         2, 885         1, 880         0           0:00         006000 MERSI MC ADMINI STRATION         2, 885         1, 880         0         221           0:00         000000 MERSI MC ADMINI STRATION         2, 885         1, 880         0         221           0:00         010000 CENTRAL SERVICE S & SUPPLY         145         277         0         146           0:00         010200 MERSI MC ADMILED MEALTH EDUCATION         1         0.41         274         0         0           0:00         01200 MERSI MC ADMILED MEALTH EDUCATION         1         0.41         2.90         731           0:00         01300 PATIENT ACTIVITIES         4         5.01         0         0         0         0		Cost Center Description		OPERATION, MAINT. &			DI ETARY	
1. 00 00100 CAP REL COSTS - BLOCS & F IXTURES 2.00 00200 EVPLOVEE BENEFITS 4.00 00400 EVPLOVEE BENEFITS 5.00 00500 PLANT OPERATION, MAINT, & REPAIRS 7. 231 5.00 00700 HOUSEKEEPING 4. 652 5.47 00700 HOUSEKEEPING 4. 652 5.47 00700 HOUSEKEEPING 00700 ONURSING ADMINISTRATION 2. 885 1. 380 00720 HEAL SERVICES & SUPPLY 145 2. 003 00700 CHITRAL SERVICES & SUPPLY 145 1. 00 0100 PARIBUKA CS & SUPPLY 1. 45 1. 00 0100 OPARIBUKA SERVICES & SUPPLY 1. 041 1. 041 0. 10 0. 00 0. 00			4.00	5.00	6.00	7.00	8.00	
2: 00         00200 CAP. REL. COSTS - MOVABLE EQUI PMENT           4: 00         00400 ADM.IN STRATI VE & GENERAL         129, 243           5: 00         00500 LAUNDRY & LINEN SERVICE         2, 003         963           6: 00         00600 LAUNDRY & LINEN SERVICE         2, 003         963           7: 00         00700 HUSEKEPING         4, 652         547         0.27, 215           8: 00         006000 LEANNEY & LINEN SERVICE         2, 885         1, 886         0.3, 101           9: 00         006000 NIRSI KG ADMINI STRATION         2, 885         1, 886         0.721           10: 00         1000 CENTRAL SERVICES         1, 041         274         0           10: 00         01200 MEDI CAL, RECORDS & LI BRARY         0         0         0         0           10: 00         01400 NURSI KG ADA JLLED HEALTH EDUCATION         0         0         0         0           10: 00         01400 NURSI KG ADA JLLED HEALTH EDUCATION         0         0         0         0           10: 00         03300 ICF/I ID         57.31         42, 306         41, 698         22, 099         26           31: 00         03300 OTF/I ID         0         0         0         0         0         0         0 <tr< td=""><td></td><td></td><td>1</td><td></td><td>-</td><td></td><td></td><td>1 1 00</td></tr<>			1		-			1 1 00
14. CO         0         0         0         0         0           15. 00         015000         0000         0000         731           INPATI ENT ROUTI NE SERVI CE COST CENTERS         4,514         1,399         0         731           10000         030000 SKI LED NURSI NG FACI LI TY         87,033         42,306         41,698         22,099         26           30. 00         03000 NURSI NG FACI LI TY         0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT 00300 EMPLOYEE BENEFITS 00400 ADMI NI STRATI VE & GENERAL 00500 PLANT OPERATI ON, MAI NT. & REPAI RS LAUNDRY & LI NEN SERVI CE 00700 HOUSEKEEPI NG 00800 DI ETARY 00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY 01100 PHARMACY 01200 MEDI CAL RECORDS & LI BRARY	7, 231 2, 003 4, 652 13, 102 2, 885 145 0 0	963 547 5, 936 1, 380 279 0 0	41, 69	0 27, 215 0 3, 101 0 721 0 146 0 0 0 0	260, 953 0 0 0 0 0	9.00 10.00 11.00 12.00
15.00         DISOC PATLENT ACTIVITIES         4,514         1,399         0         731           1NPATLENT ROUTINE SERVICE COST CENTERS			1,041	274	-			
INPATE NOUTI NE SERVICE COST CENTERS         Image: Control of the service cost centers           30.00         03000 SKI LLED NURSING FACI LITY         87,033         42,306         41,698         22,099         26           31.00         03100 NURSING FACI LITY         0 </td <td></td> <td></td> <td>0</td> <td>1 200</td> <td></td> <td></td> <td>0</td> <td></td>			0	1 200			0	
30.00       03000       Ski LLED NURSI NG FACI LI TY       87.033       42.306       41.698       22.099       26         31.00       03100       NURSI NG FACI LI TY       0			4, 514	1, 399	<u>'</u>	0 731	0	15.00
32.00         03200         1CF/1 ID         0         0         0         0           33.00         033.00         03000         OTHER LONG TERM CARE         0         0         0         0           ANCILLARY SERVICE COST CENTERS         43         0         0         0         0         0         0           40.00         04000         RADIOLOGY         43         0         0         0         0           41.00         04100         LABATORY         113         0         0         0         0           43.00         04300         OYGEN (INHALATION) THERAPY         2,168         4556         0         238           45.00         04400         PHYSICAL THERAPY         2,168         4556         0         0         0           46.00         04600         SPECT HATHOLOGY         933         0         0         0         0         0           47.00         04700         ELCTROCARDIOLOGY         933         0 <td></td> <td></td> <td>87, 033</td> <td>42, 306</td> <td>41, 69</td> <td>22, 099</td> <td>260, 953</td> <td>30.00</td>			87, 033	42, 306	41, 69	22, 099	260, 953	30.00
33.00       03300       01HER LONG TERM CARE       0       0       0         ANCILLARY SERVICE COST CENTERS			0	0		0 0	0	31.00
ANCI LLARY SERVICE COST CENTERS         40.00         04000         PADIOLOGY         43         0         0         0           40.00         04000         RADIOLOGY         43         0         0         0           41.00         04100         LABRATORY         113         0         0         0           42.00         04200         INTRAVENOUS THERAPY         156         0         0         0           43.00         04300         OXYGEN (INHALATION) THERAPY         2,168         456         0         238           45.00         04500         OCCUPATIONAL THERAPY         1,586         0         0         0           46.00         04600         SPEECH PATHOLOGY         933         0         0         0           47.00         04700         ELECTROCARDIOLOGY         933         0         0         0           40.00         04800         MEDICAL SUPPLIES CHARGED TO PATIENTS         1,401         0         0         0           40.00         04900         DRUSC CHARCED TO PATIENTS         1,401         0         0         0           51.00         DEPOLE CAST CENTERS         0         0         0         0         0			-					
40.00     04000     RADI OLOGY     43     0     0     0       41.00     04100     LABORATORY     113     0     0     0       42.00     04200     INTRAVENOUS     THERAPY     156     0     0       42.00     04300     OXYGEN (1 INHALATION) THERAPY     0     0     0       44.00     04400     PHYSI CAL THERAPY     2,168     456     0     238       45.00     04500     OCCUPATI ONAL THERAPY     1,586     0     0     0       46.00     04500     DCCUPATI ONAL THERAPY     1,586     0     0     0       47.00     04500     DCCUPATI ONAL THERAPY     1,586     0     0     0       46.00     04600     DCCUPATI ONAL THERAPY     1,586     0     0     0       47.00     04500     DCCUPATI ONAL THERAPY     1,586     0     0     0       46.00     04600     MEDI CAL SUPPLIES CHARGED TO PATI ENTS     0     0     0     0       50.00     DOSOO DENTAL CARE - TI TLE XIX ONLY     0     0     0     0     0       51.00     DEPORT SURFACES     0     0     0     0     0     0       60.00     DG0000 CLI NI C     0     0 <td< td=""><td></td><td></td><td>0</td><td>0</td><td></td><td>0 0</td><td>0</td><td>33.00</td></td<>			0	0		0 0	0	33.00
41.00       04100       LABORATORY       113       0       0         42.00       04200       INTRAVENOUS THERAPY       156       0       0         43.00       04300       XYGEN (INHALATION) THERAPY       0       0       0         43.00       04400       PHYSI CAL THERAPY       2,168       456       0       238         45.00       04500       CCUPATIONAL THERAPY       1,586       0       0       0         46.00       04600       SPECH PATHOLOGY       933       0       0       0         47.00       04700       ELECTROCARDIOLOGY       0       0       0       0         48.00       04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS       1,401       0       0       0         50.00       OS000 DENTAL CARE - TITLE XIX ONLY       0       0       0       0       0         51.00       OS100S SUPPORT SURFACES       0       0       0       0       0       0         60.00       06000 FURL       ELINIC       0       0       0       0       0         61.00       060000       OCLINIC       0       0       0       0       0         70.00       OT000 HOME HEALTH C			43	0	1	0 0	0	40.00
42.00       04200       INTRAVENOUS THERAPY       156       0       0         43.00       04300       0XYGEN (INHALATION) THERAPY       0       0       0         44.00       04400       PHSI CAL THERAPY       2,168       456       0       238         45.00       04400       PHSI CAL THERAPY       1,586       0       0       0         46.00       04600       SPECH PATHOLOGY       933       0       0       0         47.00       04700       ELECROCARDI OLOGY       933       0       0       0         48.00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1,401       0       0       0         49.00       04900       DRUGS CHARGED TO PATI ENTS       1,401       0       0       0         00.00       05100       SUPPORT SURFACES       0       0       0       0       0         00.00       60000       CLI NI C       0       0       0       0       0       0         01.00       06100       RURAL HEALTH CLINIC       0       0       0       0       0         0200       FORT       MBULANCE       201       0       0       0       0								
44.00       04400       PHYSI CAL THERAPY       2, 168       456       0       238         45.00       04500       OCCUPATI ONAL THERAPY       1, 586       0       0       0         46.00       04600       SPECH PATHOLOGY       933       0       0       0         47.00       04700       ELECTROCARDI OLOGY       0       0       0       0         48.00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       0       0       0         49.00       04900       DRUGS CHARGED TO PATI ENTS       1,401       0       0       0         50.00       05000       DENTAL CARE - TI TLE XI X ONLY       0       0       0       0         00       05100       SUPPORT SURFACES       0       0       0       0       0         010       05100       SUPPORT SURFACES       0       0       0       0       0         04000       RUERAL HEALTH CLINIC       0       0       0       0       0       0         0100       06000       CLINIC       0       0       0       0       0       0         0100       07000       MBULANCE       201       0				0		0 0	0	
45.00       04500       OCCUPATIONAL THERAPY       1,586       0       0         46.00       04600       SPECH PATHOLOGY       933       0       0         47.00       04700       ELECTROCARDIOLOGY       0       0       0         47.00       04700       ELECTROCARDIOLOGY       0       0       0         48.00       04800       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       0       0         49.00       04900       DRUGS CHARGED TO PATIENTS       1,401       0       0       0         50.00       DENTAL CARE - TITLE XIX ONLY       0       0       0       0       0         51.00       OSTOD SUPPORT SURFACES       0       0       0       0       0         60.00       06000       CLINIC       0       0       0       0       0         61.00       06400       REI MBURSABLE COST CENTERS       0       0       0       0       0       0       0         70.00       OTOD       OMOULANCE       201       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			-			-		
46.00       04600       SPEECH PATHOLOGY       933       0       0         47.00       04700       ELECTROCARDI OLOGY       0       0       0         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0         49.00       04900       DRUGS CHARGED TO PATIENTS       1, 401       0       0       0         50.00       DENTAL CARE - TITLE XIX ONLY       0       0       0       0       0         00       051.00       SUPPORT SURFACES       0       0       0       0       0         0100       DUTPATIENT SERVICE COST CENTERS       0<								
47.00       04700       ELECTROCARDIOLOGY       0       0       0         48.00       04800       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       0       0         49.00       OR4800       DRUGS CHARGED TO PATIENTS       1,401       0       0         60.00       OS000       DENTAL CARE - TITLE XIX ONLY       0       0       0         00       05100       SUPPORT SURFACES       0       0       0         00       0600       CLINIC       0       0       0         00       0600       CLINIC       0       0       0         0100       ORDON REIAL HEALTH CLINIC       0       0       0       0         0100       06100       REI MBURSABLE COST CENTERS       0       0       0         000       07000       HOME HEALTH AGENCY COST       0       0       0       0         0100       07300       CMHC       0       0       0       0       0         01100       ORDON MALPRACTICE PREMI UMS & PAID LOSSES       0       0       0       0         01100       08100       INTEREST EXPENSE       0       0       0       0         0100       08200				0		0 0	0	
48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0         49.00       04900       DRUGS CHARGED TO PATIENTS       1,401       0       0       0         50.00       DENTAL CARE - TITLE XIX ONLY       0       0       0       0       0         51.00       DEPORT SURFACES       0       0       0       0       0       0         60.00       O6100       RURAL HEALTH CLINIC       0       0       0       0       0         62.00       O6200F FOHC       0       0       0       0       0       0         071.00       MORE HEALTH AGENCY COST       0       0       0       0       0       0         70.00       O7000       HOME HEALTH AGENCY COST       0       0       0       0       0         71.00       O71000       AMBULANCE       201       0       0       0       0         73.00       O7300       CMHC       SPECI AL PURPOSE COST CENTERS       0			1	0			0	
49.00       04900       DRUGS CHARGED TO PATIENTS       1,401       0       0       0         50.00       05000       DENTAL CARE - TITLE XIX ONLY       0       0       0       0         51.00       SUPPORT SURFACES       0       0       0       0       0         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       0       0         60.00       06000       CLINIC       0       0       0       0       0         61.00       06000       RURAL HEALTH CLINIC       0       0       0       0       0         62.00       FOHC       0       0       0       0       0       0       0         70.00       O7000       HOME HEALTH AGENCY COST       0       0       0       0       0       0         71.00       O7100       AMBULANCE       201       0			-	0		0 0	0	
51.00       OS100       SUPPORT SURFACES       O       O       O         60.00       OG000       CLINIC       O       O       O       O         60.00       O6000       CLINIC       O       O       O       O         60.00       O6000       CLINIC       O       O       O       O         61.00       O6100       RURAL HEALTH CLINIC       O       O       O       O         62.00       O6200       FOHC       O       O       O       O       O         0       O7000       HOME HEALTH AGENCY COST       O       O       O       O       O         70.00       O7100       AMBULANCE       201       O <td></td> <td></td> <td>1, 401</td> <td>0</td> <td></td> <td>0 0</td> <td>0</td> <td></td>			1, 401	0		0 0	0	
OUTPATI ENT SERVICE COST CENTERS           60.00         06000         CLINIC         0         0         0           60.00         06100         RURAL HEALTH CLINIC         0         0         0         0           60.00         06200         FOHC         0         0         0         0         0           0         06200         FOHC         0         0         0         0         0           0         07000         HOME HEALTH AGENCY COST         0         0         0         0         0           70.00         07100         AMBULANCE         201         0         0         0         0           73.00         07100         CMER EL PURPOSE COST CENTERS         0         0         0         0         0           70.00         08100         INTEREST EXPENSE         8         0							0	50.00
60.00       06000       CLINIC       0       0       0       0         61.00       06100       RURAL HEALTH CLINIC       0       0       0       0         62.00       06200       FQHC       0       0       0       0       0         0THER       REI MBURSABLE COST CENTERS       0       0       0       0       0         70.00       07000       HOME       HEALTH AGENCY COST       0       0       0       0         71.00       07100       AMBULANCE       201       0       0       0       0         73.00       07300       CMHC       0       0       0       0       0       0         80.00       08000       MALPRACTI CE       PREMI UMS & PAI D LOSSES       0       0       0       0         81.00       08100       INTEREST EXPENSE       0       0       0       0       0         82.00       08200       UTI LI ZATI ON REVI EW - SNF       0       0       0       0       0         83.00       08300       HOSPI CE       0       0       0       0       0       0         90.00       SUBTOTALS (sum of Lines 1-84)       129, 207 </td <td></td> <td></td> <td>0</td> <td>0</td> <td>)</td> <td>0 0</td> <td>0</td> <td>51.00</td>			0	0	)	0 0	0	51.00
61.00       06100       RURAL HEALTH CLINIC       0       0       0         62.00       06200       FQHC       0       0       0         0THER       REI MBURSABLE       COST CENTERS       0       0       0         70.00       07000       HOME       HEALTH AGENCY COST       0       0       0         71.00       07100       AMBULANCE       201       0       0       0         73.00       07300       CMHC       0       0       0       0         SPECIAL PURPOSE       COST CENTERS       0       0       0       0         SPECIAL PURPOSE COST CENTERS       80.00       08000       MALPRACTI CE PREMI UMS & PAID LOSSES       0       0       0         81.00       08100       INTEREST EXPENSE       0       0       0       0         82.00       08200       UTI LI ZATI ON REVI EW - SNF       0       0       0       0         83.00       08300       HOSPI CE       0       0       0       0       0         NONREI MBURSABLE COST CENTERS       0       0       0       0       0       0       0         90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0 </td <td></td> <td></td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>60.00</td>			0	0	1	0	0	60.00
62.00       06200       FQHC       OTHER       REI MBURSABLE COST CENTERS         70.00       07000       HOME HEALTH AGENCY COST       0       0       0         71.00       07100       AMBULANCE       201       0       0       0         73.00       07300       CMHC       0       0       0       0         78.00       08000       MALPRACTI CE PREMI UMS & PAI D LOSSES       0       0       0       0         80.00       08000       MALPRACTI CE PREMI UMS & PAI D LOSSES       0       0       0       0         81.00       08100       INTEREST EXPENSE       0       0       0       0       0         82.00       08200       UTI LI ZATI ON REVI EW - SNF       0       0       0       0       0         83.00       08300       HOSPI CE       0       0       0       0       0         83.00       08300       HOSPI CE       0       0       0       0       0       0         90.00       SUBTOTALS (sum of lines 1-84)       129,207       53,540       41,698       27,179       26         NONREI MBURSABLE COST CENTERS       0       0       0       0       0       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
70.00       07000       HOME HEALTH AGENCY COST       0       0       0         71.00       07100       AMBULANCE       201       0       0       0         73.00       07300       CMHC       0       0       0       0       0         73.00       07300       CMHC       0       0       0       0       0       0         SPECIAL PURPOSE COST CENTERS         80.00       08000       MALPRACTI CE PREMI UMS & PAI D LOSSES       0       0       0       0       0         81.00       08100       INTEREST EXPENSE       0       0       0       0       0         83.00       08300       HOSPI CE       0       0       0       0       0         83.00       08300       HOSPI CE       0       0       0       0       0         90.00       SUBTOTALS (sum of lines 1-84)       129,207       53,540       41,698       27,179       26         NONREI MBURSABLE COST CENTERS       0       0       0       0       0       0       0         90.00       09100       BARBER AND BEAUTY SHOP       36       68       0       36       36       36       36 <td></td> <td></td> <td>Ū</td> <td>c c</td> <td></td> <td></td> <td></td> <td>62.00</td>			Ū	c c				62.00
71.00       07100       AMBULANCE       201       0       0       0         73.00       07300       CMHC       0       0       0       0       0         73.00       07300       CMHC       0       0       0       0       0       0         SPECIAL PURPOSE COST CENTERS         80.00       08000       MALPRACTICE PREMIUMS & PAID LOSSES <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></td<>							-	
73.00         07300         CMHC         0         0         0           SPECIAL PURPOSE COST CENTERS								
SPECIAL PURPOSE COST CENTERS           80.00         08000         MALPRACTICE PREMIUMS & PAID LOSSES						-		
80.00         08000         MALPRACTICE         PREMIUMS & PAID LOSSES           81.00         08100         INTEREST EXPENSE         0         0           82.00         08200         UTILIZATION REVIEW - SNF         0         0         0           83.00         08300         HOSPICE         0         0         0         0           89.00         SUBTOTALS (sum of lines 1-84)         129,207         53,540         41,698         27,179         26           NONREI MBURSABLE COST CENTERS         0         0         0         0         0         0           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0           91.00         09100         BARBER AND BEAUTY SHOP         36         68         0         36           92.00         09200         PHYSICI ANS PRIVATE OFFICES         0         0         0         0			0	0	/	0 0	0	73.00
81.00         08100         INTEREST EXPENSE           82.00         08200         UTI LI ZATI ON REVIEW - SNF         0         0         0           83.00         08300         HOSPI CE         0         0         0         0           89.00         SUBTOTALS (sum of lines 1-84)         129,207         53,540         41,698         27,179         26           NONREI MBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0           91.00         09100         BARBER AND BEAUTY SHOP         36         68         0         36           92.00         09200         PHYSI CI ANS PRI VATE OFFICES         0         0         0         0								80.00
83.00         08300         HOSPICE         0         0         0         0           89.00         SUBTOTALS (sum of lines 1-84)         129,207         53,540         41,698         27,179         26           NONREI MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0								81.00
89.00         SUBTOTALS (sum of lines 1-84)         129,207         53,540         41,698         27,179         26           NONREI MBURSABLE COST CENTERS         0 </td <td>82.00</td> <td>08200 UTILIZATION REVIEW - SNF</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>82.00</td>	82.00	08200 UTILIZATION REVIEW - SNF						82.00
NONREI MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0           91.00         09100         BARBER AND BEAUTY SHOP         36         68         0         36           92.00         09200         PHYSI CI ANS PRI VATE OFFICES         0         0         0         0			0	0		-	0	
90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0 <td></td> <td></td> <td>129, 207</td> <td>53, 540</td> <td>41,69</td> <td>27, 179</td> <td>260, 953</td> <td>89.00</td>			129, 207	53, 540	41,69	27, 179	260, 953	89.00
91. 00         09100         BARBER AND         BEAUTY SHOP         36         68         0         36           92. 00         09200         PHYSI CI ANS         PRI VATE         0FFI CES         0         0         0         0			0	0	)	0 0	0	90.00
92. 00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 0 0			-					
93. OD 109300 NONPALD WORKERS I OD OD OD OD	1		0	0		0 0	0	
		09300 NONPAI D WORKERS	0	0		0 0	0	
94. 00 09400 PATIENTS LAUNDRY 0 0 0 0			0	0		-	0	
98.00 Cross Foot Adjustments 0 0 0		5		~		0	0	
99.00         Negative Cost Centers         0         0         0         0           100.00         TOTAL         129,243         53,608         41,698         27,215         26	1		120 2/2	U 53 602	A1 60	0 0		

