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

			Exp11 03. 12/01/2021
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 315354	From 01/01/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/29/2023 4:11 pm

			3/29	7/2023 4. II PIII
PART I - COST I	REPORT STATUS			
Provi der	1. [ X ] Electronically prepared cost rep	ort	Date: 5/29/2023	Time: 4:11 pr
use only	2. [ ] Manually prepared cost report			
	3. [ 0 ] If this is an amended report ent	er the number of times the	provider resubmitted this cos	st report
	3.01 [ ] No Medicare Utilization. Enter "	Y" for yes or leave blank f	for no.	
Contractor	4. [ 1 ]Cost Report Status	6. Contractor No.		
use only	(1) As Submitted	7. [ N ] First Cost Report f	for this Provider CCN	
	(2) Settled without audit	8. [ N ] Last Cost Report fo	or this Provider CCN	
	(3) Settled with audit	9. NPR Date:		
	(4) Reopened	10.[ 0 llf line 4. column 1	 1 is "4": Enter number of time	es reopened
	(5) Amended	11. Contractor Vendor Code		
	5. Date Received:		on. Enter "F" for full, "L" for	or low, or "N"

## 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 SUNNYSIDE MANOR (315354) for the cost reporting period beginning 01/01/2022 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		
		1	2	SI GNATURE STATEMENT	
1	Jol	nn Keane	l t	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	John Keane			2
3	Signatory Title	VI CE PRESI DENT			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	0	0	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 FOHC I	0		0		6. 00
7.00	SNF - BASED CMHC I	0		0		7. 00
100.00	TOTAL	0	0	0	0	100.00
Tho ob	pays amounts represent "due to" or "due from" the applicable	program for th	a alamant of t	he shows comple	ov indicated	

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.

Health Financial Systems SUNNYSI DE MANOR In Lieu of Form CMS-2540-10 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315354 Peri od: Worksheet S-2 From 01/01/2022 COMPLEX INDENTIFICATION DATA Part I Date/Time Prepared: 12/31/2022 5/29/2023 4:11 pm 3.00 Skilled Nursing Facility and Skilled Nursing Facility Complex Address: 1.00 Street: 2500 RIDGEWOOD ROAD PO Box: 1.00 2.00 City: WALL State: NJ Zi p Code: 07719 2.00 3.00 County: MONMOUTH CBSA Code: 35154 Urban/Rural: U 3.00 3. 01 CBSA Code: 3. 01 Component Name Provi der Date Payment System (P, CCN Certi fi ed 0, or N) XVIII 4.00 5.00 6.00 1.00 2.00 3. 00 SNF and SNF-Based Component Identification: 4.00 SNF SUNNYSI DE MANOR 315354 05/08/1996 N Р 0 4.00 5.00 Nursing Facility 5.00 6.00 I CF/IID 6 00 7.00 SNF-Based HHA 7.00 8.00 SNF-Based RHC 8.00 9.00 SNF-Based FQHC 9.00 SNF-Based CMHC 10 00 10 00 11.00 SNF-Based OLTC 11.00 12.00 SNF-Based HOSPICE 12.00 13.00 SNF-Based CORF 13.00 From: To 1. 00 2.00 12/31/2022 14.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2022 14.00 15.00 Type of Control (See Instructions) 15.00 Y/N 1.00 Type of Freestanding Skilled Nursing Facility 16.00 Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR N 16.00 section 483.5? 17.00 Is this a composite distinct part skilled nursing facility that meets the requirements set forth in N 17.00 42 CFR section 483.5? Are there any costs included in Worksheet A that resulted from transactions with related 18.00 18.00 organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1 Miscellaneous Cost Reporting Information 19.00 If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no. N 19.00 19.01 If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22. 19.01 20.00 Straight Line 920, 825 20.00 21.00 Declining Balance 21.00 22.00 Sum of the Year's Digits 22.00 Sum of line 20 through 22 23 00 920, 825 23 00 24.00 If depreciation is funded, enter the balance as of the end of the period. 24.00 Were there any disposal of capital assets during the cost reporting period? (Y/N) 25.00 Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? 26,00 N 26,00 (Y/N)27.00 Did you cease to participate in the Medicare program at end of the period to which this cost report N 27 00 applies? (Y/N) 28.00 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost N 28.00 reports? (Y/N) Part AlPart BlOther 1.00 | 2.00 | 3.00 If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption. 29.00 Skilled Nursing Facility 29.00 Ν 30.00 Nursing Facility Ν 30.00 31.00 | ICF/IID 31.00 32.00 SNF-Based HHA Ν Ν 32.00 33.00 SNF-Based RHC 33 00 34.00 SNF-Based FQHC 34.00 35.00 SNF-Based CMHC 35.00 Ν 36.00 SNF-Based OLTC <u>36. 0</u>0 Y/N 1.00 2.00 37.00 Is the skilled nursing facility located in a state that certifies the provider as a SNF 37. 00 regardless of the level of care given for Titles V & XIX patients? (Y/N) Are you legally-required to carry malpractice insurance? (Y/N) Is the malpractice a "claims-made" or "occurrence" policy? If the policy is Ν 38.00 38, 00 39.00 39.00 <u>"claims-made" enter 1. If the policy is "occurrence", enter 2.</u> Self Insurance Premi ums Pai d Losses 1.00 2.00 3.00 41.00 List malpractice premiums and paid losses: 0 41 00

SUNNYSIDE MANOR In Lieu of Form CMS-25	of Form CMS-2540-10
TY HEALTH CARE Provider No.: 315354 Period: Worksheet S-2	Worksheet S-2
From 01/01/2022   Part I	
	Date/Time Prepared:
5/29/2023 4: 11	5/29/2023 4:11 pm
Y/N	Y/N
1.00	1. 00
orted in other than the Administrative and General cost N	N 42.00
submit supporting schedule listing cost centers and	
CMS Pub. 15-1, Chapter 10?	N 43.00
n number and enter the name and address of the home	44. 00
2.00 3.00	
ion, enter the name and address of the home office on the lines	lines
ctor's Name: Contractor's Number:	45. 00
:	46. 00
Zi p Code:	47. 00
1.00  Inted in other than the Administrative and General cost submit supporting schedule listing cost centers and in CMS Pub. 15-1, Chapter 10?  In number and enter the name and address of the home  2.00  3.00  Ition, enter the name and address of the home office on the lines actor's Name:  Contractor's Number:	1.00 N 42. N 43. 44. Hines

	Financial Systems D NURSING FACILITY AND SKILLED NURSING FACILI	SUNNYSI DE MAN		No.: 315354	In Li∈ Period:	eu of Form CMS- Worksheet S-2	
	X REIMBURSEMENT QUESTI ONNAI RE	TI HEALTH OAKE	T T OVT GCT		From 01/01/2022 To 12/31/2022	Part II Date/Time Pre	epared:
					Y/N	5/29/2023 4: 1 Date	I I DIII
	General Instruction: For all column 1 respons	ses enter in column	1 "V" fo	r Ves or "N" i	1.00	2.00	
	responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites	303 CITCLE THE COLUMN	1, 1 10	1 103 01 14	NO. FOR diff	The date	
1. 00	Provider Organization and Operation Has the provider changed ownership immediate	ly prior to the begi	nni ng of	the cost	N		1.00
	reporting period? If column 1 is "Y", enter	the date of the char	nge in col	umn 2. (see			
	instructions)	-		Y/N	Date	V/I	
2.00	Hee the provider terminated participation in	the Medicare Droger	-m2 l.f	1. 00 N	2. 00	3. 00	2.00
2. 00	Has the provider terminated participation in column 1 is yes, enter in column 2 the date			IN IN			2.00
3. 00	3, "V" for voluntary or "I" for involuntary. Is the provider involved in business transac	tions including ma	agamont	Υ			3.00
3.00	contracts, with individuals or entities (e.g			'			3.00
	or medical supply companies) that are relate						
	officers, medical staff, management personne of directors through ownership, control, or						
	relationships? (see instructions)	-		V /N	Turno	Do+o	
				Y/N 1.00	7ype 2. 00	3. 00	
4.00	Financial Data and Reports		D. Is I. I				4.60
4. 00	Column 1: Were the financial statements prep Accountant? (Y/N) Column 2: If yes, enter "A			Υ	С		4. 00
	Compiled, or "R" for Reviewed. Submit comple	te copy or enter da	te				
5. 00	available in column 3. (see instructions) If Are the cost report total expenses and total	-		N			5.00
0.00	those on the filed financial statements? If						0.00
	reconciliation.				Y/N	Legal Oper.	
					1. 00	2. 00	
6. 00	Approved Educational Activities Column 1: Were costs claimed for Nursing Sch	ool 2 (Y/N) Column 2:	Is the	nrovider the	N	l N	6.00
	legal operator of the program? (Y/N)	, ,		provider the			
7. 00 8. 00	Were costs claimed for Allied Health Program Were approvals and/or renewals obtained duri			for Nursina	N N		7. 00
	School and/or Allied Health Program? (Y/N) s		.g po ou				0.00
						1. 00	
	Bad Debts						
9. 00 10. 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb				t reporting	N N	9.00
	period? If "Y", submit copy.		-	-			
11. 00	If line 9 is "Y", are patient deductibles an Bed Complement	d/or coinsurance wai	ved? If "	Y", see instr	ucti ons.	N N	11. 00
12. 00	Have total beds available changed from prior	cost reporting per	od? If "Y			N	12. 00
		Descriptio	2	Pa Y/N	rt A Date	Part B Y/N	
		0	ı I	1.00	2. 00	3. 00	
13. 00	PS&R Data Was the cost report prepared using the PS&R			Υ	05/24/2023	Υ	13. 00
13.00	only? If either col. 1 or 3 is "Y", enter			'	03/24/2023	T T	13.00
	the paid through date of the PS&R used to prepare this cost report in cols. 2 and						
	4. (see Instructions.)						
14. 00	Was the cost report prepared using the PS&R			N		N	14. 00
	for total and the provider's records for allocation? If either col. 1 or 3 is "Y"						
	enter the paid through date of the PS&R used						
	to prepare this cost report in columns 2 and 4.						
15. 00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that			N		N	15. 00
	have been billed but are not included on the						
	PS&R used to file this cost report? If "Y", see Instructions.						
16. 00	If line 13 or 14 is "Y", then were			N		N	16. 00
	adjustments made to PS&R data for						
	corrections of other PS&R Report information? If yes, see instructions.						
17. 00	If line 13 or 14 is "Y", then were			N		N	17. 00
	adjustments made to PS&R data for Other? Describe the other adjustments:						
18. 00	Was the cost report prepared only using the			N		N	18. 00
	provider's records? If "Y" see Instructions.					I	1

Health Financial Systems SUNNYSIDE			IOR	In Lie	u of Form CMS-	2540-10
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE				Period: Worksheet S From 01/01/2022 Part II To 12/31/2022 Date/Time Pi 5/29/2023 4:		pared:
			1. 00	2.	00	
	Cost Report Preparer Contact Information					
19.00	Enter the first name, last name and the title/position	KATH	LEEN	MESKER		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 report	HEAL	TH CARE RESOURCES			20. 00
	preparer.					
21. 00	Enter the telephone number and email address of the cost	609-	987-1440	KATHLEEN. MESKER	R@HCRNJ. NET	21. 00
	report preparer in columns 1 and 2, respectively.					

 
 Heal th
 Financial
 Systems
 SUNNYSIDE

 SKILLED
 NURSING
 FACILITY
 AND
 SKILLED
 NURSING
 FACILITY
 HEALTH CARE
 SUNNYSI DE MANOR Provi der No.: 315354

| Period: | Worksheet S-2 | From 01/01/2022 | Part II | Date/Time Prepared: | 5/29/2023 4:11 pm COMPLEX REIMBURSEMENT QUESTIONNAIRE

				5/29/2023 4:1	ı pili
		Part B			
		Date			
		4. 00			
	PS&R Data				
13.00	Was the cost report prepared using the PS&R	05/24/2023			13. 00
	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.)				
14.00	Was the cost report prepared using the PS&R				14. 00
	for total and the provider's records for				
	allocation? If either col. 1 or 3 is "Y"				
	enter the paid through date of the PS&R used				
	to prepare this cost report in columns 2 and				
	4.				
15. 00					15. 00
	made to PS&R data for additional claims that				
	have been billed but are not included on the				
	PS&R used to file this cost report? If "Y", see Instructions.				
16. 00	If line 13 or 14 is "Y", then were				16. 00
10.00	adjustments made to PS&R data for				10.00
	corrections of other PS&R Report				
	information? If yes, see instructions.				
17. 00					17. 00
	adjustments made to PS&R data for Other?				
	Describe the other adjustments:				
18.00					18. 00
	provider's records? If "Y" see Instructions.				
			3. 00		
	Cost Report Preparer Contact Information				
19.00	Enter the first name, last name and the title		PREPARER		19. 00
	held by the cost report preparer in columns 1	I, 2, and 3,			
	respecti vel y.				
20. 00	Enter the employer/company name of the cost r	report			20. 00
	preparer.	6.11			
21. 00	Enter the telephone number and email address				21. 00
	report preparer in columns 1 and 2, respective	very.	I		I

In Lieu of Form CMS-2540-10 SUNNYSI DE MANOR Provi der No.: 315354

Health Financial Systems SUNNYSIDE SKILLED NURSING FACILITY HEALTH CARE COMPLEX STATISTICAL DATA

				10	3 12/31/2022	5/29/2023 4: 11	
				I npa	atient Days/Vis	si ts	
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4. 00	5. 00	
1.00	SKILLED NURSING FACILITY	60	21, 900	1	1, 736		1.00
2. 00 3. 00	NURSING FACILITY	0	0			0 0	2. 00 3. 00
4. 00	HOME HEALTH AGENCY COST			1	0	0	4. 00
5. 00	Other Long Term Care	92	33, 580	Ĭ	· ·	Ĭ	5. 00
6.00	SNF-Based CMHC						6.00
7.00	HOSPI CE	0	0		0	0	7. 00
8. 00	Total (Sum of lines 1-7)	152 Inpatient D		0	1, 736 Di scharges	3, 688	8. 00
		The trent b	7ay37 VI 3I 13		Di Schai ges		
	Component	Other	Total	Title V	Title XVIII	Title XIX	
1.00	CVILLED NURCING FACILLETY	6.00	7.00	8.00	9. 00	10.00	4 00
1. 00 2. 00	SKILLED NURSING FACILITY NURSING FACILITY	8, 622	14, 046 0		35	8 0	1. 00 2. 00
3.00	ICF/IID	0	0			0	3. 00
4.00	HOME HEALTH AGENCY COST	0	0				4. 00
5.00	Other Long Term Care	27, 678	27, 678				5. 00
6.00	SNF-Based CMHC HOSPICE		0	0	0	o	6. 00
7. 00 8. 00	Total (Sum of lines 1-7)	36, 300		_	35	8	7. 00 8. 00
0.00	Total (Sam of Tries 17)	Di sch			age Length of		0.00
		2					
	Component	0ther 11.00	Total 12.00	Title V 13.00	Title XVIII 14.00	Title XIX 15.00	
1. 00	SKILLED NURSING FACILITY	38			49. 60		1. 00
2. 00	NURSING FACILITY	0	0	1	.,, 00	0.00	2. 00
3.00	ICF/IID	0	0			0.00	3. 00
4.00	HOME HEALTH AGENCY COST						4. 00
5. 00 6. 00	Other Long Term Care SNF-Based CMHC	U	0				5. 00 6. 00
7. 00	HOSPI CE	0	0	0.00	0.00	0.00	7. 00
8.00	Total (Sum of lines 1-7)	38				461.00	8. 00
		Average Length of Stay		Admi s	si ons		
	Component	Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17. 00	18. 00	19. 00	20.00	
1.00	SKILLED NURSING FACILITY	173. 41	0		1	25	1. 00
2. 00 3. 00	NURSING FACILITY	0. 00 0. 00			0	0 0	2. 00 3. 00
4. 00	HOME HEALTH AGENCY COST	0.00			0	١	4. 00
5. 00	Other Long Term Care	0.00				o	5. 00
6.00	SNF-Based CMHC						6. 00
7.00	HOSPICE	0.00	0	_	0		7. 00
8. 00	Total (Sum of lines 1-7)	515. 11 Admi ssi ons	Full Time	Equi val ent	<u> </u>	25	8. 00
	Component	Total	Employees on	Nonpai d			
	Component	Total	Payrol I	Workers			
		21. 00	22. 00	23. 00			
1.00	SKILLED NURSING FACILITY	74					1.00
2. 00 3. 00	NURSING FACILITY	0					2. 00 3. 00
4. 00	HOME HEALTH AGENCY COST		0.00				4. 00
5.00	Other Long Term Care	0	68. 70	0.00		j	5.00
6.00	SNF-Based CMHC		0.00				6. 00
7.00	HOSPICE Total (Sum of lines 1-7)	0 74		l .			7. 00 8. 00
8. 00	Total (Sull Of Titles 1-7)	1 /4	117. 70	0.00		l	0.00

Health Financial Systems
SNF WAGE INDEX INFORMATION SUNNYSI DE MANOR Provi der No.: 315354

				T	o 12/31/2022	Date/Time Pre 5/29/2023 4:1	
		Amount	Reclass. of	Adj usted	Pai d Hours	Average Hourly	ı pili
		Reported		Sal ari es (col.		Wage (col. 3 ÷	
			Worksheet A-6		Salary in col.	col . 4)	
				<b>'</b>	3		
		1.00	2.00	3.00	4. 00	5. 00	
	PART II - DIRECT SALARIES						
	SALARI ES						
1.00	Total salaries (See Instructions)	6, 493, 872	0	6, 493, 872	· ·	l e	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		3. 00
4.00	Home office personnel	0	0	0	0.00		4. 00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5. 00
6.00	Revised wages (line 1 minus line 5)	6, 493, 872	0	6, 493, 872	248, 707. 00	26. 11	6. 00
7.00	Other Long Term Care	1, 644, 103	0	1, 644, 103	79, 226. 00	20. 75	7. 00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8. 00
9.00	CMHC	0	0	0	0.00	0.00	9. 00
10.00	HOSPI CE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11. 00
12.00	Subtotal Excluded salary (Sum of lines 7	1, 644, 103	0	1, 644, 103	79, 226. 00	20. 75	12.00
	through 11)						
13.00	Total Adjusted Salaries (line 6 minus line	4, 849, 769	0	4, 849, 769	169, 481. 00	28. 62	13.00
	12)						
	OTHER WAGES & RELATED COSTS						
14. 00	Contract Labor: Patient Related & Mgmt	257, 896	0	257, 896		l	14. 00
15. 00	Contract Labor: Physician services-Part A	0	0	0	0.00		15. 00
16. 00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16. 00
	WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1, 591, 213	0	1, 591, 213			17. 00
18. 00	Wage-related costs other (See Part IV)	0	0	0			18. 00
19.00	Wage related costs (excluded units)	406, 751	0	406, 751			19. 00
20.00	Physician Part A - WRC	0	0	0			20. 00
21.00	Physician Part B - WRC	0	0	0			21. 00
22. 00	Total Adjusted Wage Related cost (see	1, 184, 462	0	1, 184, 462			22. 00
	instructions)						

Health Financial Systems
SNF WAGE INDEX INFORMATION SUNNYSI DE MANOR

				ļ	0 12/31/2022	5/29/2023 4:1	
	·	Amount	Reclass. of	Adj usted	Pai d Hours	Average Hourly	
		Reported		Sal ari es (col.		Wage (col. 3 ÷	
		Nopol tou	Worksheet A-6	,	Salary in col.		
					3	.,	
		1. 00	2. 00	3.00	4. 00	5. 00	
	PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	761, 012	0	761, 012	22, 389. 00	33. 99	2.00
3.00	Plant Operation, Maintenance & Repairs	245, 551	0	245, 551	11, 819. 00	20. 78	3.00
4.00	Laundry & Li nen Servi ce	0	0	0	0.00	0.00	4.00
5.00	Housekeepi ng	41, 676	0	41, 676	1, 771. 00	23. 53	5.00
6.00	Di etary	924, 571	0	924, 571	41, 358. 00	22. 36	6.00
7.00	Nursing Administration	293, 264	0	293, 264	4, 392. 00	66. 77	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11. 00	Soci al Servi ce	174, 106	0	174, 106	2, 080. 00	83. 70	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	241, 642	0	241, 642	12, 042. 00	20. 07	13.00
14.00	Total (sum lines 1 thru 13)	2, 681, 822	0	2, 681, 822	95, 851. 00	27. 98	14.00

Health Financial Systems	SUNNYSI DE MANOR	In Lie	u of Form CMS-2540-10
SNF WAGE RELATED COSTS	Provi der No.: 315354	From 01/01/2022	Worksheet S-3 Part IV Date/Time Prepared:

18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes  OTHER  18.00 Medicare Taxes - Employers Portion Only 92.9 116, 6	
PART IV - WAGE RELATED COSTS Part A - Core List RETIREMENT COST  401K Employer Contributions 172,9  2.00 Tax Shel tered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost Prior Year Pension Service Cost PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  5.00 401K/TSA Plan Administration fees Legal /Accounting/Management Fees-Pension Plan  7.00 Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST Health Insurance (Purchased or Self Funded)  9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion TAXES  17.00 FICA-Employers Portion Only 18.00 Unemployment Insurance State or Federal Unemployment Taxes 116.00 State or Federal Unemployment Taxes 116.00 OTHER	
PART IV - WAGE RELATED COSTS Part A - Core List RETIREMENT COST  1.00 401K Employer Contributions 172,5  2.00 Tax Sheltered Annuity (TSA) Employer Contribution 2.00 Qualified and Non-Qualified Pension Plan Cost 4.00 Prior Year Pension Service Cost PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  4.01K/TSA Plan Administration fees 6.00 Legal /Accounting/Management Fees-Pension Plan Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST 8.00 Health Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES 17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes 116.60 State or Federal Unemployment Taxes 116.60 THER	
Part A - Core List RETIREMENT COST  1.00	
RETIREMENT COST  1.00 401K Employer Contributions 172, 9  Tax Sheltered Annuity (TSA) Employer Contribution  Qualified and Non-Qualified Pension Plan Cost  4.00 Prior Year Pension Service Cost  PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  5.00 401K/TSA Plan Administration fees  6.00 Legal /Accounting/Management Fees-Pension Plan Employee Managed Care Program Administration Fees  HEALTH AND INSURANCE COST  8.00 Health Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) 17AXES 17.00 Medicare Taxes - Employers Portion Only 18.00 Unemployment Insurance State or Federal Unemployment Taxes 116.60 OTHER	
1.00 401K Employer Contributions 172,9 2.00 Tax Sheltered Annuity (TSA) Employer Contribution 2.00 Qualified and Non-Qualified Pension Plan Cost Prior Year Pension Service Cost PLAN ADMINISTRATIVE COSTS (Paid to External Organization) 4.00 Prior Year Pension Service Cost PLAN ADMINISTRATIVE COSTS (Paid to External Organization) 5.00 Legal /Accounting/Management Fees-Pension Plan Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST Health Insurance (Purchased or Self Funded) 7.00 Prescription Drug Plan 7.00 Dental Hearing and Vision Plan 7.00 Dental Hearing and Vision Plan 7.00 Disability Insurance (If employee is owner or beneficiary) 8.00 Disability Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) 7AXES 75.00 TiCA-Employers Portion Only 75.00 Medicare Taxes - Employers Portion Only 76.00 State or Federal Unemployment Taxes 75.00 Differ 76.00 State or Federal Unemployment Taxes 75.00 Differ 76.00 Differ	
2.00 Tax Sheltered Annuity (TSA) Employer Contribution 3.00 Qualified and Non-Qualified Pension Plan Cost Plor Year Pension Service Cost PLAN ADMINISTRATIVE COSTS (Paid to External Organization) 5.00 401K/TSA Plan Administration fees 6.00 Legal/Accounting/Management Fees-Pension Plan Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST 8.00 Health Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) 17AXES 17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes 116.60 OTHER	907 1.00
3.00 Qualified and Non-Qualified Pension Plan Cost 4.00 Prior Year Pension Service Cost PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  5.00 401K/TSA Plan Administration fees 6.00 Legal /Accounting/Management Fees-Pension Plan Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST 8.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES FICA-Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes 11.6 OTHER	0 2.00
4.00 Prior Year Pension Service Cost PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  401K/TSA Plan Administration fees 6.00 Legal /Accounting/Management Fees-Pension Plan 7.00 Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST  Health Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) 17.XES 17.00 Medicare Taxes - Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 116.60 OTHER	0 3.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  5.00 401K/TSA Plan Administration fees 6.00 Legal/Accounting/Management Fees-Pension Plan Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST  8.00 Heal th Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES  FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes 116.60 OTHER	0 4.00
5.00 401K/TSA Plan Administration fees 6.00 Legal /Accounting/Management Fees-Pension Plan 7.00 Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST 8.00 Health Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES 17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes 116.60 OTHER	
Legal /Accounting/Management Fees-Pensi on Plan  Employee Managed Care Program Administration Fees  HEALTH AND INSURANCE COST  8.00 Heal th Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)  TAXES  17.00 Medicare Taxes - Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes  116.60 OTHER	0 5.00
Employee Managed Care Program Administration Fees  HEALTH AND INSURANCE COST  8.00 Heal th Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.  Non cumulative portion)  TAXES  17.00 Medicare Taxes - Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes 116,60  OTHER	0 6.00
HEALTH AND INSURANCE COST  8.00 Health Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES  17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes 116,60 OTHER	0 7.00
8.00 Health Insurance (Purchased or Self Funded) 9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES 17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes 116,60 OTHER	
9.00 Prescription Drug Plan 10.00 Dental, Hearing and Vision Plan 11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.  Non cumulative portion) TAXES  17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes 116,60 OTHER	417 8.00
10.00 Dental, Hearing and Vision Plan  11.00 Life Insurance (If employee is owner or beneficiary)  12.00 Accident Insurance (If employee is owner or beneficiary)  13.00 Disability Insurance (If employee is owner or beneficiary)  14.00 Long-Term Care Insurance (If employee is owner or beneficiary)  15.00 Workers' Compensation Insurance  Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.  Non cumulative portion)  TAXES  17.00 FICA-Employers Portion Only  Medicare Taxes - Employers Portion Only  Unemployment Insurance  State or Federal Unemployment Taxes  116,60  OTHER	0 9.00
11.00 Life Insurance (If employee is owner or beneficiary) 12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES 17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes 116,60 OTHER	0 10.00
12.00 Accident Insurance (If employee is owner or beneficiary) 13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)  TAXES  17.00 FICA-Employers Portion Only Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes  116,6  OTHER	
13.00 Disability Insurance (If employee is owner or beneficiary) 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) 15.00 Workers' Compensation Insurance Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES  17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes  116,60  OTHER	0 12.00
14.00 Long-Term Care Insurance (If employee is owner or beneficiary)  15.00 Workers' Compensation Insurance Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)  TAXES  17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance State or Federal Unemployment Taxes  116,60  OTHER	0 13.00
15.00 Workers' Compensation Insurance Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) TAXES  17.00 FICA-Employers Portion Only 18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes  OTHER	0 14.00
16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.  Non cumulative portion)  TAXES  17.00 FICA-Employers Portion Only  18.00 Medicare Taxes - Employers Portion Only  19.00 Unemployment Insurance  State or Federal Unemployment Taxes  OTHER	
Non cumulative portion) TAXES  17. 00 FI CA-Employers Portion Only  18. 00 Medicare Taxes - Employers Portion Only  19. 00 Unemployment Insurance  20. 00 State or Federal Unemployment Taxes  OTHER	0 16.00
TAXES  17. 00 FI CA-Employers Portion Only 396, C 18. 00 Medicare Taxes - Employers Portion Only 92, 9 19. 00 Unemployment Insurance 20. 00 State or Federal Unemployment Taxes 0THER	
18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes OTHER  Medicare Taxes - Employers Portion Only 92, 9 116, 6	
18. 00       Medi care Taxes - Employers Portion Only       92, 9         19. 00       Unemployment Insurance         20. 00       State or Federal Unemployment Taxes       116, 6         OTHER       0	052 17.00
19. 00 Unemployment Insurance 20. 00 State or Federal Unemployment Taxes OTHER	920 18.00
20. 00 State or Federal Unemployment Taxes 116, 6	0 19.00
OTHER	683 20.00
21.00 Executive Deferred Compensation	0 21.00
22.00 Day Care Cost and Allowances	0 22.00
23.00 Tuition Reimbursement	0 23.00
24.00 Total Wage Related cost (Sum of lines 1 - 23)	213 24.00
Amount	
Reported	
1.00	
Part B - Other than Core Related Cost	
25.00 OTHER WAGE RELATED COSTS (SPECIFY)	0 25.00

Health Financial Systems
SNF REPORTING OF DIRECT CARE EXPENDITURES SUNNYSI DE MANOR

Provi der No.: 315354

In Lieu of Form CMS-2540-10
Period: Worksheet S-3
From 01/01/2022 Part V

				Τ̈́	0 12/31/2022	Date/Time Prep 5/29/2023 4:1	pared:
	Occupational Category	Amount	Fri nge	Adj usted	Paid Hours	Average Hourly	i piii
	g,	Reported		Salaries (col.		Wage (col. 3 ÷	
					Salary in col.	col . 4)	
				<u> </u>	3	,	
		1.00	2.00	3.00	4. 00	5. 00	
	Direct Salaries						
	Nursing Occupations						
1.00	Registered Nurses (RNs)	408, 788	74, 562		· ·		1. 00
2.00	Licensed Practical Nurses (LPNs)	411, 267	75, 014		,		2. 00
3.00	Certified Nursing Assistant/Nursing	1, 347, 893	245, 852	1, 593, 745	48, 672. 00	32. 74	3.00
	Assi stants/Ai des						
4.00	Total Nursing (sum of lines 1 through 3)	2, 167, 948	395, 428	2, 563, 376	i i		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	Physi cal Therapy Ai des	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	Respiratory Therapists	0	0				12.00
13. 00	Other Medical Staff	0	0	0	0.00	0.00	13. 00
	Contract Labor Nursing Occupations						
14. 00	Registered Nurses (RNs)	720		720	8.00	90.00	14. 00
15. 00	Licensed Practical Nurses (LPNs)	134, 700		134, 700			15. 00
16. 00	Certified Nursing Assistant/Nursing	17, 105		17, 105	i i		16. 00
10.00	Assi stants/Ai des	17, 103		17, 103	311.00	33.00	10.00
17. 00	Total Nursing (sum of lines 14 through 16)	152, 525		152, 525	2, 115. 00	72. 12	17. 00
18. 00	Physical Therapists	0		0	0.00		18. 00
19. 00	Physical Therapy Assistants	o		0	0.00	0.00	19. 00
20.00	Physical Therapy Aides	o		0	0.00	0.00	20. 00
21. 00	Occupational Therapists	o		0	0.00	0.00	21. 00
22. 00	Occupational Therapy Assistants	o		0	0.00	0.00	22. 00
23.00	Occupational Therapy Aides	o		0	0.00	0.00	23. 00
24.00	Speech Therapists	0		0	0.00	0.00	24. 00
25.00	Respi ratory Therapi sts	0		0	0.00	0.00	25. 00
26. 00	Other Medical Staff	0		0	0.00	0.00	26. 00
		·					

Peri od: Worksheet S-7 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/29/2023 4:11 pm

	) 12/31/2022	5/29/2023 4:1	
	Group	Days	
100	1. 00	2. 00	1.00
1.00	RUX		1.00
2. 00 3. 00	RUL RVX		2. 00 3. 00
4.00	RVL		4. 00
5. 00	RHX		5. 00
6.00	RHL		6. 00
7.00	RMX		7. 00
8.00	RML		8. 00
9.00	RLX		9.00
10. 00 11. 00	RUC RUB		10. 00 11. 00
12. 00	RUA		12.00
13. 00	RVC		13. 00
14. 00	RVB		14. 00
15. 00	RVA		15. 00
16. 00	RHC		16. 00
17. 00	RHB		17. 00
18. 00 19. 00	RHA RMC		18. 00 19. 00
20. 00	RMB		20.00
21. 00	RMA		21. 00
22. 00	RLB		22. 00
23. 00	RLA		23. 00
24. 00	ES3		24. 00
25. 00 26. 00	ES2 ES1		25. 00 26. 00
27. 00	HE2		27. 00
28. 00	HE1		28. 00
29. 00	HD2		29. 00
30. 00	HD1		30.00
31.00	HC2		31.00
32. 00 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	LD2		37.00
38. 00	LD1		38. 00
39. 00 40. 00	LC2 LC1		39. 00 40. 00
41. 00	LB2		41. 00
42. 00	LB1		42. 00
43. 00	CE2		43. 00
44. 00	CE1		44. 00
45. 00 46. 00	CD2 CD1		45. 00 46. 00
47. 00	CC2		47. 00
48. 00	CC1		48. 00
49. 00	CB2		49. 00
50. 00	CB1		50.00
51. 00	CA2		51.00
52.00	CA1		52.00
53. 00 54. 00	SE3 SE2		53. 00 54. 00
55. 00	SE1		55. 00
56. 00	SSC		56. 00
57. 00	SSB		57. 00
58.00	SSA		58. 00
59. 00 60. 00	I B2 I B1		59. 00 60. 00
61. 00	I A2		61.00
62. 00	I A1		62.00
63. 00	BB2		63. 00
64. 00	BB1		64. 00
65. 00	BA2		65.00
66. 00 67. 00	BA1 PE2		66. 00 67. 00
68. 00	PE1		68. 00
69. 00	PD2		69. 00
70. 00	PD1		70. 00
71. 00	PC2		71.00
72. 00 73. 00	PC1 PB2		72.00
73.00	PB1		73. 00 74. 00
75. 00	PA2		75. 00
·			

Health Financial Systems	SUNNYSI DE MANOR		In Lie	u of Form CMS-	2540-10
PROSPECTI VE PAYMENT FOR SNF STATISTICAL DATA	Provi de	No.: 315354	Peri od:	Worksheet S-7	,
			From 01/01/2022 To 12/31/2022	Date/Time Pre 5/29/2023 4:1	
			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 Vol payments beginning 10/01/2003. Congress expect expenses. For lines 101 through 106: Enter in column 2 the percentage of total expenses for line 1, column 3. Indicate in column 3 "Y" for with direct patient care and related expenses (See instructions)	ed this increase to be use column 1 the amount of the each category to total SNF yes or "N" for no if the	d for direct per expense for expense from spending refle	oatient care and each category. Er Worksheet G-2, F ects increases as	related hter in Part I, ssociated	
101.00  Staffi ng 102.00  Recrui tment					101. 00 102. 00
103.00 Retention of employees					103. 00
104.00 Training					104. 00
105. 00 OTHER (SPECIFY)					105. 00
106.00 Total SNF revenue (Worksheet G-2, Part I, Line	e 1. column 3)				106. 00

