Health Financi	al Systems CONTINUING	CARE AT CEDA	R CREST VILLA	In Lie	u of Form CMS-2540-10
This report is	required by I aw (42 USC 1395g; 42 CFR 413.	20(b)). Failu	ire to report can resul	t in all interim	FORM APPROVED
payments made	since the beginning of the cost reporting p	eriod being d	leemed overpayments (42	USC 1395g).	OMB NO. 0938-0463
				-	Expires: 12/31/2021
	IG FACILITY AND SKILLED NURSING FACILITY HEA REPORT CERTIFICATION AND SETTLEMENT SUMMARY	LTH CARE	Provider CCN: 315491		Worksheet S Parts I, II & III Date/Time Prepared: 9/7/2022 4:24 pm
PART I - COST	REPORT STATUS				
Provi der	1. [X]Electronically prepared cost re	port		Date:	Time:
use only	2. [ ] Manually prepared cost report				
	3. [0] If this is an amended report en	ter the numbe	r of times the provide	r resubmitted thi	s cost report
	3.01 [ ] No Medicare Utilization. Enter	"Y" for yes o	r leave blank for no.		
Contractor	4.[ 2 ]Cost Report Status	6. Contractor	- No. <u>12</u> 0	201	
use only	(1) As Submitted	7.[ N ] Firs	t Cost Report for this	Provider CCN	
	<ol><li>Settled without audit</li></ol>	8.[ N ] Last	Cost Report for this	Provider CCN	
	(3) Settled with audit	9. NPR Date:	09/23/20	022	
	(4) Reopened	10.[0]If]	ine 4, column 1 is "4"	 Enter number of	times reopened
	(5) Amended				

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

5. Date Received: 06/01/2022

MISREPRESENTATION OF 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 OF INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

11.Contractor Vendor Code

for no utilization.

4 12.[F]Medicare Utilization. Enter "F" for full, "L" for low, or "N"

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 CONTINUING CARE AT CEDAR CREST VILLA (315491) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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 FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C		
	1	2	SI GNATURE STATEMENT		
1			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			2	
3	Signatory Title			3	
4	Date			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 FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
7.30	SNF - BASED OPT X	0		0		7.30
100.00	TOTAL	0	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete 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.

SKI LLE	Financial Systems CONTI D NURSING FACILITY AND SKILLED NURSING FACILI X INDENTIFICATION DATA	TY HEALTH	CARE	CREST VILLA Provider No.:	315491	Period: From 01/01/ To 12/31/	2021	u of For Workshe Part I Date/Ti 9/7/202	et S-2 me Pre	pared:
	1.00		. 00		3.00					
. 00 . 00 . 00 . 01	Skilled Nursing Facility and Skilled Nursing Street: 4 CEDAR CREST VILLAGE DR. City: POMPTON PLAINS County: MORRIS	PO Box: State: N. CBSA Code CBSA Code	J e: 35084	dress: Zip Code: 074 Urban/Rural :						1.00 2.00 3.00 3.01
			Compon	ent Name	Provider CCN	Date Certified	Payme V	ent Syst O, or N XVIII	)	-
			1	. 00	2.00	3.00	4.00	5.00	6.00	
. 00	SNF and SNF-Based Component Identification: SNF		CONTINUING CEDAR CREST		315491	04/15/2005	N	Р	0	4.00
5.00 5.00 7.00	Nursing Facility ICF/IID SNF-Based HHA		CEDAR CREST	E VILLAGE.	317092	07/23/2008	N	P	N	5.00 6.00 7.00
3.00 9.00 10.00 11.00 12.00 13.00	SNF-Based RHC SNF-Based FQHC SNF-Based CMHC SNF-Based OLTC SNF-Based HOSPICE SNF-Based CORF SNF-Based OPT		OP REHAP AC	IEALT GENCY AT	316707	02/02/2005				8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 13. 10
	1		OLDING ONLO			From:		То		
4.00	Cost Reporting Period (mm/dd/yyyy)					1.00		2.0 12/31/		14.00
	Type of Control (See Instructions)					01/01/2	2			15.00
								Y/ 1.0		
6. 00	Type of Freestanding Skilled Nursing Facility Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N		16.00
	0 Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N		17.00
8. 00	Are there any costs included in Worksheet A t organizations as defined in CMS Pub. 15–1, ch Miscellaneous Cost Reporting Information							Y		18.00
	If this is a low Medicare utilization cost re If line 19 is yes, does this cost report meet utilization cost report, indicate with a "Y",	t your cor for yes,	ntractor's or "N" fo	criteria for r no.	filing a	low Medicar		N N		19.00 19.01
21.00	<u>Depreciation - Enter the amount of depreciati</u> Straight Line Declining Balance Sum of the Year's Digits			SNF TOT THE			LITIES			
	Sum of line 20 through 22 If depreciation is funded, enter the balance				V (N)			19, 7 Y	C	23.00 24.00 25.00
26.00	Were there any disposal of capital assets dur Was accelerated depreciation claimed on any a (Y/N)					porting peri	i od?	N		26.00
	Did you cease to participate in the Medicare applies? (Y/N)	1 5		·			rt	N		27.00
28. 00	Was there a substantial decrease in health ir reports? (Y/N)	nsurance p	proportion	or allowable	COST TROM	•	Part	N APart B		28.00
	If this facility contains a public or non-pub of the lower of the costs or charges enter "\ exemption.					tion from th	1.00 e app	2.00 licatior	3.00	
0. 00 1. 00 2. 00 3. 00 4. 00 5. 00	Exemption. Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FOHC SNF-Based CMHC SNF-Based OLTC						N	N N N N	N	29.00 30.00 31.00 32.00 33.00 34.00 35.00 36.00
						Y/N 1.00		2.0	0	-
	Is the skilled nursing facility located in a regardless of the level of care given for Tit	tles V & >	(IX patient		r as a SN	IF Y		2.0		37.00
38.00 39.00	Are you legally-required to carry malpractice Is the malpractice a "claims-made" or "occurr "claims-made" enter 1. If the policy is "occu	rence" pol	icy? If th	e policy is		N				38.00 39.00

Health Financial Systems	CONTINUING CARE AT CEDA	AR CREST VII	LLA	In Lie	eu of Form CMS-2	2540-10
SKILLED NURSING FACILITY AND SKILLED NURSING	FACILITY HEALTH CARE	Provi der		Peri od:	Worksheet S-2	
COMPLEX INDENTIFICATION DATA				From 01/01/2021		
				To 12/31/2021		
			Dramiumo	Pai d Losses	9/7/2022 4:24	
		-	Premi ums		Self Insurance	
			1.00	2.00	3.00	
41.00 List malpractice premiums and paid loss	ses:		0	0	0	41.00
	Y/N					
					1.00	
42.00 Are malpractice premiums and paid loss	es reported in other thar	the Admini	strative and	General cost	N	42.00
center? Enter Y or N. If yes, check box						
amounts.	5		J			
43.00 Are there any home office costs as defi	ined in CMS Pub. 15-1. Ch	apter 10?			Y	43.00
44.00 If line 43 is yes, enter the home offic			and address o	f the home	H57210	44.00
office on lines 45, 46 and 47.		the halle t			1107210	
1.00	2.00			3, 00	1	
If this facility is part of a chain or	ganization enter the nar	e and addr	ess of the ho	me office on th	e lines	
bel ow.	gan zatron, ontor the ha				0 111100	
45.00 Name: ERICKSON LIVING MANAGEMENT, LLC	Contractor's Name NOVIT	AS SOLUTION	S Contracto	or's Number: 120	01	45.00
46.00 Street: 701 MAIDEN CHOICE LANE	PO Box:					46.00
47. 00 City: CATONSVILLE	State: MD		Zip Code:	212	28	47.00
47.00 porty. CATONOVILLE			prip code.	212	20	47.00

	D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE	TY HEALTH CARE	Provi der	No.: 315491	Period: From 01/01/2021 To 12/31/2021		epared:
					Y/N	Date	4 pili
	General Instruction: For all column 1 respons responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites Provider Organization and Operation	ses enter in column	1, "Y" fo	r Yes or "N"	1.00 for No. For all	2.00 the date	_
. 00	Has the provider changed ownership immediatel reporting period? If column 1 is "Y", enter t instructions)			umn 2. (see	N		1.00
				Y/N 1.00	Date 2.00	V/I 3.00	
. 00	Has the provider terminated participation in column 1 is yes, enter in column 2 the date of 3, "V" for voluntary or "I" for involuntary.	5		Ν	2.00		2.00
. 00	Is the provider involved in business transact contracts, with individuals or entities (e.g. or medical supply companies) that are related officers, medical staff, management personnel of directors through ownership, control, or f relationships? (see instructions)	, chain home office d to the provider or , or members of the	s, drug its board	Y			3. 00
				Y/N 1.00	Type 2.00	Date 3.00	
	Financial Data and Reports			1.00	2.00	3.00	
1.00 5.00	Column 1: Were the financial statements prepa Accountant? (Y/N) Column 2: If yes, enter "A' Compiled, or "R" for Reviewed. Submit complet available in column 3. (see instructions) If Are the cost report total expenses and total those on the filed financial statements? If o	' for Audited, "C" f te copy or enter dat no, see instruction revenues different	or e s. from	Y	A		4.00
	reconciliation.				Y/N	Legal Oper.	_
					1.00	2.00	
. 00	Approved Educational Activities Column 1: Were costs claimed for Nursing Scho	ool? (Y/N) Column 2:	Is the	provider the	N	N	6.0
7.00 3.00	legal operator of the program? (Y/N) Were costs claimed for Allied Health Programs Were approvals and/or renewals obtained durin School and/or Allied Health Program? (Y/N) se	ng the cost reportin		for Nursing	N N		7.00 8.00
	Bad Debts					Y/N 1.00	
9. 00 0. 00	Is the provider seeking reimbursement for bac If line 9 is "Y", did the provider's bad debt period? If "Y", submit copy.				st reporting	N N	9. 00 10. 00
1.00	If line 9 is "Y", are patient deductibles and Bed Complement	d/or coinsurance wai	ved?lf"	Y", see instr	ructions.	N	11.0
2.00	Have total beds available changed from prior	cost reporting peri	od?lf"Y	", see instru	uctions.	N	12.00
		Description O		Y/N 1.00	Date 2.00	Part B Y/N 3.00	
3. 00	PS&R Data Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and			Y	04/25/2022	Y	13.00
4. 00	4. (see Instructions.) Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.			Ν		Ν	14. 0
5.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.			Ν		N	15. 0
6. 00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			Ν		Ν	16. 0
7.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:			Ν		N	17.0
		1		Ν		N	18.0

Health Financial Systems CONTINUING CARE	AT CED	AR CREST VILLA	In Lie	u of Form CMS-2	2540-10
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CA COMPLEX REIMBURSEMENT QUESTIONNAIRE	IRE	Provi der No.: 315491	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Pre 9/7/2022 4:24	pared:
		1.00	2.	00	
Cost Report Preparer Contact Information					
19.00 Enter the first name, last name and the title/position	JON		UNROE		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	BKD	, LLP			20.00
preparer.					
21.00 Enter the telephone number and email address of the cost	713	-499-4600	JUNROE@BKD. COM		21.00
report preparer in columns 1 and 2, respectively.					