	Financial Systems TION OF CAPITAL RELATED COSTS	EXCEL CARE AT		No.: 315317	Period:	ieu of Form CMS- Worksheet B	2540-10
					From 12/27/202 To 12/31/202	21 Part II	
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINI STRATI VE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPI NG						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	60, 485	44 700				9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	11, 782				10.00
11.00		0	0		0	0	11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0		0	0 12.444	12.00
13.00	01300 SOCIAL SERVICE	0	0		0	0 12,466	1
14.00 15.00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 PATIENT ACTIVITIES	0	0		0		
15.00	INPATIENT ROUTINE SERVICE COST CENTERS	U	0		0	<u> </u>	15.00
30.00	03000 SKILLED NURSING FACILITY	60, 485	10, 237		0	0 12,466	30.00
31.00	03100 NURSING FACILITY	00, 403	10, 237		0	0 12,400	
32.00	03200 I CF/I I D	0	0		0		
33.00	03300 OTHER LONG TERM CARE	0	0		0	0 0	
00.00	ANCI LLARY SERVICE COST CENTERS			<u> </u>			00.00
40.00	04000 RADI OLOGY	0	0		0	0 0	40.00
41.00	04100 LABORATORY	0	0		0	0 0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0		0	0 0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0	0 0	43.00
44.00	04400 PHYSI CAL THERAPY	0	0		0	0 0	44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	0		0	0 0	
46.00	04600 SPEECH PATHOLOGY	0	0		0	0 0	
47.00	04700 ELECTROCARDI OLOGY	0	0		0	0 0	
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0 0	101.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	1, 545		0	0 0	
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0	0 0	
51.00	05100 SUPPORT SURFACES	0	0		0	0 0	51.00
60.00	OUTPATI ENT SERVICE COST CENTERS	0	0		0	0 0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0		1
62.00	06200 FQHC	0	0		0		62.00
02.00	OTHER REIMBURSABLE COST CENTERS						02.00
70.00	07000 HOME HEALTH AGENCY COST	0	0		0	0 0	70.00
71.00	07100 AMBULANCE	0	0		0	0 0	1
73.00	07300 CMHC	0	0		0	0 0	73.00
	SPECIAL PURPOSE COST CENTERS						
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPI CE	0	0		0	0 0	1
89.00	SUBTOTALS (sum of lines 1-84)	60, 485	11, 782		0	0 12, 466	89.00
00.00	NONREI MBURSABLE COST CENTERS					0	00.00
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0 0	1
91.00	09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES	0	0		0		1
92.00 93.00	09200 PHYSICIANS PRIVATE OFFICES	0	0		0		
93.00 94.00	09400 PATIENTS LAUNDRY	0	0		0		1
94.00 98.00	Cross Foot Adjustments	0	0		0		98.00
99.00 99.00	Negative Cost Centers	0	0		0	0 0	
100.00		60, 485	11, 782		0		100.00
100.00		00,400	11, 702	I	~	~i 2,400	1.00.00