COST CENTED DESCRIPTION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES   Provider No.: 315356   Price 01/01/2020   From 0	Health Financial Systems	SUNNYSI DE N	IANOR		In Lie	eu of Form CMS-2	2540-10
Total (col.   Raciosace-Piece   Col.   Racio	RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	EXPENSES	Provi der				
Cost Center Description							narad.
Cost Center Description					0 12/31/2022		
	Cost Center Description	Salaries	Other	Total (col 1	Reclassificati		ı piii
SEMERAL SERVICE COST CENTERS	oost content boschiptron	Sur ur res	Other				
EMPRIL SERVICE COST CENTERS   1.00   2.00   3.00   4.00   5.00							
CENERAL SERVICE COST CENTERS					7		
1.00		1.00	2.00	3.00		5. 00	
2.00	GENERAL SERVICE COST CENTERS	*			*		
3.00   003000   EMPLOYEE RENEFITS   0   1,606,664   1,606,664   0   1,606,664   4.00   0.00   0.00   AMIN ISTRATIVE & GEBERAL   761,012   1,818,979   1,2,579,929   -21,015   2,558,914   4.00   0.0	1.00 00100 CAP REL COSTS - BLDGS & FLXTURES		1, 876, 525	1, 876, 525	21, 015	1, 897, 540	1. 00
4.00   00-400   ADMINISTRATIVE & GENERAL   761, 012   1,918, 917   2,579, 929   -21,015   2,588, 914   4,00   6.00   00-600   IAUT DEPERATION, MAINT. & REPAIRS   245,551   788,666   1,034,550   0   1,034,550   5,00   0.00   00-600   IAUT DEPERATION, MAINT. & REPAIRS   245,551   788,666   1,034,550   0   182,788   6.00   0.00	2.00 00200 CAP REL COSTS - MOVABLE EQUIPMENT		0	(	o	0	2. 00
5.00   00500   PLANT OPERATION, MAINT & REPAIRS   245, 551   788, 969   1,034, 520   0 1,034, 520   5,00   7.00   00700   LAMIDRY & LILEN SERVICE   41,676   395, 240   436, 916   0 436, 916   7,00   9.00   00700   HOUSEKEPING   41,671   877, 371   877, 371   8,00   745   0 1,801, 945   8,00   9.00   00900   DETARY   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00 00300 EMPLOYEE BENEFITS	0	1, 606, 664	1, 606, 664	1 0	1, 606, 664	3. 00
6.00   0.00600   JAJINDRY & LINEN SERVICE	4.00   00400   ADMINISTRATIVE & GENERAL	761, 012	1, 818, 917	2, 579, 929	-21, 015	2, 558, 914	4. 00
7. 00	5.00 00500 PLANT OPERATION, MAINT. & REPAIRS	245, 551	788, 969	1, 034, 520	0	1, 034, 520	5. 00
8. 00   008000   DIETARY   924, 571   877, 374   1, 801, 945   0   1, 801, 945   8   0   0   00900   NURSI NA ADMINI STRATI ON   293, 244   37, 791   331, 055   0   0   0   0   10, 00   10, 00   10, 00   0   0   0   0   0   0   0   0	6.00   00600 LAUNDRY & LINEN SERVICE	0	182, 788	182, 788	0	182, 788	6. 00
9.00 0.00900 (NURSI NG ADMINI STRATION 293, 264 37, 791 331,055 0 0 331,055 9,00 11.00 01100 (CENTRAL SERVICES & SUPPLY 0 0 0 0 0 0 0 11.00 11.00 11100 (PHARMACY 0 0 0 0 0 0 0 0 11.00 13.00 01300 (SECHRAL SERVICE 1 11.00 0 0 0 0 0 0 0 0 11.00 13.00 01300 (SUBLICAL SERVICE 1 174,106 0 174,106 1 0 174,106 1 13.00 15.00 01300 (SUSINA CAM ALLIED HEALTH EDUCATION 0 0 0 0 0 0 0 174,106 1 13.00 15.00 01500 (RUSSING ADM ALLIED HEALTH EDUCATION 0 0 0 0 0 0 0 0 174,106 1 13.00 115.00 01500 (RUSSING ADM ALLIED HEALTH EDUCATION 0 0 0 0 0 0 0 0 174,106 1 13.00 115.00 01500 (RUSSING ADM ALLIED HEALTH EDUCATION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. 00   00700   HOUSEKEEPI NG	41, 676	395, 240	436, 916	0	436, 916	7. 00
10.0   01000   CONTRAL SERVICES & SUPPLY   0   0   0   0   0   10.00   11.00	8. 00   00800   DI ETARY	924, 571		1, 801, 945	0	1, 801, 945	8. 00
11.00   01100   PHARMACY	9.00 O0900 NURSING ADMINISTRATION	293, 264	37, 791	331, 055	0	331, 055	9. 00
12.00   01200   MEDICAL RECORDS & LI BRARY   0 0 0 0 174, 106   12.00   13.00   13.00   13.00   13.00   01300   SOCIAL SERVICE   174, 106   0 174, 106   0 174, 106   0 174, 106   0 174, 106   0 174, 106   13.00	10.00  01000 CENTRAL SERVICES & SUPPLY	0	0	(	0	0	10. 00
13.00   01300   0010A   SERVICE   174, 106   0   174, 106   0   174, 106   0   174, 106   13.00     14.00   01400   NURSING NOD ALLIED HEALTH EDUCATION   241, 642   135, 956   377, 598   0   377, 598   15.00     14.00   01500   RECEPCEATION   241, 642   135, 956   377, 598   0   377, 598   15.00     14.00   01500   NURSING FACILITY   2, 167, 947   250, 608   2, 418, 555   0   2, 418, 555   30.00     20.00   03000   NURSING FACILITY   0   0   0   0   0   0   0   31.00     20.00   03200   1027   10   0   0   0   0   0   0   0   32.00     20.00   03200   1027   10   0   0   0   0   0   0   0   32.00     20.00   03200   1027   10   0   0   0   0   0   0   0   32.00     20.00   03200   1027   10   0   0   0   0   0   0   0   0		0	0	(	0	0	11. 00
14.0   0   0   0   0   0   0   0   0   0	12.00  01200 MEDICAL RECORDS & LIBRARY	0	0	(	0	0	12. 00
15. 00		174, 106	0	174, 106	0	174, 106	13. 00
INPATI ENT ROUTINE SERVICE COST CENTERS   30.00   30.00   30.00   SILLILED NURSING FACILITY   2, 167, 947   250, 608   2, 418, 555   0   2, 418, 555   31.00   31.00   33.00	14.00 01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	(	0	0	14. 00
30. 00   03000   SILLED NURSING FACILITY   2, 167, 947   250, 608   2, 418, 555   0   2, 418, 555   0   0. 31. 00   0. 31. 00   0. 32. 0	15. 00 01500 RECREATION	241, 642	135, 956	377, 598	0	377, 598	15. 00
33.00   03100   NURSING FACILITY   0   0   0   0   0   0   0   0   0							
32.00   03.200   10.07   10.0   0   0   0   0   0   0   0   0   0		2, 167, 947	250, 608	2, 418, 555	0	2, 418, 555	30. 00
33.00   03300   OTHER LONG TERM CARE   1,644,103   268,635   1,912,738   0   1,912,738   33.00		0	0	(	0	0	31. 00
ANCILLARY SERVICE COST CENTERS		0	0	(	0	0	32. 00
40. 00   04000   RADIOLOGY   0   3,950   3,950   0   3,950   0   0.00   41. 00   04100   LABORATORY   0   10,947   10,947   0   10,947   41.00   42. 00   04200   INTRAVENOUS THERAPY   0   0   0   0   0   0   42.00   43. 00   04300   OXYGEN (INHALATION) THERAPY   0   206,249   206,249   0   204,249   44.00   44. 00   04400   PHYSICAL THERAPY   0   170,027   170,027   0   170,027   45.00   45. 00   04500   OCCUPATIONAL THERAPY   0   170,027   170,027   0   170,027   45.00   46. 00   04600   SPECEL PATHOLOGY   0   63,429   63,429   0   63,429   46.00   47. 00   04700   ELECTROCARDIOLOGY   0   63,429   63,429   0   63,429   46.00   48. 00   04800   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   48. 00   04800   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   99,527   99,527   0   99,527   49. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   50. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   51. 00   05100   SUPPORT SURFACES   0   0   0   0   0   0   51. 00   05100   SUPPORT SURFACES   0   0   0   0   0   0   51. 00   05100   SUPPORT SURFACES   0   0   0   0   0   0   52. 00   06000   CLINI C   0   0   0   0   0   0   53. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   54. 00   06100   RURAL HEALTH CLINIC   0   0   0   0   0   0   55. 00   05100   OTO   OTO   OTO   OTO   OTO   OTO   56. 00   05000   OTO   OTO   OTO   OTO   OTO   OTO   OTO   OTO   57. 00   07000   HOME HEALTH AGENCY COST   0   0   0   0   0   0   0   57. 00   07300   OMBEC   OTO	33.00 O3300 OTHER LONG TERM CARE	1, 644, 103	268, 635	1, 912, 738	0	1, 912, 738	33. 00
41. 00   04100   LABORATORY   0   10,947   10,947   0   10,947   41. 00   42. 00   04200   INTRAVENOUS THERAPY   0   0   0   0   0   0   24. 20   43. 00   04300   OXYGEN (I NHALATION) THERAPY   0   206,249   206, 249   0   206, 249   44. 00   44. 00   04400   PHYSI CAL THERAPY   0   206,249   206, 249   0   206, 249   44. 00   45. 00   04500   OCCUPATIONAL THERAPY   0   170, 027   170, 027   0   170, 027   0   46. 00   04600   SPEECH PATHOLOGY   0   63, 429   63, 429   0   63, 429   46. 00   47. 00   04700   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   0   0   48. 00   04800   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   0   49. 00   04900   DRUGS CHARGED TO PATIENTS   0   99, 527   99, 527   0   99, 527   49, 00   50. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   0   0   51. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   0   51. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   0   51. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   0   60. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   0   61. 00   06100   RURAL HEALTH CLINIC   0   0   0   0   0   0   0   0   0   62. 00   06000   CLINIC   0   0   0   0   0   0   0   0   0	ANCILLARY SERVICE COST CENTERS						
42.00   04200   INTRAVENOUS THERAPY   0		0	3, 950	3, 950	0	3, 950	40. 00
43.00   04300   0XYGEN (INHALATION) THERAPY   0   0   0   0   0   0   43.00		0	10, 947	10, 947	0	10, 947	
44. 00   04400   PHYSI CAL THERAPY   0   206, 249   206, 249   0   206, 249   44. 00   45. 00   04500   OCCUPATI ONAL THERAPY   0   170, 027   170, 027   0   170, 027   46. 00   04600   SPECCH PATHOLOGY   0   63, 429   63, 429   0   63, 429   46. 00   47. 00   04700   ELECTROCARDI OLOGY   0   0   0   0   0   0   47. 00   48. 00   04800   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   49. 00   04900   DRUGS CHARGED TO PATIENTS   0   99, 527   99, 527   0   99, 527   50. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   51. 00   50100   SUPPORT SURFACES   0   0   0   0   0   0   61. 00   06000   CLI NI C   0   0   0   0   0   0   61. 00   06000   CLI NI C   0   0   0   0   0   0   62. 00   06000   CLI NI C   0   0   0   0   0   0   62. 00   07000   HOME HEALTH AGENCY COST   0   0   0   0   0   0   0   71. 00   07000   HOME HEALTH AGENCY COST   0   0   0   0   0   0   0   73. 00   07000   MABULANCE   0   0   0   0   0   0   0   0   74. 00   07000   MADURANCE   0   0   0   0   0   0   0   75. 00   08000   MALPRACTICE PREMIUMS & PAID LOSSES   0   0   0   0   0   0   0   81. 00   08000   MALPRACTICE PREMIUMS & PAID LOSSES   0   0   0   0   0   0   82. 00   08200   UTILIZATION REVIEW - SNF   0   0   0   0   0   0   0   83. 00   08000   MALPRACTICE PREMIUMS & PAID LOSSES   0   0   0   0   0   0   84. 00   09000   ITILIZATION REVIEW - SNF   0   0   0   0   0   0   85. 00   09000   ITILIZATION REVIEW - SNF   0   0   0   0   0   0   87. 00   09000   ITILIZATION REVIEW - SNF   0   0   0   0   0   0   87. 00   09000   ITILIZATION REVIEW - SNF   0   0   0   0   0   0   87. 00   09000   ITILIZATION REVIEW - SNF   0   0   0   0   0   0   87. 00   09000   00   00   0   0   0   0   87. 00   09000   00   00   0   0   0   0   87. 00   09000   00   00   0   0   0   0		0	0	(	0		
45. 00   04500   OCCUPATI ONAL THERAPY   0   170, 027   170, 027   170, 027   45. 00   46. 00   04600   SPEECH PATHOLOGY   0   0   0   0   0   0   0   47. 00   04700   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   48. 00   04800 MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   0   0   0   48. 00   04800 MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   99, 527   99, 527   0   99, 527   50. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   0   51. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   51. 00   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   51. 00   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   61. 00   06000   CLI NI C   0   0   0   0   0   0   0   61. 00   06000   CLI NI C   0   0   0   0   0   0   0   61. 00   06200   FOHC   0   0   0   0   0   0   0   61. 00   06200   FOHC   0   0   0   0   0   0   0   61. 00   07000   HOME HEALTH AGENCY COST   0   0   0   0   0   0   0   0   71. 00   07000   HOME HEALTH AGENCY COST   0   0   0   0   0   0   0   0   73. 00   O3000   CMHC   0   0   0   0   0   0   0   0   81. 00   08000   MALPRACTI CE PREMI UMS & PAI D LOSSES   0   0   0   0   0   0   0   0   82. 00   08200   UTILIZATI ON REVIEW - SNF   0   0   0   0   0   0   0   0   83. 00   08300   HOSPI CE   SHOPS & CANTEEN   0   0   0   0   0   0   0   99. 00   O9000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   0   0   0   0   0   0   99. 00   O9000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   0   0   0   0   0   0   99. 00   O9000   O9000   PATIENTS CANTEEN   0   0   0   0   0   0   99. 00   O9000   O9000   ONONPAI D WORKERS   0   0   0   0   0   0   99. 00   O9000   O9000   ONONPAI D WORKERS   0   0   0   0   0   0   99. 00   O9000   O9		0	0	(	0		
46. 00		0					
47. 00   04700   ELECTROCARDIOLOGY   0   0   0   0   0   47. 00   04800   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   0		0				1	
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 48. 00 49. 00 04900 DRUGS CHARGED TO PATIENTS 0 99, 527 99, 527 0 99, 527 49. 00 50. 00 05000 DRUGS CHARGED TO PATIENTS 0 99, 527 99, 527 0 99, 527 49. 00 51. 00 05000 DRUGS CHARGED TO PATIENTS 0 0 90, 50 0 0 0 0 0 0 50. 00 51. 00 05000 DRUGS CHARGED TO PATIENTS 0 0 90, 50 0 0 0 0 0 0 50. 00 51. 00 05100] SUPPORT SURFACES 0 0 0 0 0 0 0 0 0 0 51. 00  00 05100] SUPPORT SURFACES 0 0 0 0 0 0 0 0 0 0 0 51. 00 61. 00 06000 [CLIN C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	63, 429	63, 429	9 0		
49, 00   04900   DRUGS CHARGED TO PATIENTS   0   99, 527   99, 527   99, 527   0   99, 527   49. 00		0	0	(	0		
50.00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   50.00		0	0	(	0		
51.00   05100   SUPPORT SURFACES   0   0   0   0   0   0   51.00		0	99, 527	99, 52	0		
OUTPATIENT SERVICE COST CENTERS   O		0	0	(	0		
60. 00		0	0	[(	)  0	0	51.00
61. 00							
62. 00		0	0	(	0		
OTHER REIMBURSABLE COST CENTERS     O		0	Ü	(	0	0	
70. 00							62.00
71. 00   07100   AMBULANCE   0   1,947   1,947   0   1,947   71. 00   73. 00   07300   CMHC   0   0   0   0   0   0   0   0   0			0				70.00
73.00   07300   CMHC   0   0   0   0   0   0   0   0   0		1 -1	1 047		-		
SPECIAL PURPOSE COST CENTERS   SOUR		0	1, 947				
80. 00   08000   MALPRACTI CE PREMI UMS & PAI D LOSSES   0 0 0 0 0 0 0 80. 00 81. 00 81. 00 82. 00 08200   UTI LI ZATI ON REVI EW - SNF   0 0 0 0 0 0 0 0 82. 00 83. 00 08300   HOSPI CE   0 0 0 0 0 0 0 0 0 0 0 83. 00 89. 00   SUBTOTALS (sum of lines 1-84)   6,493,872   8,795,543   15,289,415   0 15,289,415   89. 00   NONREI MBURSABLE COST CENTERS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		l U	U		)	0	/3.00
81.00   08100   INTEREST EXPENSE   0 0 0 0 0 0 81.00   82.00   82.00   82.00   08200   UTI LI ZATI ON REVI EW - SNF   0 0 0 0 0 0 0 0 0 82.00   83.00   89.00   SUBTOTALS (sum of lines 1-84)   6,493,872   8,795,543   15,289,415   0 15,289,415   89.00   NONREI MBURSABLE COST CENTERS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	,			00 00
82. 00   08200   UTI LI ZATI ON REVI EW - SNF   0   0   0   0   0   0   82. 00   83. 00   08300   HOSPI CE   0   0   0   0   0   0   83. 00   89. 00   SUBTOTALS (sum of lines 1-84)   6, 493, 872   8, 795, 543   15, 289, 415   0   15, 289, 415   89. 00			0				
83. 00   08300   HOSPI CE   0   0   0   0   0   0   83. 00   89. 00     SUBTOTALS (sum of lines 1-84)   6,493,872   8,795,543   15,289,415   0   15,289,415   89. 00   NONREI MBURSABLE COST CENTERS   90. 00   91. 00   91. 00   91. 00   91. 00   91. 00   92. 00   91. 00   92. 00   91. 00   92. 00   91. 00   93. 00   93. 00   09300   NONPAI D WORKERS   0   0   0   0   0   93. 00   94. 00			0				
89. 00   SUBTOTALS (sum of lines 1-84)   6,493,872   8,795,543   15,289,415   0   15,289,415   89. 00			0				
NONREI MBURSABLE COST CENTERS   90.00   09000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   0   0   0   0   0   0   0   0		4 402 972	0 705 542	15 200 415			
90. 00   09000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   0   0   0   0   90. 00   91. 00   91. 00   92. 00   09200   PHYSI CI ANS PRI VATE OFFI CES   0   0   0   0   0   92. 00   93. 00   09300   NONPAI D WORKERS   0   0   0   0   0   93. 00   94. 00   09400   PATI ENTS LAUNDRY   0   0   0   0   0   94. 00   0   0   0   0   0   0   0   0   0		0, 493, 072	0, 190, 043	10, 209, 413	0	13, 209, 413	09.00
91. 00   09100   BARBER AND BEAUTY SHOP   0   0   0   0   91. 00   92. 00   92. 00   93. 00   09300   NONPAI D WORKERS   0   0   0   0   93. 00   94. 00   09400   PATI ENTS LAUNDRY   0   0   0   0   0   94. 00   94. 00   0   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   92. 00   93. 00   93.00   NONPAI D WORKERS   0   0   0   0   93. 00   94. 00   94. 00   0   0   0   0   94. 00   94. 00   0   0   0   0   0   0   0   0   0			0	,			
93. 00   09300   NONPALD WORKERS   0 0 0 0 0 93. 00 94. 00   94. 00   09400   PATI ENTS LAUNDRY   0 0 0 0 0 94. 00			0				
94. 00   09400   PATI ENTS LAUNDRY   0   0   0   94. 00			0				
			0				
		6, 493, 872	8, 795 543	15, 289 41			
		3, .,0,0,2	5, . , 5, 5 + 5	1 .5,257,410	-1 9	.5,25,,115	1.00.00

In Lieu of Form CMS-2540-10 SUNNYSI DE MANOR

 
 Heal th Financial
 Systems
 SUNN

 RECLASSIFICATION
 AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
 | Peri od: | Worksheet A | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der No.: 315354

				То	12/31/2022	Date/Time Prepared: 5/29/2023 4:11 pm
	Cost Center Description	Adjustments to	Net Expenses			372772023 4. 11 611
	, , , , , , , , , , , , , , , , , , ,		For Allocation			
		Wkst A-8)	(col. 5 +-			
			col . 6)			
	OFFICE OFFICE OFFICE	6. 00	7. 00			
1 00	GENERAL SERVICE COST CENTERS	40, 100	1 040 410			1 00
1. 00 2. 00	OO100   CAP REL COSTS - BLDGS & FIXTURES   OO200   CAP REL COSTS - MOVABLE EQUIPMENT	-49, 128	1, 848, 412 0	1		1. 00
3. 00	00300 EMPLOYEE BENEFITS	0	1, 606, 664	ł		3. 00
4. 00	00400 ADMINISTRATIVE & GENERAL	-1, 160, 685		•		4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	1, 100, 009	1, 034, 520	•		5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE	0	182, 788	•		6. 00
7.00	00700 HOUSEKEEPI NG	0	436, 916	•		7. 00
8.00	00800 DI ETARY	0	1, 801, 945	•		8. 00
9.00	00900 NURSING ADMINISTRATION	0	331, 055			9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0			10. 00
11. 00	01100 PHARMACY	0	0			11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0			12. 00
13. 00	01300 SOCIAL SERVICE	0	174, 106			13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	1		14. 00
15. 00	01500 RECREATION	0	377, 598			15. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS		2 410 555			20.00
30.00	03000 SKILLED NURSING FACILITY	0	_,,,	1		30.00
31. 00 32. 00	03100   NURSING FACILITY   03200   CF/IID	0	0			31. 00 32. 00
33. 00	03300 OTHER LONG TERM CARE	0	1, 912, 738	l .		33.00
33.00	ANCI LLARY SERVI CE COST CENTERS		1, 712, 730			33.00
40. 00	04000 RADI OLOGY	0	3, 950			40.00
41. 00	04100 LABORATORY	0	10, 947	1		41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0	1		42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0			43.00
44.00	04400 PHYSI CAL THERAPY	0	206, 249			44. 00
45.00	04500 OCCUPATI ONAL THERAPY	0	170, 027			45. 00
46.00	04600 SPEECH PATHOLOGY	0	63, 429			46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	0	ł		47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1		48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	99, 527	1		49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	1		50.00
51. 00	O5100   SUPPORT SURFACES   OUTPATIENT SERVICE COST CENTERS	0	0			51. 00
60. 00	06000 CLINIC	1 0	0			60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	•		61. 00
62. 00	06200 FQHC					62.00
02.00	OTHER REIMBURSABLE COST CENTERS	1				52. 55
70.00	07000 HOME HEALTH AGENCY COST	0	0			70.00
71. 00	07100 AMBULANCE	0	1, 947			71. 00
73.00	07300 CMHC	0	0			73. 00
	SPECIAL PURPOSE COST CENTERS					
	08000 MALPRACTICE PREMIUMS & PAID LOSSES	0	0	•		80.00
	08100 I NTEREST EXPENSE	0	0	•		81.00
	08200 UTILIZATION REVIEW - SNF	0	0	l .		82. 00
	08300 H0SPI CE	0				83.00
89. 00	SUBTOTALS (sum of lines 1-84)	-1, 209, 813	14, 079, 602			89. 00
00 00	NONREI MBURSABLE COST CENTERS					00.00
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP		0			90.00
	09200 PHYSI CLANS PRI VATE OFFI CES					91.00
	09300 NONPAID WORKERS					93. 00
	09400 PATI ENTS LAUNDRY	1				94.00
100.00		-1, 209, 813	14, 079, 602			100.00
		.,,		1		1.50.00

Health Financial Systems SUNNYSIDE MANOR				In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS		Provi der		Peri od: From 01/01/2022	Worksheet A-6	
					Date/Time Pre 5/29/2023 4:1	pared: 1 pm
			Increases			
	Cost Cente	r	Li ne #	Sal ary	Non Salary	
	2.00 3.0		3. 00	4. 00	5. 00	
(1) A - PROPERTY INSURANCE IN A/C 61400						
1. 00	CAP REL COSTS - BLD	GS &	1. 0	0 0	21, 015	1. 00
	FI XTURES					
TOTALS						
100. 00	Total Reclassificat	ions (Sum		0	21, 015	100. 00
	of columns 4 and 5					
	equal sum of column	s 8 and				
	9)					

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	SUNNYSIDE MANOR In Lieu of Form CM			u of Form CMS-2	2540-10	
RECLASSI FI CATI ONS		Provi der		Peri od:	Worksheet A-6	
				From 01/01/2022 To 12/31/2022		pared: 1 pm
	Decreases					
	Cost Center Line #		Li ne #	Sal ary	Non Salary	
	6.00		7. 00	8. 00	9. 00	
(1) A - PROPERTY INSURANCE IN A/C 61400						
1. 00	ADMINISTRATIVE & GEN	IERAL	4.0	0	21, 015	1. 00
TOTALS						
100. 00				0	21, 015	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
RECONCILIATION OF CAPITAL COSTS CENTERS SUNNYSI DE MANOR In Lieu of Form CMS-2540-10 Provi der No.: 315354 | Peri od: | Worksheet A-7 | From 01/01/2022 | To 12/31/2022 | Date/Time Preparation

				To	12/31/2022	Date/Time Prep 5/29/2023 4:1	
	·		,	Acqui si ti ons			
	Description	Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1, 667, 327	0	0	0	0	1. 00
2.00	Land Improvements	0	7, 800	0	7, 800	0	2. 00
3.00	Buildings and Fixtures	0	0	0	0	0	3. 00
4.00	Building Improvements	21, 626, 350	19, 802		19, 802	0	4. 00
5.00	Fi xed Equi pment	3, 536, 714	50, 132	0	50, 132	0	5. 00
6.00	Movable Equipment	0	0	0	0	0	6. 00
7.00	Subtotal (sum of lines 1-6)	26, 830, 391	77, 734	0	77, 734	0	7. 00
8.00	Reconciling Items	0	0	0	0	0	8. 00
9. 00	Total (line 7 minus line 8)	26, 830, 391	77, 734	0	77, 734	0	9. 00
	Description	Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
	TANALYSIS OF SURVISES IN SARITAL ASSET BALANCE	6.00	7. 00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1, 667, 327	0				1.00
2.00	Land Improvements	7, 800	0				2. 00
3.00	Buildings and Fixtures	0	0				3. 00
4.00	Building Improvements	21, 646, 152	0				4. 00
5.00	Fi xed Equi pment	3, 586, 846	0				5. 00
6. 00	Movable Equipment	0	0				6. 00
7. 00	Subtotal (sum of lines 1-6)	26, 908, 125	0				7. 00
8. 00	Reconciling Items	0	0				8. 00
9. 00	Total (line 7 minus line 8)	26, 908, 125	0				9. 00

Provi der No.: 315354

Peri od:

From 01/01/2022 To 12/31/2022 Date/Time Prepared:

				lo 12/31/2022	Date/lime Pre   5/29/2023 4:1	
				Expense Classification on		ı pili
				To/From Which the Amount is		
					,	
	Description (1)	(2) Basis For	Amount	Cost Center	Li ne No.	
		Adjustment				
1 00		1.00	2.00	3. 00	4.00	1 00
1. 00	Investment income on restricted funds		0	)	0.00	1. 00
2. 00	(chapter 2) Trade, quantity, and time discounts (chapter		0		0.00	2. 00
2.00	8)		0	,	0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		Ō		0.00	3. 00
4. 00	Rental of provider space by suppliers		0		0.00	4. 00
	(chapter 8)					
5.00	Telephone services (pay stations excluded)		0		0.00	5. 00
	(chapter 21)					
6. 00	Television and radio service (chapter 21)		0		0.00	6. 00
7. 00	Parking Lot (chapter 21)		0		0.00	7. 00
8. 00	Remuneration applicable to provider-based	A-8-2	0	)		8. 00
0.00	physician adjustment		0		0.00	9. 00
9. 00 10. 00	Home office cost (chapter 21) Sale of scrap, waste, etc. (chapter 23)		0		0. 00 0. 00	10.00
11. 00	Nonallowable costs related to certain		0		0.00	11. 00
11.00	Capital expenditures (chapter 24)		0	,	0.00	11.00
12.00	Adjustment resulting from transactions with	A-8-1	0			12.00
	related organizations (chapter 10)					
13.00	Laundry and linen service		0		0.00	13. 00
14. 00	Revenue - Employee meals		0	1	0.00	14. 00
15. 00	Cost of meals - Guests		0	l .	0.00	15.00
16. 00	Sale of medical supplies to other than patients		0	)	0.00	16. 00
17. 00	Sale of drugs to other than patients		0		0.00	17. 00
18. 00	Sale of medical records and abstracts		0		0.00	18. 00
19. 00	Vending machines		0		0.00	19. 00
20.00	Income from imposition of interest, finance		0		0.00	20.00
	or penalty charges (chapter 21)					
21.00	Interest expense on Medicare overpayments		0		0.00	21. 00
	and borrowings to repay Medicare					
00.00	overpayments			NITH LIZATION DEVILENCE CHE	00.00	00.00
22. 00	Utilization reviewphysicians' compensation (chapter 21)		Ü	UTILIZATION REVIEW - SNF	82.00	22. 00
23. 00	Depreciationbuildings and fixtures		0	CAP REL COSTS - BLDGS &	1.00	23. 00
23.00	bepreer action burtaings and trixed es		O	FI XTURES	1.00	23.00
24.00	Depreciationmovable equipment		0	CAP REL COSTS - MOVABLE	2.00	24. 00
	ap a same a			EQUI PMENT		
25.00			0		0.00	25. 00
25.02	SALARY MARKETING	A	-142, 221	ADMINISTRATIVE & GENERAL	4.00	25. 02
25. 03	INTEREST EXPENSE OTHER	A	-49, 128	CAP REL COSTS - BLDGS &	1.00	25. 03
05.01	MARKETING	,	07. 4-	FI XTURES		05.01
25. 04	MARKETI NG	A		ADMINISTRATIVE & GENERAL	4.00	
25. 05	CONTRI BUTI ONS	A		ADMINISTRATIVE & GENERAL	4.00	25. 05
25. 06	MANAGEMENT FEE	A		ADMINISTRATIVE & GENERAL	4.00	25. 06 100. 00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1, 209, 813			100.00
(1) Do	scription - all chapter references in this co	ı Lumn nertain to	CMS Dub 15 1	 	I	ı
	sorrprising and enapter references in this co	ranni pertarii tu	CIVID I UD. IJ-I	l i		