	D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE	TY HEALTH CARE	Provi der No.: 315491	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Pre 9/7/2022 4:24	epared:
		Part B Date				
	PS&R Data	4.00		<u> </u>		-
	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and	04/25/2022				13.00
14.00	4. (see Instructions.) Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.					14.00
15. 00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.					15.00
16. 00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.					16.00
17.00	adjustments made to PS&R data for Other? Describe the other adjustments:					17.00
18. 00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.					18.00
			3.00			
	Cost Report Preparer Contact Information					10.00
19. 00	Enter the first name, last name and the title held by the cost report preparer in columns 1 respectively.		ARTNER			19.00
20. 00	Enter the employer/company name of the cost r	report				20.00
21.00	preparer. Enter the telephone number and email address report preparer in columns 1 and 2, respectiv					21.00

Heal th	Financial Systems CONTINUING CARE A	T CEDAR CREST VILLA	In Lieu	of Form CMS-2	2540-10
VOLUNT	ARY CONTACT INFORMATION	Provider No.: 315491	From 01/01/2021 To 12/31/2021	Worksheet S-2 Part V Date/Time Pre 9/7/2022 4:24	pared:
			1.0	0	
	Cost Report Preparer Contact Information		1.0	0	
1.00	First Name				1.00
2.00	Last Name				2.00
3.00	Title				3.00
4.00	Employer				4.00
5.00	Phone Number				5.00
6.00	E-mail Address				6.00
7.00	Department				7.00
8.00	Mailing Address 1				8.00
9.00	Mailing Address 2				9.00
10.00	City				10.00
11.00	State				11.00
12.00					12.00
	Officer or Administrator of Provider Contact Information				
	First Name		Staci		13.00
14.00	Last Name		Henderson		14.00
15.00					15.00
16.00	Employer				16.00
	Phone Number		4104022347		17.00
	E-mail Address		Staci.Henderson@	@erickson.com	18.00
	Department				19.00
	Mailing Address 1		Dept: Central Ad	ccounting	20.00
	Mailing Address 2				21.00
	City		Baltimore	LID.	22.00
23.00			21220	MD	
24.00	ZI p		21228		24.00

	Financial Systems D NURSING FACILITY AND SKILLED NURSIN X STATISTICAL DATA	CONTINUING CARE AT C IG FACILITY HEALTH CARE		No.: 315491 Pe	eriod: rom 01/01/2021	u of Form CMS-2 Worksheet S-3 Part I Date/Time Pre 9/7/2022 4:24	pared:
				l npa	atient Days/Vis		
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
00		1.00	2.00	3.00	4.00	5.00	1.0
. 00 . 00	SKILLED NURSING FACILITY	113	41, 245 0	0	4, 912	4, 558 0	1.0 2.0
. 00	ICF/IID	0	0	0		0	
. 00	HOME HEALTH AGENCY COST			0	4, 722	0	
00	Other Long Term Care SNF-Based CMHC	0	0				5.0 6.0
10	SNF-Based CORF						6.1
30	SNF-Based OPT						6.3
00 00	HOSPICE Total (Sum of lines 1-7)	0 113	0 41, 245	0	0 9, 634	0 4, 558	7.C
00	Total (Sull OF TTHES 1-7)	Inpatient D		0	Di scharges	4, 556	0.0
	Component	Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
00 00	SKILLED NURSING FACILITY NURSING FACILITY	27, 102	36, 572 0	0	190	6	1.0 2.0
00	ICF/IID	0	0	_		0	3.0
00	HOME HEALTH AGENCY COST	2, 345	7,067				4.0
00 00	Other Long Term Care SNF-Based CMHC	0	0				5. 0 6. 0
10	SNF-Based CORF						6.
30	SNF-Based OPT						6.3
00 00	HOSPICE Total (Sum of lines 1-7)	0 29, 447	0 43, 639	0	0 190	0	
		Di scha		Aver	age Length of S	Stay	
	Component	Other	Total	Title V	Title XVIII	Title XIX	
00	SKILLED NURSING FACILITY	11.00	12.00 437	13.00 0.00	14.00 25.85	15.00 759.67	1.0
00	NURSING FACILITY	0	0	0.00	20100	0.00	
00	ICF/IID HOME HEALTH AGENCY COST	0	0			0.00	3.0
00 00	Other Long Term Care	0	0				4.0
00	SNF-Based CMHC						6. (
10 30	SNF-Based CORF SNF-Based OPT						6. <sup>2</sup>
00	HOSPICE	0	0	0.00	0.00	0.00	
00	Total (Sum of lines 1-7)	241	437	0.00	25.85	759.67	8. (
		Average Length of Stay		Admi s	sions		
	Component	Total	Title V	Title XVIII	Title XIX	Other	
00	SKILLED NURSING FACILITY	<u> </u>	17.00 0	18.00 203	19.00 0	20.00	1. (
00	NURSING FACILITY	0.00	0		0	0	
00 00	ICF/IID HOME HEALTH AGENCY COST	0.00			0	0	3. 4.
00	Other Long Term Care	0.00				0	
00	SNF-Based CMHC						6.
10 30	SNF-Based CORF SNF-Based OPT						6. 6.
00	HOSPI CE	0.00	0	0	0	0	
00	Total (Sum of lines 1-7)	83.69 Admissions	O Full Time		0	245	8. (
	Component	Total	Employees on Payroll	Nonpaid Workers			
00	SKILLED NURSING FACILITY	21.00	22.00 147.37	23.00 0.00			1. (
00	NURSING FACILITY	0	0.00				2.0
00		0	0.00				3. (
00 00	HOME HEALTH AGENCY COST Other Long Term Care	0	10. 73 0. 00				4. ( 5. (
00 00	SNF-Based CMHC		0.00				6.0
	SNF-Based CORF		0.00				6. <sup>-</sup>
10							
10 30 00	SNF-Based OPT HOSPI CE	0	7.56 0.00				6.3 7.0

Heal	th Fi	nanci a	l Systems	
CNIE	WACE			

## CONTINUING CARE AT CEDAR CREST VILLA In Lieu of Form CMS-2540-10

SNF WA	GE INDEX INFORMATION		Provi der		Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part II Date/Time Pre 9/7/2022 4:24	pared:
		Amount	Reclass. of	Adj usted	Paid Hours	Average Hourly	
		Reported	Salaries from	Salaries (col		Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col. 3	col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	PART II – DIRECT SALARIES						
	SALARI ES						
1.00	Total salaries (See Instructions)	31, 085, 579	0	31, 085, 57			1.00
2.00	Physician salaries-Part A	0	0		0.00		2.00
3.00	Physician salaries-Part B	0	0		0 0.00		
4.00	Home office personnel	0	0		0 0.00		4.00
5.00	Sum of lines 2 through 4	0	0		0 0.00		5.00
6.00	Revised wages (line 1 minus line 5)	31, 085, 579	0	31, 085, 57	9 1, 273, 455. 38	24.41	6.00
7.00	Other Long Term Care	0	0		0 0.00		
8.00	HOME HEALTH AGENCY COST	1, 009, 921	0	1, 009, 92			8.00
9.00	CMHC	0	0		0 0.00	0.00	9.00
9.10	CORF						9.10
9.20	OPT						9.20
10.00	HOSPI CE	0	0		0 0.00	0.00	10.00
11.00	Other excluded areas	15, 375, 677	0	15, 375, 67			11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	16, 385, 598	0	16, 385, 59	8 758, 056. 49	21.62	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	14, 699, 981	0	14, 699, 98	1 515, 398. 89	28. 52	13.00
	OTHER WAGES & RELATED COSTS						
14 00	Contract Labor: Patient Related & Mgmt	213, 255	0	213, 25	5 3, 357. 21	63.52	14.00
15.00	Contract Labor: Physician services-Part A	213, 233	0	210,20	0 0.00		
16.00	Home office salaries & wage related costs	0	0		0.00		
10.00	WAGE-RELATED COSTS				0.00	0.00	10.00
17.00	Wage-related costs core (See Part IV)	8, 137, 593	0	8, 137, 59	3		17.00
18.00	Wage-related costs other (See Part IV)	243, 605	0	243, 60	5		18.00
19.00	Wage related costs (excluded units)	4, 417, 834	0	4, 417, 83	4		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	3, 963, 364	0	3, 963, 36	4		22.00
	instructions)						

SNF WA	GE INDEX INFORMATION		Provi der	Provider No.: 315491		Worksheet S-3	
					From 01/01/2021	Part III	
				-	To 12/31/2021		
		Amount	Reclass. of	Adj usted	Paid Hours	9/7/2022 4:24 Average Hourly	
		Reported	Salaries from			Wage (col. 3 ÷	
		Reported	Worksheet A-6		Salary in col.		
			WOLKSHEEL A-0		3	COI. 4)	
		1.00	2.00	3.00	4.00	5.00	
	PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	160, 364	0	160, 36	4 3, 685. 47	43.51	1.00
2.00	Administrative & General	2, 813, 315	0	2, 813, 31	5 71, 447. 42	39.38	2.00
3.00	Plant Operation, Maintenance & Repairs	1, 957, 722	0	1, 957, 72	2 83, 418. 07	23.47	3.00
4.00	Laundry & Linen Service	0	0		0.00	0.00	4.00
5.00	Housekeepi ng	0	0		0.00	0.00	5.00
6.00	Dietary	356, 630	0	356, 63	0 8, 076. 66	44.16	6.00
7.00	Nursing Administration	0	0	(	0.00	0.00	7.00
8.00	Central Services and Supply	0	0	(	0.00	0.00	8.00
9.00	Pharmacy	0	0		0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	(	0.00	0.00	10.00
11.00	Social Service	0	0	(	0.00	0.00	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	1, 201, 924	0	1, 201, 92	4 44, 616. 34	26.94	13.00
14.00	Total (sum lines 1 thru 13)	6, 489, 955	0	6, 489, 95	5 211, 243. 96	30. 72	14.00

IF WAG	E RELATED COSTS	Provi der No. : 315491	Period: From 01/01/2021 To 12/31/2021	9/7/2022 4:24	pare
				Amount	
				Reported	<u> </u>
				1.00	<u> </u>
	PART IV - WAGE RELATED COSTS				1
	Part A - Core List RETIREMENT COST				
- H				(01 002	1 1
	401K Employer Contributions			691, 092	
	Tax Sheltered Annuity (TSA) Employer Contribution			0	2
	Qualified and Non-Qualified Pension Plan Cost			0	3
· · ·	Prior Year Pension Service Cost			0	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization) 401K/TSA Plan Administration fees			0	
	Legal /Accounting/Management Fees-Pension Plan			0	
	Employee Managed Care Program Administration Fees			0	-
	HEALTH AND INSURANCE COST			0	
	Health Insurance (Purchased or Self Funded)			4 004 152	8
	Prescription Drug Plan			4, 096, 153 0	
	Dental, Hearing and Vision Plan			0	
	Life Insurance (If employee is owner or beneficiary)			0	
	Accident Insurance (If employee is owner or beneficiary)			0	
	Disability Insurance (If employee is owner or beneficiary)			0	
	Long-Term Care Insurance (If employee is owner or beneficiary)			0	
	Workers' Compensation Insurance			700, 359	
	Retirement Health Care Cost (Only current year, not the extrao	rdinary accrual require	d by EASB 106	700, 339	
	Non cumulative portion)		a by 1A3D 100.	0	
	TAXES				
	FICA-Employers Portion Only			2, 437, 557	1
	Medicare Taxes - Employers Portion Only			0	
	Unemployment Insurance			0	
	State or Federal Unemployment Taxes			188, 130	20
	DTHER				
	Executive Deferred Compensation			0	2
	Day Care Cost and Allowances			0	2
. 00	Tuition Reimbursement			24, 302	2:
. 00	Total Wage Related cost (Sum of lines 1 - 23)			8, 137, 593	24
				Amount	
				Reported	
				1.00	
	Part B - Other than Core Related Cost				
00	OTHER WAGE RELATED COSTS			243, 605	25