ALLOCATION OF CAPITAL RELATED COSTS         Provider No.: 31347         Percent 2727/2001         Percent	Heal th	Financial Systems	EXCEL CARE A	T THE PINES		In Lie	u of Form CMS-:	2540-10
Cost Center Description         NURE NO MD ALLED FAST PATIENT 14.00         Subtotal Post Step-Door Adjustments         Total           6ENERAL SERVICE COST CENTERS         100         15.00         17.00         18.00           10.00         D0100 (AP REL COST - BLICE & FLATURES 10.00         15.00         17.00         18.00           10.01         D0100 (AP REL COST - BLICE & FLATURES 10.00         10.00         10.00         17.00         18.00           10.01         D0100 (AP REL COST - BLICE & FLATURES 10.00000 (DURENCE REST 10.00000 (DURENCE REST 10.000000 (DURENCE REST 10.00000 (DURENCE REST 10.00000					No.: 315317	Period: From 12/27/2021	Worksheet B Part II Date/Time Pre	pared:
CERTERAL SERVICE COST CENTRES         14.00         15.00         16.00         17.00         18.00           1.00         DOTIOL CAP REL COSTS - BLDGS & FIXTURES         2.00         1.00         1.00         1.00         1.0		Cost Center Description	ALLI ED HEALTH	SERVI CE PATI ENT	Subtotal			
1: 00         00100 CAP REL COSTS - BLOGS A FIXTURES         1. 00           0: 00000 FUND OVER PROFENT IS         0. 00300 FUND OVER PROFENT IS         2. 00           0: 003000 FUND OVER PROFENT OF ANTION, MAINT & REPAIRS         5. 00         5. 00           0: 003000 FUND OVER STRATOR         6. 00         6. 00         6. 00           0: 003000 FUND OVERATION, MAINT & REPAIRS         5. 00         7. 00           0: 00000 CENTRAL SERVICES & SUPPLY         11. 00         11. 00           0: 00000 CENTRAL SERVICES & SUPPLY         11. 00         11. 00           0: 0000 CENTRAL SERVICES & SUPPLY         11. 00         11. 00           0: 0000 CENTRAL SERVICES & SUPPLY         11. 00         11. 00           0: 0000 CENTRAL SERVICES & SUPPLY         11. 00         11. 00           0: 0000 CENTRAL SERVICE COST CENTRES         0         62. 907         11. 00           1: 000 1: 000 VIGNESING FACILITY         0         62. 907         2. 302. 255         0. 2. 302. 255           0: 000 30: 000 VIENE LINCY CENT CENTERES         0         0         0         0         30. 00           0: 000 30: 000 VIENE LINCY CENT CENTERES         0         0         0         0         30. 00           0: 000 000 VIENE LINCY CENT CENTERS         0         0         0         3				15.00	16.00	17.00	18.00	
2.00         00200 CAP EEL COSTS - MOVABLE FOURPHENT         2.00           3.00         00300 PURYOFE BERKENL         3.00           4.00         00400 ADMI MISTARITIVE & GENERAL         5.00           5.00         00500 FLAMF (PERTITIS)         6.00           6.00         00500 FLAMF (PERTITIS)         7.00           7.00         00000 FLAMF (PERTITIS)         7.00           7.00         0000 FLAMF (PERTIT	1 00		1	1	1			1 00
13. 00       01300 SOCIAL SERVICE       13. 00         14. 00       14. 00       14. 00         15. 00       01500 PATIENT ACTIVITES       0         01.00       023000 [SKILLED NURSING FACILITY       0       62, 907       15. 00         10.00       03000 [SKILLED NURSING FACILITY       0       62, 907       0       0       0       15. 00         31.00       03200 [SKILLED NURSING FACILITY       0       62, 907       0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DI ETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY						2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
14 0.0       01400       NUEXING AND ALLIED HEALTH EDUCATION       0       14.00         15.00       01500       01500       01500       01500       15.00         100       01400       PATLENT KOUTINE SERVICE COST CENTERS       0       62,907       0       2,302,255       30.00         31.00       03100       NUEXING FACILITY       0       62,907       0       0       0       31.00         32.00       03300       OFFER LONG TERM CARE       0       0       0       0       33.00         40.00       04000       LARY SERVICE COST CENTERS								
15.00         O1500 PATILENT ACTIVITIES         0         62.907         15.00           10000         03000 SKILLED NURSING FACILITY         0         62.907         2.302.255         0.2302.255         30.00           30.00         03000 NURSING FACILITY         0<			0					
00:0000         00:0000         Ski LLED         NURSI NG FACI LLTY         0         62,907         2,302,255         0         2,302,255         0         0         30.00           31:00         00:00         0         0         0         0         0         0         31.00           33:00         00:00         0         0         0         0         0         0         33.00           40:00         00:00         0         0         0         0         0         33.00           41:00         04:000         RAIDLONGY         0         0         43         0         43         40.00           41:00         04:000         RAIDLARDY         0         0         113         0         113         41.00           42:00         04:000         RAIDLARDY         0         0         0         0         0         44.00         48			0	62, 907	,			
11.00       Colonal Number Numbe				1	1			
12:00         03:00         04:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00         00:00:00:00:00:00:00:00:00:00:00:00:00:								
33.00         O33.00         OILARY SERVICE COST CENTERS         0								
ANCILLARY SERVICE COST CENTERS								
11.00       04100       LABORATORY       0       0       113       0       113       41.00         20.00       04300       OXYGEN (I NHALATION) THERAPY       0       0       0       0       43.00         41.00       04400       PHYSI CAL THERAPY       0       0       21.209       0       21.209       0       21.209       0       21.209       0       21.209       0       43.00         45.00       046000       OCUPATIONAL THERAPY       0       0       15.86       0       15.86       0       15.86       0       45.00         40.00       046000       CUPATIONAL THERAPY       0       0       933       0       933       46.00         40.00       046000       CUPATIONAL THERAPY       0       0       0       0       0       47.00         40.00       04900       DUTACTORATIONAL THERAPY       0 <t< td=""><td>00.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	00.00							
42.00         OPERATION         O         156         O         156         42.00           43.00         04300         OXYGEN (INHALATION) THERAPY         O         O         0	40.00	04000 RADI OLOGY	0	C	)	13 0	43	40.00
43.00       04300       DXYGEN (I NHALATION) THERAPY       0       0       0       0       43.00         44.00       04400       PHYSICAL THERAPY       0       0       21,209       0       21,209       0       21,209       0       21,209       0       21,209       44.00         45.00       04600       DOCUPATIONAL THERAPY       0       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       45.00       0       0       0       0       0       47.00       0			0	C				
44.00       0400       PHYSI CAL THERAPY       0       0       21,209       0       21,209       44.00         45.00       04500       OCCUPATI ONAL THERAPY       0       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       0       1,586       45.00       1,586       45.00       1,586       0			0	0	) 15			
45.00       04500       OCCUPATIONAL THERAPY       0       0       1,586       0       1,586       45.00         46.00       04600       SPECH PATHOLOGY       0       0       933       0       933       46.00         47.00       04700       ELECTROCARDIOLOGY       0       <			0		21.20			
46.00       04000       SPECCH       PATLOLOGY       0       0       933       0       933       46.00         47.00       04700       ELECTROCARDIOLOGY       0 <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>			0					
47.00       04700       ELECTROCARDIOLOGY       0       0       0       7.00         48.00       04800       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       0       0       0       48.00         49.00       04900       DRUGS CHARGED TO PATIENTS       0       0       2,946       0       2,946       49.00         50.00       DSODO DENTAL CARE - TITLE XIX ONLY       0       0       0       0       0       50.00         001707       SUBOSUPERT SURFACES       0       0       0       0       0       50.00         001707       SUBOSUPERT SURFACES       0       0       0       0       0       60.00         001707       OBODO CLINIC       0       0       0       0       0       61.00       60.00       61.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       62.00       71.00       73.00       73.00       73.00       0       0       0       0       70.00       71.00       73.00       73.00       73.00       0       0       0       0       71.00       73.00       63.00       83.00       83.00       83.00       83.00			0	0				
48.00         04800         MEDICAL SUPPLIES CHARGED TO PATIENTS         0 <td></td> <td></td> <td>0</td> <td>C C</td> <td></td> <td></td> <td></td> <td>1</td>			0	C C				1
50.00         05000         DENTAL CARE - TITLE XIX ONLY         0			0	C		0 0		
51.00       OSTOO SUPPORT SUPFACES       O	49.00	04900 DRUGS CHARGED TO PATIENTS	0	C	2,94	16 0	2, 946	49.00
OUTPATIENT SERVICE COST CENTERS         Image: Cost Centers           60.00         06000 CLINIC         0 </td <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-	-				
60.00         06000         CLINIC         0	51.00		0	C	)	0 0	0	51.00
61.00       06100       RURAL HEALTH CLINIC       0       0       0       0       61.00       62.00         0FHER       REIMBURSABLE       COST CENTERS       0       0       0       0       70.00         07000       HOME       HEALTH       AGENCY COST       0       0       0       0       70.00         70.00       O7000       HOME HEALTH       AGENCY COST       0       0       0       0       70.00         71.00       07100       AMBULANCE       0       0       0       0       0       71.00         73.00       O7300       CMHC       0       0       0       0       0       0       73.00         SPECIAL PURPOSE COST CENTERS         80.00       08000       INTEREST EXPENSE       80.00       81.00       82.00       82.00       83.00       80.00       83.00       80.00       83.00       80.00       83.00       80.00       83.00       80.00       83.00       80.00       83.00       80.00       83.00       89.00       90.00       90.00       90.00       91.00       90.00       91.00       90.00       92.00       91.00       90.00       92.00       91.00       92.00	40.00				1	0 0	0	40.00
62.00       06200       FQHC       62.00         OTHER       REI MBURSABLE_COST_CENTERS       0       0       0       0       0       70.00         70.00       07000       MBULANCE       0       0       0       0       70.00       70.00         71.00       07100       AMBULANCE       0       0       0       0       70.00       70.00         73.00       07300       CMHC       0       0       0       0       0       73.00         SPECIAL PURPOSE COST CENTERS         80.00       08000       MALPRACTI CE       PREINUMS & PAI D LOSSES       80.00         81.00       08100       INTEREST EXPENSE       80.00       81.00       81.00         82.00       08200       UT LI ZATI ON REVIEW - SNF       82.00       80.00       83.00         83.00       08300       HOSPICE       0       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       0       62.907       2.329,442       0       2.329,442       89.00         90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       90.00       92.00       92.00								
OTHER         REI MBURSABLE         COST         CENTERS           70.00         07000         HOME         HEALTH         AGENCY         COST         0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td></td></t<>						0	0	
71.00         07100         AMBULANCE         0         201         0         201         71.00           73.00         07300         CMHC         0         0         0         0         0         0         73.00           SPECIAL PURPOSE COST CENTERS           80.00         08000         MALPRACTI CE PREMIUMS & PAI D LOSSES         80.00         81.00         81.00         81.00         81.00         82.00         82.00         82.00         82.00         82.00         82.00         83.00         82.00         83.00         89.00         0         0         0         0         83.00         89.00         83.00         89.00         83.00         89.00         83.00         89.00         89.00         89.00         89.00         89.00         0         0         0         0         0         89.00         89.00         89.00         89.00         89.00         89.00         89.00         90.00         62,907         2,329,442         0         2,329,442         0         2,329,442         89.00           90.00         OPOTOLS         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         90.00         92.00         92.00								
73.00         07300         CMHC         0 </td <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>70.00</td>			0					70.00
SPECIAL PURPOSE COST CENTERS           80.00         08000 MALPRACTI CE PREMI UMS & PAI D LOSSES         80.00           81.00         08100 I NTEREST EXPENSE         81.00           82.00         08200 UTI LI ZATI ON REVI EW - SNF         82.00           83.00         08300 HOSPI CE         0         0         0         83.00           89.00         SUBTOTALS (sum of lines 1-84)         0         62,907         2,329,442         0         2,329,442         89.00           NONREI MBURSABLE COST CENTERS         0         0         0         0         90.00			0	, i i i i i i i i i i i i i i i i i i i		-		
80.00       08000       MALPRACTI CE PREMI UMS & PAI D LOSSES       80.00         81.00       08100       INTEREST EXPENSE       81.00         82.00       08200       UTI LI ZATI ON REVI EW - SNF       82.00         83.00       08300       HOSPI CE       0       0       0       83.00         89.00       SUBTOTALS (sum of Lines 1-84)       0       62,907       2,329,442       0       2,329,442       89.00         NONREI MBURSABLE COST CENTERS       0       0       0       0       0       90.00         90.00       09000       GI FT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       0       92.00         92.00       09200       PHYSI CI ANS PRI VATE OFFICES       0       0       0       0       92.00         93.00       09300       NONPAI D WORKERS       0       0       0       0       93.00       93.00         94.00       09400       PATI ENTS LAUNDRY       0       0       0       0       94.00       90.00       98.00         99.00       Negati ve Cost Centers       0       0       0	73.00		0	0	)	0 0	0	73.00
81.00       08100       INTEREST EXPENSE       81.00       81.00       82.00         82.00       08200       UTI LI ZATI ON REVIEW - SNF       0       0       0       82.00         83.00       08300       HOSPICE       0       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       0       62.907       2.329,442       0       2.329,442       89.00         NONREI MBURSABLE COST CENTERS         NONREI MBURSABLE COST CENTERS         90.00       09100       BARBER AND BEAUTY SHOP       0       0       0       2,892       91.00         92.00       09200       PHYSI CI ANS PRI VATE OFFICES       0       0       0       0       92.00         93.00       09400       NONREALS       0       0       0       0       93.00         94.00       09400       PATI ENTS LAUNDRY       0       0       0       0       93.00         94.00       09400       PATI ENTS LAUNDRY       0       0       0       0       94.00         98.00       Cross Foot Adjustments       0       0       0       0       0       99.00         99.00       Negative Cost	<u>00 00</u>		1	1				00 00
82.00       08200       UTILIZATION REVIEW - SNF       82.00         83.00       08300       HOSPICE       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       0       62,907       2,329,442       0       2,329,442       89.00         NONREI MBURSABLE COST CENTERS         90.00       09100       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       2,892       91.00         92.00       09200       PHYSI CI ANS PRI VATE OFFICES       0       0       0       0       92.00         93.00       09400       PATI ENTS LAUNDRY       0       0       0       0       93.00         94.00       09400       PATI ENTS LAUNDRY       0       0       0       0       93.00         94.00       09400       PATI ENTS LAUNDRY       0       0       0       0       94.00         99.00       Negative Cost Centers       0       0       0       0       99.00								
83.00         08300         HOSPICE         0         0         0         0         0         83.00           89.00         SUBTOTALS (sum of lines 1-84)         0         62,907         2,329,442         0         2,329,442         89.00           NONREI MBURSABLE COST CENTERS           90.00         09100         BARBER AND BEAUTY SHOP         0         0         0         0         90.00           92.00         09200         PHYSI CI ANS PRI VATE OFFICES         0         0         0         0         92.00         92.00         92.00         92.00         92.00         93.00         00         0         0         92.00         93.00         93.00         93.00         93.00         93.00         94.00         0         0         0         0         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         99.00         98.00         0         0         0         0         98.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00<								
NONREI MBURSABLE COST CENTERS           90.00         09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.00           91.00         09100 BARBER AND BEAUTY SHOP         0         0         0         2,892         0         2,892         91.00           92.00         09200 PHYSI CI ANS PRI VATE OFFICES         0         0         0         0         92.00           93.00         09300 NONPAI D WORKERS         0         0         0         0         93.00           94.00         09400 PATI ENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adj ustments         0         0         0         0         98.00           99.00         Negati ve Cost Centers         0         0         0         0         99.00			0	C		0 0	0	
90.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       0       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       2,892       0       2,892       91.00         92.00       09200       PHYSI CI ANS PRI VATE OFFICES       0       0       0       0       92.00         93.00       09300       NONPAI D WORKERS       0       0       0       0       93.00         94.00       09400       PATI ENTS LAUNDRY       0       0       0       0       94.00         98.00       Cross Foot Adj ustments       0       0       0       0       0       99.00         99.00       Negati ve Cost Centers       0       0       0       0       0       99.00	89.00		0	62, 907	2, 329, 44	12 0	2, 329, 442	89.00
91.00         09100         BARBER AND BEAUTY SHOP         0         2,892         0         2,892         91.00           92.00         09200         PHYSI CI ANS PRI VATE OFFICES         0         0         0         0         92.00           93.00         09300         NONPAI D WORKERS         0         0         0         0         93.00           94.00         09400         PATI ENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00         99.00			-	-	1	-	-	
92.00         09200         PHYSICIANS PRIVATE OFFICES         0         0         0         0         92.00           93.00         09300         NONPAID WORKERS         0         0         0         0         93.00           94.00         09400         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00			0	0				
93.00         09300         NONPAI D WORKERS         0         0         0         0         93.00           94.00         09400         PATI ENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00					2,89			1
94.00         09400         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00         98.00         99.00         0         0         0         99.00         99.00         0         0         0         99.00         99.00         99.00         0         0         0         99.00         0         99.00         99.00         99.00         0         0         0         0         99.00         99.00         0         0         0         0         99.00         0         99.00         0         0         0         0         0         0         99.00         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         0         99.00			0	0		0 0		•
			0	d d		0 0		•
100. 00         TOTAL       0        62, 907        2, 332, 334        0        2, 332, 334 100. 00		5	0	0		-		
	100.00	0   TOTAL	0	62, 907	2, 332, 33	34 0	2, 332, 334	100. 00