<sup>(1)</sup> Description - all chapter references in this column pertain to CMS Pub. 15-1.(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

 
 Heal th Financial Systems
 SUNNYSIDE

 STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME
 SUNNYSI DE MANOR Provi der No.: 315354

OFFICE COSTS

OFFICE COSTS				o 12/31/2022	Date/Time Pro	
	Li ne No.		Center	Expense		
	1.00		00	3.		
PART I. COSTS INCURRED AND ADJUSTMENTS REQUICLAIMED HOME OFFICE COSTS:	RED AS A RESULT	OF TRANSACTIO	NS WITH RELATE	D ORGANIZATIONS	G OR	
1.00		CAP REL COSTS FIXTURES	- BLDGS &	FACILITY RENT		1. 00
2.00	4. 00	ADMI NI STRATI VE	& GENERAL	ADMI NI STRATI VE		2.00
3.00	0.00					3.00
4.00	0.00					4.00
5. 00	0.00					5.00
6.00	0.00					6. 00
7. 00	0.00					7. 00
8. 00	0.00					8. 00
9. 00	0.00					9. 00
10.00 TOTALS (sum of lines 1-9). Transfer column						10.00
6, line 100 to Worksheet A-8, column 3, line	:					
12.						
	Amount	Amount	Adjustments			
	Allowable In	Included in	(col. 4 minus			
	Cost	Wkst. A, col.	col . 5)			
	4.00	5	( 00			
DART I COCTO INCURRER AND AD HICTMENTO RECUI	4.00	5.00	6. 00	D ODGANI ZATI ONG	. OD	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUICLAIMED HOME OFFICE COSTS:				D ORGANIZATIONS	OR OR	
1.00	1, 723, 598			)		1. 00
2.00	301, 736	301, 736	C	)		2. 00
3. 00	0	0	(	)		3. 00
4.00	0	0	(	)		4. 00
5. 00	0	0	(	)		5. 00
6. 00	0	0	(	)		6. 00
7. 00	0	0	(	)		7. 00
8. 00	0	0	(	)		8. 00
9. 00	0	0	(	)		9. 00
10.00 TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	2, 025, 334	2, 025, 334		D		10.00

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

Provider No.: 315354

Peri od: Worksheet A-8-1 From 01/01/2022 Parts I-II Date/Time Prepared: 12/31/2022

5/29/2023 4:11 pm

Symbol (1) Name Percentage of Ownershi p 1.00 2.00 3.00 PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	С	SUNNYSIDE MANOR	100.00	1. 00
2.00			0.00	2. 00
3.00			0.00	3.00
4.00			0.00	4. 00
5. 00			0.00	5. 00
6.00			0.00	6. 00
7. 00			0.00	7. 00
8.00			0.00	8. 00
9. 00			0.00	9. 00
10. 00			0.00	10.00
100.00 G. Other (financial or non-financial)			0.00	100.00
speci fy:				

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in rel ated organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

	Rel ated Organi	zation(s) and/	or Home Office
	Name	Percentage of Ownership	Type of Business
DART LL LATERDE ATLANGUER TO RELATER ARRANGE	4. 00	5. 00	6.00

PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	SUNNYSIDE REALTY LLC	0. 00 REALTY	1.00
2.00		0.00	2.00
3. 00		0.00	3.00
4. 00		0.00	4.00
5. 00		0.00	5.00
6. 00		0.00	6.00
7. 00		0.00	7.00
8. 00		0.00	8.00
9. 00		0.00	9.00
10. 00		0.00	10.00
100.00 G. Other (financial or non-financial)		0.00	100.00
speci fy:			

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.

  D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Health Financial Systems SUNNYSI DE MANOR In Lieu of Form CMS-2540-10 COST ALLOCATION - GENERAL SERVICE COSTS Provider No.: 315354 Peri od: Worksheet B From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/29/2023 4:11 pm CAPITAL RELATED COSTS Cost Center Description Net Expenses BLDGS & MOVABLE EMPLOYEE Subtotal for Cost **FLXTURES FOUL PMENT** BENEFITS Allocation (from Wkst A col. 7) 1.00 2.00 3. 00 ЗА GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1 00 1 00 1, 848, 412 1 848 412 2.00 0 2 00 3.00 00300 EMPLOYEE BENEFITS 1,606,664 0 1, 606, 664 3.00 00400 ADMINISTRATIVE & GENERAL 1, 398, 229 0 188. 284 4 00 139 685 1, 726, 198 4 00 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 1,034,520 130, 181 0 60, 752 1, 225, 453 5.00 6.00 00600 LAUNDRY & LINEN SERVICE 182, 788 17, 519 200, 307 6.00 7.00 00700 HOUSEKEEPI NG 436, 916 4, 511 10, 311 451, 738 7.00 00800 DI ETARY 1, 801, 945 8 00 87, 399 228.750 2.118.094 8 00 9.00 00900 NURSING ADMINISTRATION 331, 055 72, 557 403, 612 9.00 01000 CENTRAL SERVICES & SUPPLY 10.00 10.00 0 0 0 01100 PHARMACY 11.00 0 0 0 11.00 0 01200 MEDICAL RECORDS & LIBRARY 0 12.00 0 0 12.00 13.00 01300 SOCIAL SERVICE 174, 106 4, 962 0 43,076 222, 144 13.00 01400 NURSING AND ALLIED HEALTH EDUCATION 14.00 14.00 01500 RECREATION 0 58, 451 59, 785 495, 834 15.00 377, 598 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 2, 418, 555 0 3, 333, 250 30.00 378, 317 536, 378 31.00 03100 NURSING FACILITY 0 Ω 31.00 0 03200 | CF/IID 32.00 0 32.00 0 0 0 03300 OTHER LONG TERM CARE 0 33.00 1, 912, 738 1,008,214 406, 771 3, 327, 723 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 3, 950 C 3, 950 40.00 04100 LABORATORY 41.00 10.947 0 0 10.947 41.00 0 04200 I NTRAVENOUS THERAPY 0 42.00 0 C 0 0 42.00 04300 OXYGEN (INHALATION) THERAPY o 43.00 43.00 0 44.00 04400 PHYSI CAL THERAPY 206, 249 15, 865 0 222, 114 44.00 04500 OCCUPATIONAL THERAPY 0 45.00 170,027 170, 027 45.00 C 63, 429 04600 SPEECH PATHOLOGY 63, 429 46.00 46,00 04700 ELECTROCARDI OLOGY 0 47.00 0 0 0 Ω 47.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 48 00 Ω C Λ 48 00 04900 DRUGS CHARGED TO PATIENTS 0 49.00 99, 527 0 99, 527 49.00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 50.00 0 0 50.00 05100 SUPPORT SURFACES 51.00 0 51.00 0 0 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 0 0 0 60.00 61.00 06100 RURAL HEALTH CLINIC 0 0 0 0 61.00 62 00 06200 FQHC 62 00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 n 0 0 0 70.00 07100 AMBULANCE 0 71.00 1,947 0 0 1, 947 71.00 07300 CMHC 73.00 O 73.00 0 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 81.00 08100 INTEREST EXPENSE 81.00 08200 UTILIZATION REVIEW - SNF 82.00 82 00 83.00 08300 H0SPI CE 0 Λ 83.00 SUBTOTALS (sum of lines 1-84) 14, 079, 602 1, 845, 104 1, 606, 664 14, 076, 294 89.00 89.00 NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 90.00 0 0 91.00 09100 BARBER AND BEAUTY SHOP 0 3, 308 0 0 3, 308 91.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 0 92.00 92.00 0

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14, 079, 602

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1.848.412

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1, 606, 664

93 00

98.00 0

99.00

0

0 94.00

0

14, 079, 602 100. 00

09300 NONPALD WORKERS

TOTAL

09400 PATIENTS LAUNDRY

Cross Foot Adjustments

Negative Cost Centers

93 00

94.00

98.00

99.00

100.00

Provi der No.: 315354

				T	0 12/31/2022	Date/Time Pre 5/29/2023 4:1	
	Cost Center Description	ADMI NI STRATI VE	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	ı piii
	•	& GENERAL	OPERATI ON,	LINEN SERVICE			
			MAINT. &				
		4.00	5. 00	6. 00	7. 00	8. 00	
	GENERAL SERVICE COST CENTERS	4.00	5.00	0.00	7.00	8.00	
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 ADMINISTRATIVE & GENERAL	1, 726, 198					4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	171, 239	1, 396, 692				5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	27, 990	15, 501	243, 798			6. 00
7. 00	00700 HOUSEKEEPI NG	63, 124	3, 992	1	518, 854		7. 00
8.00	00800 DI ETARY	295, 972	77, 330	0	29, 134	2, 520, 530	8. 00
9.00	00900 NURSING ADMINISTRATION	56, 399	0	0	0	0	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100 PHARMACY	0	0	0	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300 SOCIAL SERVICE	31, 041	4, 391	0	1, 654	0	13.00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	40 205	U E1 710	0	10 404	0	14.00
15. 00	01500 RECREATION INPATIENT ROUTINE SERVICE COST CENTERS	69, 285	51, 718	0	19, 484	U	15. 00
30. 00	03000 SKILLED NURSING FACILITY	465, 767	334, 733	82, 072	126, 109	848, 513	30.00
31. 00	03100 NURSING FACILITY	403, 707	334, 733		120, 109	046, 513	31.00
32. 00	03200   CF/11D		0		0	0	32.00
33. 00	03300 OTHER LONG TERM CARE	464, 999	892, 063	161, 726	336, 082	1, 672, 017	33.00
33.00	ANCILLARY SERVICE COST CENTERS	404, 777	072,000	101,720	330, 002	1,072,017	33.00
40. 00	04000 RADI OLOGY	552	0	0	0	0	40. 00
41. 00	04100 LABORATORY	1, 530	0	o o	o	0	41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0	ő	o	Ö	42. 00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	o	o	0	43.00
44.00	04400 PHYSI CAL THERAPY	31, 037	14, 037	0	5, 288	0	44.00
45.00	04500 OCCUPATI ONAL THERAPY	23, 759	0	o	0	0	45. 00
46.00	04600 SPEECH PATHOLOGY	8, 863	0	0	o	0	46. 00
47.00	04700 ELECTROCARDI OLOGY	0	0	0	o	0	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	13, 907	0	0	0	0	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51. 00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
	OUTPATIENT SERVICE COST CENTERS			1 -	_1	_	
60.00	06000 CLINIC	0	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 07000 HOME HEALTH AGENCY COST	ol	0	0	0	0	70.00
71.00	07100 AMBULANCE	272	0		0	0	71.00
73. 00	07300 CMHC	0	0		-	0	73.00
70.00	SPECIAL PURPOSE COST CENTERS	<u> </u>		<u> </u>	٥	<u> </u>	70.00
80. 00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80. 00
81. 00	08100   NTEREST EXPENSE						81.00
	08200 UTILIZATION REVIEW - SNF						82. 00
83.00	08300 H0SPI CE	0	0	0	0	0	83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	1, 725, 736	1, 393, 765	243, 798	517, 751	2, 520, 530	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	462	2, 927	0	1, 103	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92. 00
93. 00	09300 NONPALD WORKERS	0	0	0	0	0	93. 00
94. 00	09400 PATIENTS LAUNDRY	0	0	0	0	0	94. 00
98. 00	Cross Foot Adjustments	0	0	0	0	0	98. 00
99. 00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	D   TOTAL	1, 726, 198	1, 396, 692	243, 798	518, 854	2, 520, 530	1100.00

Provi der No.: 315354

				10	12/31/2022	5/29/2023 4: 1	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES &		RECORDS &		
			SUPPLY		LI BRARY		
	T	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						3. 00
4.00	00400 ADMINISTRATIVE & 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	4/0 011					8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY	460, 011	0				9.00
10. 00 11. 00	01100 PHARMACY	0	0				10. 00 11. 00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0	0	0		12.00
13. 00	01300 SOCIAL SERVICE		0	0	0	259, 230	
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION		0	0	0	257, 230	
15. 00	01500 RECREATION		0		0	Ö	
13.00	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>		<u>ا</u>	<u> </u>		13.00
30. 00	03000 SKILLED NURSING FACILITY	220, 668	0	0	0	87, 267	30. 00
31. 00	03100 NURSING FACILITY	0	0		0	0	31. 00
32. 00	03200   CF/IID	o	0	0	0	0	32. 00
33.00	03300 OTHER LONG TERM CARE	239, 343	0	0	0	171, 963	33. 00
	ANCILLARY SERVICE COST CENTERS						
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 I NTRAVENOUS 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	45. 00
46. 00	04600 SPEECH PATHOLOGY	0	0	0	0	0	46. 00
47. 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
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51. 00	05100   SUPPORT SURFACES   OUTPATIENT SERVICE COST CENTERS	l o	0	<u> </u>	U	0	51. 00
60. 00	06000 CLINIC	O	0	0	0	0	60.00
61. 00	06100 RURAL HEALTH CLINIC		0		0	Ö	61.00
62. 00	06200 FQHC		· ·		J	Ĭ	62. 00
	OTHER REIMBURSABLE COST CENTERS	1				l .	
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70. 00
71.00	07100 AMBULANCE	o	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 I NTEREST EXPENSE						81. 00
82. 00	08200 UTILIZATION REVIEW - SNF		Ō				82. 00
83.00	08300 HOSPI CE	0	0		0	l	83. 00
89. 00	SUBTOTALS (sum of lines 1-84)   NONREI MBURSABLE COST CENTERS	460, 011	0	0	0	259, 230	89. 00
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN		0	0	0	0	90. 00
91. 00	09100 BARBER AND BEAUTY SHOP		0		0	0	
92. 00	09200 PHYSICIANS PRIVATE OFFICES		0		0	Ö	92. 00
93. 00	09300 NONPALD WORKERS		0		0	Ö	93. 00
94. 00	09400 PATIENTS LAUNDRY		0	l o	Ō	Ö	94. 00
98. 00	Cross Foot Adjustments	0	0				98. 00
99. 00	Negative Cost Centers	0	0	0	0	0	
100.00	TOTAL	460, 011	0	0	0	259, 230	100. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der No.: 315354

				Т	o 12/31/2022	Date/Time Pre 5/29/2023 4:1	
			OTHER GENERAL			3/24/2023 4. 1	ı pili
			SERVI CE				
	Cost Center Description	NURSI NG AND	RECREATION	Subtotal	Post Stepdown	Total	
		ALLI ED HEALTH EDUCATI ON			Adjustments		
		14. 00	15. 00	16. 00	17. 00	18. 00	
	GENERAL SERVICE COST CENTERS	•	'		1		
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
2.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT						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 10. 00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY						9. 00 10. 00
11. 00	01100 PHARMACY						11.00
12. 00	01200 MEDI CAL RECORDS & LI BRARY						12. 00
13. 00	01300 SOCI AL SERVI CE						13. 00
14. 00	01400 NURSING AND ALLIED HEALTH EDUCATION	0					14. 00
15. 00	01500 RECREATION	0	636, 321				15. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY	0	214, 212	5, 712, 591	ol	5, 712, 591	30.00
31. 00	03100 NURSING FACILITY	0	0	0, 712, 371		0,712,371	31.00
32.00	03200   CF/IID	0	О	0	О	0	32. 00
33.00	03300 OTHER LONG TERM CARE	0	422, 109	7, 688, 025	0	7, 688, 025	33. 00
40.00	ANCI LLARY SERVI CE COST CENTERS		ما	4 500		4 502	40.00
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY	0	0	4, 502 12, 477		4, 502 12, 477	1
42. 00	04200 I NTRAVENOUS THERAPY	0		12, 477		12, 477	1
43. 00	04300 OXYGEN (INHALATION) THERAPY	0	ō	0		0	43. 00
44.00	04400 PHYSI CAL THERAPY	0	0	272, 476	l .	272, 476	1
45. 00	04500 OCCUPATI ONAL THERAPY	0	0	193, 786	l .	193, 786	1
46. 00 47. 00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	0	0	72, 292 0		72, 292 0	46. 00 47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0		0	ı
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	ō	113, 434		113, 434	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	o	0		0	50. 00
51. 00		0	0	0	0	0	51. 00
60. 00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC	0	O	0	ol	0	60. 00
61. 00	06100 RURAL HEALTH CLINIC	0		0		0	61.00
62. 00	06200 FQHC						62. 00
	OTHER REIMBURSABLE COST CENTERS						
	07000 HOME HEALTH AGENCY COST	0		0		0	
71. 00 73. 00	07100   AMBULANCE	0	0	2, 219 0		2, 219 0	1
73.00	SPECIAL PURPOSE COST CENTERS	0	U <sub>I</sub>	0	<u> </u>		73.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
81. 00							81. 00
82. 00	08200 UTILIZATION REVIEW - SNF						82.00
83. 00 89. 00	08300 HOSPICE SUBTOTALS (sum of lines 1-84)	0	0 636, 321	0 14, 071, 802	0	0 14, 071, 802	1
69.00	NONREI MBURSABLE COST CENTERS	0	030, 321	14, 071, 802	ı	14, 071, 002	09.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91. 00	09100 BARBER AND BEAUTY SHOP	0	o	7, 800	o	7, 800	
92.00	09200 PHYSI CLANS PRI VATE OFFI CES	0	0	0		0	
93. 00 94. 00	09300 NONPAI D WORKERS 09400 PATI ENTS LAUNDRY	0	0	0	0	0	
98.00	Cross Foot Adjustments	0		0		0	1
99. 00	Negative Cost Centers	0	o	0	o o	0	99. 00
100.00	TOTAL	0	636, 321	14, 079, 602	o	14, 079, 602	100. 00

| In Lieu of Form CMS-2540-10 | Peri od: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | T Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315354

				To	12/31/2022	Date/Time Pre 5/29/2023 4:1	
			CAPI TAL REI	LATED COSTS		372972023 4.1	ı pili
			0711 7 7712 7721	21125 00010			
	Cost Center Description	Directly	BLDGS &	MOVABLE	Subtotal	EMPLOYEE	
		Assigned New	FI XTURES	EQUI PMENT		BENEFI TS	
		Capi tal					
		Related Costs		0.00			
	CENEDAL CEDVICE COCT CENTERS	0	1. 00	2.00	2A	3. 00	
1 00	GENERAL SERVICE COST CENTERS						1 1 00
1. 00 2. 00	OO100   CAP REL COSTS - BLDGS & FIXTURES   OO200   CAP REL COSTS - MOVABLE EQUIPMENT						1. 00 2. 00
3. 00	00300 EMPLOYEE BENEFITS		0	o	0	0	3. 00
4. 00	00400 ADMI NI STRATI VE & GENERAL	0	139, 685	-	139, 685	0	4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS		130, 181		130, 181	0	5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE	0	17, 519	0	17, 519	0	6. 00
7. 00	00700 HOUSEKEEPI NG	0	4, 511		4, 511	0	7. 00
8. 00	00800 DI ETARY	0	87, 399		87, 399	0	8. 00
9. 00	00900 NURSI NG ADMI NI STRATI ON	o	0	1	0	0	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11. 00	01100 PHARMACY	0	0	0	0	0	11. 00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300 SOCIAL SERVICE	0	4, 962	0	4, 962	0	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14. 00
15. 00	01500 RECREATION	0	58, 451	0	58, 451	0	15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	03000 SKILLED NURSING FACILITY	0	378, 317		378, 317	0	30. 00
31. 00	03100 NURSING FACILITY	0	0	_	0	0	31. 00
32. 00	03200   CF/    D	0	0	0	0	0	32.00
33. 00	03300 OTHER LONG TERM CARE	0	1, 008, 214	0	1, 008, 214	0	33. 00
40.00	ANCI LLARY SERVI CE COST CENTERS		0	ol	O	0	10.00
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY		0	0	0	0	40. 00 41. 00
42. 00	04200 I NTRAVENOUS THERAPY		0	0	0	0	42.00
43. 00	04300 OXYGEN (INHALATION) THERAPY		0		0	0	43. 00
44. 00	04400 PHYSI CAL THERAPY		15, 865		15, 865	0	44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	0	0	1	0	0	45. 00
46. 00	04600 SPEECH PATHOLOGY	0	0	0	0	0	46. 00
47.00	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
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49. 00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50. 00
51. 00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
	OUTPATIENT SERVICE COST CENTERS						
60. 00	06000 CLI NI C	0	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		O	0	70.00
70. 00 71. 00	07000   HOME   HEALTH   AGENCY   COST   07100   AMBULANCE		0		0	0	70. 00 71. 00
73.00	07300 CMHC		0	1	0	0	73.00
73.00	SPECIAL PURPOSE COST CENTERS	l ol	0	<u> </u>		0	73.00
80 00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80. 00
	08100 I NTEREST EXPENSE						81.00
82. 00	08200 UTILIZATION REVIEW - SNF						82. 00
83. 00	08300 H0SPI CE	o	0	О	0	0	83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	O	1, 845, 104	0	1, 845, 104	0	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	3, 308	0	3, 308	0	91. 00
92.00	09200 PHYSI CI ANS PRI VATE OFFI CES	0	0	0	0	0	92.00
93. 00	09300 NONPALD WORKERS	0	0	0	0	0	93. 00
94.00	09400 PATIENTS LAUNDRY	0	0	0	0	0	
98.00	Cross Foot Adjustments		_		0	-	98. 00
99.00	Negative Cost Centers		1 040 410	0	1 040 410	0	99. 00 100. 00
100.00	TOTAL	0	1, 848, 412	0	1, 848, 412	Ü	1100.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