# Heal th Financial Systems

#### CONTINUING CARE AT CEDAR CREST VILLA

In Lieu of Form CMS-2540-10

SNF REPORTING OF DIRECT CARE EXPENDITURES         Provider No.: 315491         Period: Provider No.: 315491         Period: Period: To 12/31/2021         Worksheet S-3 Period: 1 1 + col. 2)           Occupational Category         Amount Reported         Fringe Benefits         Adjusted Salaries (col. 1 + col. 2)         Paid Hours Salary in col. 3 + col. 4)         Paid Hours Warge (col. 4)         Worksheet S-3 Period: Newsheet S-3 Period: 1 + col. 2)           Direct Salaries         1.00         2.00         3.00         4.00         5.00           Direct Salaries         1.00         2.00         3.00         4.00         5.00           0.00         Rejistered Nurses (RNs)         730,741         0         730,741         14,841.74         49.24         1.00           2.00         Licensed Practical Nurses (LPNs)         1,748,183         0         1,748,183         44,759.68         39.05         2.00           3.00         Certified Nursing (sum of lines 1 through 3)         5,388,947         0         5.288,947         190.507.42         28.29         4.00           5.00         Physical Therapy Assistants         65.381         0         0         0         0.00         0.00         0.00         7.00           7.00         0         0         0         0         0         0	Hearth	Financial Systems CONTI	INUING CARE AT O	CEDAR CREST VI	LLA	In Lie	U OI FOIM CMS-	2540-10
Occupational Category         Amount Reported         Fringe Benefits         Adjusted Salaris (col.)         Paid Hours Salaris (col.)         Average Hourly Wage (col. 4)           0: rect. Salaries         1.00         2.00         3.00         4.00         5.00           1: 00         Rejistered Nurses (RNs)         730,741         0         730,741         14,841,74         49,224           2: 00         3.00         4.00         5.00         5.00         5.00           1: 00         Registered Nurses (RNs)         730,741         0         730,741         14,841,74         49,24         1.00           2: 00         Certified Nursing Assistant/Nursing         2,910,023         0         2,910,023         0         2,910,023         30.00         22.02         3.00           4: 00         Total Nursing (sum of lines 1 through 3)         5.388,947         0         5.388,947         190,507,42         28.29         4.00           0: 00         Physical Therapy Asistants         65,381         0         0         0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00 <t< td=""><td>SNF RE</td><td>PORTING OF DIRECT CARE EXPENDITURES</td><td></td><td>Provi der</td><td></td><td></td><td></td><td></td></t<>	SNF RE	PORTING OF DIRECT CARE EXPENDITURES		Provi der				
Direct Salaries         Amount Reported         Fringe Benefits         Adjusted Salaries (col.         Paid Hours (col. 4)         Average Hourly Wage (col. 3 + col. 4)           Direct Salaries         1.00         2.00         3.00         4.00         5.00           Nursing Occupations         1.00         2.00         3.00         4.00         5.00           1.00         Registered Nurses (Ns)         1.741         0         730,741         14.841.74         49.24           2.00         Licensed Practical Nurses (Ns)         1,748.183         0         1,748.183         44.769.68         39.05         2.03           3.00         Certified Nursing (sum of lines 1 through 3)         5.388.947         0         5.388.947         10.846.00         2.22.23         3.00           4.00         Total Nursing (sum of lines 1 through 3)         2.47.22         0         2.24.722         0         2.00         3.00.00         6.00         7.00         0.00								narod
Occupational Category         Amount Reported         Fringe Benefits         Salaries (Salaries (Salaries (Salaries (Col. 3 + col. 4)))         Average Hourly (Wag (Col. 3 + col. 4))           1.00         2.00         3.00         4.00         5.00           1.00         2.00         3.00         4.00         5.00           1.00         Reported         730,741         14,841.74         49.24           1.00         Registered Nurses (RNS)         730,741         14,841.74         49.24           1.00         Certified Nursing Assistant/Nursing         2,910,023         0         2,910,023         130,896.00         22.23         3.00           3.00         Certified Nursing (sum of lines 1 through 3)         5,388,947         0         5,388,947         10,0507.42         28.29         4.00           0.00         Physical Therapy Assistants         65,381         0         0         0         0.00         0					1	0 12/31/2021		
Direct Salaries         Col. 2         Salary in col. 2         Col. 4           1.00         2.00         3.00         4.00         5.00           Nursing Occupations         730,741         0         730,741         14,841.74         49.24         1.00           2.00         1.04         Registered Nurses (RNs)         730,741         0         730,741         14,841.74         49.24         1.00           2.00         Licensed Practical Nurses (LPNs)         1.748,183         0         1.748,183         4.769,68         39.05         2.00           3.00         Certified Nursing Assistant/Nursing         2.910,023         0         2.910,023         130,896.00         22.23         3.00           4.00         Total Nursing (sum of lines 1 through 3)         5,388,947         0         5,388,947         0         5,388,947         190,507.42         28.29         4.00           5.00         Physical Therapy Asistants         65,381         0         6.00         0         0.00         0.00         7.00           6.00         Physical Therapy Aides         0         0         0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00		Occupational Category	Amount	Fri nge	Adj usted	Paid Hours		
Direct Salaries         3         1           Nursing Occupations         1.00         2.00         3.00         4.00         5.00           1.00         Registered Nurses (RNs)         730,741         0         730,741         14,841.74         49.24         1.00           2.00         Licensed Practical Nurses (LNs)         1,748,183         0         1,748,183         44,769,68         39.05         2.00           3.00         Certified Nursing Assistant/Nursing         2,910,023         0         2,910,023         130,896.00         22.23         3.00           4.00         Total Nursing (sum of lines 1 through 3)         5,388,947         0         5,388,947         190,507.42         28.29         4.00           5.00         Physical Therapists         65,381         0         65,381         1,919.82         34.06         6.00           7.00         Physical Therapy Assistants         1,198         1,198         31.60         37.91         9.00           0.00         Occupational Therapy Aides         0         0         0         0.00         0.00         10.00           0.00         Occupational Therapists         79,333         0         79,333         1,849.06         42.90         11.00			Reported	Benefits			Wage (col. 3 ÷	
Direct Salaries           Nursing Occupations           1.00         2.00         3.00         4.00         5.00           1.00         Registered Nurses (RNs)         730,741         0         730,741         14,841.74         49.24         1.00           2.00         Licensed Practical Nurses (LPNs)         1,748,183         0         1,748,183         1,748,183         0         2,910,023         3.00         2.910,023         3.00         2.22,3         3.00           4.00         Total Nursing (sum of Lines 1 through 3)         5,388,947         0         5,388,947         0         5,388,947         9,224,722         4,065.38         55.28         5.00           5.00         Physical Therapy Assistants         65,381         0 <td></td> <td></td> <td></td> <td></td> <td>1 + col. 2)</td> <td>Salary in col.</td> <td>col. 4)</td> <td></td>					1 + col. 2)	Salary in col.	col. 4)	
Direct Salaries           Nursing Occupations           Registered Nurses (RNs)         730,741         0         730,741         14,841.74         49.24           2.00         Licensed Practical Nurses (LPNs)         1,748,183         0         1,748,183         0         1,748,183         0         2,910,023         130,896.00         22.23         3.00           3.00         Certified Nursing Assistant/Nursing         2,910,023         0         2,910,023         130,896.00         22.23         3.00           4.00         Total Nursing (sum of lines 1 through 3)         5,388,947         0         5,388,947         190,507.42         28.29         4.00           6.00         Physical Therapy Assistants         65,381         0         65,381         1,919.82         34.06         6.00           7.00         Physical Therapy Assistants         1,198         0         1,198         0         0.00         <						-		
Nursing Occupations           1.00         Registered Nurses (RNs)         730, 741         0         730, 741         14, 841, 74         49, 24         1.00           0.00         Licensed Practical Nurses (LPNs)         1,748, 183         0         1,748, 183         44, 769, 68         39, 05         2.00           3.00         Certified Nursing Assistant/Nursing         2,910, 023         0         2,910, 023         130, 896, 00         22, 23         3.00           4.00         Total Nursing (sum of Lines 1 through 3)         5,388, 947         0         5,388, 947         190, 507, 42         28, 29         4.00           5.00         Physical Therapy Assistants         65, 381         0         65, 381         1,918, 82         6.00         0         0.00         0.00         7.00           6.00         Physical Therapy Assistants         65, 381         0         5, 491, 20         49, 48         8.00           0.00         Occupational Therapy Assistants         1, 198         0         1, 198         31.60         37.91         9, 00           0.00         Occupational Therapy Assistants         1, 198         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td>Diverse Callerian</td><td>1.00</td><td>2.00</td><td>3.00</td><td>4.00</td><td>5.00</td><td></td></td<>		Diverse Callerian	1.00	2.00	3.00	4.00	5.00	
1.00         Registered Nurses (RNs)         730,741         0         730,741         14,841,74         49,24         1.00           2.00         Licensed Practical Nurses (LPNs)         1,748,183         0         1,748,183         44,769,68         39,05         2.00           Assistants/Aides         2,910,023         0         2,910,023         130,896.00         22.23         3.00           4.00         Total Nursing (sum of lines 1 through 3)         5,388,947         0         5,388,947         190,507,42         28.29         4.00           6.00         Physical Therapy Assistants         65,381         0         65,381         1,919,82         34.06         6.00           7.00         Physical Therapy Assistants         1,198         0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         1.00         1.00         1.00         0.00         0.00         0.00         0.00         1.00         1.00         1.00         1.00         1.00         0.00         0.00         0.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00								-
2.00         Licensed Practical Nurses (LPNs)         1,748,183         0         1,748,183         44,769,68         39,05         2.00           3.00         Certified Nursing Assistant/Nursing         2,910,023         0         2,910,023         130,896,00         22.23         3.00           4.00         Total Nursing (sum of Lines 1 through 3)         5,388,947         0         5,388,947         190,507,42         28.29         4.00           5.00         Physical Therapy Assistants         224,722         0         224,722         4,065,381         55.88         50.00           6.00         Physical Therapy Assistants         0         0         0         0.00	1 00		720 741		720 741	14 941 74	40.24	1 1 00
3.00         Certified Nursing Assistant/Nursing         2,910,023         0         2,910,023         130,896.00         22.23         3.00           Assistants/Aides         Total Nursing (sum of lines 1 through 3)         5,388,947         0         5,388,947         190,507.42         28.29         4.00           5.00         Physical Therapists         224,722         0         224,722         4.065.38         55.28         5.00           6.00         Physical Therapy Assistants         65,381         0         65,381         1,919.82         34.06         6.00           7.00         Physical Therapy Aides         0         0         0.00         0.00         7.00           8.00         Occupational Therapy Asistants         1,198         0         1,198         31.60         37.91         9.00           0         Occupational Therapy Aides         0         0         0         0.00         0.00         10.00           10.00         Occupational Therapy Aides         0         0         0         0         0         0         0         10.00           12.00         Respiratory Therapists         0         0         0         0         0         0         12.00           13.00								
Assi stants/Ai des         Assi stants/Ai des         Assi stants/Ai des         Assi stants/Ai des           4.00         Total Nursing (sum of Lines 1 through 3)         5, 388, 947         0         5, 388, 947         190, 507, 42         28, 29         4, 00           5.00         Physical Therapists         224, 722         0         224, 722         0         224, 722         4, 065, 38         55, 28         55, 28         55, 28         55, 28         50           6.00         Physical Therapy Assistants         65, 381         0         65, 381         1, 919, 82         34, 66         6, 00           7.00         Physical Therapy Aides         0         0         0         0, 00         0, 00         7, 00           9.00         Occupational Therapy Assistants         1, 198         0         1, 198         31, 60         37, 91         9, 00           10.00         Speech Therapists         79, 333         0         79, 333         0         79, 333         1, 849, 06         42, 90         11, 00           12.00         Respi ratory Therapists         0         0         0         0, 00         10, 00         12, 00           13.00         Other Medical Staff         0         0         0         0, 00				-				•
4.00       Total Nursing (sum of lines 1 through 3)       5, 388, 947       0       5, 388, 947       190, 507, 42       28, 29       4, 00         5.00       Physical Therapy Assistants       224, 722       0       224, 722       4, 065, 38       55, 28       5, 00         6.00       Physical Therapy Assistants       65, 381       0       60, 00       0       0, 00	3.00		2,910,023	C C	2, 910, 023	130, 690. 00	22.23	3.00
5.00         Physical Therapists         224,722         0         224,722         4,065.38         55.28         5.00           6.00         Physical Therapy Assistants         65,381         0         65,381         1,919.82         34.06         6.00           7.00         Physical Therapy Assistants         0         0         0.00         0.00         7.00           8.00         Occupational Therapists         271,690         0         271,690         5,491.20         49.48         8.00           9.00         Occupational Therapy Asistants         1,198         0         1,198         31.60         37.91         9.00           10.00         Occupational Therapists         79,333         0         79,333         1,849.06         42.90         11.00           12.00         Respiratory Therapists         0         0         0         0.00         0.00         12.00           13.00         Other Medical Staff         0         0         0         0.00         0.00         14.00           Registered Nurses (RNs)         22,864         224,864         254.04         90.00         14.00           14.00         Certrified Nursing Assistant/Nursing         90,695         90,695         1,927.94 <td>4 00</td> <td></td> <td>5 388 947</td> <td>C</td> <td>5 388 947</td> <td>190 507 42</td> <td>28.29</td> <td>4 00</td>	4 00		5 388 947	C	5 388 947	190 507 42	28.29	4 00