	Financial Systems	EXCEL CARE A				eu of Form CMS-2	2540-10
COST A	LLOCATION - STATISTICAL BASIS		Provi der	F	eriod: rom 12/27/2021 o 12/31/2022		
		CAPI TAL REI	ATED COSTS			5/23/2023 9:54	4 am
	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUI PMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMI NI STRATI VE & GENERAL (ACCUM COST)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS	45.745					1 00
1.00 2.00 3.00 4.00 5.00 6.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	45, 765 0 2, 536 910 760	0 0 0 0	5, 070, 259 384, 737 84, 487	-2, 020, 918 0	9, 960, 173 557, 239 154, 391	1.00 2.00 3.00 4.00 5.00 6.00
7.00	00700 HOUSEKEEPI NG	432	C	256, 971	0	358, 536	7.00
8.00	00800 DI ETARY	4, 686	0	379, 093	0	1, 009, 677	8.00
9.00	00900 NURSING ADMINISTRATION	1, 089	0	144, 982	0	222, 353	9.00
	01000 CENTRAL SERVICES & SUPPLY	220	0	0	0	11, 212	10.00
	01100 PHARMACY 01200 MEDI CAL RECORDS & LI BRARY	0			0	0	11.00 12.00
	01300 SOCIAL SERVICE	216		60, 162	0	80, 246	13.00
	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0	00,210	14.00
15.00	01500 PATIENT ACTIVITIES	1, 104	C	204, 472	0	347, 867	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS	1		1	1		
	03000 SKI LLED NURSI NG FACI LI TY	33, 398					30.00
	03100 NURSING FACILITY	0	0			0	31.00
	03200 ICF/IID 03300 OTHER LONG TERM CARE	0			0	0	32.00 33.00
55.00	ANCI LLARY SERVICE COST CENTERS			, <u> </u>	0	0	33.00
40.00	04000 RADI OLOGY	0	C	0	0	3, 299	40.00
	04100 LABORATORY	0	C	-	0	8, 722	41.00
	04200 I NTRAVENOUS THERAPY	0	0	0	0	12,000	42.00
	04300 OXYGEN (I NHALATI ON) THERAPY 04400 PHYSI CAL THERAPY	0 360			0	147.054	43.00 44.00
	04500 OCCUPATIONAL THERAPY	300			0	167, 054 122, 243	
	04600 SPEECH PATHOLOGY	0			0	71, 907	46.00
47.00	04700 ELECTROCARDI OLOGY	0	0	0	0	0	47.00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
	04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	107, 971	49.00
	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES			-	0	0	50.00 51.00
51.00	OUTPATIENT SERVICE COST CENTERS	0		<u>/</u>	0	0	51.00
60.00	06000 CLINIC	0	C	0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
	06200 FQHC						62.00
	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0	C	0	0	0	70.00
	07100 AMBULANCE				0	0 15, 504	
	07300 CMHC	0			0	0	73.00
	SPECIAL PURPOSE COST CENTERS						
	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
	08100 I NTEREST EXPENSE						81.00
	08200 UTI LI ZATI ON REVIEW - SNF 08300 HOSPI CE	0	c	0	0	0	82.00 83.00
89.00	SUBTOTALS (sum of lines 1-84)	45, 711			-2, 020, 918		89.00
	NONREI MBURSABLE COST CENTERS			• · ·		· · ·	
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0				0	90.00
	09100 BARBER AND BEAUTY SHOP	54	0	0	0	2, 752	
	09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS	0			0	0	92.00 93.00
	09400 PATIENTS LAUNDRY				0	0	94.00
98.00	Cross Foot Adjustments	-			-		98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B,	2, 332, 334	0	764, 905		2, 020, 918	102.00
103.00	Part I)	E0.042240	0 00000	0 1500/1		0 202000	102 00
103.00 104.00	Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B,	50. 963269	0. 000000	0. 150861		0. 202900 129, 243	
104.00	Part II)					127, 243	107.00
105.00				0.000000		0. 012976	105.00
	11)						