COST CENTER* DESCRIPTION					T	o 12/31/2022	Date/Time Pre	
ENERAL SERVICE COST CENTERS		Cost Center Description	ADMI NI STRATI VE	PI ANT	LAUNDRY &	HOUSEKEEPI NG		ı pm
SENERAL SERVICE COST CENTERS								
GINERAL SERVICE COST CENTERS			4.00		4 00	7.00	9.00	
1.00		GENERAL SERVICE COST CENTERS	4.00	5.00	0.00	7.00	6.00	
3.00   00300   PMPLOYER FRIEFITS   3.00   3.00   3.00   5.00   00500   PLANT OPERATION, MAINT. & REPAIRS   13,9685   1.44,037   5.00   00500   PLANT OPERATION, MAINT. & REPAIRS   13,864   1.44,037   5.00   00500   PLANT OPERATION, MAINT. & REPAIRS   13,864   1.44,037   5.00   00500   PLANT OPERATION, MAINT. & REPAIRS   13,864   1.44,037   5.00   00500   DLANDRY & LINN SERVICE   5.109   4.12   0.00   0.0	1.00							1.00
4.00   0.0400   ADM INSTRATIVE & GENERAL   139,685   1.44,037   5.00   0.0500   CHANT OPERATION, MAINT. & REPAIRS   13,886   1.44,037   5.00   0.0500   CHANT OPERATION   2.2,265   1,599   21,383   0.00	2.00							2. 00
5.00   00500   LANTO PERATION, MAINT & REPAIRS   13,856   144,037   1,599   21,383   0,000   0.000   0								•
0.0000   LANDRY & LINEN SERVICE			1	144 027				•
0.000   0.0000   0.0000   0.0000   0.0000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000		1 1	1		1			•
0.000   0.0000   DIETARY			1					•
10. 00   010000   CENTRAL SERVICES & SUPPLY	8.00		1	7, 975	0	563	119, 886	8. 00
11.00   01100   PHARMACY   0   0   0   0   0   0   0   11.00   12.00   13.00   01300   SOLIAL SERVICE   2,512   453   0   32   0   13.00   15.00   15.00   NURSI NG AND ALLIED HEALTH EDUCATION   0   0   0   0   0   0   0   14.00   14.00   14.00   01500   NURSI NG AND ALLIED HEALTH EDUCATION   5,606   5,333   0   377   0   15.00   15.00   NURSI NG AND ALLIED HEALTH EDUCATION   5,606   5,333   0   377   0   15.00   15.00   NURSI NG FACILITY   37,696   34,520   7,198   2,438   40,359   30.00   32.00   32.00   32.00   NURSI NG FACILITY   0   0   0   0   0   0   0   0   32.00   32.00   32.00   32.00   1.0F /1 ID   0   0   0   0   0   0   0   0   0			4, 564	0	0	0		1
12 00   01200   MEDICAL RECORDS & LIBRARY   0   0   0   0   0   12 00   14 00   14 00   14 00   14 00   0   0   0   0   0   0   0   0   0		1 1	0	0	0	0		ł
13. 00   01300   SOCIAL SERVICE   2,512   453   0   32   0   13. 00     14. 00   01400   NURSING AND ALLIED HEALTH EDUCATION   5,606   5,333   0   377   0   15. 00     NIPATE ENT ROUTINE SERVICE COST CENTERS		1	0	0	0	0	-	ł
14. 00   01400   NUESING AND ALLIED HEALTH EDUCATION   0   0   0   0   0   0   14. 00			2 512	453	0	32	-	ł
15.00   OTSOO   RECERTION   SERVICE COST CENTERS   STATE   S			0					ł
30.00   03000   SKI LED NURSING FACILITY	15. 00		5, 606	5, 333	0	377	0	15. 00
31.00   03100   NURSING FACILITY			,					
32.00   032.00   CORPITION   0   0   0   0   0   0   0   0   0		I I	37, 695					•
33.00   03300   O3300   OTHER LONG TERN CARE   37,627   91,995   14,185   6,498   79,527   33.00			0	0				•
ANCILLARY SERVICE COST CENTERS			37 627	91 995	_	_		•
40.00	00.00		07,027	71,770	11,100	0, 170	77,021	00.00
42.00   04200   04200   0   0   0   0   0   0   0   0   42.00	40.00		45	0	0	0	0	40. 00
43.00   04300   0XYGEN (INHALATION) THERAPY   0   0   0   0   0   0   0   0   43.00			124	0	0	0	0	•
44. 00   04400   PHYSI CAL THERAPY   2,511   1,448   0   102   0   44. 00   45. 00   04500   0CCUPATI ONAL THERAPY   1,922   0   0   0   0   0   0   45. 00   04500   0500   050000   0500000   0500000   0500000   0500000000			0	0	0	_		•
45. 00   04500   OCCUPATIONAL THERAPY   1,922   0   0   0   0   45. 00   46. 00   04600   SPEECH PATHOLOGY   7177   0   0   0   0   0   46. 00   47. 00   04700   ELECTROCARDIOLOGY   0   0   0   0   0   0   0   48. 00   04800   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   49. 00   04900   DRUGS CHARGED TO PATIENTS   1,125   0   0   0   0   0   0   50. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   51. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   51. 00   05100   SUPPORT SURFACES   0   0   0   0   0   0   00   00   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   01   05100   SUPPORT SURFACES   0   0   0   0   0   0   02   00   09100   BARBER AND BEAUTY SHOP   37   302   0   21   0   10   09   00   09100   BARBER AND BEAUTY SHOP   37   302   0   21   0   10   09   00   09100   BARBER AND BEAUTY SHOP   37   302   0   21   0   10   09   00   09100   PATIENTS LAUNDRY   0   0   0   0   0   0   0   00   09100   PATIENTS LAUNDRY   0   0   0   0   0   0   0   00   09100   PATIENTS LAUNDRY   0   0   0   0   0   0   00   00   00			2 511	1 440	0	1		•
46. 00 04600 SPECH PATHOLOGY 717 0 0 0 0 0 0 46. 00 47. 00 04700 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 47. 00 48. 00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 48. 00 49. 00 04900 DRUGS CHARGED TO PATIENTS 1,125 0 0 0 0 0 0 49. 00 50. 00 05000 DENTAL CARE - TITLE XIX ONLY 0 0 0 0 0 0 0 0 0 51. 00 51. 00 05100 SUPPORT SURFACES 0 0 0 0 0 0 0 0 0 51. 00  DUTPATIENT SERVICE COST CENTERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	1					•
48.00 04900 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 48.00 04900 DRUGS CHARGED TO PATIENTS 1.125 0 0 0 0 0 0 49.00 05000 DRUGS CHARGED TO PATIENTS 1.125 0 0 0 0 0 0 0 0 49.00 05000 DRUGS CHARGED TO PATIENTS 1.125 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1	-		-		•
49. 00   04900   DRUGS CHARGED TO PATIENTS   1,125   0   0   0   0   49. 00   50. 00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0   51. 00   05100   SUPPORT SURFACES   0   0   0   0   0   0    OUTPATIENT SERVICE COST CENTERS  60. 00   06000   CLINIC   0   0   0   0   0   0   61. 00   06100   RURAL HEALTH CLINIC   0   0   0   0   0   62. 00   06200   FOHC   0   0   0   0   0   0    OTHER REI MBURSABLE COST CENTERS  70. 00   70000   HOME HEALTH AGENCY COST   0   0   0   0   0   0   71. 00   07100   AMBULANCE   22   0   0   0   0   0    SEPCIAL PURPOSE COST CENTERS  80. 00   08000   MALPRACTI CE PREMI UMS & PAI D LOSSES   81. 00   08100   INTEREST EXPENSE   81. 00   82. 00   08200   UTILI ZATI ON REVIEW - SNF   82. 00   83. 00   08300   HOSPI CE   0   0   0   0   0   0   89. 00   SUBTOTALS (SUM OF I I Ines 1-84)   139,648   143,735   21,383   10,010   119,886   89. 00   99. 00   09100   BARBER AND BEAUTY SHOP   37   302   0   21   0   91. 00   99. 00   09400   PATIENTS LAUNDRY   0   0   0   0   0   93. 00   99. 00   Norpati Wench Short Short Adjustments   0   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati We Cost Centers   0   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0   0   0   99. 00   Norpati Wench Short Adjustments   0   0	47.00	04700 ELECTROCARDI OLOGY	0	0	0	0	0	47. 00
50.00   05000   DENTAL CARE - TITLE XIX ONLY   0 0 0 0 0 0 0 0 0 0 50.00			0	0		-	-	•
51.00   05100   SUPPORT SURFACES   0   0   0   0   0   0   0   0   0			1, 125	0		· · · · · · · · · · · · · · · · · · ·		•
OUTPATIENT SERVICE COST CENTERS   O		1	0	0		· ·	-	
60. 00	31.00		<u> </u>	0	<u> </u>	<u> </u>		31.00
62. 00   06200   FOHC   OTHER REI MBURSABLE COST CENTERS	60.00		0	0	0	0	0	60.00
OTHER REIMBURSABLE COST CENTERS   OTOOD   OMB   HEALTH   AGENCY COST   O O O O O O O O O O O O O O O O O O	61. 00		0	0	0	0	0	61. 00
70.00	62. 00							62. 00
71. 00	70.00		1 0		1 0	٥	0	70.00
73.00   07300   CMHC   0   0   0   0   0   0   0   0   0			1			1		ł
80. 00								1
81. 00								
82. 00   08200   UTILIZATION REVIEW - SNF   0 0 0 0 0 0 0 0 83. 00   89. 00   SUBTOTALS (sum of lines 1-84)   139, 648   143, 735   21, 383   10, 010   119, 886   89. 00   NONREI MBURSABLE COST CENTERS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		I I						•
83. 00   08300   HOSPICE   0 0 0 0 0 0 0 0 83.00   89. 00   SUBTOTALS (sum of lines 1-84)   139,648   143,735   21,383   10,010   119,886   89. 00   NONREI MBURSABLE COST CENTERS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								1
89. 00   SUBTOTALS (sum of lines 1-84)   139,648   143,735   21,383   10,010   119,886   89.00			0	0		0	0	
NONREIMBURSABLE COST CENTERS   90.00   09000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   0   0   0   0   0   0   0   0			139 648					
90. 00	37.30			, 700	2.,000		, 000	37.00
92. 00   09200   PHYSICIANS PRIVATE OFFICES   0   0   0   0   92. 00   93. 00   09300   NONPAI D 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		09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	1				0	
93. 00   09300   NONPAI D WORKERS   0 0 0 0 0 93. 00   94. 00   94. 00   98. 00   0 0 0 0 0 0 94. 00   98. 00   0 0 0 0 0 0 0 98. 00   99. 00   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			37			l .		
94. 00   09400   PATIENTS LAUNDRY   0   0   0   94. 00   98. 00   99. 00   0   0   98. 00   0   0   99. 00   0   0   0   0   0   0   0   99. 00   0   0   0   0   0   0   0   0   0			0			· ·		
98.00   Cross Foot Adjustments				0	_	1		1
99.00   Negative Cost Centers   0   0   0   99.00				0		1		1
100. 00   TOTAL   139, 685  144, 037  21, 383  10, 031  119, 886 100. 00			0	0			0	99. 00
	100.00	D TOTAL	139, 685	144, 037	21, 383	10, 031	119, 886	100. 00

Provi der No.: 315354

						5/29/2023 4:1	1 pm
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12. 00	13.00	
	GENERAL SERVICE COST CENTERS	1.22					
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 ADMINISTRATIVE & GENERAL						4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE						6. 00
7. 00	00700 HOUSEKEEPING						7. 00
8.00	00800 DI ETARY						8. 00
9. 00	00900 NURSING ADMINISTRATION	4, 564					9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY	0	o				10. 00
11. 00	01100 PHARMACY		0	0			11. 00
	01200 MEDICAL RECORDS & LIBRARY		0	0	0		12. 00
13. 00	01300 SOCIAL SERVICE		0	0	0	7, 959	
	01400 NURSING AND ALLIED HEALTH EDUCATION		Ö	0	0		14. 00
	01500 RECREATION		Ö	0	0	1	15. 00
13.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	<u> </u>	<u> </u>	o <sub>l</sub>			13.00
30. 00	03000 SKILLED NURSING FACILITY	2, 189	ol	0	0	2, 679	30. 00
	03100 NURSING FACILITY	2, 107	ő	Ö	0		31. 00
	03200   CF/IID		ő	0	0	1	32. 00
	03300 OTHER LONG TERM CARE	2, 375	0	0	0		
33.00	ANCI LLARY SERVI CE COST CENTERS	2,373	<u> </u>	U <sub>I</sub>		3, 200	33.00
40. 00	04000 RADI OLOGY	O	o	0	0	0	40. 00
	04100 LABORATORY		Ö	0	0	1	41. 00
	04200 I NTRAVENOUS THERAPY		0	0	0	0	42. 00
	04300 OXYGEN (INHALATION) THERAPY		0	0	0	0	43. 00
	04400 PHYSI CAL THERAPY	0	0	0	0	0	44. 00
45. 00	04500 OCCUPATIONAL THERAPY		0	0	0	0	45. 00
46. 00	04600 SPEECH PATHOLOGY		0	0	0	0	46. 00
47. 00	1	0	0	0	0	0	
	04700 ELECTROCARDI OLOGY	0	U	0	0	0	47. 00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	U	0	0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	U	0	0	0	49. 00
	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51. 00	05100 SUPPORT SURFACES	<u> </u>	U	U	0	0	51. 00
40.00	OUTPATIENT SERVICE COST CENTERS  06000 CLINIC		ما	0		0	40.00
60. 00 61. 00	06100 RURAL HEALTH CLINIC	0	0	0	0		60. 00 61. 00
	1	١	۷	U	U	0	
62. 00	06200 FQHC						62. 00
70. 00	OTHER REIMBURSABLE COST CENTERS  O7000 HOME HEALTH AGENCY COST	0	ol	0	0	0	70. 00
	1	1	0	-		•	
71. 00 73. 00	07100 AMBULANCE	0	0	0	0	•	71.00
73.00	O7300   CMHC   SPECIAL PURPOSE COST CENTERS	l U	U	U	0	0	73. 00
90.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES	T T	T			I	90 00
	1						80.00
	08100 I NTEREST EXPENSE						81. 00
82. 00	08200 UTI LI ZATI ON REVI EW - SNF			0	0		82. 00
83. 00	08300 H0SPI CE	0	0	0	0	0	
89. 00	SUBTOTALS (sum of lines 1-84)	4, 564	0	0	0	7, 959	89. 00
00.00	NONREI MBURSABLE COST CENTERS		ما				00.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	1	90.00
	09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92. 00	09200 PHYSI CLANS PRI VATE OFFI CES	0	0	0	0	1	92. 00
93. 00	09300 NONPAI D WORKERS	0	0	0	0	1	93. 00
94. 00	09400 PATIENTS LAUNDRY	0	0	0	0	0	94. 00
98. 00	Cross Foot Adjustments	0	0	0	=	_	98. 00
99. 00	Negative Cost Centers	0	0	0	0		
100.00	TOTAL	4, 564	0	0	0	7, 959	100. 00

| In Lieu of Form CMS-2540-10 | Peri od: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | T Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315354

						To 12/31/2022	Date/Time Pre 5/29/2023 4:1	
				OTHER GENERAL			372772023 4. 1	ı piii
				SERVI CE				
	(	Cost Center Description	NURSI NG AND	RECREATI ON	Subtotal	Post Step-Down	Total	
			ALLI ED HEALTH			Adjustments		
			EDUCATI ON	45.00	1/ 00	47.00	10.00	
	CENEDA	L CEDVICE COCT CENTEDS	14. 00	15. 00	16. 00	17. 00	18. 00	
1.00		L SERVICE COST CENTERS  CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00		CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00		EMPLOYEE BENEFITS						3. 00
4. 00		ADMINISTRATIVE & GENERAL						4. 00
5.00	1 1	PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00		LAUNDRY & LINEN SERVICE						6. 00
7.00	00700 I	HOUSEKEEPI NG						7. 00
8.00	00800	DI ETARY						8. 00
9.00	00900	NURSING ADMINISTRATION						9. 00
10.00		CENTRAL SERVICES & SUPPLY						10. 00
11. 00		PHARMACY						11. 00
12. 00		MEDICAL RECORDS & LIBRARY						12.00
13.00		SOCIAL SERVICE						13.00
14. 00		NURSING AND ALLIED HEALTH EDUCATION	0					14. 00
15. 00		RECREATION	0	69, 767				15. 00
20.00		ENT ROUTINE SERVICE COST CENTERS SKILLED NURSING FACILITY	0	23, 486	F20, 00	1 0	528, 881	20.00
30. 00 31. 00		NURSING FACILITY	0	23, 460		0 0	0 320, 661	30. 00 31. 00
32. 00		ICF/IID	0	0		0 0	0	32.00
33. 00		OTHER LONG TERM CARE	0				1, 291, 982	•
00.00		ARY SERVICE COST CENTERS	9	10, 201	1,271,70	2	1,2,1,702	00.00
40.00		RADI OLOGY	0	0	4	5 0	45	40. 00
41.00		LABORATORY	0	0			124	1
42.00	04200	INTRAVENOUS THERAPY	0	0		o o	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0		0 0	0	43.00
44. 00		PHYSI CAL THERAPY	0	0	19, 92	6 0	19, 926	44. 00
45.00		OCCUPATI ONAL THERAPY	0	0	1, 92		1, 922	1
46. 00		SPEECH PATHOLOGY	0	0	71	7 0	717	•
47. 00	1 1	ELECTROCARDI OLOGY	0	0	1	0	0	ł
48. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	48. 00
49. 00		DRUGS CHARGED TO PATIENTS	0	0	1, 12		1, 125	1
50.00		DENTAL CARE - TITLE XIX ONLY	0	0		0 0	0	50.00
51. 00		SUPPORT SURFACES I ENT SERVICE COST CENTERS	U	0		0 0	0	51. 00
60. 00	06000		0	0		0 0	0	60.00
61. 00		RURAL HEALTH CLINIC	0	0		0 0	0	
62. 00	06200		Ö	J			Ŭ	62.00
02.00		REIMBURSABLE COST CENTERS						02.00
70.00		HOME HEALTH AGENCY COST	0	0		0 0	0	70. 00
71.00		AMBULANCE	0	0	2	2 0	22	71. 00
73.00	07300	CMHC	0	0		0 0	0	73. 00
	SPECI A	L PURPOSE COST CENTERS						
		MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
		INTEREST EXPENSE						81. 00
82. 00		UTILIZATION REVIEW - SNF						82. 00
83. 00		HOSPI CE	0	· ·		0	0	
89. 00		SUBTOTALS (sum of lines 1-84)	0	69, 767	1, 844, 74	4 0	1, 844, 744	89. 00
90. 00		MBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOPS & CANTEEN	^	0		0 0	0	90. 00
91.00	1 1	BARBER AND BEAUTY SHOP	0	0			3, 668	1
92.00		PHYSICIANS PRIVATE OFFICES	0	0	3,00	0 0	3,008	ı
93. 00		NONPALD WORKERS	0	0			0	
94. 00		PATIENTS LAUNDRY	0	n		o n	0	
98. 00		Cross Foot Adjustments	0	o		o o	Ö	ı
99. 00	1 1	Negative Cost Centers	0	o		o o	0	1
100.00		TOTAL	0	69, 767	1, 848, 41	2 0	1, 848, 412	100. 00
						•		

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

						o 12/31/2022	Date/Time Pre 5/29/2023 4:1	
			CAPITAL REL	ATED COSTS			372472023 4. 1	ı pili
		Cost Center Description	BLDGS &	MOVABLE	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
		<u>'</u>	FI XTURES	EQUI PMENT	BENEFITS		& GENERAL	
			(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARI ES)		(ACCUM COST)	
			1.00	2. 00	3. 00	4A	4. 00	
1.00		AL SERVICE COST CENTERS  CAP REL COSTS - BLDGS & FIXTURES	122, 919		Ι			1. 00
2.00	1	CAP REL COSTS - MOVABLE EQUIPMENT		o				2. 00
3.00		EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	0 290	1			12 252 404	3.00
4. 00 5. 00		PLANT OPERATION, MAINT. & REPAIRS	9, 289 8, 657		761, 012 245, 551		12, 353, 404 1, 225, 453	4. 00 5. 00
6.00	00600	LAUNDRY & LINEN SERVICE	1, 165	l e	C	0	200, 307	6. 00
7. 00 8. 00	1	HOUSEKEEPI NG DI ETARY	300 5, 812	l .	41, 67 <i>6</i> 924, 571		451, 738 2, 118, 094	7. 00 8. 00
9. 00		NURSING ADMINISTRATION	0,612		293, 264		403, 612	9. 00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	O	C	0	0	
11. 00 12. 00	1	PHARMACY MEDICAL RECORDS & LIBRARY	0	0		0	0	11. 00 12. 00
13. 00		SOCIAL SERVICE	330	Ö	174, 106	0	222, 144	
14. 00		NURSING AND ALLIED HEALTH EDUCATION	0	0	1	0	0	14. 00
15. 00		RECREATION   ENT ROUTINE SERVICE COST CENTERS	3, 887	0	241, 642	2 0	495, 834	15. 00
30.00		SKILLED NURSING FACILITY	25, 158	O	2, 167, 947	0	3, 333, 250	30. 00
31.00		NURSING FACILITY	0	0			0	31.00
32. 00 33. 00	1	ICF/IID   OTHER LONG TERM CARE	67, 046			0		32. 00 33. 00
00.00	ANCI L	LARY SERVICE COST CENTERS	07,010		1,011,100	,	0,027,720	
40.00		RADI OLOGY	0	0			3, 950	
41. 00 42. 00	1	LABORATORY INTRAVENOUS THERAPY	0			0	10, 947	41. 00 42. 00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	O	C	0	0	43. 00
44. 00 45. 00		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	1, 055	0	0	0	222, 114 170, 027	
46. 00	1	SPEECH PATHOLOGY	0			0	63, 429	
47. 00		ELECTROCARDI OLOGY	0	0	C	0	0	
48. 00 49. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0	0		0	99, 527	48. 00 49. 00
50.00		DENTAL CARE - TITLE XIX ONLY	0	Ö		0	77, 327	50.00
51. 00		SUPPORT SURFACES	0	0	C	0	0	51. 00
60. 00		TIENT SERVICE COST CENTERS CLINIC	0			0	0	60. 00
61. 00	06100	RURAL HEALTH CLINIC	0	l				
62. 00	06200							62. 00
70. 00		REIMBURSABLE COST CENTERS HOME HEALTH AGENCY COST	0	О		0	0	70. 00
71. 00	1	AMBULANCE	0	0	•		1, 947	
73. 00	07300	CMHC AL PURPOSE COST CENTERS	0	0	C	0	0	73. 00
80. 00		MALPRACTICE PREMIUMS & PAID LOSSES						80. 00
81.00	1	INTEREST EXPENSE						81.00
82. 00 83. 00		UTILIZATION REVIEW - SNF HOSPICE	0	o		0	0	82. 00 83. 00
89. 00		SUBTOTALS (sum of lines 1-84)	122, 699	l e	•	-1, 726, 198		
00.00		I MBURSABLE COST CENTERS	T o		T /			00.00
90. 00 91. 00		GIFT, FLOWER, COFFEE SHOPS & CANTEEN BARBER AND BEAUTY SHOP	0 220			-	0 3, 308	
92. 00	09200	PHYSICIANS PRIVATE OFFICES	0	0		0	0	92. 00
93. 00 94. 00		NONPALD WORKERS PATIENTS LAUNDRY	0	0	0	0	0	93. 00 94. 00
98. 00	09400	Cross Foot Adjustments	0			0		98. 00
99. 00		Negative Cost Centers						99. 00
102.00	וע	Cost to be allocated (per Wkst. B, Part I)	1, 848, 412	C	1, 606, 664	+	1, 726, 198	102. 00
103.00	1	Unit cost multiplier (Wkst. B, Part I)	15. 037643	0. 000000	0. 247412	2	0. 139735	
104.00		Cost to be allocated (per Wkst. B, Part II)					139, 685	104. 00
105.00	o	Unit cost multiplier (Wkst. B, Part			0. 000000		0. 011307	105. 00
		11)	l		l			