6.00         Physical Therapy Assistants         65, 381         0         65, 381         1, 919, 82         34.06         6.00           7.00         Physical Therapy Aides         0         0         0         0.00         0.00         0.00         7.00           8.00         Occupational Therapy Assistants         271, 690         0         271, 690         5, 491, 20         49, 48         8.00           9.00         Occupational Therapy Assistants         1, 198         0         1, 198         31.60         37.91         9.00           10.00         Occupational Therapy Aides         0         0         0.00         0.00         10.00           11.00         Speech Therapists         79, 333         0         79, 333         1, 849, 06         42.90         11.00           12.00         Respiratory Therapists         0         0         0         0         0.00         0.00         12.00           13.00         Other Medical Staff         0         0         0         0         0         13.00           14.00         Registered Nurses (RNs)         22, 864         22, 864         254.04         90.00         14.00           15.00         Licensed Practical Nurses (LPNs)				C				
7.00       Physical Therapy Aides       0       0       0.00       0.00       7.00         8.00       Occupational Therapists       271,690       0       271,690       5,491.20       49.48       8.00         9.00       Occupational Therapy Asistants       1,198       0       1,198       31.60       37.91       9.00         10.00       Occupational Therapy Aides       0       0       0       0.00       0.00       0.00         11.00       Speech Therapists       79,333       0       79,333       1,849.06       42.90       11.00         12.00       Respiratory Therapists       0       0       0       0.00       0.00       12.00         13.00       Other Medical Staff       0       0       0       0       0.00       0.00       13.00         14.00       Registered Nurses (RNS)       22,864       254.04       90.00       14.00         15.00       Licensed Practical Nurses (LPNs)       99,697       99,697       1,175.23       84.83       15.00         16.00       Certified Nursing Assistant/Nursing       90,695       213,256       3,357.21       63.52       17.00         18.00       Physical Therapy Asistants       0				C				
8.00         Occupational Therapists         271,690         271,690         5,491.20         49.48         8.00           9.00         Occupational Therapy Assistants         1,198         0         1,198         31.60         37.91         9.00           10.00         Occupational Therapy Assistants         0         0         0         0.00				0				
9.00         Occupational Therapy Assistants         1,198         0         1,198         31.60         37.91         9.00           10.00         Occupational Therapy Aides         0         0         0         0.00         0.00         0.00         10.00           11.00         Speech Therapists         79,333         0         79,333         1,849.06         42.90         11.00           12.00         Respiratory Therapists         0         0         0         0.00         0.00         12.00           13.00         Other Medical Staff         0         0         0         0.00         0.00         13.00           Contract Labor           Nursing Occupations           The Registered Nurses (RNS)         22,864         22,864         254.04         90.00         14.00           14.00         Licensed Practical Nurses (LPNS)         99,697         99,697         1,927.94         47.04         16.00           16.00         Certified Nursing Assistant/Nursing         90,695         213,256         3,357.21         63.52         17.00           17.00         Total Nursing (sum of Lines 14 through 16)         213,256         213,256         3,357.21         63.52         17.00 <td></td> <td></td> <td></td> <td>0</td> <td>۳ ۱</td> <td></td> <td></td> <td></td>				0	۳ ۱			
10.00         Occupational Therapy Aides         0         0         0         0.00         0.00         10.00           11.00         Speech Therapists         79,333         0         79,333         1,849.06         42.90         11.00           12.00         Respiratory Therapists         0         0         0         0         0.00         0.00         10.00           13.00         Other Medical Staff         0         0         0         0         0.00         0.00         10.00           14.00         Registered Nurses (RNs)         22,864         22,864         254.04         90.01         14.00           15.00         Licensed Practical Nurses (LPNs)         99,697         99,697         1,927.94         47.04         16.00           16.00         Certified Nursing Assistant/Nursing         90,695         90,695         1,927.94         47.04         16.00           18.00         Physical Therapy Assistants         0         0         0.00         0.00         19.00           19.00         Physical Therapy Assistants         0         0         0.00         0.00         20.00           21.00         Cocupational Therapy Assistants         0         0         0.00         0.00 </td <td></td> <td></td> <td></td> <td>C</td> <td></td> <td></td> <td></td> <td>•</td>				C				•
11.00       Speech Therapists       79,333       0       79,333       1,849.06       42.90       11.00         12.00       Respiratory Therapists       0       0       0       0       0.00       0.00       12.00         13.00       Other Medical Staff       0       0       0       0       0.00       0.00       12.00         Contract Labor         Nursing Occupations         14.00       Registered Nurses (RNS)       22,864       22,864       254.04       90.00       14.00         15.00       Licensed Practical Nurses (LPNS)       99,697       99,697       1,175.23       84.83       15.00         16.00       Certified Nursing Assistant/Nursing       90,695       90,695       1,927.94       47.04       16.00         Assistants/Aides       0       0       0.00       0.00       18.00         19.00       Physical Therapists       0       0       0.00       0.00       20.00         19.00       Physical Therapy Assistants       0       0       0.00       0.00       20.00         19.00       Physical Therapy Asistants       0       0       0.00       0.00       20.00         22.00 <td< td=""><td></td><td></td><td></td><td>C</td><td></td><td></td><td></td><td>•</td></td<>				C				•
12.00       Respiratory Therapists       0       0       0       0.00       0.00       12.00         13.00       Other Medical Staff       0       0       0       0.00       0.00       13.00         Contract Labor         Nursing Occupations         Nursing Occupations         14.00       Registered Nurses (RNS)       22,864       22,864       254.04       90.00       14.00         15.00       Licensed Practical Nurses (LPNS)       99,697       99,697       1,715.23       84.83       15.00         16.00       Certified Nursing Assistant/Nursing       90,695       90,695       1,927.94       47.04       16.00         17.00       Total Nursing (sum of lines 14 through 16)       213,256       213,256       3,357.21       63.52       17.00         18.00       Physical Therapists       0       0       0.00       0.00       19.00         20.00       Physical Therapy Assistants       0       0       0.00       0.00       20.00         21.00       Occupational Therapy Asistants       0       0       0.00       0.00       20.00         22.00       Occupational Therapy Asistants       0       0       0.00 <td></td> <td></td> <td>79 333</td> <td>C</td> <td>79 333</td> <td></td> <td></td> <td>•</td>			79 333	C	79 333			•
13.00       Other Medical Staff       0       0       0       0.00       0.00       13.00         Contract Labor Nursing Occupations         14.00       Registered Nurses (RNs)       22,864       22,864       22,864       90.00       14.00         15.00       Licensed Practical Nurses (LPNs)       99,697       99,697       1,175.23       84.83       15.00         16.00       Certified Nursing Assistant/Nursing Assistants/Aides       90,695       90,695       1,927.94       47.04       16.00         17.00       Total Nursing (sum of Lines 14 through 16)       213,256       213,256       3,357.21       63.52       17.00         18.00       Physical Therapists       0       0       0.00       0.00       19.00         19.00       Physical Therapy Assistants       0       0       0.00       0.00       0.00       20.00         20.00       Physical Therapy Aides       0       0       0.00       0.00       0.00       20.00         21.00       Occupational Therapy Asistants       0       0       0.00       0.00       20.00         22.00       Occupational Therapy Asistants       0       0       0.00       0.00       20.00       20.00       20.00 <td></td> <td></td> <td></td> <td>C</td> <td></td> <td></td> <td></td> <td></td>				C				
Contract Labor           Nursi ng Occupati ons           14.00         Regi stered Nurses (RNs)         22,864         22,864         254.04         90.00         14.00           15.00         Li censed Practi cal Nurses (LPNs)         99,697         99,697         1,175.23         84.83         15.00           16.00         Certi fi ed Nursi ng Assi stant/Nursi ng Assi stants/Ai des         90,695         90,695         1,927.94         47.04         16.00           17.00         Total Nursi ng (sum of Li nes 14 through 16)         213,256         213,256         3,357.21         63.52         17.00           18.00         Physi cal Therapi sts         0         0         0.00         0.00         18.00           19.00         Physi cal Therapy Assi stants         0         0         0.00         0.00         19.00           20.00         Physi cal Therapy Aides         0         0         0.00         0.00         20.00           21.00         Occupati onal Therapi sts         0         0         0.00         0.00         20.00           22.00         Occupati onal Therapy Asi stants         0         0         0.00         20.00         21.00           22.00         Occupati onal Therapy Asi stants         0 <td></td> <td></td> <td>0</td> <td>C</td> <td></td> <td></td> <td></td> <td></td>			0	C				
14.00       Registered Nurses (RNs)       22,864       22,864       22,864       90.00       14.00         15.00       Licensed Practical Nurses (LPNs)       99,697       99,697       1,175.23       84.83       15.00         16.00       Certified Nursing Assistant/Nursing Assistant/Nursing Assistants/Aides       90,695       90,695       1,927.94       47.04       16.00         17.00       Total Nursing (sum of lines 14 through 16)       213,256       213,256       3,357.21       63.52       17.00         18.00       Physical Therapists       0       0       0.00       0.00       18.00         19.00       Physical Therapy Assistants       0       0       0.00       0.00       12.00         22.00       Occupational Therapists       0       0       0.00       0.00       21.00         22.00       Occupational Therapy Asistants       0       0       0.00       0.00       21.00         22.00       Occupational Therapy Asistants       0       0       0.00       0.00       22.00         24.00       Speech Therapists       0       0       0.00       0.00       22.00         24.00       Speech Therapists       0       0       0.00       0.00       22.0								
15.00       Licensed Practical Nurses (LPNs)       99,697       99,697       1,175.23       84.83       15.00         16.00       Certified Nursing Assistant/Nursing Assistant/Nursing Assistants/Aides       90,695       90,695       1,927.94       47.04       16.00         17.00       Total Nursing (sum of Lines 14 through 16)       213,256       213,256       3,357.21       63.52       17.00         18.00       Physical Therapists       0       0       0.00       0.00       18.00         19.00       Physical Therapy Assistants       0       0       0.00       0.00       19.00         20.00       Physical Therapy Assistants       0       0       0.00       0.00       20.00         21.00       Occupational Therapists       0       0       0.00       0.00       20.00         22.00       Occupational Therapy Assistants       0       0       0.00       0.00       22.00         23.00       Occupational Therapy Aides       0       0       0.00       0.00       23.00         24.00       Speech Therapists       0       0       0.00       0.00       24.00		Nursing Occupations						1
16.00Certified Nursing Assistant/Nursing Assistants/Aides90,69590,6951,927.9447.0416.0017.00Total Nursing (sum of Lines 14 through 16)213,256213,2563,357.2163.5217.0018.00Physical Therapists0000.0018.0019.00Physical Therapy Assistants000.0019.0020.00Physical Therapy Aides000.0020.0021.00Occupational Therapists000.0020.0022.00Occupational Therapy Aides000.0022.0023.00Occupational Therapy Aides000.0023.0024.00Speech Therapists000.0023.00	14.00	Registered Nurses (RNs)	22, 864		22, 864	254.04	90.00	14.00
Assi stants/Ai desAssi stants/Ai desImage: Constraint of the stants of the stant	15.00	Licensed Practical Nurses (LPNs)	99, 697		99, 697	1, 175. 23	84.83	15.00
17.00Total Nursing (sum of Lines 14 through 16)213,256213,2563,357.2163.5217.0018.00Physical Therapists000.0018.0019.00Physical Therapy Assistants0000.0019.0020.00Physical Therapy Aides000.000.0019.0021.00Occupational Therapists000.000.0020.0022.00Occupational Therapy Assistants000.0021.0023.00Occupational Therapy Aides000.0022.0024.00Speech Therapists000.0022.0024.00Speech Therapists000.0024.00	16.00	Certified Nursing Assistant/Nursing	90, 695		90, 695	1, 927. 94	47.04	16.00
18.00       Physical Therapists       0       0       0.00       18.00         19.00       Physical Therapy Assistants       0       0       0.00       0.00       19.00         20.00       Physical Therapy Aides       0       0       0.00       0.00       20.00         20.00       Ccupational Therapists       0       0       0.00       0.00       20.00         21.00       Occupational Therapy Assistants       0       0       0.00       0.00       21.00         22.00       Occupational Therapy Asistants       0       0       0.00       0.00       22.00         23.00       Occupational Therapists       0       0       0.00       0.00       23.00         24.00       Speech Therapists       0       0       0.00       0.00       24.00								
19.00Physical Therapy Assistants00.000.0019.0020.00Physical Therapy Aides000.000.0020.0021.00Occupational Therapists000.000.0021.0022.00Occupational Therapy Assistants000.000.0022.0023.00Occupational Therapy Aides000.000.0023.0024.00Speech Therapists000.000.0024.00			213, 256		213, 256			
20.00Physical Therapy Ai des000.0020.0021.00Occupational Therapists000.0021.0022.00Occupational Therapy Assistants000.000.0022.0023.00Occupational Therapy Ai des000.000.0023.0024.00Speech Therapists000.000.0024.00			0		0			
21.00       Occupational Therapists       0       0.00       0.00       21.00         22.00       Occupational Therapy Assistants       0       0       0.00       0.00       22.00         23.00       Occupational Therapy Aides       0       0       0.00       0.00       23.00         24.00       Speech Therapists       0       0       0.00       0.00       24.00			0		C			
22.00       Occupational Therapy Assistants       0       0       0.00       0.00       22.00         23.00       Occupational Therapy Aides       0       0       0.00       0.00       23.00         24.00       Speech Therapists       0       0       0.00       0.00       24.00			0		C			
23.00         Occupational Therapy Aides         0         0.00         0.00         23.00           24.00         Speech Therapists         0         0         0.00         24.00			0		0			•
24.00         Speech Therapists         0         0.00         0.00         24.00			0		C			
		1 13	0		C			
25.00  Respiratory Therapists 0  0  0.00  0.00  25.00			0		0			
			-		, · · · · · · · · · · · · · · · · · · ·			
26.00       0       0       0       0.00       26.00	26.00	Other Medical Staff	0		0	0.00	0.00	26.00