	Financial Systems	EXCEL CARE A	T THE PINES		In Lie	u of Form CMS-	2540-10
COST /	ALLOCATION - STATISTICAL BASIS		Provi der	No.: 315317 P	Period: From 12/27/2021	Worksheet B-1	
					o 12/31/2022		
	Cost Center Description	PLANT	LAUNDRY &	HOUSEKEEPING	DI ETARY	5/23/2023 9:5 NURSI NG	
		OPERATI ON,	LI NEN SERVI CE	(SQUARE FEET)	(MEALS SERVED)	ADMI NI STRATI ON	
		MAINT. & REPAIRS	(PATI ENT CENSUS)			(DI RECT	
		(SQUARE FEET)	, , , , , , , , , , , , , , , , , , ,			NURSI NG)	
		5.00	6.00	7.00	8.00	9.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00 5.00	00400 ADMI NI STRATI VE & GENERAL 00500 PLANT OPERATI ON, MAI NT. & REPAI RS	42, 319					4.00 5.00
6.00	00600 LAUNDRY & LINEN SERVICE	760					6.00
7.00	00700 HOUSEKEEPI NG	432		41, 127			7.00
8.00		4,686		4, 686			8.00
9.00 10.00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY	1, 089 220		1, 089 220		110, 342 0	1
11.00	01100 PHARMACY	0		0		0	1
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	C	-	0	
13.00	01300 SOCIAL SERVICE	216		216		0	
14.00 15.00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 PATIENT ACTIVITIES	0 1, 104			-	0	
13.00	INPATIENT ROUTINE SERVICE COST CENTERS	1, 104	0	1,104		0	10.00
30.00	03000 SKILLED NURSING FACILITY	33, 398	32, 951	33, 398	98, 853	110, 342	1
31.00	03100 NURSING FACILITY	0	0	-			1
32.00 33.00	03200 I CF/I I D 03300 OTHER LONG TERM CARE	0					
55.00	ANCI LLARY SERVICE COST CENTERS				, <u> </u>	0	33.00
40.00	04000 RADI OLOGY	0	0	C	0 0	0	40.00
41.00	04100 LABORATORY	0	0	-			
42.00 43.00	04200 I NTRAVENOUS THERAPY 04300 OXYGEN (I NHALATI ON) THERAPY				-	0	
44.00	04400 PHYSI CAL THERAPY	360	-	360		0	1
45.00	04500 OCCUPATI ONAL THERAPY	0	0	C	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	C	0	0	
47.00 48.00	04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0			0 0	0	
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	c c	0 0	0	1
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	C	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	C	0 0	0	51.00
60.00	OUTPATIENT SERVICE COST CENTERS	0	0	C		0	60.00
61.00	06100 RURAL HEALTH CLINIC	0					
62.00							62.00
70.00	OTHER REIMBURSABLE COST CENTERS						1 70 00
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0					70.00 71.00
73.00		0	, °	, s		, s	
	SPECIAL PURPOSE COST CENTERS		1	1	1		
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80.00
81.00 82.00	08100 I NTEREST EXPENSE 08200 UTI LI ZATI ON REVI EW - SNF						81.00 82.00
83.00	08300 HOSPI CE	0	0	c	0	0	
89.00	SUBTOTALS (sum of lines 1-84)	42, 265	32, 951	41, 073	98, 853	110, 342	
~~ ~~	NONREI MBURSABLE COST CENTERS						
90.00 91.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP	0 54	-	C 54		0	1
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0 0	0 0	0	1
93.00	09300 NONPAID WORKERS	0	0	C	0	0	
94.00	09400 PATIENTS LAUNDRY	0	0	C	0	0	
98.00	Cross Foot Adjustments						98.00
99.00 102.00	Negative Cost Centers Cost to be allocated (per Wkst. B,	670, 303	197, 755	438, 126	1, 338, 683	296, 318	99.00 102.00
. 52. 0	Part I)	0,0,000		100, 120	., 000, 000	2,0,010	
103.00		15. 839292					
104.00	D Cost to be allocated (per Wkst. B, Part II)	53, 608	41, 698	27, 215	260, 953	60, 485	104.00
105.00		1. 266760	1. 265455	0. 661731	2.639809	0. 548159	105.00

<u>Heal t</u> h	Financial Systems	EXCEL CARE AT	THE PINES		<u>In L</u> ie	u of Form CMS-	2540-10
COST A	LLOCATION - STATISTICAL BASIS		Provi der		Period: From 12/27/2021	Worksheet B-1	
					To 12/31/2022		
	Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	5/23/2023 9:5 NURSI NG AND	4 am
		SERVICES &	(COSTED	RECORDS &		ALLI ED HEALTH	
		SUPPLY	REQUIS.)	LIBRARY	(PATI ENT	EDUCATI ON	
		(COSTED REQUIS)		(PATI ENT CENSUS)	CENSUS)	(ASSI GNED TI ME)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS			1			
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00 4.00	00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL						3.00 4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPI NG						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	000 500					9.00
10. 00 11. 00	01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY	823, 583	0				10.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	32, 95	1		12.00
13.00	01300 SOCIAL SERVICE	0	C C		0 32, 951		13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	C		0 0	0	14.00
15.00	01500 PATIENT ACTIVITIES	0	0	)	0 0	0	15.00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	715 (10		22.05	1 22.051		20.00
30.00 31.00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY	715, 612 0	0		1 32,951 0 0	0	30.00 31.00
31.00	03200   CF/IID	0	0		0 0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	C C		0 0	0	
	ANCILLARY SERVICE COST CENTERS			1			
40.00	04000 RADI OLOGY	0	C		0 0	0	40.00
41.00		0	0		0 0	0	41.00
42.00 43.00	04200 INTRAVENOUS THERAPY 04300 OXYGEN (INHALATION) THERAPY	0	0			0	42.00 43.00
43.00	04400 PHYSI CAL THERAPY	0	0		0 0	0	43.00
45.00	04500 OCCUPATI ONAL THERAPY	0	C		0 0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	C		0 0	0	46.00
47.00	04700 ELECTROCARDI OLOGY	0	0		0 0	0	47.00
48.00	04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	48.00
49.00 50.00	04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY	107, 971 0	0		0 0	0	49.00 50.00
50.00	05100 SUPPORT SURFACES	0	0		0 0	0	51.00
01100	OUTPATIENT SERVICE COST CENTERS				<u> </u>		
60.00	06000 CLI NI C	0			0 0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	C		0 0	0	61.00
62.00	06200 FOHC OTHER REIMBURSABLE COST CENTERS						62.00
70,00	07000 HOME HEALTH AGENCY COST	0	C	b	0 0	0	70.00
	07100 AMBULANCE	0	C C		0 0		71.00
	07300 CMHC	0	0		0 0	0	73.00
	SPECIAL PURPOSE COST CENTERS	1		1			
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00 82.00	08100 INTEREST EXPENSE 08200 UTI LI ZATI ON REVI EW - SNF						81.00 82.00
83.00	08300 HOSPI CE	0	C		o o	0	
89.00	SUBTOTALS (sum of lines 1-84)	823, 583	C		1 32, 951	0	
	NONREI MBURSABLE COST CENTERS			1			
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	1	0 0	0	90.00
91.00 92.00	09100 BARBER AND BEAUTY SHOP 09200 PHYSI CLANS PRI VATE OFFICES	0	0		0 0	0	
92.00 93.00	09300 NONPALD WORKERS	0	0			0	92.00 93.00
94.00	09400 PATIENTS LAUNDRY	0	C		0 0	0	94.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00		19, 316	C		0 102, 250	0	102.00
103.00	Part I)	0. 023454	0. 000000	0.00000	0 3. 103092	0.00000	103 00
103.00		0. 023454	0.00000	0.00000	0 3. 103092		103.00
	Part II)	, / 02	0		- 12, 400		
105.00	Unit cost multiplier (Wkst. B, Part	0. 014306	0. 000000	0. 00000	0 0. 378319	0. 000000	105.00
	11)						I