COST ALLOCATION - STATISTICAL BASIS

Provi der No.: 315354 Per

Peri od: Worksheet B-1 From 01/01/2022 To 12/31/2022 Date/Ti me Prepared:

5/29/2023 4:11 pm Cost Center Description PLANT LAUNDRY & HOUSEKEEPI NG DI ETARY NURSI NG OPERATI ON, (SQUARE FEET) (MEALS SERVED) ADMINISTRATION LINEN SERVICE MAINT. & (POUNDS OF REPAI RS LAUNDRY) (DI RECT (SQUARE FEET) NURSI NG) 5.00 6.00 7.00 8.00 9.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1.00 1.00 2.00 2.00 00300 EMPLOYEE BENEFITS 3.00 3.00 00400 ADMINISTRATIVE & GENERAL 4.00 4.00 00500 PLANT OPERATION, MAINT. & REPAIRS 104, 973 5.00 5.00 00600 LAUNDRY & LINEN SERVICE 6.00 1, 165 41, 724 6.00 7.00 00700 HOUSEKEEPI NG 300 103, 508 7.00 8.00 00800 DI ETARY 5,812 5,812 125, 172 8.00 00900 NURSING ADMINISTRATION 152, 270 9 00 0 Ω 0 9 00 10.00 01000 CENTRAL SERVICES & SUPPLY 0 C 0 0 0 10.00 11.00 01100 PHARMACY 0 0 0 0 11.00 01200 MEDICAL RECORDS & LIBRARY 12.00 0 0 0 0 12.00 01300 SOCIAL SERVICE 0 13 00 Ω 330 13 00 330 0 14.00 01400 NURSING AND ALLIED HEALTH EDUCATION C C 0 0 14.00 01500 RECREATION 15.00 3,887 3,887 0 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 25, 158 14,046 25, 158 42, 138 73,044 30.00 03100 NURSING FACILITY 31.00 31.00 0 32.00 03200 | CF/IID 32.00 03300 OTHER LONG TERM CARE 67, 046 33.00 27, 678 67, 046 83, 034 79, 226 33 00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 40.00 0 0 41.00 04100 LABORATORY 0 0 0 0 41.00 0 04200 I NTRAVENOUS THERAPY 0 0 42 00 42 00 Ω 0 43.00 04300 OXYGEN (INHALATION) THERAPY 0 0 0 43.00 04400 PHYSI CAL THERAPY 44.00 1,055 1,055 0 44.00 04500 OCCUPATIONAL THERAPY 45.00 0 0 45.00 C 0 04600 SPEECH PATHOLOGY 0 46.00 0 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0 0 47.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 48 00 0 48.00 0 49.00 04900 DRUGS CHARGED TO PATIENTS 0 0 49.00 0 05000 DENTAL CARE - TITLE XIX ONLY 0 0 50.00 r 0 0 50.00 05100 SUPPORT SURFACES 51.00 51.00 0 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLI NI C 0 0 60.00 0 0 06100 RURAL HEALTH CLINIC 0 61.00 0 C 0 Ω 61.00 62.00 06200 FQHC 62.00 OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 70.00 0 Ω  $\cap$ 0 Λ 71.00 07100 AMBULANCE 0 C 0 0 0 71.00 73.00 07300 CMHC 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 08300 H0SPI CE 83 00 Λ 83 00 89.00 SUBTOTALS (sum of lines 1-84) 104, 753 41,724 103, 288 125, 172 152, 270 89.00 NONREI MBURSABLE COST CENTERS 09000 GLFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 90.00 0 C 91.00 09100 BARBER AND BEAUTY SHOP 220 C 220 0 0 91.00 92.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 C 0 0 92.00 93.00 09300 NONPALD WORKERS 0 0 0 93.00 0 94 00 09400 PATIENTS LAUNDRY 0 O ol 94 00 98.00 Cross Foot Adjustments 98.00 99.00 Negative Cost Centers 99.00 Cost to be allocated (per Wkst. B, 1, 396, 692 243, 798 518, 854 2, 520, 530 460, 011 102. 00 102.00 Part I) 3. 021022 103. 00 103 00 Unit cost multiplier (Wkst. B, Part I) 13. 305250 5.843112 5 012695 20. 136532 104.00 Cost to be allocated (per Wkst. B, 144,037 10,031 119,886 4, 564 104. 00 21, 383 0. 029973 105. 00 105.00 Unit cost multiplier (Wkst. B, Part 1.372134 0.512487 0.096910 0.957770 11)

	Financial Systems	SUNNYSTDE			In Lie	u of Form CMS-2	
COST A	NLLOCATION - STATISTICAL BASIS		Provi der	F	Period: From 01/01/2022 To 12/31/2022	Worksheet B-1 Date/Time Pre 5/29/2023 4:1	pared:
	Cost Center Description	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	piii
	OFNEDAL CEDIUSE COCT OFNEEDS	10.00	11. 00	12.00	13. 00	14. 00	
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	GENERAL SERVICE COST CENTERS  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  00700 HOUSEKEEPING  00800 DIETARY  00900 NURSING ADMINISTRATION  01000 CENTRAL SERVICES & SUPPLY  01100 PHARMACY  01200 MEDICAL RECORDS & LIBRARY  01300 SOCIAL SERVICE	207, 509 0 0 0 0	000000000000000000000000000000000000000		0 41, 724 0 0	0	
15. 00	01500 RECREATION	0	0	(	0	0	15. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY	107 000		14.04	14 044	0	20.00
30. 00 31. 00 32. 00 33. 00	03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE	107, 982 0 0 0	0 0 0 0	(	0 0	0 0 0	31. 00 32. 00
10.00	ANCILLARY SERVICE COST CENTERS				J		40.00
40. 00 41. 00 42. 00 43. 00 44. 00 45. 00 46. 00	04000 RADI OLOGY 04100 LABORATORY 04200 I NTRAVENOUS THERAPY 04300 OXYGEN (I NHALATI ON) THERAPY 04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY 04600 SPEECH PATHOLOGY	0 0 0	0 0 0 0 0			0 0 0 0 0	41. 00 42. 00 43. 00 44. 00 45. 00
47. 00 48. 00 49. 00 50. 00 51. 00	04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0 0 99, 527 0 0	0 0 0 0			0 0 0 0	48. 00 49. 00 50. 00
60. 00 61. 00 62. 00	OUTPATIENT SERVICE COST CENTERS  06000 CLINIC  06100 RURAL HEALTH CLINIC  06200 FOHC  OTHER REIMBURSABLE COST CENTERS	0	0	(		0	
70. 00	07000 HOME HEALTH AGENCY COST	O	0		ol	0	70. 00
71. 00	07100 AMBULANCE 07300 CMHC SPECIAL PURPOSE COST CENTERS	0	0		o	0	71. 00
80. 00 81. 00 82. 00 83. 00 89. 00	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF 08300 HOSPICE SUBTOTALS (sum of lines 1-84)	0 207, 509	0	1	) 0 4 41, 724	0	1
90. 00 91. 00 92. 00 93. 00 94. 00 98. 00 99. 00 102. 00	NONREIMBURSABLE COST CENTERS  09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY  Cross Foot Adjustments Negative Cost Centers Cost to be allocated (per Wkst. B,	0 0 0 0 0	000000000000000000000000000000000000000		0 0 0 0 0	0 0 0 0 0	91. 00 92. 00 93. 00
103. 00 104. 00	Cost to be allocated (per Wkst. B,	0. 000000	0. 000000	0. 000000	6. 212971 7, 959	0.000000	103. 00 104. 00
105.00	Part II) Unit cost multiplier (Wkst. B, Part II)	0. 000000	0. 000000	0. 000000	0. 190754	0. 000000	105. 00

SUNNYSI DE MANOR In Lieu of Form CMS-2540-10

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS | Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provi der No.: 315354

			To 12/31/2022 Date/Time Pre 5/29/2023 4:1	
		OTHER GENERAL	 372772023 4. 1	T pill
		SERVI CE		
	Cost Center Description	RECREATI ON		
	'	(CENSUS)		
		15. 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 ADMINISTRATIVE & 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 MEDICAL RECORDS & LIBRARY			12. 00
13.00	01300 SOCIAL SERVICE			13. 00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION			14. 00
15. 00	01500 RECREATION	41, 724		15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30. 00	03000 SKILLED NURSING FACILITY	14, 046		30. 00
31.00	03100 NURSING FACILITY	0		31. 00
32.00	03200   I CF/I I D	0		32. 00
33. 00	03300 OTHER LONG TERM CARE	27, 678		33. 00
	ANCILLARY SERVICE COST CENTERS			
	04000 RADI OLOGY	0		40. 00
	04100 LABORATORY	0		41. 00
	04200 I NTRAVENOUS THERAPY	0		42. 00
	04300 OXYGEN (INHALATION) THERAPY	0		43. 00
44. 00	04400 PHYSI CAL THERAPY	0		44. 00
	04500 OCCUPATI ONAL THERAPY	0		45. 00
46. 00	04600 SPEECH PATHOLOGY	0		46. 00
	04700 ELECTROCARDI OLOGY	0		47. 00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		48. 00
	04900 DRUGS CHARGED TO PATIENTS	0		49. 00
	05000 DENTAL CARE - TITLE XIX ONLY	0		50.00
51.00	05100 SUPPORT SURFACES	0		51.00
60. 00	OUTPATIENT SERVICE COST CENTERS  06000 CLINIC	0		60.00
	06100 RURAL HEALTH CLINIC			61.00
	06200 FQHC			62.00
02.00	OTHER REIMBURSABLE COST CENTERS			02.00
70. 00	07000 HOME HEALTH AGENCY COST	0		70. 00
	07100 AMBULANCE	o		71.00
	07300 CMHC	o o		73. 00
	SPECIAL PURPOSE COST CENTERS			
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES			80. 00
81.00	08100 I NTEREST EXPENSE			81. 00
82.00	08200 UTILIZATION REVIEW - SNF			82. 00
83. 00	08300 H0SPI CE	0		83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	41, 724		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		91. 00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0		92. 00
93. 00	09300 NONPALD WORKERS	0		93. 00
94.00	09400 PATIENTS LAUNDRY	0		94. 00
98. 00	Cross Foot Adjustments			98. 00
99. 00	Negative Cost Centers			99. 00
102.00		636, 321		102. 00
	Part I)			1
103.00		15. 250719		103. 00
104.00		69, 767		104. 00
105 00	Part II)	1 (7010		105 00
105.00		1. 672107		105. 00
	11)			I

Heal th	Financial Systems SUNNYS	IDE MANOR		In Lie	u of Form CMS-2	2540-10
RATI 0	OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTI	ERS Provi der		Peri od:	Worksheet C	
				From 01/01/2022		
				To 12/31/2022	Date/Time Prep 5/29/2023 4:1	pared: 1 nm
	Cost Center Description		Total (from	Total Charges	Ratio (col. 1	ı piii
	555 Comes 5555 Fer on		Wkst. B, Pt I		di vi ded by	
			col . 18)		col. 2	
			1.00	2. 00	3. 00	
	ANCILLARY SERVICE COST CENTERS					
40.00	04000 RADI OLOGY		4, 50	2 0	0.000000	40. 00
41.00	04100 LABORATORY		12, 47	7 0	0.000000	41. 00
42.00	04200 I NTRAVENOUS THERAPY			0	0.000000	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY			0 0	0.000000	43.00
44.00	04400 PHYSI CAL THERAPY		272, 47	6 351, 882	0. 774339	44. 00
45.00	04500 OCCUPATI ONAL THERAPY		193, 78	6 285, 162	0. 679565	45. 00
46.00	04600 SPEECH PATHOLOGY		72, 29	2 112, 262	0. 643958	46. 00
47.00	04700 ELECTROCARDI OLOGY			0	0.000000	47. 00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS			0	0.000000	48. 00
49.00	04900 DRUGS CHARGED TO PATIENTS		113, 43	4 0	0.000000	49. 00
	05000 DENTAL CARE - TITLE XIX ONLY			0 0	0.000000	
	05100 SUPPORT SURFACES			0 (C	0.000000	51.00
	OUTPATIENT SERVICE COST CENTERS					
60 00	106000 CLINIC		1	0	0 000000	60 00

0.000000

0.000000 71.00

0

749, 306

0

2, 219

671, 186

60. 00 61. 00

62.00

100.00

60. 00 | 06000 | CLI NI C | 61. 00 | 06100 | RURAL | HEALTH | CLI NI C

62. 00 | 06200 | FQHC | 71. 00 | 07100 | AMBULANCE | Total

Health Financial Systems	SUNNYSI DI				eu of Form CMS-	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Peri od: From 01/01/2022	Worksheet D Part I	
				To 12/31/2022	Date/Time Pre	epared:
		Title	XVIII (1)	Skilled Nursing	5/29/2023 4: 1 PPS	т рш
			. ,	Facility		
		Heal th Care Pr	rogram Charge	s Health Care	Program Cost	
	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					
	Col umn 3) 1.00	2.00	3.00	4. 00	5. 00	
PART I - CALCULATION OF ANCILLARY AND OUTPAT		2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						1
40. 00 04000 RADI OLOGY	0. 000000	0		0 0	0	40.00
41. 00   04100   LABORATORY	0. 000000			0	0	
42. 00   04200   I NTRAVENOUS THERAPY	0. 000000	l e		0	0	
43.00 O4300 OXYGEN (INHALATION) THERAPY	0. 000000	l .		0	0	
44. 00 O4400 PHYSI CAL THERAPY	0. 774339			0 126, 008		
45. 00 04500 OCCUPATI ONAL THERAPY	0. 679565			0 88, 795		
46. 00   04600   SPEECH PATHOLOGY	0. 643958			0 28, 592		
47. 00   04700   ELECTROCARDI OLOGY	0. 000000	l .		0	0	
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 49.00 04900 DRUGS CHARGED TO PATIENTS	0. 000000	l .		0	0	
49. 00   04900   DRUGS CHARGED TO PATIENTS 50. 00   05000   DENTAL CARE - TITLE XIX ONLY	0. 000000 0. 000000	l .		0	0	49.00
51. 00   05100   SUPPORT SURFACES	0. 000000	l .		0	0	
OUTPATIENT SERVICE COST CENTERS	0.00000	0		0 0		31.00
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)		337, 795		0 243, 395	0	100. 00
(1) For title V and XIX use columns 1, 2, and 4 onl	y.					

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

Health Financial Systems SUNNYSIDE MANOR In Lieu of Form CMS-2540-10									
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der	No.: 315354	Period: From 01/01/2022 To 12/31/2022					
		Ti tl	e XVIII	Skilled Nursing Facility	PPS				
Cost Center Description	Cost Center Description 1.00								
PART II - APPORTIONMENT OF VACCINE COST					1.00				
1.00 Drugs charged to patients - ratio of co	st to charges	(From Workshee	t C. column 3	. line 49)	0.000000	1.00			
2.00 Program vaccine charges (From your reco				,	0	ł			
3.00 Program costs (Line 1 x line 2) (Title	XVIII, PPS prov	viders, transf	er this amoun	t to Worksheet	0	3. 00			
E, Part I, line 18)		1							
Cost Center Description	Total Cost	Nursing &	Ratio of		Part A Nursing				
	(From Wkst. B, Part I, Col.	(From Wkst. B,		Cost (From h Wkst. D Part	& Allied Health Costs				
	18		Costs to Tota		for Pass				
	10	14)	Costs to Tota		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 &	ALLIED HEALTH							
ANCILLARY SERVICE COST CENTERS									
40. 00   04000   RADI OLOGY	4, 502	0	0. 00000		0				
41. 00   04100   LABORATORY	12, 477	0	0.0000		0	41.00			
42. 00 04200 I NTRAVENOUS THERAPY	0	0	0.0000		0				
43.00   04300   0XYGEN (INHALATION) THERAPY 44.00   04400   PHYSICAL THERAPY	272 474		0.0000		0	43. 00 44. 00			
45. 00   04500   OCCUPATI ONAL THERAPY	272, 476 193, 786	l e	0. 00000 0. 00000			45.00			
46. 00   04600   SPEECH PATHOLOGY	72, 292	l e	0.0000						
47. 00   04700   ELECTROCARDI OLOGY	72, 272		0.0000		0				
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0.0000		0				
49.00 04900 DRUGS CHARGED TO PATIENTS	113, 434	Ö	0. 00000		0				
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	0	0	0. 00000		0	50.00			
51. 00 05100 SUPPORT SURFACES	0	0	0. 00000	00	0				
100.00   Total (Sum of lines 40 - 52)	668, 967	0	1	243, 395	0	100. 00			

eal th	ealth Financial Systems SUNNYSIDE MANOR In Lieu						
OMPU	MPUTATION OF INPATIENT ROUTINE COSTS Provider No.: 315354 Period:   V						
			From 01/01/2022 To 12/31/2022	Parts I-II Date/Time Pre	nara		
			10 12/31/2022	5/29/2023 4:1			
	Title XVIII Skilled Nursing						
			Facility				
	DADT I CALCULATION OF INDATIENT POUTINE COCTO			1. 00			
	PART I CALCULATION OF INPATIENT ROUTINE COSTS INPATIENT DAYS						
00	Inpatient days including private room days			14, 046	1.		
00	Private room days			0	2.		
00	Inpatient days including private room days applicable to the Pr	rogram		1, 736	1		
00	Medically necessary private room days applicable to the Program			0	4.		
00	Total general inpatient routine service cost			5, 712, 591	5		
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
00	General inpatient routine service charges			6, 325, 076	6		
00	General inpatient routine service cost/charge ratio (Line 5 di	vided by line 6)		0. 903166			
00	Enter private room charges from your records			0	8		
00	Average private room per diem charge (Private room charges line 2)	e 8 divided by private	room days, line	0. 00	9		
00	Enter semi-private room charges from your records			0	10		
00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)						
00	Average per diem private room charge differential (Line 9 minus			0.00	12		
00	Average per diem private room cost differential (Line 7 times			0. 00			
00	Private room cost differential adjustment (Line 2 times line 13			0	14		
00	General inpatient routine service cost net of private room cos	t differential (Line 5	minus line 14)	5, 712, 591	15		
00	PROGRAM INPATIENT ROUTINE SERVICE COSTS	ded by 11: - 1)		407.71	1,		
00	Adjusted general inpatient service cost per diem (Line 15 divi Program routine service cost (Line 3 times line 16)	ded by TThe T)		406. 71 706, 049			
00	Medically necessary private room cost applicable to program (	ino 4 timos lino 12)		708, 049	18		
00	Total program general inpatient routine service cost (Line 17			706, 049			
00	Capital related cost allocated to inpatient routine service cost	'	t II column 18	528, 881			
00	line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	315 (1.16m mist. 2, 1.a.	: 11 oor a 10,	020, 00 .			
00	Per diem capital related costs (Line 20 divided by line 1)			37. 65	21		
00	Program capital related cost (Line 3 times line 21)			65, 360	22		
00	Inpatient routine service cost (Line 19 minus line 22)			640, 689			
00	Aggregate charges to beneficiaries for excess costs (From pro			0	24		
00	Total program routine service costs for comparison to the cost	limitation (Line 23 mi	nus line 24)	640, 689			
00	Enter the per diem limitation (1)				26		
00	Inpatient routine service cost limitation (Line 3 times the per				27		
00	Reimbursable inpatient routine service costs (Line 22 plus the (Transfer to Worksheet E, Part II, line 4) (See instructions)	e lesser of line 25 or	line 27)		28		
Li	nes 26 and 27 are not applicable for title XVIII, but may be us	ed for title V and or t	itle XIX	'			
				1. 00			
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS	FOR PPS PASS-THROUGH					
00	Total SNF inpatient days  Program inpatient days (see instructions)			14, 046			
				1 736	1 2		

Program inpatient days (see instructions)
Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)
Nursing & allied health ratio. (line 2 divided by line 1)
Program nursing & allied health costs for pass-through. (line 3 times line 4)