	ASED HOME HEALTH AGENCY STATISTICAL DATA			No.: 315491	Period: From 01/01/2021	Worksheet S-4	
			HHA CCN:		To 12/31/2021	Date/Time Pre 9/7/2022 4:24	
			litl	e XVIII	Home Health Agency I	PPS	
		<u>Title</u> 1.00	V	Title XVIII 2.00	Title XIX 3.00	0ther 4.00	<u> </u>
0	HOME HEALTH AGENCY STATISTICAL DATA County	MORRIS					1
0	DESCRI PTI ON	WURRT 3					1'
0	Home Health Aide Hours		0		56 0		
0	Unduplicated Census Count (see instructions)		0.00	246. ( Staff	00 0.00 Contract	129.00 Total	3
				1.00	2.00	3.00	
0	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FUL		Г)	40.0		[	
0 0	Enter the number of hours in your normal work Administrator and Assistant Administrator(s)	week		40. ( 0. 6		0.67	4
0	Director(s) and Assistant Director(s)			0. (			
0	Other Administrative Personnel			1.8			
0	Direct Nursing Service			3.2			
00	Nursi ng Supervi sor Physi cal Therapy Servi ce			1.3			
00	Physical Therapy Supervisor			0.0			
00	Occupational Therapy Service			0.8			
00 00	Occupational Therapy Supervisor Speech Pathology Service			0. ( 0. 1			
00	Speech Pathology Supervisor			0.0			
00	Medical Social Service			0.0			
00	Medical Social Service Supervisor			0.0			
00 00	Home Health Aide Home Health Aide Supervisor			0. 3 0. (			
00				0. 0			
	HOME HEALTH AGENCY CBSA CODES				-	Γ	
00	Enter in column 1 the number of CBSAs where y the cost reporting period.	ou provided servi	ices during		1		21
00	List those CBSA code(s) in column 1 serviced period (line 22 contains the first code).	during this cost	reporti ng	35084			22
		Full Epis Without Wi		LUPA Epi sode	s PEP Only	Total (columns	
		Outliers		-	Epi sodes	1 through 4)	
		1.00	2.00	3.00	4.00	5.00	
	ΙΡΡς ΔΟΤΙ VI ΤΥ ΠΔΤΔ		1/5	11		1 0 10	1
00	PPS ACTIVITY DATA Skilled Nursing Visits	1, 662	165	12	21 0	1, 948	23
00	Skilled Nursing Visits Skilled Nursing Visit Charges	290, 675	28, 875	21, 17	75 0	340, 725	24
00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits	290, 675 1, 507	28, 875 133	21, 17	75 0 30 0	340, 725 1, 670	24 25
00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges	290, 675 1, 507 301, 200	28, 875 133 26, 600	21, 17	75 0 30 0	340, 725 1, 670 333, 800	24 25 26
00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits	290, 675 1, 507	28, 875 133	21, 1 ; 6, 00	75 0 30 0	340, 725 1, 670	24 25 26 27
00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visits Occupational Therapy Visit Charges Speech Pathology Visits	290, 675 1, 507 301, 200 515 103, 000 100	28, 875 133 26, 600 93 18, 600 49	21, 1 ; 6, 00	75 0 30 0 00 0 4 0 00 0 0 0	340, 725 1, 670 333, 800 612 122, 400 149	24 25 26 27 28 29
00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visits Occupational Therapy Visits Speech Pathology Visits Speech Pathology Visit Charges	290, 675 1, 507 301, 200 515 103, 000 100 20, 000	28, 875 133 26, 600 93 18, 600 49 9, 800	21, 17 5 6, 00 80	75     0       30     0       50     0       4     0       50     0       0     0       0     0       0     0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800	24 25 26 27 28 29 30
00 00 00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visits Occupational Therapy Visit Charges Speech Pathology Visits	290, 675 1, 507 301, 200 515 103, 000 100	28, 875 133 26, 600 93 18, 600 49	21, 17 6, 00 80	75     0       30     0       50     0       4     0       50     0       0     0       0     0       0     0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3	24 25 26 27 28 29 30 31
00 00 00 00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visits Occupational Therapy Visit Charges Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits	290, 675 1, 507 301, 200 515 103, 000 100 20, 000 2 400 298	28, 875 133 26, 600 93 18, 600 49 9, 800 0 0 0 42	21, 17 6, 00 80 20	75         0           30         0           50         0           4         0           50         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340	24 25 26 27 28 29 30 31 32 33
00 00 00 00 00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visits Occupational Therapy Visit Charges Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges	290, 675 1, 507 301, 200 515 103, 000 100 20, 000 2 400 298 37, 250	28, 875 133 26, 600 93 18, 600 49 9, 800 0 0 42 5, 250	21, 17 6, 00 80 20	75     0       30     0       30     0       4     0       0     0       0     0       0     0       1     0       00     0       00     0       00     0       00     0       00     0       00     0       00     0       00     0       00     0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340 42, 500	24 25 26 27 28 29 30 31 32 33 34
00 00 00 00 00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visits Occupational Therapy Visit Charges Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges Total visits (sum of lines 23, 25, 27, 29,	290, 675 1, 507 301, 200 515 103, 000 100 20, 000 2 400 298	28, 875 133 26, 600 93 18, 600 49 9, 800 0 0 0 42	21, 17 6, 00 80 20	75         0           30         0           50         0           4         0           50         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340	24 25 26 27 28 29 30 31 32 33 34
00 00 00 00 00 00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visit Charges Occupational Therapy Visit Charges Occupational Therapy Visits Occupational Therapy Visit Charges Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges Total visits (sum of lines 23, 25, 27, 29, 31, and 33) Other Charges	290, 675 1, 507 301, 200 515 103, 000 20, 000 2 400 298 37, 250 4, 084 0	28, 875 133 26, 600 93 18, 600 49 9, 800 0 42 5, 250 482 0	21, 17 6, 00 80 20 15	75       0         30       0         20       0         4       0         50       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340 42, 500 4, 722 0	24 25 26 27 28 29 30 31 32 33 34 35 36
00 00 00 00 00 00 00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visit Charges Occupational Therapy Visit Charges Occupational Therapy Visit Charges Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visit Charges Total visits (sum of lines 23, 25, 27, 29, 31, and 33) Other Charges Total Charges (sum of lines 24, 26, 28, 30, 32, 34, and 36)	$\begin{array}{c} 290,675\\ 1,507\\ 301,200\\ 515\\ 103,000\\ 100\\ 20,000\\ 2\\ 400\\ 298\\ 37,250\\ 4,084\\ 0\\ 752,525\end{array}$	28, 875 133 26, 600 93 18, 600 49 9, 800 0 0 42 5, 250	21, 17 6, 00 80 20 15 28, 17	75       0         30       0         30       0         4       0         50       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         75       0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340 42, 500 4, 722 0 869, 825	24 25 26 27 28 29 30 31 32 33 34 35 36 37
00 00 00 00 00 00 00 00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visit Charges Occupational Therapy Visit Charges Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Heal th Aide Visit Charges Total visits (sum of lines 23, 25, 27, 29, 31, and 33) Other Charges Total Charges (sum of lines 24, 26, 28, 30, 32, 34, and 36) Total Number of Episodes (standard/non outlier)	290, 675 1, 507 301, 200 515 103, 000 20, 000 2 400 298 37, 250 4, 084 0	28, 875 133 26, 600 93 18, 600 49 9, 800 0 42 5, 250 482 0	21, 17 6, 00 80 20 15 28, 17	75       0         30       0         20       0         4       0         50       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340 42, 500 4, 722 0	24 25 26 27 28 29 30 31 32 33 34 35 36 37 38
	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visits Occupational Therapy Visits Occupational Therapy Visits Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges Total visits (sum of Lines 23, 25, 27, 29, 31, and 33) Other Charges Total Charges (sum of Lines 24, 26, 28, 30, 32, 34, and 36) Total Number of Episodes (standard/non outlier) Total Number of Outlier Episodes	$\begin{array}{c} 290,675\\ 1,507\\ 301,200\\ 515\\ 103,000\\ 100\\ 20,000\\ 2\\ 400\\ 298\\ 37,250\\ 4,084\\ 0\\ 752,525\end{array}$	28, 875 133 26, 600 93 18, 600 49 9, 800 0 42 5, 250 482 0	21, 17 6, 00 80 20 15 28, 17 10	75       0         30       0         20       0         4       0         50       0         0       0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340 42, 500 4, 722 0 869, 825 503 16	24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 37 38
00 00 00 00 00 00 00 00 00 00 00 00 00	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visits Occupational Therapy Visits Occupational Therapy Visits Speech Pathology Visits Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges Total visits (sum of Lines 23, 25, 27, 29, 31, and 33) Other Charges Total Charges (sum of Lines 24, 26, 28, 30, 32, 34, and 36) Total Number of Episodes (standard/non outlier) Total Number of Outlier Episodes	290, 675 1, 507 301, 200 515 103, 000 20, 000 2400 298 37, 250 4, 084 0 752, 525 395 5, 726 Total	28, 875 133 26, 600 93 18, 600 49 9, 800 0 42 5, 250 482 0 89, 125	21, 17 6, 00 80 20 15 28, 17 10	75       0         30       0         20       0         4       0         50       0         0       0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340 42, 500 4, 722 0 869, 825 503 16	24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 37 38
	Skilled Nursing Visits Skilled Nursing Visits Physical Therapy Visits Physical Therapy Visits Occupational Therapy Visit Speech Pathology Visit Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visits Home Health Aide Visit Home Health Aide Visit Charges Total visits (sum of lines 23, 25, 27, 29, 31, and 33) Other Charges Total Charges (sum of lines 24, 26, 28, 30, 32, 34, and 36) Total Number of Episodes (standard/non outlier) Total Number of Outlier Episodes Total Non-Routine Medical Supply Charges HOME HEALTH AGENCY STATISTICAL DATA	290, 675 1, 507 301, 200 515 103, 000 20, 000 298 37, 250 4, 084 0 752, 525 395 5, 726	28, 875 133 26, 600 93 18, 600 49 9, 800 0 42 5, 250 482 0 89, 125	21, 17 6, 00 80 20 15 28, 17 10	75     0       30     0       30     0       4     0       50     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340 42, 500 4, 722 0 869, 825 503 16	24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
	Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visit Charges Speech Pathology Visit Charges Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Heal th Aide Visit Charges Total visits (sum of lines 23, 25, 27, 29, 31, and 33) Other Charges Total Charges (sum of lines 24, 26, 28, 30, 32, 34, and 36) Total Number of Episodes (standard/non outlier) Total Number of Outlier Episodes Total Non-Routine Medical Supply Charges	290, 675 1, 507 301, 200 515 103, 000 20, 000 2400 298 37, 250 4, 084 0 752, 525 395 5, 726 Total	28, 875 133 26, 600 93 18, 600 49 9, 800 0 42 5, 250 482 0 89, 125	21, 17 6, 00 80 20 15 28, 17 10	75     0       30     0       30     0       4     0       50     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0	340, 725 1, 670 333, 800 612 122, 400 149 29, 800 3 600 340 42, 500 4, 722 0 869, 825 503 16	24 25 26 27 28 29 30 311 32 33 34 35 36 37 38 39

ISPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider No.: 315491	Peri od:	Worksheet S-	-7
		From 01/01/2021 To 12/31/2021	Date/Time Pr	
			9/7/2022 4:2	
		<u>Group</u> 1.00	Days 2.00	-
0		RUX	2.00	1.
0		RUL		2.
0		RVX		3.
0		RVL		4.
0		RHX RHL		5. 6.
0		RMX		7.
0		RML		8.
0		RLX		9.
00		RUC		10.
00 00 00 00 00 00 00 00 00 00 00 00 00		RUB RUA		11.
00		RVC		12.
00		RVB		14.
00		RVA		15.
00		RHC		16.
00		RHB		17.
00		RHA		18.
00 00 00 00 00 00 00 00 00 00 00 00 00		RMC RMB		19. 20.
00		RMA		20.
00		RLB		22.
00		RLA		23.
00		ES3		24.
00		ES2		25.
00 00 00 00 00 00 00 00 00 00 00 00 00		ES1 HE2		26. 27.
00		HE1		27.
00		HD2		29.
00		HD1		30.
00		HC2		31.
00		HC1		32.
00		HB2		33.
00 00 00 00 00 00 00 00 00 00 00 00 00		HB1 LE2		34. 35.
00		LE1		36.
00		LD2		37.
00		LD1		38.
00		LC2		39.
00		LC1		40.
00 00 00 00 00 00 00 00 00 00 00 00 00		LB2 LB1		41.
00		CE2		42.
00		CE1		44.
00		CD2		45.
00		CD1		46.
00		CC2		47.
00 00 00 00 00 00 00 00 00 00 00 00 00		CC1 CB2		48. 49.
00		CB2 CB1		49.
00		CA2		51.
00		CA1		52.
00		SE3		53.
00		SE2		54.
00 00 00 00 00 00 00 00 00 00 00 00 00		SE1 SSC		55. 56.
00		SSC		56.
00		SSA		58.
00		I B2		59.
00		I B1		60.
00		I A2		61.
00 00 00 00 00 00 00 00 00 00 00 00 00		I A1 BB2		62. 63.
00		BB2 BB1		63.
00		BA2		65.
00		BA1		66.
00		PE2		67.
00		PE1		68.
00		PD2		69.
00 00 00 00 00 00 00 00 00 00 00 00 00		PD1 PC2		70. 71.
00		PC2 PC1		71.
				1 ' 2 .
00		PB2		73.