Health Financial Systems	EXCEL CARE A	T THE PINES	In Lie	u of Form CMS-2540-1
COST ALLOCATION - STATISTICAL BASIS		Provider No.: 315317	Period: From 12/27/2021	Worksheet B-1
			To 12/31/2022	Date/Time Prepared:
	OTHER GENERAL			5/23/2023 9:54 am
	SERVI CE			
Cost Center Description	PATIENT			
	ACTI VI TI ES (PATI ENT			
	CENSUS)			
	15.00			
GENERAL SERVICE COST CENTERS				
1.0000100CAPRELCOSTS-BLDGS & FI XTURES2.0000200CAPRELCOSTS-MOVABLEEQUI PMENT				1.00
3. 00 00300 EMPLOYEE BENEFITS				3.00
4. 00 00400 ADMINI STRATI VE & GENERAL				4.00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00 00600 LAUNDRY & LINEN SERVICE				6.00
7. 00 00700 HOUSEKEEPI NG 8. 00 00800 DI ETARY				7.00
9. 00 00900 NURSI NG ADMI NI STRATI ON				9.00
10.00 01000 CENTRAL SERVICES & SUPPLY				10.00
11.00 01100 PHARMACY				11.00
12.00 01200 MEDICAL RECORDS & LIBRARY				12.00
13.00 01300 SOCIAL SERVICE 14.00 01400 NURSING AND ALLIED HEALTH EDUCATION				13.00
15. 00 01500 PATIENT ACTIVITIES	32, 951			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 SKILLED NURSING FACILITY	32, 951			30.00
31.00 03100 NURSING FACILITY	0	•		31.00
32.00 03200 I CF/I I D 33.00 03300 OTHER LONG TERM CARE	0			32.00 33.00
ANCI LLARY SERVICE COST CENTERS	0			
40. 00 04000 RADI OLOGY	0			40.00
41.00 04100 LABORATORY	0	•		41.00
42.00 04200 I NTRAVENOUS THERAPY	0			42.00
43. 00 04300 0XYGEN (INHALATION) THERAPY 44. 00 04400 PHYSICAL THERAPY	0			43.00
45. 00 04500 OCCUPATI ONAL THERAPY	0			45.00
46.00 04600 SPEECH PATHOLOGY	0			46.00
47.00 04700 ELECTROCARDI OLOGY	0			47.00
48. 00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0			48.00
49.00 04900 DRUGS CHARGED TO PATIENTS 50.00 05000 DENTAL CARE - TITLE XIX ONLY	0			49.00 50.00
51. 00 05100 SUPPORT SURFACES	0	•		51.00
OUTPATIENT SERVICE COST CENTERS	-			
60. 00 06000 CLINIC	0			60.00
61. 00 06100 RURAL HEALTH CLINIC	0			61.00
62. 00 06200 FQHC OTHER REI MBURSABLE COST CENTERS				62.00
70. 00 07000 HOME HEALTH AGENCY COST	0			70.00
71. 00 07100 AMBULANCE	0			71.00
73.00 07300 CMHC	0			73.00
SPECIAL PURPOSE COST CENTERS 80. 00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES				
80. 00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 81. 00 08100 INTEREST EXPENSE				80.00
82. 00 08200 UTILIZATION REVIEW - SNF				82.00
83. 00 08300 HOSPI CE	0			83.00
89.00 SUBTOTALS (sum of lines 1-84)	32, 951			89.00
NONREI MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0			90.00
91. 00 09100 BARBER AND BEAUTY SHOP	0	•		90.00
92. 00 09200 PHYSI CI ANS PRI VATE OFFICES	0			92.00
93. 00 09300 NONPAI D WORKERS	0			93.00
94. 00 09400 PATIENTS LAUNDRY	0			94.00
98.00Cross Foot Adjustments99.00Negative Cost Centers				98.00 99.00
102.00 Cost to be allocated (per Wkst. B,	447, 697			102.00
Part I)				
103.00 Unit cost multiplier (Wkst. B, Part I)				103.00
104.00 Cost to be allocated (per Wkst. B,	62,907	1		104.00
	02,707			
Part II) 105.00 Unit cost multiplier (Wkst. B, Part	1. 909107			105.00

Health Financial Systems EXCEL CARE AT TH	E PINES		In Lie	u of Form CMS-2	2540-10
RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS	Provi der		Period:	Worksheet C	
			rom 12/27/2021 o 12/31/2022	Data (Tima Dra	norod.
			o 12/31/2022	Date/Time Pre 5/23/2023 9:5	
Cost Center Description	1	Total (from	Total Charges		
		Wkst. B, Pt I,	0	di vi ded by	
		col. 18)		col. 2	
		1.00	2.00	3.00	
ANCI LLARY SERVI CE COST CENTERS		1			
40. 00 04000 RADI OLOGY		3, 968			
41. 00 04100 LABORATORY		10, 492			
42. 00 04200 I NTRAVENOUS THERAPY		14, 43	5 O	0.000000	
43.00 04300 0XYGEN (INHALATION) THERAPY		(	0 0	0.00000	
44. 00 04400 PHYSI CAL THERAPY		210, 486			
45. 00 04500 OCCUPATI ONAL THERAPY		147, 040			
46.00 04600 SPEECH PATHOLOGY		86, 49	111, 758		
47. 00 04700 ELECTROCARDI OLOGY		(	0 0	0.00000	
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS		(	0 0	0.00000	
49.00 04900 DRUGS CHARGED TO PATIENTS		132, 410	8, 622	15. 357226	
50.00 OSOOO DENTAL CARE - TITLE XIX ONLY		(	0	0.000000	
51.00 05100 SUPPORT SURFACES		[ (	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS		1 .		0,000000	100.00
			0 0	0. 000000	
61. 00 06100 RURAL HEALTH CLINIC					61.00
62. 00 06200 FQHC		10 (5)		0,00000	62.00
71.00 07100 AMBULANCE		18, 650		0. 000000	
100. 00   Total		623, 984	442, 786		100. 00

Health Financial Systems	EXCEL CARE A	T THE PINES		In Lie	eu of Form CMS-	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der	No.: 315317	Peri od:	Worksheet D	
				From 12/27/2021		
				To 12/31/2022	Date/Time Pre 5/23/2023 9:5	
		Title	XVIII (1)	Skilled Nursing		
		nue		Facility	115	
		Health Care Pr	rogram Charge		Program Cost	
			ogram onargo		r ogram ooot	
	Ratio of Cost	Part A	Part B	Part A (col. 1	Part B (col. 1	
	to Charges			x col. 2)	x col. 3)	
	(Fr. Wkst. C					
	Column 3)					
	1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPAT	LIENT COST					
ANCI LLARY SERVI CE COST CENTERS	- I.	-	1			
40. 00 04000 RADI OLOGY	6. 420712			0 3, 551	0	10100
41. 00 04100 LABORATORY	0. 400214			0 0	0	1
42.00 04200 INTRAVENOUS THERAPY	0. 000000	0		0 0	0	
43.00 04300 OXYGEN (INHALATION) THERAPY	0. 000000			0 0	0	
44. 00 04400 PHYSI CAL THERAPY	1. 309050			0 131, 304		44.00
45. 00 04500 OCCUPATI ONAL THERAPY	1. 091016			0 93, 581		1 101 00
46.00 04600 SPEECH PATHOLOGY	0. 773967	88, 931		0 68, 830	0	46.00
47. 00 04700 ELECTROCARDI OLOGY	0. 000000	0		0 0	0	47.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	0		0 0	0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	15. 357226	2, 939		0 45, 135	0	49.00
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0. 000000	0		0		50.00
51.00 05100 SUPPORT SURFACES	0. 000000	0		0 0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
60. 00 06000 CLINIC	0. 000000	0		0 0	0	60.00
61.00 06100 RURAL HEALTH CLINIC						61.00
62.00 06200 FQHC						62.00
71.00 07100 AMBULANCE (2)	0. 000000			0	0	71.00
100.00 Total (Sum of lines 40 - 71)		278, 502		0 342, 401	0	100.00
(1) For the Wood VIV was aslympt 1. 2 and 4 as						

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

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

Health Financial Systems	EXCEL CARE A	THE PINES		In Lie	u of Form CMS-2	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Period: From 12/27/2021 To 12/31/2022	Worksheet D Parts II-III Date/Time Pre 5/23/2023 9:5	
		Ti tl	e XVIII	Skilled Nursing Facility	PPS	
Cost Center Description			·			
					1.00	
PART II - APPORTIONMENT OF VACCINE COST						
1.00 Drugs charged to patients - ratio of co			t C, column 3,	line 49)	15. 357226	1.00
2.00 Program vacci ne charges (From your reco					3, 385	2.00
3.00 Program costs (Line 1 x line 2) (Title	XVIII, PPS prov	viders, transf	er this amount	to Worksheet	51, 984	3.00
E, Part I, line 18) Cost Center Description	Total Cost	Nursing &	Ratio of	Program Part A	Darst A Nuraina	
cost center bescription	(From Wkst, B,			Cost (From	& Allied	
		(From Wkst. B,				
	18		Costs to Tota		for Pass	
		14)	Costs - Part		Through (Col.	
		· ·	(Col. 2 / Col		3 x Col. 4)	
			1)			
	1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS	FOR NURSING &	ALLI ED HEALTH				
ANCI LLARY SERVI CE COST CENTERS	i		1			
40. 00 04000 RADI OLOGY	3, 968		0. 00000		0	40.00
41.00 04100 LABORATORY	10, 492		0.00000		0	41.00
42.00 04200 I NTRAVENOUS THERAPY	14, 435	C	0.00000		0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0	C	0.00000		0	43.00
44. 00 04400 PHYSI CAL THERAPY	210, 486		0.00000			44.00
45.00 04500 OCCUPATI ONAL THERAPY 46.00 04600 SPEECH PATHOLOGY	147,046		0.00000		0	45.00
46. 00 04600 SPEECH PATHOLOGY 47. 00 04700 ELECTROCARDI OLOGY	86, 497		0. 00000 0. 00000		0	46.00 47.00
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0.00000		0	47.00
48. 00 04900 DRUGS CHARGED TO PATIENTS	132, 410		0.00000		-	48.00
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	132,410		0.00000		0	50.00
51. 00 05100 SUPPORT SURFACES	0	c c	0.00000		0	
100.00 Total (Sum of Lines 40 - 52)	605, 334	C	5.00000	342, 401	-	100.00
		-				