1, 736

0

2.00 3. 00

4.00

MCRI F32	-	10.	12.	175.	6

2.00

4.00

5.00

Health Financial Systems	SUNNYSIDE M	ANOR	In Lie	u of Form CMS-2540-10
CALCULATION OF REIMBURSEMENT SETTLEM	ENT FOR TITLE XVIII	Provi der No.: 315354	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part I Date/Time Prepared: 5/29/2023 4:11 pm
		Title XVIII	Skilled Nursing	PPS

		Title XVIII	Skilled Nursing	PPS	
			Facility Pacility		
				1.00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURS	EMENT		1. 00	
1. 00	Inpatient PPS amount (See Instructions)	EWENT		1, 031, 863	1. 00
2.00	Nursing and Allied Health Education Activities (pass through pa	wmonts)		1, 031, 803	2. 00
3.00	Subtotal (Sum of lines 1 and 2)	iyillerits)		1, 031, 863	3. 00
4. 00	Primary payor amounts			1, 031, 803	4. 00
5. 00	Coinsurance			187, 693	5. 00
6. 00	Allowable bad debts (From your records)			107, 073	6. 00
7. 00	Allowable Bad debts for dual eligible beneficiaries (See instru	ictions)		0	7. 00
8. 00	Adjusted reimbursable bad debts. (See instructions)	10113)		0	8. 00
9. 00	Recovery of bad debts - for statistical records only			0	9. 00
10.00	Utilization review			0	10. 00
11. 00	Subtotal (See instructions)			844, 170	
12. 00	Interim payments (See instructions)			836, 113	
13. 00	Tentati ve adjustment			030, 119	13. 00
14. 00	OTHER adjustment (See instructions)			0	14. 00
14. 50	Demonstration payment adjustment amount before sequestration			0	
14. 55	Demonstration payment adjustment amount after sequestration			0	14. 55
14. 75	Sequestration for non-claims based amounts (see instructions)			0	14. 75
14. 99	Sequestration amount (see instructions)			8, 057	
15. 00	Balance due provider/program (see Instructions)			0	
16. 00	Protested amounts (Nonallowable cost report items in accordance	with CMS Pub. 15-2,	section 115.2)	0	16. 00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER				
17.00	Ancillary services Part B			0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)			0	18.00
19. 00	Total reasonable costs (Sum of Lines 17 and 18)			0	19.00
20.00	Medicare Part B ancillary charges (See instructions)			0	20.00
21. 00	Cost of covered services (Lesser of line 19 or line 20)			0	21.00
22. 00	Primary payor amounts			0	22.00
23. 00	Coinsurance and deductibles			0	23.00
24. 00	Allowable bad debts (From your records)			0	24. 00
24. 01	Allowable Bad debts for dual eligible beneficiaries (see instru	ıcti ons)		0	24. 01
24. 02	Adjusted reimbursable bad debts (see instructions)			0	24. 02
25. 00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)			0	25. 00
26. 00	Interim payments (See instructions)			0	26. 00
27. 00	Tentati ve adj ustment			0	27. 00
28. 00	Other Adjustments (See instructions) Specify			0	28. 00
28. 50	Demonstration payment adjustment amount before sequestration			0	28. 50
28. 55	Demonstration payment adjustment amount after sequestration			0	28. 55
28. 99	Sequestration amount (see instructions)			0	
29. 00	Balance due provider/program (see instructions)	- with CMC Dub 15 0		0	29. 00
30.00	Protested amounts (Nonallowable cost report items) in accordance	te with CMS Pub. 15-2,	Section 115.2	0	30. 00

Health Financial Systems	SUNNYSI DE MAN	SUNNYSI DE MANOR		
CALCULATION OF REIMBURSEMENT SETTLE	EMENT TITLE V and TITLE XIX ONLY	Provi der No.: 315354	From 01/01/2022	Worksheet E Part II Date/Time Prepared: 5/29/2023 4:11 pm
		Title XIX	Skilled Nursing	Cost

COMPUTATION OF NET COST OF COVERED SERVICES   1.00   1.0
COMPUTATION OF NET COST OF COVERED SERVICES   Inpatient anciliary services (see Instructions)   1.00   2.00   Nursing & Allied Heal th Cost (From Worksheet D-1, Pt. II, line 5)   0.2.00   Outpatient services   0.3.00   Outpatient services (see instructions)   0.3.00   Inpatient routine services (see instructions)   0.5.00   Utilization reviewphysicians' compensation (from provider records)   0.5.00   0.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of covered service (Sum of lines 1 - 5)   0.6.00   Ocst of covered services (Sum of lines 1 - 5)   0.6.00   Ocst of Covered services (Sum of lines 1 - 5)   0.7.00   Ocst of Covered services (Sum of lines 1 - 5)   0.7.00   Ocst of Covered services (See instructions)   0.7.00   Ocst
1.00   Inpatient ancillary services (see Instructions)   1.00   2.00   Nursing & Allied Heal th Cost (From Worksheet D-1, Pt. II, line 5)   0.2.00   2.00
2.00
3.00   Outpatient services   0   1.00   Inpatient routine services (see instructions)   0   4.00   Utilization reviewphysicians' compensation (from provider records)   0   5.00   Ost of covered services (Sum of lines 1 - 5)   0   6.00   Ost of covered services (Sum of lines 1 - 5)   0   6.00   Ost of covered services (Sum of lines 1 - 5)   0   6.00   Ost of covered services (Sum of lines 1 - 5)   0   6.00   Ost of covered services (Sum of lines 1 - 5)   0   6.00   Ost of covered services (Sum of lines 1 - 5)   0   6.00   Ost of covered services (Sum of lines 1 - 5)   0   6.00   Ost of covered services (Sum of lines 1 - 5)   0   6.00   Ost of covered services (Sum of lines 1 - 5)   0   0   Ost of covered services (Sum of lines 1 - 5)   0   0   Ost of covered services (Sum of lines 1 - 5)   0   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (Sum of lines 1 - 5)   0   Ost of covered services (See instructions)   0   Ost of covered services (See instructi
4.00 Inpatient routine services (see instructions) 5.00 Utilization reviewphysicians' compensation (from provider records) 6.00 Cost of covered services (Sum of Lines 1 - 5) 7.00 Differential in charges between semi-private accommodations and less than semi-private accommodations 8.00 SUBTOTAL (Line 6 minus line 7) 9.00 Primary payor amounts 9.00 Total Reasonable Cost (Line 8 minus line 9) 8.00 REASONABLE CHARGES 9.00 Uutpatient ancillary service charges 9.01 Inpatient ancillary service charges 9.02 Uutpatient routine service charges 9.03 Uifferential in charges between semi-private accommodations and less than semi-private accommodations 9.01 Uifferential in charges between semi-private accommodations and less than semi-private accommodations 9.01 Uifferential in charges between semi-private accommodations and less than semi-private accommodations 9.01 Uifferential in charges between semi-private accommodations 9.02 Uifferential in charges between semi-private accommodations 9.03 Uifferential in charges between semi-private accommodations 9.04 Uifferential in charges between semi-private accommodations 9.05 Uifferential in charges between semi-private accommodations 9.07 Uifferential in charges between semi-private accommodations 9.08 Uifferential in charges between semi-private accommodations 9.09 Uifferential in charges between semi-private accommodations 9.00 Uifferential in charges between semi-private accommodations 9.01 Uifferential in charges between semi-private accommodations 9.02 Uifferential in charges between semi-private accommodations 9.01 Uifferential in charges between semi-private accommodations 9.02 Uifferential in charges between semi-private accommodations 9.02 Uifferential in charges between semi-private accommodations 9.02 Uifferen
5.00 Utilization reviewphysicians' compensation (from provider records) 6.00 Cost of covered services (Sum of lines 1 - 5) 7.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations 8.00 SUBTOTAL (Line 6 minus line 7) 9.00 Primary payor amounts 10.00 Total Reasonable Cost (Line 8 minus line 9) 8.20 REASONABLE CHARGES 11.00 Inpatient ancillary service charges 12.00 Outpatient service charges 13.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations 14.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations 15.00 Total reasonable charges 16.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis 17.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 18.00 Ratio of line 16 to line 17 (not to exceed 1.000000) 19.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT 20.00 Cost of covered services (see Instructions)
6.00 Cost of covered services (Sum of lines 1 - 5)  7.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations  8.00 SUBTOTAL (Line 6 minus line 7)  9.00 Primary payor amounts  10.00 Total Reasonable Cost (Line 8 minus line 9)  11.00 Inpatient ancillary service charges  11.00 Unpatient service charges  11.00 Unpatient routine service charges  11.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations  12.00 Unpatient routine service charges  13.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations  15.00 CUSTOMARY CHARGES  16.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis  17.00 Amounts that would have been realized from patients liable for payment for services on a charge basis  18.00 Ratio of line 16 to line 17 (not to exceed 1.000000)  19.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT  20.00 Cost of covered services (see Instructions)  0 6.00 As 0.000000 Computations and less than semiprivate accommodations  0 10.00 Computations and less than semiprivate accommodations  0 14.00 Cost of covered services (see Instructions)
7. 00 8. 00 8. 00 9. 00 Primary payor amounts Total Reasonable Cost (Line 8 minus line 9) 11. 00 REASONABLE CHARGES 11. 00 12. 00 0 utpatient ancillary service charges 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 REASONABLE CHARGES 10. 00 10. 00 10. 00 REASONABLE CHARGES 11. 00 10. 00 11. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 10. 00
8.00 SUBTOTAL (Line 6 minus line 7) 0 8.00 9.00 Primary payor amounts 0 9.00 10.00 Total Reasonable Cost (Line 8 minus line 9) 0 10.00  REASONABLE CHARGES 11.00 Inpatient ancillary service charges 0 12.00 12.00 Outpatient service charges 0 12.00 13.00 Inpatient routine service charges 0 13.00 14.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations 0 14.00 15.00 Total reasonable charges 0 15.00 CUSTOMARY CHARGES 16.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 17.00 17.00 Amounts that would have been made in accordance with 42 CFR 413.13(e) 19.00 19.00 Total customary charges (see instructions) 0 19.00 10.00 Cost of covered services (see Instructions) 0 20.00
9.00 Primary payor amounts  Total Reasonable Cost (Line 8 minus line 9)  REASONABLE CHARGES  11.00 Inpatient ancillary service charges  Outpatient service charges  12.00 Outpatient service charges  Differential in charges between semiprivate accommodations and less than semiprivate accommodations  Differential in charges between semiprivate accommodations and less than semiprivate accommodations  Total reasonable charges  CUSTOMARY CHARGES  Aggregate amount actually collected from patients liable for payment for services on a charge basis  Amounts that would have been realized from patients liable for payment for services on a charge basis  Ratio of line 16 to line 17 (not to exceed 1.000000)  Ratio of line 16 to line 17 (not to exceed 1.000000)  Total customary charges (see instructions)  COMPUTATION OF REIMBURSEMENT SETTLEMENT  Cost of covered services (see Instructions)  O 9.00  11.00  11.00  11.00  12.00  12.00  13.00  14.00  15.00  16.00  17.00  18.00  19.00  COMPUTATION OF REIMBURSEMENT SETTLEMENT  Cost of covered services (see Instructions)
10.00 Total Reasonable Cost (Line 8 minus line 9)  REASONABLE CHARGES  11.00 Inpatient ancillary service charges  11.00 Outpatient service charges  11.00 Inpatient routine service charges  11.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations  12.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations  13.00 Total reasonable charges  15.00 CUSTOMARY CHARGES  16.00 Amounts that would have been realized from patients liable for payment for services on a charge basis and such payment been made in accordance with 42 CFR 413.13(e)  18.00 Ratio of line 16 to line 17 (not to exceed 1.000000)  17.00 Total customary charges (see instructions)  18.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT  20.00 Cost of covered services (see Instructions)
REASONABLE CHARGES  11.00 Inpatient ancillary service charges 0 11.00 12.00 Outpatient service charges 13.00 Inpatient routine service charges 14.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations 15.00 Total reasonable charges 16.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis 17.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 18.00 Ratio of line 16 to line 17 (not to exceed 1.000000) 19.00 Total customary charges (see instructions) 10.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT 20.00 Cost of covered services (see Instructions) 0 11.00 11.00 12.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.00 19.00 19.00 19.00 20.00
11. 00 12. 00 12. 00 13. 00 14. 00 15. 00 16 partient service charges 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 10 partient service charges 19. 00 10 partient routine service charges 19. 00 11 partient routine service charges 19. 00 11 partient routine service charges 19. 00 11 partient routine services 19. 00 11 pa
12. 00 13. 00 14. 00 15. 00 15. 00 16. 00 17. 00 18. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 10
13.00 Inpatient routine service charges  14.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations  15.00 Total reasonable charges  CUSTOMARY CHARGES  16.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis  17.00 Amounts that would have been realized from patients liable for payment for services on a charge basis  18.00 Ratio of line 16 to line 17 (not to exceed 1.000000)  18.00 Total customary charges (see instructions)  19.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT  20.00 Cost of covered services (see Instructions)  0 13.00  14.00  15.00  16.00  17.00  18.00  19.00  19.00  19.00  19.00  19.00  19.00  10.0000000  10.0000000  10.0000000  10.0000000  10.00000000
14.00 Differential in charges between semiprivate accommodations and less than semiprivate accommodations  15.00 Total reasonable charges  16.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis  17.00 Amounts that would have been realized from patients liable for payment for services on a charge basis  18.00 Ratio of line 16 to line 17 (not to exceed 1.000000)  18.00 Total customary charges (see instructions)  19.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT  20.00 Cost of covered services (see Instructions)
15.00 Total reasonable charges  CUSTOMARY CHARGES  16.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis 0 17.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 17.00 Ratio of line 16 to line 17 (not to exceed 1.000000) 0 18.00 Total customary charges (see instructions) 0 19.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT  20.00 Cost of covered services (see Instructions) 0 20.00
CUSTOMARY CHARGES  16.00 Aggregate amount actually collected from patients liable for payment for services on a charge basis 0 16.00  17.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 17.00 had such payment been made in accordance with 42 CFR 413.13(e)  18.00 Ratio of line 16 to line 17 (not to exceed 1.000000) 0.000000 18.00  19.00 Total customary charges (see instructions) 0 19.00  COMPUTATION OF REIMBURSEMENT SETTLEMENT  20.00 Cost of covered services (see Instructions) 0 20.00
Aggregate amount actually collected from patients liable for payment for services on a charge basis  Amounts that would have been realized from patients liable for payment for services on a charge basis  Amounts that would have been realized from patients liable for payment for services on a charge basis  Amounts that would have been realized from patients liable for payment for services on a charge basis  Amounts that would have been realized from patients liable for payment for services on a charge basis  O 16.00  17.00  Aggregate amount actually collected from patients liable for payment for services on a charge basis  O 16.00  18.00  Total customary charges (see instructions)  O 20.00  COMPUTATION OF REIMBURSEMENT SETTLEMENT  Cost of covered services (see Instructions)  O 20.00
17.00 Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)  18.00 Ratio of line 16 to line 17 (not to exceed 1.000000)  19.00 Total customary charges (see instructions)  COMPUTATION OF REIMBURSEMENT SETTLEMENT  20.00 Cost of covered services (see Instructions)  0 20.00
had such payment been made in accordance with 42 CFR 413.13(e)   18.00   19.00   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.0000000   10.00000000   10.0000000   10.00000000   10.0000000   10.0000000   10.0000000000
18.00       Ratio of line 16 to line 17 (not to exceed 1.000000)       0.000000       18.00         19.00       Total customary charges (see instructions)       19.00         COMPUTATION OF REIMBURSEMENT SETTLEMENT       20.00       20.00
19.00 Total customary charges (see instructions) 0 19.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT 20.00 Cost of covered services (see Instructions) 0 20.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT  20.00 Cost of covered services (see Instructions)  0 20.00
20.00 Cost of covered services (see Instructions) 0 20.00
21. 00   Deductibles   0   21. 00
22.00   Subtotal (Line 20 minus line 21) 0   22.00
23. 00   Coi nsurance   0   23. 00
24. 00   Subtotal (Line 22 minus line 23)   0   24. 00
25. 00 Allowable bad debts (from your records)
26. 00   Subtotal (sum of lines 24 and 25)   0   26. 00
27.00 Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of 0 27.00
cost limit
28.00 Recovery of excess depreciation resulting from provider termination or a decrease in program 0 28.00
utilization
29.00 Other Adjustments (see instructions) Specify
30.00 Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets ( 0 30.00
if minus, enter amount in parentheses)
31.00   Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28) 0   31.00
32.00   Interim payments 0   32.00
33.00 Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see 0 33.00
Instructions)

Date/Time Prepared: 5/29/2023 4:11 pm

PPS

Title XVIII Skilled Nursing

		11 (1	e AVIII	Facility	FF3	
		Inpatien	t Part A		t B	
		·				
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2. 00	3. 00	4. 00	
1.00	Total interim payments paid to provider		836, 113		0	
2.00	Interim payments payable on individual bills, either		0		0	2. 00
	submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none,					
	enter zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
3.00	amount based on subsequent revision of the interim rate					3.00
	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. 01
3.02			0		0	3. 02
3.03			0		0	3. 03
3.04			0		0	3. 04
3.05			0		0	3. 05
	Provi der to Program				г	
3.50	ADJUSTMENTS TO PROGRAM		0		0	3. 50
3. 51			0		0	
3. 52			0		0	
3. 53 3. 54			0		0	3. 53 3. 54
3. 54 3. 99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50		0		0	3. 54
3. 99	- 3.98)		U		0	3. 99
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		836, 113		0	4. 00
1. 00	(Transfer to Wkst. E, Part I line 12 for Part A, and line		000, 110			1.00
	26 for Part B)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
	Program to Provider		_		_	
5. 01	TENTATI VE TO PROVI DER		0		0	
5. 02			0		0	
5. 03	Provider to Program		U		0	5. 03
5. 50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51	TENTATI VE TO TROGRAM		0		0	
5. 52			0		0	
5. 99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50		0		Ö	
	- 5. 98)					
6.00	Determined net settlement amount (balance due) based on					6. 00
	the cost report. (1)					
6. 01	PROGRAM TO PROVIDER		0		0	6. 01
6.02	PROVI DER TO PROGRAM		0		0	
7.00	Total Medicare program liability (see instructions)		836, 113		0	7. 00
			Contract	or Name	Contractor	
			1	00	Number	
8. 00	Name of Contractor		1.	00	2. 00	8. 00
0.00	Intalic of contractor				I	0.00

<sup>(1)</sup> 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.

Health Financial Systems

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

Provider No.: 315354 | Period: From 01/01/2

Period: Worksheet G From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/29/2023 4:11 pm

oni y)				12, 31, 2322	5/29/2023 4:1	1 pm
		General Fund	Specific Er Purpose Fund	ndowment Fund	Plant Fund	
	Accets	1. 00	2. 00	3. 00	4. 00	
	Assets CURRENT ASSETS					ł
1. 00	Cash on hand and in banks	3, 956, 620	0	0	0	1.0
2.00	Temporary investments	0	0	0	0	
3.00	Notes recei vable	0	0	0	0	
4.00	Accounts receivable	634, 569	0	0	0	
5. 00 6. 00	Other receivables Less: allowances for uncollectible notes and accounts	-240, 770	0	0	0	
0.00	recei vabl e	-240, 770		ď	U	0.0
7. 00	Inventory	0	0	o	0	7.0
8. 00	Prepai d expenses	158, 075	0	o	0	8.0
9. 00	Other current assets	0	0	0	0	
10.00	Due from other funds	0	0	0	0	
11. 00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	4, 508, 494	0	0	0	11. C
12. 00	FI XED ASSETS Land	1, 667, 327	0	ol	0	12.0
13. 00	Land improvements	7, 800	0	ol	0	
14. 00	Less: Accumulated depreciation	0	ő	ő	0	
15. 00	Bui I di ngs	21, 646, 152	0	o	0	1
16. 00	Less Accumulated depreciation	-6, 567, 491	0	o	0	16.0
17. 00	Leasehold improvements	0	0	0	0	1
18. 00	Less: Accumulated Amortization	0	0	0	0	
19.00	Fixed equipment	3, 586, 846	0	0	0	1
20.00	Less: Accumulated depreciation Automobiles and trucks	0	0	U	0	
21. 00 22. 00	Less: Accumulated depreciation		0	0	0	
23. 00	Major movable equipment		0	0	0	1
24. 00	Less: Accumulated depreciation	0	0	Ö	0	
25. 00	Mi nor equi pment - Depreci abl e	0	o	ō	0	
26. 00	Mi nor equi pment nondepreci abl e	0	0	o	0	26.0
27. 00	Other fixed assets	0	0	0	0	
28. 00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	20, 340, 634	0	0	0	28. C
20.00	OTHER ASSETS			ام	0	1 20 0
29. 00 30. 00	Investments Deposits on leases	0	0	0	0	
31. 00	Due from owners/officers	1, 818, 619	0	0	0	
32. 00	Other assets	709, 941	0	ol	0	
33. 00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	2, 528, 560	Ö	ō	0	
34. 00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	27, 377, 688	0	o	0	34.0
	Liabilities and Fund Balances					4
05 00	CURRENT LI ABI LI TI ES	00.400		ما		1 05 0
35. 00	Accounts payable	89, 402	0	0	0	
36. 00 37. 00	Salaries, wages, and fees payable Payroll taxes payable	1, 101, 682 -20, 379	0	0	0	1
38. 00	Notes & Loans payable (Short term)	-20, 3/9	0	0	0	
39. 00	Deferred income	0	Ö	ol	0	
40. 00	Accel erated payments	0		آ ا		40.0
41. 00	Due to other funds	0	0	o	0	41. C
42.00	Other current liabilities	405, 115		0		
43. 00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1, 575, 820	0	0	0	43.0
44.00	LONG TERM LIABILITIES	22 447 720		ام		44.
44. 00 45. 00	Mortgage payable Notes payable	23, 447, 720	0	0	0	1
46. 00	Unsecured Loans		0	0	0	
47. 00	Loans from owners:	319, 904	0	0	0	
48. 00	Other long term liabilities	0	Ö	ol	0	
49. 00	OTHER (SPECIFY)	O	0	o	0	
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	23, 767, 624	0	o	0	
51. 00	TOTAL LIABILITIES (Sum of lines 43 and 50)	25, 343, 444	0	0	0	51. C
	CAPITAL ACCOUNTS			Т		4
52.00	General fund balance	2, 034, 244				52.0
53.00	Specific purpose fund Donor created - endowment fund balance - restricted		0			53.0
	Donor created - endowment fund balance - restricted  Donor created - endowment fund balance - unrestricted			٥		55.0
				0		56. (
55.00						
55. 00 56. 00	Governing body created - endowment fund balance Plant fund balance - invested in plant			Ĭ	0	
55. 00 56. 00 57. 00	Governing body created - endowment fund balance				0	57. 0
55. 00 56. 00 57. 00 58. 00	Governing body created - endowment fund balance Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement, replacement, and expansion				0	57. 0 58. 0
54. 00 55. 00 56. 00 57. 00 58. 00	Governing body created - endowment fund balance Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement, replacement, and expansion TOTAL FUND BALANCES (Sum of lines 52 thru 58)	2, 034, 244		0	0	57. 0 58. 0 59. 0
55. 00 56. 00 57. 00 58. 00	Governing body created - endowment fund balance Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement, replacement, and expansion TOTAL FUND BALANCES (Sum of lines 52 thru 58)	2, 034, 244 27, 377, 688		0	0	57. 58. 59.