Health Financial Systems CC	NTINUING CARE AT CEDAR	CREST VI	LLA	In Lie	u of Form CMS	6-2540-10
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provi der	No.: 315491	Peri od:	Worksheet S	-7
				From 01/01/2021 To 12/31/2021	Date/Time Pr 9/7/2022 4:2	
				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 payments beginning 10/01/2003. Congress ex expenses. For lines 101 through 106: Enter column 2 the percentage of total expenses line 1, column 3. Indicate in column 3 "Y" with direct patient care and related exper (See instructions)	pected this increase in column 1 the amour for each category to for yes or "N" for no	to be used nt of the cotal SNF o if the s	for direct expense for revenue from pending refle	oatient care and each category. Er Worksheet G-2, F ects increases as	related hter in Part I, ssociated	
101.00 Staffing 102.00 Recruitment 103.00 Retention of employees 104.00 Training 105.00 OTHER (SPECIFY) 106.00 Total SNF revenue (Worksheet G-2, Part I,	line 1, column 3)					101.00 102.00 103.00 104.00 105.00 106.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		EXPENSES	Provi der		Period:	eu of Form CMS-2540-1 Worksheet A	
					From 01/01/2021 To 12/31/2021	Date/Time Pre 9/7/2022 4:24	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons Increase/Decre ase (Fr Wkst A-6)	Reclassified Trial Balance	
		1.00	2.00	3.00	4.00	5.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES		24, 272, 609	24, 272, 609	2 0	24, 272, 609	1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT		4, 898, 635				
3.00	00300 EMPLOYEE BENEFITS	160, 364	8, 381, 198				3.00
4.00	00400 ADMI NI STRATI VE & GENERAL	2, 813, 315	6, 018, 855				1
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	1, 957, 722	1, 476, 084	3, 433, 806	0	3, 433, 806	
6.00 7.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	0	0			0	6.00 7.00
8.00	00800 DI ETARY	356, 630	156, 291	512, 921		512, 921	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	0	(	0 0	0	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	C	0 0	0	10.00
	01100 PHARMACY	0	0	C	0 0	0	11.00
	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0	0			0	13.00 14.00
	01500 OTHER GENERAL SERVICES	1, 201, 924	380, 068	1, 581, 992		1, 581, 992	14.00
15.00	INPATIENT ROUTINE SERVICE COST CENTERS	1,201,724	300,000	1, 301, 772	0	1, 301, 772	15.00
30.00	03000 SKILLED NURSING FACILITY	7, 567, 702	3, 236, 464	10, 804, 166	43, 056	10, 847, 222	30.00
	03100 NURSING FACILITY	0	0	C	0 0	0	31.00
	03200 I CF/I I D	0	0	0	0	0	1
33.00	03300 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0	(	0 0	0	33.00
40.00	04000 RADI OLOGY	0	59, 712	59, 712	2 0	59, 712	40.00
	04100 LABORATORY	0	19, 892	19, 892	-		1
42.00	04200 I NTRAVENOUS THERAPY	0	31, 532	31, 532		31, 532	
	04300 OXYGEN (INHALATION) THERAPY	0	9, 165	9, 165		9, 165	
44.00	04400 PHYSI CAL THERAPY	290, 103	0	290, 103		290, 103	1
45.00 46.00	04500 OCCUPATI ONAL THERAPY 04600 SPEECH PATHOLOGY	272, 888 79, 333	590 0	273, 478 79, 333		273, 478 79, 333	
	04700 ELECTROCARDI OLOGY	/ 4, 333	0	(17, 33		0	
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	163, 916	163, 916	5 0	163, 916	
	04900 DRUGS CHARGED TO PATIENTS	0	285, 942	285, 942	2 0	285, 942	49.00
	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0 0	0	
51.00	05100 SUPPORT SURFACES	0	5, 823	5, 823		5, 823	
52.00	05200 OTHER ANCI LLARY SERVICE COST CENTERS OUTPATI ENT SERVICE COST CENTERS	0	0	(	0 0	0	52.00
60.00	06000 CLINIC	0	0	(	0 0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	C			1
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	(	0 0	0	63.00
70.00	OTHER REIMBURSABLE COST CENTERS	1 000 021	150 751	1 140 471		1 140 472	70 00
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	1,009,921	158, 751 0	1, 168, 672		1, 168, 672	
	07200 CORF	0	0			0	
72.10	07210 OPT	780, 241	71, 944	852, 185	5 0	852, 185	72.10
	07300 CMHC	0	0	C	0 0	0	
74.00	07400 OTHER REIMBURSABLE COST	0	0	(	0 0	0	74.00
80. 00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES		0	C	) 0	0	80.00
80.00	08100 INTEREST EXPENSE		0				81.00
	08200 UTI LI ZATI ON REVI EW	0	0		o o	0	
83.00	08300 HOSPI CE	0	0	C	0 0	0	83.00
	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	C	0 0	0	1
89.00	SUBTOTALS (sum of lines 1-84)	16, 490, 143	49, 627, 471	66, 117, 614	4 -78, 960	66, 038, 654	89.00
90.00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	C		0	90.00
	09100 BARBER AND BEAUTY SHOP	0	0	( (		0	91.00
	09200 PHYSI CI ANS PRI VATE OFFI CES	0	0	0	o o	0	
93.00	09300 NONPAI D WORKERS	0	0	C	0 0	0	
			0			0	94.00
94.00	09400 PATIENTS LAUNDRY						1
94.00 95.00	09400 PATTENTS LAUNDRY 09500 OTHER NONREIMBURSABLE COST CENTER 09501 MARKETING	13, 277, 543 1, 317, 893	14, 092, 453 2, 790, 623				95.00

ECLAS	Financial Systems CONT SIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	F EXPENSES	Provi der	No.: 315491 Period: From 01/01/2021	Worksheet A
				To 12/31/2021	
	Cost Center Description	Adjustments to Expenses (Fr Wkst A-8)			
		6.00	col. 6)		
	GENERAL SERVICE COST CENTERS	6.00	7.00		
. 00	00100 CAP REL COSTS - BLDGS & FIXTURES	-295, 728	23, 976, 881		1.0
. 00	00200 CAP REL COSTS - MOVABLE EQUIPMENT	0	4, 898, 635		2.0
. 00	00300 EMPLOYEE BENEFITS	-57, 470	8, 484, 092		3. (
. 00	00400 ADMINISTRATIVE & GENERAL	-4, 355, 746	4, 354, 408		4.0
. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	3, 433, 806		5.0
. 00 . 00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	0	0		6. (
. 00	00800 DI ETARY	-139, 727	373, 194		8.0
. 00	00900 NURSI NG ADMI NI STRATI ON	0	0		9. (
D. 00	01000 CENTRAL SERVICES & SUPPLY	0	o		10.0
	01100 PHARMACY	0	0		11. (
	01200 MEDI CAL RECORDS & LI BRARY	0	0		12. (
	01300 SOCIAL SERVICE	0	0		13. (
	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 OTHER GENERAL SERVICES	-36, 282	0		14. (
5.00	INPATIENT ROUTINE SERVICE COST CENTERS	-30, 202	1, 545, 710		15.0
D. 00	03000 SKI LLED NURSI NG FACI LI TY	-448, 987	10, 398, 235		30.0
1.00	03100 NURSING FACILITY	0	0		31.0
2.00	03200   CF/I   D	0	0		32.0
3.00	03300 OTHER LONG TERM CARE	0	0		33.0
	ANCI LLARY SERVI CE COST CENTERS		50.740		
0.00	04000 RADI OLOGY 04100 LABORATORY	0	59, 712 19, 892		40. (
1.00 2.00	04200 I NTRAVENOUS THERAPY	0	19, 892 31, 532		41.0
	04300 OXYGEN (INHALATION) THERAPY	0	9, 165		43.0
	04400 PHYSI CAL THERAPY	0	290, 103		44. 0
5.00	04500 OCCUPATI ONAL THERAPY	0	273, 478		45.0
	04600 SPEECH PATHOLOGY	0	79, 333		46.0
	04700 ELECTROCARDI OLOGY	0	0		47.0
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	0 -70	163, 916 285, 872		48.0
	05000 DENTAL CARE - TITLE XIX ONLY	- 70	203, 072		50.0
1.00	05100 SUPPORT SURFACES	0	5, 823		51.0
2.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0		52.
	OUTPATIENT SERVICE COST CENTERS	1			
	06000 CLINIC	0	0		60.
	06100 RURAL HEALTH CLINIC 06200 FQHC	0	0		61. (
	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0		62. ( 63. (
5.00	OTHER REIMBURSABLE COST CENTERS	<u> </u>	0		
D. 00	07000 HOME HEALTH AGENCY COST	-39, 200	1, 129, 472		70. 0
	07100 AMBULANCE	0	0		71. (
	07200 CORF	0	0		72.0
	07210 OPT	6, 380	858, 565		72. 7
	07300 CMHC	0	0		73.0
4.00	07400 OTHER REIMBURSABLE COST SPECIAL PURPOSE COST CENTERS	0	0		74.0
D. 00	08000 MALPRACTICE PREMIUMS & PAID LOSSES	0	0		80.0
	08100 I NTEREST EXPENSE	0	0		81. (
2.00	08200 UTI LI ZATI ON REVI EW	0	0		82.0
3.00	08300 HOSPI CE	0	0		83. (
4.00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0		84.0
9.00	SUBTOTALS (sum of lines 1-84)	-5, 366, 830	60, 671, 824	· · · · · · · · · · · · · · · · · · ·	
D. 00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.0
	09100 BARBER AND BEAUTY SHOP	0	0		90.
	09200 PHYSI CI ANS PRI VATE OFFI CES	0	0		92.
	09300 NONPAID WORKERS	0	0		93. (
5.00			0		
4.00	09400 PATIENTS LAUNDRY	O	0		
4. 00 5. 00	09400 PATTENTS LAUNDRY 09500 OTHER NONRETMBURSABLE COST CENTER 09501 MARKETING	0 -31,580 -2,243	0 27, 417, 376 4, 106, 273		94. ( 95. ( 95. (

Health Financial Systems	CONTINUING CARE AT CEDAR CREST VILLA			LA	In Lieu of Form CMS-2540			
RECLASSI FI CATI ONS			Provi der		Period: Worksheet A			
						Date/Time Pre 9/7/2022 4:24	pared: pm	
	Increases							
		Cost Cente	r	Line #	Sal ary	Non Salary		
		2.00		3.00	4.00	5.00		
(1) A - MEDICAL DIRECTOR RECLASS					_			
1.00		SKILLED NURSING FAC	I LI TY	30.0	00 C	43, 056	1.00	
2.00		OTHER NONREIMBURSAB CENTER	LE COST	95.0	00 C	78, 960	2.00	
TOTALS							1	
100.00		Total Reclassi ficat	ions (Sum		C	122, 016	100.00	
		of columns 4 and 5	must					
		equal sum of column 9)	s 8 and					

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	CONTINUING CARE AT CED	LLA	In Lieu of Form CMS-2540-10			
RECLASSI FI CATI ONS		Provi der		Period: From 01/01/2021	Worksheet A-6	
					Date/Time Prep 9/7/2022 4:24	pm
		Decreases				
	Cost Cent	ter	Line #	Sal ary	Non Salary	
	6.00		7.00	8.00	9.00	
(1) A - MEDICAL DIRECTOR RECLASS						
1.00	ADMI NI STRATI VE &	GENERAL	4.0	0 0	122, 016	1.00
2.00			0.0	0 0	0	2.00
TOTALS			_			
100.00				0	122, 016	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 Sy	stems	CONTI NUI NG	CARE AT	CEDAR	CREST VI	LLA
RECONCILIATION OF C	CAPITAL COSTS CENTERS				Provi der	No.:
						Acqu
Descrip	otion	Bec	i nni ng	Pu	rchases	Do

h Financial Systems CONTI	NUING CARE AT	CEDAR CREST VII	LLA	In Lieu of Form CMS-2540-10			
CILIATION OF CAPITAL COSTS CENTERS		Provi der	No.: 315491	Peri od:	Worksheet A-7		
				From 01/01/2021 To 12/31/2021	Date/Time Pre	harod	
				10 12/31/2021	9/7/2022 4:24		
			Acqui si ti on	S			
Description	Begi nni ng	Purchases	Donati on	Total	Disposals and		
	Bal ances				Retirements		
	1.00	2.00	3.00	4.00	5.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
Land	13, 507, 764	0		0 0	0	1.00	
Land Improvements	1, 608, 675	146, 088		0 146, 088		2.00	
Buildings and Fixtures	458, 699, 902	13, 910, 606		0 13, 910, 606	1, 535, 916	3.00	
Building Improvements	0	0		0 0	0	4.00	
Fixed Equipment	1, 897, 737	490, 036		0 490, 036		5.00	
Movable Equipment	30, 878, 805	988, 139		0 988, 139		6.00	
Subtotal (sum of lines 1-6)	506, 592, 883	15, 534, 869		0 15, 534, 869	2, 504, 979	7.00	
Reconciling Items	0	0		0 0	0	8.00	
Total (line 7 minus line 8)	506, 592, 883	15, 534, 869		0 15, 534, 869	2, 504, 979	9.00	
Description	Endi ng Bal ance	Fully					
		Depreci ated					
		Assets					
	6.00	7.00					
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
Land	13, 507, 764	0				1.00	
Land Improvements	1, 754, 763	0				2.00	
Buildings and Fixtures	471, 074, 592	0				3.00	
Building Improvements	0	0				4.00	
Fixed Equipment	2, 387, 773	0				5.00	
Movable Equipment	30, 897, 881	0				6.00	
Subtotal (sum of lines 1-6)	519, 622, 773	0				7.00	
Reconciling Items	0	0				8.00	
Total (line 7 minus line 8)	519, 622, 773	0				9.00	