	Financial Systems	EXCEL CARE AT THE PINES	045047		u of Form CMS-2	2540-10
COMPUT	ATION OF INPATIENT ROUTINE COSTS	Provider No.	.: 315317	Period: From 12/27/2021 To 12/31/2022	Worksheet D-1 Parts I-II Date/Time Pre 5/23/2023 9:5	
		Title >	(VIII	Skilled Nursing Facility	PPS	
					1 00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS				1.00	
	I NPATI ENT DAYS					
1.00	Inpatient days including private room days				32, 951	1.00
2.00	Private room days				0	2.00
3.00	Inpatient days including private room days a	pplicable to the Program			2, 307	3.00
4.00	00 Medically necessary private room days applicable to the Program					4.00
5.00	Total general inpatient routine service cost	U U			11, 352, 367	5.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
6.00	General inpatient routine service charges				10, 744, 304	6.00
7.00	General inpatient routine service cost/charge	e ratio (Line 5 divided by line	e 6)		1.056594	7.00
8.00	Enter private room charges from your records				0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)					
10.00	Enter semi-private room charges from your real	cords			0	10.00
11.00						
12.00	Average per diem private room charge differen	ntial (Line 9 minus line 11)			0.00	12.00
13.00	Average per diem private room cost different	al (Line 7 times line 12)			0.00	13.00
14.00	Private room cost differential adjustment (L	ne 2 times line 13)			0	14.00
15.00	General inpatient routine service cost net o PROGRAM INPATIENT ROUTINE SERVICE COSTS	private room cost differential	(Line 5	minus line 14)	11, 352, 367	15.00
16.00	Adjusted general inpatient service cost per	liem (Line 15 divided by line 1	1)		344.52	16.00
17.00	Program routine service cost (Line 3 times	ine 16)			794, 808	17.00
18.00	Medically necessary private room cost application	ble to program (line 4 times l	ine 13)		0	18.00
19.00	Total program general inpatient routine serv	ce cost (Line 17 plus line 18)	)		794, 808	19.00
20. 00	Capital related cost allocated to inpatient line 30 for SNF; line 31 for NF, or line 32		st. B, Part	t II column 18,	2, 302, 255	20.00
21.00	Per diem capital related costs (Line 20 div				69.87	21.00
22.00	Program capital related cost (Line 3 times	ine 21)			161, 190	22.00
23.00	Inpatient routine service cost (Line 19 min				633, 618	23.00
	Aggregate charges to beneficiaries for excess				0	24.00
	Total program routine service costs for compa	rison to the cost limitation (L	_ine 23 mir	nus line 24)	633, 618	25.00
26.00	Enter the per diem limitation (1)					26.00
27.00	Inpatient routine service cost limitation (L					27.00
28.00	Reimbursable inpatient routine service costs (Transfer to Worksheet E, Part II, line 4) (5		ne 25 or I	ine 27)		28.00
(1) Li	nes 26 and 27 are not applicable for title XV	II, but may be used for title \	V and or ti	itle XIX		

		1.00	
PA	RT II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00 To	tal SNF inpatient days	32, 951	1.00
2.00 Pr	ogram inpatient days (see instructions)	2, 307	2.00
3.00 To	tal nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00 Nu	rsing & allied health ratio. (line 2 divided by line 1)	0.070013	4.00
5.00 Pr	ogram nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

Heal th	Financial Systems EXCEL CARE AT	THE PINES	In Lie	u of Form CMS-2	2540-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII	Provider No.: 315317	Peri od:	Worksheet E	
			From 12/27/2021 To 12/31/2022	Part I Date/Time Pre 5/23/2023 9:54	
		Title XVIII	Skilled Nursing		
			Facility		
				1.00	
				1.00	
1.00	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMB Inpatient PPS amount (See Instructions)	URSEMENT		1, 503, 408	1.00
2.00	Nursing and Allied Health Education Activities (pass through	navmonts)		1, 503, 408	2.00
3.00	Subtotal (Sum of Lines 1 and 2)	i payments)		1, 503, 408	
4.00	Primary payor amounts			2,000	
5.00	Coi nsurance			271,054	5.00
6.00	Allowable bad debts (From your records)			177, 932	
7.00	Allowable Bad debts for dual eligible beneficiaries (See ins	structions)		49, 522	
8.00	Adjusted reimbursable bad debts. (See instructions)			115, 656	
9.00	Recovery of bad debts - for statistical records only			0	
10.00	Utilization review			0	10.00
11.00	Subtotal (See instructions)			1, 346, 010	
12.00	Interim payments (See instructions)			1, 214, 209	
13.00	Tentati ve adjustment			0	
14.00					
14.50	Demonstration payment adjustment amount before sequestration	l		0	
14.55	Demonstration payment adjustment amount after sequestration			0	14.55
14.75	Sequestration for non-claims based amounts (see instructions	5)		1, 434	14.75
14.99	Sequestration amount (see instructions)			16, 145	14.99
15.00	Balance due provider/program (see Instructions)			114, 222	15.00
16.00	Protested amounts (Nonallowable cost report items in accorda	ance with CMS Pub. 15-2, s	ection 115.2)	0	16.00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESS	ER OF COST OR CHARGES - T	ITLE XVIII ONLY		
17.00	Ancillary services Part B			0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)			51, 984	
19.00	Total reasonable costs (Sum of lines 17 and 18)			51, 984	
20.00	Medicare Part B ancillary charges (See instructions)			3, 385	
21.00	Cost of covered services (Lesser of line 19 or line 20)			3, 385	
22.00	Primary payor amounts			0	
23.00	Coinsurance and deductibles			0	
24.00	Allowable bad debts (From your records)			0	
24.01	Allowable Bad debts for dual eligible beneficiaries (see ins	structions)		0	
24.02	Adjusted reimbursable bad debts (see instructions)			0	
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)			3, 385	
26.00	Interim payments (See instructions)			1, 662	
27.00	Tentative adjustment			0	
28.00	Other Adjustments (See instructions) Specify			0	28.00 28.50
28.50					
28.55	Demonstration payment adjustment amount after sequestration			0	
28. 99 29. 00	Sequestration amount (see instructions)			42	28.99
	Balance due provider/program (see instructions) Protested amounts (Nonallowable cost report items) in accord	lanco with CMS Rub 15 2 c	oction 115 2	1, 681	29.00 30.00
30.00	Frotested amounts (Nonarrowable cost report ritems) in accord	ance with two rub. 15-2, S	ecti 011 113. Z	0	J 30. 00

ALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi der	No.: 315317	Period: From 12/27/202 To 12/31/202		parec 4 am
		Titl	e XVIII	Skilled Nursin		1 dill
		Inpatien	t Part A	Facility Pa	art B	
	_	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		1, 214, 2	209 0	1, 662 0	1. 2.
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.
01	ADJUSTMENTS TO PROVIDER			0	0	3.
)2				0	0	3.
03				0	0	3.
)4				0	0	3.
)5	Provider to Program			0	0	3.
50	ADJUSTMENTS TO PROGRAM			0	0	3.
50 51				0	0	3
52				0	0	3
53				0	0	3
54 99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)			0 0	0 0	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1, 214, 2	209	1, 662	4
0	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after					5
0	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					5
)1	TENTATI VE TO PROVI DER			0	0	5
)2				0	0	5
)3				0	0	5
0	Provider to Program			0		-
60 51	TENTATI VE TO PROGRAM			0	0	5
52				0	0	5
9	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
)1 )2	PROGRAM TO PROVIDER PROVIDER TO PROGRAM		114, 2	222	1, 681	6
)2 )0	Total Medicare program liability (see instructions)		1, 328, 4	U	3, 343	0
				actor Name	Contractor	L
					Number	
				1.00	2.00	

 8.00
 Name of Contractor

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

	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the "General Fund" column	Provi der	No.: 315317	Period: From 12/27/2021 To 12/31/2022	Worksheet G Date/Time Pre 5/23/2023 9:5	
		General Fund	Speci fi c	Endowment Fund		
		1.00	Purpose Fund 2.00	3.00	4.00	
	Assets					
20	CURRENT ASSETS	417 222	[	0 0	0	1 1
00 00	Cash on hand and in banks Temporary investments	417, 333		0 0 0 0	0	
00	Notes receivable	0		0 0	0	
00	Accounts receivable	1, 665, 854		0 0	0	
00	Other receivables	0		0 0	0	
00	Less: allowances for uncollectible notes and accounts	-65, 000		0 0	0	6.
00	recei vabl e I nventory	0		0 0	0	7.
00	Prepaid expenses	9, 630		0 0	0	
00	Other current assets	201, 580		0 0	0	9.
00	Due from other funds	0		0 0	0	
00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2, 229, 397		0 0	0	11.
00	FI XED ASSETS Land	0		0 0	0	12.
00	Land improvements	0		0 0	0	
00	Less: Accumulated depreciation	0		0 0	0	14
00	Bui I di ngs	317, 853		0 0	0	
00	Less Accumulated depreciation	-10, 595		0 0	0	
00 00	Leasehold improvements Less: Accumulated Amortization	0		0 0	0	
00	Fixed equipment			0 0	0	19
00	Less: Accumulated depreciation	0		0 0	0	
00	Automobiles and trucks	0		0 0	0	21
00	Less: Accumulated depreciation	0		0 0	0	22
00	Major movable equipment	3, 646		0 0	0	
00	Less: Accumulated depreciation	-365		0 0	0	
00 00	Minor equipment – Depreciable Minor equipment nondepreciable	0		0 0	0	
00	Other fixed assets	0		0 0	0	
00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	310, 539		0 0	0	
	OTHER ASSETS	1		1		
00	Investments	0		0 0	0	
00 00	Deposits on leases Due from owners/officers	957 -750, 189		0 0	0	
00	Other assets	0		0 0	0	
00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-749, 232		0 0	0	
00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	1, 790, 704		0 0	0	34
	Liabilities and Fund Balances					-
00	CURRENT LI ABI LI TI ES Accounts payable	1, 189, 130		0 0	0	35
00	Salaries, wages, and fees payable	288, 610		0 0	0	
00		132, 710		0 0	0	
00	Notes & Loans payable (Short term)	346, 077		0 0	0	
00	Deferred income	605, 534		0 0	0	
00	Accel erated payments	0		0	0	40
00 00	Due to other funds Other current liabilities	0		0 0	0	
00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2, 562, 061		0 0	0	
	LONG TERM LIABILITIES					
00	Mortgage payable	0		0 0	0	
00	Notes payable	0		0 0	0	
00	Unsecured Loans	0		0 0	0	
00 00	Loans from owners: Other long term liabilities	135, 289		0 0	0	
00	OTHER (SPECIFY)	0		0 0	0	
00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	135, 289		0 0	0	
00	TOTAL LIABILITIES (Sum of lines 43 and 50)	2, 697, 350		0 0	0	51
	CAPI TAL ACCOUNTS		[			1
00 00	General fund balance Specific purpose fund	-906, 646		0		52
00	Donor created - endowment fund balance - restricted			0		54
00	Donor created - endowment fund balance - restricted			0		55
00	Governing body created - endowment fund balance			0		56
00	Plant fund balance - invested in plant				0	
00	Plant fund balance - reserve for plant improvement,				0	58
00	replacement, and expansion	00/ / //			~	
00 00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-906, 646		0 0	0 0	
00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	1, 790, 704		y 0	0	1 00