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES SUNNYSI DE MANOR

					То	12/31/2022	Date/Time Pro 5/29/2023 4:	
		General	Fund	Speci al	Purp	oose Fund	Endowment Fund	
		1.00	2.00	3. 00		4. 00	5. 00	
1.00	Fund balances at beginning of period		2, 289, 007			0		1.00
2. 00 3. 00	Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2)		378, 486 2, 667, 493			0		2. 00 3. 00
4. 00	Additions (credit adjustments)		2,007,473			O		4. 00
5. 00		o			0		(	
6.00		0			0		(	
7.00		0			0		(	
8. 00 9. 00		0			0		(	
10.00	Total additions (sum of line 5 - 9)		0		U	0	,	10.00
11. 00	Subtotal (line 3 plus line 10)		2, 667, 493			0		11.00
12.00	Deductions (debit adjustments)							12. 00
13. 00	DI VI DENDS	633, 248			0		(	
14.00	ROUNDI NG	1			0		(	
15. 00 16. 00		0			0		(	
17. 00					0			1
18. 00	Total deductions (sum of lines 13 - 17)	]	633, 249			0		18. 00
19. 00	Fund balance at end of period per balance		2, 034, 244			0		19. 00
	sheet (Line 11 - line 18)	Endowment Fund	PI ant	Fund				
		Endowner Tuna	Traire	Tuna				
		6.00	7. 00	8. 00				
1.00	Fund balances at beginning of period	0			0			1.00
2. 00 3. 00	Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2)				0			2. 00 3. 00
4.00	Additions (credit adjustments)				U			4. 00
5. 00			0					5. 00
6.00			0					6. 00
7. 00			0					7. 00
8. 00 9. 00			0					8. 00 9. 00
10. 00	Total additions (sum of line 5 - 9)	0	U		0			10.00
11. 00	Subtotal (line 3 plus line 10)	o			0			11. 00
12.00	Deductions (debit adjustments)							12. 00
13. 00	DI VI DENDS		0					13. 00
14. 00 15. 00	ROUNDI NG		0					14. 00 15. 00
16. 00			0					16. 00
17. 00		1	0					17. 00
18. 00	Total deductions (sum of lines 13 - 17)	0			0			18. 00
19. 00	Fund balance at end of period per balance	0			0			19. 00
	sheet (Line 11 - line 18)	1		I				1

leal th	Financial Systems SU	NNYSIDE MANOR		In Lie	u of Form CMS-2	2540-10
STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der		Period: From 01/01/2022 To 12/31/2022		
	Cost Center Description		Inpati ent	Outpati ent	Total	
			1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES					
	General Inpatient Routine Care Services					
1. 00	SKILLED NURSING FACILITY		6, 325, 07	6	6, 325, 076	1.00
2.00	NURSING FACILITY			O	0	2.00
3.00	ICF/IID			C	0	3.00
4.00	OTHER LONG TERM CARE		8, 883, 220	C	8, 883, 220	4.00
					15, 208, 296	5. 00

749, 306

6.00

7.00

8.00

9. 00

749, 306

0

0

0

0 10.00

Total general inpatient care services (Sum of lines 1 - 4)
All Other Care Services
ANCILLARY SERVICES

6.00

7.00

8.00

9.00

CLINIC

10.00 RURAL HEALTH CLINIC

HOME HEALTH AGENCY COST AMBULANCE

10.00	INDICAL HEALTH CETIVIC		٩	U)	10.00
10. 10	FQHC		0	0	10. 10
11.00	CMHC		0	0	11. 00
12.00	HOSPI CE	0	0	0	12. 00
13.00	ROUTI NE CHARGES / BED HOLD	20, 271	0	20, 271	13. 00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to	15, 977, 873	0	15, 977, 873	14. 00
	Worksheet G-3, Line 1)				
	Cost Center Description				
			1. 00	2. 00	
	PART II - OPERATING EXPENSES				
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			15, 289, 415	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			O		7. 00
8.00	Total Additions (Sum of lines 2 - 7)			0	8. 00
9.00	Deduct (Specify)		0		9. 00
10.00			0		10.00
11.00			0		11. 00
12.00			0		12. 00
13.00			0		13. 00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14. 00
15. 00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			15, 289, 415	15. 00

Heal th	Ith Financial Systems SUNNYSIDE MANOR		In Lie	u of Form CMS-2	2540-10
STATE	MENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der No.: 315354	Peri od:	Worksheet G-3	
			From 01/01/2022	D-+- /T: D	
			To 12/31/2022	Date/Time Prep 5/29/2023 4:1	pared: 1 nm
				072772020 1. 1	ı pııı
				1. 00	
1. 00	Total patient revenues (From Wkst. G-2, Part I, col. 3,	line 14)		15, 977, 873	1. 00
2.00	Less: contractual allowances and discounts on patients accounts			1, 151, 614	2. 00
3.00	Net patient revenues (Line 1 minus line 2)			14, 826, 259	3. 00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)			15, 289, 415	4.00
5.00	Net income from service to patients (Line 3 minus 4)			-463, 156	5. 00
	Other income:				
6.00	Contributions, donations, bequests, etc			0	6. 00
7 00	Income from investments			00 000	7 00

3.00   Net patient revenues (Line 1 minus line 2)   14, 826, 259   3.00     1.00   Less: total operating expenses (From Worksheet G-2, Part II, line 15)   15, 299, 415   4.00     1.00   Less: total operating expenses (From Worksheet G-2, Part II, line 15)   -463, 156   5.00     1.00   Other income:	2.00	Less: contractual allowances and discounts on patients accounts	1, 151, 614	2.00
Net Income From service to patients (Line 3 minus 4)   -463, 156   0	3.00	Net patient revenues (Line 1 minus line 2)	14, 826, 259	3.00
Other income:         Other incomes           6.00         Contributions, donations, bequests, etc         0         6.00           7.00         Income from investments         90, 899         7.00           8.00         Revenues from communications (Telephone and Internet service)         0         8.00           9.00         Revenue from television and radio service         0         9.00           10.00         Purchase discounts         0         10.00           11.00         Rebates and refunds of expenses         0         11.00           12.00         Parking lot receipts         0         12.00           13.00         Revenue from laundry and linen service         0         13.00           14.00         Revenue from laundry and linen service         0         13.00           14.00         Revenue from laundry and linen service         0         13.00           14.00         Revenue from laundry and linen service         0         13.00           14.00         Revenue from laundry and linen service         0         13.00           14.00         Revenue from laundry and linen service         0         15.00           15.00         Revenue from laundry and linen service         0         12.00           16.00	4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	15, 289, 415	4. 00
6.00         Contributions, donations, bequests, etc         0         6.00           7.00         Income from investments         90,889         7.00           8.00         Revenues from communications (Telephone and Internet service)         0         8.00           9.00         Revenue from television and radio service         0         9.00           10.00         Purchase discounts         0         10.00           11.00         Rebates and refunds of expenses         0         11.00           12.00         Parking lot receipts         0         12.00           13.00         Revenue from laundry and linen service         0         13.00           14.00         Revenue from laundry and linen service         0         14.00           15.00         Revenue from meals sold to employees and guests         0         14.00           15.00         Revenue from meals old to employees and guests         0         15.00           16.00         Revenue from sale of medical and surgical supplies to other than patients         0         15.00           16.00         Revenue from sale of medical and surgical supplies to other than patients         0         17.00           18.00         Revenue from sale of medical records and abstracts         0         18.00	5.00	Net income from service to patients (Line 3 minus 4)	-463, 156	5. 00
7.00         Income from investments         90,889         7.00           8.00         Revenues from communications (Telephone and Internet service)         0         8.00           9.00         Revenue from televis ion and radio service         0         9.00           10.00         Purchase discounts         0         10.00           11.00         Rebates and refunds of expenses         0         11.00           12.00         Parking I of trecei pts         0         12.00           13.00         Revenue from laundry and linen service         0         13.00           14.00         Revenue from meals sold to employees and guests         0         14.00           15.00         Revenue from mals sold to employees and guests         0         14.00           16.00         Revenue from mals sold to employees and guests         0         15.00           16.00         Revenue from mals sold to employees and guests         0         15.00           16.00         Revenue from mals of medical and surgical supplies to other than patients         0         16.00           17.00         Revenue from sale of medical records and abstracts         0         17.00           18.00         Revenue from sale of medical records and abstracts         0         18.00           19		Other income:		
8.00       Revenues from communications ( Telephone and Internet service)       0       8.00         9.00       Revenue from television and radio service       0       9.00         10.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       14.00         15.00       Revenue from mental of living quarters       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       17.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       18.00         19.00       Revenue from gifts, flower, coffee shops, canteen       0       20.00         20.00       Rental of vending machines       0       21.00         22.00       Rental of skilled nursing space       0       22.00      <	6.00	Contributions, donations, bequests, etc	0	6.00
9.00       Revenue from television and radio service       0       9.00         10.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       14.00         15.00       Revenue from rental of living quarters       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuit ion (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flower, coffee shops, canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of skilled nursing space       0       22.00         23.00       MISC - ERC CREDIT       750,753       24.00         25.00       T	7.00	Income from investments	90, 889	7. 00
10.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       14.00         15.00       Revenue from sale of medical and surgical supplies to other than patients       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       17.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         18.00       Revenue from sale of textbooks, uniforms, etc.)       0       18.00         19.00       Revenue from gifts, flower, coffee shops, canteen       0       20.00         20.00       Rental of vending machines       0       21.00         22.00       Rental of skilled nursing space       0       22.00         23.00       Governmental appropriations       0       23.00         24.50       COVID-19 PHE Funding       0       24.50         25.00       Total other income (Sum of lines 6 - 24)       841,642       25.00         27.00 <td>8.00</td> <td>Revenues from communications ( Telephone and Internet service)</td> <td>0</td> <td>8. 00</td>	8.00	Revenues from communications ( Telephone and Internet service)	0	8. 00
11.00 Rebates and refunds of expenses 12.00 Parking lot receipts 13.00 Revenue from laundry and linen service 14.00 Revenue from meals sold to employees and guests 15.00 Revenue from rental of living quarters 16.00 Revenue from rental of living quarters 17.00 Revenue from sale of medical and surgical supplies to other than patients 17.00 Revenue from sale of drugs to other than patients 17.00 Revenue from sale of medical records and abstracts 19.00 Tuition (fees, sale of textbooks, uniforms, etc.) 19.00 Revenue from gifts, flower, coffee shops, canteen 19.00 Revenue from gifts, flower, coffee shops, canteen 20.00 Revenue from gifts, flower, coffee shops, canteen 21.00 Rental of vending machines 22.00 Rental of skilled nursing space 23.00 Governmental appropriations 24.00 MISC - ERC CREDIT 25.00 Total other income (Sum of lines 6 - 24) 26.00 Total (Line 5 plus line 25) 27.00 Other expenses (specify) 28.00 Other expenses (specify) 29.00 Total other expenses (Sum of lines 27 - 29) 30.00 Total other expenses (Sum of lines 27 - 29)	9.00	Revenue from television and radio service	0	9. 00
12.00	10.00	Purchase di scounts	0	10.00
13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       14.00         15.00       Revenue from rental of living quarters       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flower, coffee shops, canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of skilled nursing space       0       22.00         23.00       Governmental appropriations       0       23.00         24.50       COVI D-19 PHE Funding       750,753       24.00         25.00       Total other income (Sum of lines 6 - 24)       841,642       25.00         27.00       Other expenses (specify)       0       27.00         29.00       0       0       29.00         30.00       Total ot	11. 00	Rebates and refunds of expenses	0	11.00
14.00       Revenue from meals sold to employees and guests       0       14.00         15.00       Revenue from rental of living quarters       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         17.00       Revenue from sale of drugs to other than patients       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flower, coffee shops, canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of skilled nursing space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MISC - ERC CREDIT       750,753       24.00         25.00       Total other income (Sum of lines 6 - 24)       841,642       25.00         25.00       Total (Line 5 plus line 25)       378,486       26.00         27.00       0       28.00         29.00       0       29.00         30.00       Total other expenses (Sum of lines 27 - 29)       0 <td< td=""><td>12.00</td><td>Parking lot receipts</td><td>0</td><td>12.00</td></td<>	12.00	Parking lot receipts	0	12.00
15.00       Revenue from rental of living quarters       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         17.00       Revenue from sale of drugs to other than patients       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flower, coffee shops, canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of skilled nursing space       0       22.00         23.00       MISC - ERC CREDIT       750, 753       24.00         24.00       MISC - ERC CREDIT       750, 753       24.00         25.00       Total other income (Sum of lines 6 - 24)       841, 642       25.00         25.00       Total (Line 5 plus line 25)       378, 486       26.00         27.00       0       28.00         29.00       0       29.00         30.00       Total other expenses (Sum of lines 27 - 29)       0       30.00	13.00	Revenue from laundry and linen service	0	13.00
16. 00       Revenue from sale of medical and surgical supplies to other than patients       0       16. 00         17. 00       Revenue from sale of drugs to other than patients       0       17. 00         18. 00       Revenue from sale of medical records and abstracts       0       18. 00         19. 00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19. 00         20. 00       Revenue from gifts, flower, coffee shops, canteen       0       20. 00         21. 00       Rental of vending machines       0       21. 00         22. 00       Rental of skilled nursing space       0       22. 00         24. 00       MISC - ERC CREDIT       750, 753       24. 00         24. 00       COVID-19 PHE Funding       0       24. 50         25. 00       Total other income (Sum of lines 6 - 24)       841, 642       25. 00         26. 00       Total (Line 5 plus line 25)       378, 486       26. 00         27. 00       0       28. 00         29. 00       0       29. 00         30. 00       Total other expenses (Sum of lines 27 - 29)       0       30. 00	14.00	Revenue from meals sold to employees and guests	0	14.00
17. 00       Revenue from sale of drugs to other than patients       0       17. 00         18. 00       Revenue from sale of medical records and abstracts       0       18. 00         19. 00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19. 00         20. 00       Revenue from gifts, flower, coffee shops, canteen       0       20. 00         21. 00       Rental of vending machines       0       21. 00         22. 00       Rental of skilled nursing space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       MI SC - ERC CREDIT       750, 753       24. 00         24. 50       COVI D-19 PHE Funding       0       24. 50         25. 00       Total other income (Sum of lines 6 - 24)       841, 642       25. 00         27. 00       Other expenses (specify)       0       28. 00         29. 00       0       28. 00         29. 00       0       29. 00         30. 00       Total other expenses (Sum of lines 27 - 29)       0       30. 00			0	15.00
18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flower, coffee shops, canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of skilled nursing space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MI SC - ERC CREDIT       750, 753       24.00         24.50       COVI D-19 PHE Funding       0       24.50         25.00       Total other income (Sum of lines 6 - 24)       841, 642       25.00         26.00       Total (Line 5 plus line 25)       378, 486       26.00         27.00       0       28.00         29.00       0       29.00         30.00       Total other expenses (Sum of lines 27 - 29)       0       30.00	16. 00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
19.00 Tuition (fees, sale of textbooks, uniforms, etc.) 20.00 Revenue from gifts, flower, coffee shops, canteen 21.00 Rental of vending machines 22.00 Rental of skilled nursing space 32.00 Governmental appropriations 32.00 MISC - ERC CREDIT 3750, 753 24.00 24.50 COVID-19 PHE Funding 3750, 753 24.00 25.00 Total other income (Sum of lines 6 - 24) 378, 486 26.00 378, 486 26.00 378, 486 26.00 379, 00 30.00 Total other expenses (Sum of lines 27 - 29) 30.00 Total other expenses (Sum of lines 27 - 29)			0	
20. 00       Revenue from gifts, flower, coffee shops, canteen       0       20. 00         21. 00       Rental of vending machines       0       21. 00         22. 00       Rental of skilled nursing space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       MISC - ERC CREDIT       750, 753       24. 00         24. 50       COVID-19 PHE Funding       0       24. 50         25. 00       Total other income (Sum of lines 6 - 24)       841, 642       25. 00         26. 00       Total (Line 5 plus line 25)       378, 486       26. 00         27. 00       Other expenses (specify)       0       27. 00         28. 00       0       29. 00         30. 00       Total other expenses (Sum of lines 27 - 29)       0       30. 00			0	
21. 00 Rental of vending machines  22. 00 Rental of skilled nursing space  30 Governmental appropriations  40 Q2. 00  23. 00 MISC - ERC CREDIT  50 COVID-19 PHE Funding  Total other income (Sum of lines 6 - 24)  Total (Line 5 plus line 25)  Total (Line 5 plus line 25)  Total other expenses (specify)  28. 00  29. 00  Total other expenses (Sum of lines 27 - 29)  Total other expenses (Sum of lines 27 - 29)			0	19.00
22. 00       Rental of skilled nursing space       0       22. 00         23. 00       Governmental appropriations       0       23. 00         24. 00       MISC - ERC CREDIT       750, 753       24. 00         24. 50       COVI D-19 PHE Funding       0       24. 50         25. 00       Total other income (Sum of lines 6 - 24)       841, 642       25. 00         26. 00       Total (Line 5 plus line 25)       378, 486       26. 00         27. 00       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	20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
23. 00 Governmental appropriations  24. 00 MISC - ERC CREDIT  COVID-19 PHE Funding  COVID-19 PHE Funding  Total other income (Sum of lines 6 - 24)  Total (Line 5 plus line 25)  Other expenses (specify)  23. 00  24. 00  24. 50  24. 50  24. 50  24. 50  25. 00  Total (Line 5 plus line 25)  Other expenses (specify)  Other expenses (specify)  Other expenses (Sum of lines 27 - 29)  Total other expenses (Sum of lines 27 - 29)	21. 00	Rental of vending machines	0	
24. 00 MISC - ERC CREDIT 7 750, 753 24. 00 24. 50 24. 50 COVID-19 PHE Funding 0 24. 50 25. 00 Total other income (Sum of lines 6 - 24) 841, 642 25. 00 27. 00 Other expenses (specify) 0 27. 00 28. 00 29. 00 30. 00 Total other expenses (Sum of lines 27 - 29) 0 30. 00 Total other expenses (Sum of lines 27 - 29) 0 30. 00	22. 00	Rental of skilled nursing space	0	22.00
24. 50       COVID-19 PHE Funding       0       24. 50         25. 00       Total other income (Sum of lines 6 - 24)       841, 642       25. 00         26. 00       Total (Line 5 plus line 25)       378, 486       26. 00         27. 00       0ther expenses (specify)       0       27. 00         28. 00       0       0       28. 00         29. 00       0       0       29. 00         30. 00       Total other expenses (Sum of lines 27 - 29)       0       30. 00	23. 00	Governmental appropriations	0	23. 00
25. 00 Total other income (Sum of lines 6 - 24) 26. 00 Total (Line 5 plus line 25) 27. 00 Other expenses (specify) 28. 00 29. 00 30. 00 Total other expenses (Sum of lines 27 - 29)  841, 642 25. 00 378, 486 26. 00 0 27. 00 0 28. 00 0 29. 00 0 30. 00  7 total other expenses (Sum of lines 27 - 29)	24.00	MISC - ERC CREDIT	750, 753	24.00
26. 00 Total (Line 5 plus line 25) 27. 00 Other expenses (specify) 28. 00 29. 00 30. 00 Total other expenses (Sum of lines 27 - 29) 378, 486	24. 50	COVI D-19 PHE Fundi ng	0	24. 50
27. 00   Other expenses (specify)   0   27. 00   28. 00   0   29. 00   0   29. 00   0   30. 00   Total other expenses (Sum of lines 27 - 29)   0   30. 00	25. 00	Total other income (Sum of lines 6 - 24)	841, 642	25. 00
28.00 29.00 30.00 Total other expenses (Sum of lines 27 - 29) 0 28.00 0 29.00 0 30.00	26. 00	Total (Line 5 plus line 25)	378, 486	26. 00
29.00 30.00 Total other expenses (Sum of lines 27 - 29) 0 29.00 0 30.00	27. 00	Other expenses (specify)	0	27. 00
30.00 Total other expenses (Sum of lines 27 - 29) 0 30.00	28. 00		0	28. 00
	29. 00		0	29. 00
31.00   Net income (or loss) for the period (Line 26 minus line 30) 378,486   31.00	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)	378, 486	31. 00