Heal th	Financial Systems	EXCEL CARE AT	THE PINES		In Li	eu of Form CMS-2	2540-10
	IENT OF CHANGES IN FUND BALANCES			No.: 315317	Period: From 12/27/2021 To 12/31/2022	Worksheet G-1	pared:
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
						5.00	
1.00	Fund balances at beginning of period	1.00	2.00	3.00	4.00	5.00	1.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ \end{array}$	Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments) ADDITIONS Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) ROUNDING Total deductions (sum of lines 13 - 17)	863, 389 0 0 0 0 1 0 0 0 0 0 0 0	-1, 770, 034 -1, 770, 034 863, 389 -906, 645				$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ \end{array}$
19.00	Fund balance at end of period per balance sheet (Line 11 - Line 18)		-906, 646				19.00
		Endowment Fund	PI ant	Fund			
		6.00	7.00	8.00			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments) ADDITIONS	0	0 0 0 0 0		0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) ROUNDING Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance sheet (Line 11 - line 18)	0 0 0 0 0			0 0 0 0		10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

Heal th	Financial Systems	EXCEL CARE AT THE	PINES			In Lie	u of Form CMS-:	2540-10
	IENT OF PATIENT REVENUES AND OPERATING EXPENSE	ËS	Provi der	No.: 315317		iod: m 12/27/2021 12/31/2022	Worksheet G-2 Parts I-II Date/Time Pre 5/23/2023 9:5	pared:
	Cost Center Description			I npati ent		Outpati ent	Total	
				1.00		2.00	3.00	
	PART I – PATIENT REVENUES							
	General Inpatient Routine Care Services							
1.00	SKILLED NURSING FACILITY			10, 744, 30	04		10, 744, 304	1.00
2.00	NURSING FACILITY				0		0	2.00
3.00	ICF/IID				0		0	3.00
4.00	OTHER LONG TERM CARE				0		0	4.00
5.00	Total general inpatient care services (Sum c	oflines 1 - 4)		10, 744, 30	04		10, 744, 304	5.00
	All Other Care Services							
6.00	ANCI LLARY SERVI CES			442, 78	86	0	442, 786	6.00
7.00	CLINIC					0	0	7.00
8.00	HOME HEALTH AGENCY COST					0	0	8.00
9.00	AMBULANCE					0	0	9.00
10.00	RURAL HEALTH CLINIC					0	0	10.00
10. 10	FQHC					0	0	10.10
11.00	СМНС					0	0	11.00
12.00	HOSPI CE				0	0	0	12.00
13.00	OTHER (SPECIFY)				0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) Worksheet G-3, Line 1)	(Transfer column 3	to	11, 187, 0	90	0	11, 187, 090	14.00
	Cost Center Description			1				
	· ·					1.00	2.00	
	PART II - OPERATING EXPENSES							
1.00	Operating Expenses (Per Worksheet A, Col. 3,	Line 100)					12, 596, 776	1.00
2.00	Add (Specify)	,				0		2.00
3.00						0		3.00
4.00						0		4.00
5.00						0		5.00
6.00						0		6,00
7.00						0		7.00
8.00	Total Additions (Sum of lines 2 - 7)						0	8.00
9,00	Deduct (Specify)					0	-	9.00
10.00						n n		10.00
11.00						n n		11.00
12.00						0		12.00
13.00						0		13.00
	Total Deductions (Sum of lines 9 - 13)					0	0	
	Total Operating Expenses (Sum of Lines 1 and	18 minus line 14)					12, 596, 776	
10.00					I	I	12, 0,0, 110	1 .0.00

Heal th	Financial Systems	EXCEL CARE AT THE	PINES	In Lie	u of Form CMS-2	2540-10
	IENT OF PATIENT REVENUES AND OPERATING EXPENSE	S	Provider No.: 315317	Peri od:	Worksheet G-3	
				From 12/27/2021		
				To 12/31/2022	Date/Time Prep 5/23/2023 9:54	
					072072020 7.0-	
					1.00	
1.00	Total patient revenues (From Wkst. G-2, Part	t I, col. 3, line 1	4)		11, 187, 090	1.00
2.00	Less: contractual allowances and discounts or	n patients accounts			371, 419	2.00
3.00	Net patient revenues (Line 1 minus line 2)				10, 815, 671	3.00
4.00	Less: total operating expenses (From Workshee	et G-2, Part II, li	ne 15)		12, 596, 776	4.00
5.00	Net income from service to patients (Line 3 m	minus 4)			-1, 781, 105	5.00
	Other income:					
6.00	Contributions, donations, bequests, etc				0	6.00
7.00	Income from investments				2, 571	7.00
8.00	Revenues from communications ( Telephone and	Internet service)			0	8.00
9.00	Revenue from television and radio service				0	9.00
10.00	Purchase di scounts				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 gues	sts			0	14.00
15.00	Revenue from rental of living quarters				0	15.00
16.00	Revenue from sale of medical and surgical sup		n patients		0	16.00
17.00	Revenue from sale of drugs to other than pati				0	17.00
18.00	Revenue from sale of medical records and abst				0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, e				0	19.00
20.00		nteen			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	NON PATIENT REVENUE				8, 500	24.00
24.50	COVI D-19 PHE Fundi ng				0	24.50
25.00	Total other income (Sum of lines 6 - 24)				11, 071	25.00
26.00	Total (Line 5 plus line 25)				-1, 770, 034	26.00
27.00	Other expenses (specify)				0	27.00
28.00					0	28.00
29.00					0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)				0	30.00
31.00	Net income (or loss) for the period (Line 26	minus line 30)			-1, 770, 034	31.00

# Eastern Pines Care & Rehabilitation Center DBA Excel Care at the Pines BALANCE SHEET December 31, 2022

# ASSETS

Cash Accounts Receivable (Net) Prepaid Expenses	\$	546,982 1,600,853 9,630		
TOTAL CURRENT ASSETS			\$	2,157,465
FIXED ASSETS:				
Leasehold Improvements Furniture & Equipment	_	317,853 <u>3,646</u> 321,499		
Less: Accum. Depreciation & Amortization	_	10,960		
TOTAL FIXED ASSETS				310,539
OTHER ASSETS:				
Security Deposits Patients' Trust Fund	_	10,412 71,932		
TOTAL OTHER ASSETS				82,344
TOTAL ASSETS			\$	2,550,348

# Eastern Pines Care & Rehabilitation Center DBA Excel Care at the Pines BALANCE SHEET December 31, 2022

# LIABILITIES & EQUITY

# CURRENT LIABILITIES:

Notes & Loans Payable Accounts Payable Accrued Payroll Accrued Expenses & Taxes Due to Prior Owner Other Payables Exchanges Due To Third Party Payors Loans Payable - Related Parties Patients' Security Deposits TOTAL CURRENT LIABILITIES	486,077 833,945 288,610 363,069 42,985 862,889 600,823 124,826 707,204 9,455	\$ 4,319,883
MEMBERS' DEFICIT		 (1,769,535)
TOTAL LIABILITIES & MEMBERS' DEFICIT		\$ 2,550,348

# Eastern Pines Care & Rehabilitation Center DBA Excel Care at the Pines STATEMENT OF OPERATIONS For the year ended December 31, 2022

TOTAL REVENUE FROM PATIENTS:			\$	10,750,671
OPERATING EXPENSES:				
Payroll	\$	5,070,260		
Employee Benefits		764,906		
Professional Care		1,428,538		
Dietary & Housekeeping		520,632		
Plant & Maintenance		2,697,524		
General & Administrative	_	2,049,917		
TOTAL OPERATING EXPENSES				12,531,777
LOSS FROM OPERATIONS				(1,781,106)
OTHER INCOME				11,571
NET LOSS			\$	(1,769,535)

# Eastern Pines Care & Rehabilitation Center DBA Excel Care at the Pines STATEMENT OF MEMBERS' DEFICIT For the year ended December 31, 2022

MEMBERS' DEFICIT:

Balance as of Beginning of Period	\$ -
Net Loss for the Period	 (1,769,535)
TOTAL MEMBERS' DEFICIT - END OF PERIOD	\$ (1,769,535)

# Eastern Pines Care & Rehabilitation Center DBA Excel Care at the Pines STATEMENT OF CASH FLOWS For the year ended December 31, 2022

CASH FLOWS FROM OPERATING ACTIVITIES	S:			
NET LOSS: Adjustments to reconcile Net Loss to Net Cash Provided by Operating Activities:				\$ (1,769,535)
Depreciation & Amortization Bad Debt Provision				10,960 65,000
(INCREASE) DECREASE IN: Accounts Receivable Prepaid Expenses	\$	(1,665,853) (9,630)		
INCREASE (DECREASE) IN: Accounts Payable Accrued Payroll & Withholding Taxes Accrued Expenses & Taxes Other Payables Medicare Advance Payments Due to Third Party Payors Patients' Security Deposits Exchanges Due to Prior Owner		833,945 174,122 363,069 1,151,608 (174,231) 124,826 9,455 600,823 42,985		
TOTAL ADJUSTMENTS				 1,451,119
NET CASH USED IN OPERATING ACTIVITIES				(242,456)
CASH FLOWS FROM INVESTING ACTIVITIES: Capital Expenditures Other Assets NET CASH USED IN INVESTING ACTIVITIES		(321,499) (82,344)		(403,843)
CASH FLOWS FROM FINANCING ACTIVITIES Increase In Short Term Debt Loans Payable - Related Parties NET CASH PROVIDED BY FINANCING ACTIVIT	TIES	486,077 707,204		 1,193,281
NET CHANGE IN CASH				546,982
CASH - BEGINNING OF PERIOD				 
CASH - END OF PERIOD			:	\$ 546,982