1.00

2.00 3.00 4.00 5.00

6.00 7.00

8.00 9.00

1.00 2.00

3.00 4.00 5.00

6.00

7.00

8.00

9.00

Heal th	Fi nan	ci a	l Systems
AD.JUST	MENTS	T0	EXPENSES

## CONTINUING CARE AT CEDAR CREST VILLA In Lieu of Form CMS-2540-10

	MENTS TO EXPENSES			No.: 315491 Peri od: From 01/01/2021 To 12/31/2021	Date/Time Pre 9/7/2022 4:24	pare
				Expense Classification on To/From Which the Amount is		
	Description (1)	(2) Basis For	Amount	Cost Center	Line No.	
		Adjustment 1.00	2.00	3.00	4.00	
00	Investment income on restricted funds		0		0.00	1
00	(chapter 2) Trade, quantity, and time discounts (chapter		0		0.00	2
	8)		Ű		0.00	6
00	Refunds and rebates of expenses (chapter 8)		0		0.00	
00	Rental of provider space by suppliers (chapter 8)		0		0.00	4
00	Tel ephone services (pay stations excluded)		о		0.00	5
0	(chapter 21)		0		0.00	6
)0 )0	Television and radio service (chapter 21) Parking lot (chapter 21)		0		0.00	
00	Remuneration applicable to provider-based	A-8-2	0			8
0	physician adjustment		0		0.00	
00 00	Home office cost (chapter 21) Sale of scrap, waste, etc. (chapter 23)		0		0.00	
00	Nonallowable costs related to certain		0		0.00	
00	Capital expenditures (chapter 24) Adjustment resulting from transactions with	A-8-1	-3, 906, 883			12
00	related organizations (chapter 10)	A-0-1	-3, 700, 003			12
	Laundry and linen service		0		0.00	
00 00	Revenue - Employee meals Cost of meals - Guests		0		0.00	
00	Sale of medical supplies to other than		0		0.00	
	patients					
00 00	Sale of drugs to other than patients Sale of medical records and abstracts	В	- 1414	ADMI NI STRATI VE & GENERAL	0.00	
00	Vendi ng machi nes	В		OTHER NONREI MBURSABLE COST	95.00	
~~				CENTER		
00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20
00	Interest expense on Medicare overpayments and borrowings to repay Medicare		0		0.00	21
00	overpayments Utilization reviewphysicians' compensation		ol	JTILIZATION REVIEW	82.00	22
	(chapter 21)					
00	Depreciationbuildings and fixtures			CAP REL COSTS - BLDGS & FIXTURES	1.00	23
	Depreciationmovable equipment		OC	CAP REL COSTS - MOVABLE EQUIPMENT	2.00	
		A B		ADMINISTRATIVE & GENERAL OTHER NONREIMBURSABLE COST	4.00 95.00	
01	GIFT SHOP REVENUE	D		CENTER	95.00	25
02	GUEST ROOM RENT REVENUE	В		OTHER NONREI MBURSABLE COST	95.00	25
03	LIQUOR	А		CENTER SKILLED NURSING FACILITY	30.00	25
	LIQUOR	A		DI ETARY	8.00	
05	LIQUOR	A	-1, 7975	SKILLED NURSING FACILITY	30.00	
	ADVERTISING AND PR EXPENSE	A		EMPLOYEE BENEFITS	3.00	
	ADVERTISING AND PR EXPENSE	A		MARKETING	95.01	
	ADVERTI SI NG AND PR EXPENSE	A		MARKETING	95.01	
09 10	ADVERTI SI NG AND PR EXPENSE LI QUOR	A A		MARKETING OTHER NONREIMBURSABLE COST	95. 01 95. 00	
			c	CENTER		
11	LIQUOR	A		OTHER NONREIMBURSABLE COST	95.00	25
12	LIQUOR	A		OTHER NONREI MBURSABLE COST	95.00	25
13	LIQUOR	А		CENTER OTHER NONREIMBURSABLE COST	95.00	25
			C	CENTER	05.00	
14	LIQUOR	A		OTHER NONREIMBURSABLE COST	95.00	25
15	LIQUOR	A	-790	OTHER NONREI MBURSABLE COST	95.00	25
16	ADVERTI SI NG AND PR EXPENSE	А	-1360	CENTER DTHER NONREIMBURSABLE COST CENTER	95.00	25
	GI FTS	A	-620A	ADMINISTRATIVE & GENERAL	4.00	
	GIFTS	A		DRUGS CHARGED TO PATIENTS	49.00	
. 19	GIFTS	A	-6700	OTHER NONREIMBURSABLE COST	95.00	25

Heal th	Financial Systems CONT	INUING CARE AT (	CEDAR CREST VI	LLA	In Lie	u of Form CMS-:	2540-10
ADJUST	MENTS TO EXPENSES		Provi der	No.: 315491	Peri od:	Worksheet A-8	
					From 01/01/2021 To 12/31/2021	Date/Time Pre	narod
					10 12/31/2021	9/7/2022 4:24	
				Expense C	lassification on	Worksheet A	
				To/From Whic	ch the Amount is	to be Adjusted	
	Description (1)	(2) Basis For	Amount	Cost	t Center	Line No.	
		Adjustment	Allouire	003	e oonton	Erne no.	
		1.00	2.00		3.00	4.00	
25.20	LIQUOR	A	-188	MARKETING		95.01	25.20
25. 21	BAD DEBT	A	-135, 781	SKILLED NURS	ING FACILITY	30.00	25. 21
25.22	BAD DEBT	A	-61, 752	ADMI NI STRATI	VE & GENERAL	4.00	25. 22
25.23	BAD DEBT	A	-20, 854	HOME HEALTH	AGENCY COST	70.00	25.23
25.24	BAD DEBT	A	-23, 851	OPT		72.10	25.24
25. 25	LEASE REVENUE	В		OTHER NONREI CENTER	MBURSABLE COST	95.00	25. 25
25.26	INTEREST INCOME -	В		CAP REL COST	S - BLDGS &	1.00	25. 26
100.00	Tatal (our of lines 1 through 00) (Transfor			FI XTURES			100 00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-5, 400, 653				100. 00

 100.00
 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)
 -5,400,653

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

 (2) Basis for adjustment (see instructions).

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

 B. Amount Received - if cost cannot be determined.

Heal th	Financial Systems CONTI	NUING CARE AT	CEDAR CREST VI	LLA	In Lie	u of Form CMS	-2540-10
STATEM	ENT OF COSTS OF SERVICES FROM RELATED ORGANIZ	ATIONS AND HOM	E Provi der	No.: 315491	Peri od:	Worksheet A-	8-1
OFFI CE	COSTS				From 01/01/2021	Parts I-II	
					To 12/31/2021	Date/Time Pr 9/7/2022 4:2	
		Line No.	Cost	Center	Expense	e Items	
		1.00		00		00	
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIF CLAIMED HOME OFFICE COSTS:	RED AS A RESULT	OF TRANSACTIC	NS WITH RELAT	TED ORGANI ZATI ONS	S OR	
1.00		3.00	EMPLOYEE BENEF	TTS	HOME OFFICE CO	STS	1.00
2.00		4.00	ADMI NI STRATI VE	& GENERAL	HOME OFFICE CO	STS	2.00
3.00		8.00	DI ETARY		HOME OFFICE CO	STS	3.00
4.00		15.00	OTHER GENERAL	SERVI CES	HOME OFFICE CO	STS	4.00
5.00		30.00	SKILLED NURSIN	G FACILITY	HOME OFFICE CO	STS	5.00
6.00		70.00	HOME HEALTH AG	ENCY COST	HOME OFFICE CO	STS	6.00
7.00		72.10	OPT		HOME OFFICE CO	STS	7.00
8.00			OTHER NONREIMB	URSABLE COST	HOME OFFICE CO	STS	8.00
			CENTER				
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 Allowable In	Amount Included in	Adjustments			
		Cost	Wkst. A, col.	(col. 4 minu col. 5)	S		
		COST	5 wkst. A, COI.	COL. 5)			
		4.00	5.00	6,00			
	PART I. COSTS INCURRED AND ADJUSTMENTS REQUIN					S OR	
	CLAIMED HOME OFFICE COSTS:	LED AS A RESULT	of manaActic	NO WITH REEA		5 010	
1.00		0	57, 441	-57, 44	41		1.00
2.00		0	3, 786, 098	-3, 786, 04	98		2.00
3.00		0	139, 546	-139, 54	46		3.00
4.00		0	36, 282	-36, 28	32		4.00
5.00		748, 341	1, 059, 794	-311, 45	53		5.00
6.00		66, 351	84, 697	-18, 34	46		6.00
7.00		50, 760	20, 529	30, 23	31		7.00
8.00		3, 903, 316	3, 491, 264	412, 05	52		8.00
9.00		0	0		0		9.00
10.00	TOTALS (sum of lines 1-9). Transfer column	4, 768, 768	8, 675, 651	-3, 906, 88	33		10.00
	6, line 100 to Worksheet A-8, column 3, line						
	12.			I			1

Health Financial Systems CONTI	NUING CARE AT	CEDAR CREST VILLA	In Lie	u of Form CMS-2	2540-10
STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZA OFFICE COSTS	ATIONS AND HOME	E Provider No.: 315491	Period: From 01/01/2021 To 12/31/2021		pared:
	Symbol (1)	Name	Percentage of		
			Ownershi p		
	1.00	2.00	3.00		
PART II. INTERRELATIONSHIP TO RELATED ORGANIZ	ATION(S) AND/O	R 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 B	0.00	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

related 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	Type of Business			
		Ownership	51			
	4.00	5.00	6.00	1		
PART II. INTERRELATIONSHIP TO RELATED ORGANIZ	ZATION(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	ERICKSON LIVING MGMT, LLC	0.00 CCRC/MGMT/DVPMT	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.

 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.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

					From 01/01/2021 To 12/31/2021	Part I Date/Time Pre 9/7/2022 4:24	pared:
			CAPI TAL REL	LATED COSTS			
	Cost Center Description	Net Expenses	BLDGS &	MOVABLE	EMPLOYEE	Subtotal	
		for Cost Allocation	FI XTURES	EQUI PMENT	BENEFITS		
		(from Wkst A					
		<u>col. 7)</u>	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00 2.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT	23, 976, 881 4, 898, 635	23, 976, 881		E		1.00 2.00
2.00	00300 EMPLOYEE BENEFITS	4, 898, 835	0	4, 898, 63	0 8, 484, 092		3.00
4.00	00400 ADMI NI STRATI VE & GENERAL	4, 354, 408	0		0 771, 810	5, 126, 218	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	3, 433, 806	0		0 537, 085	3, 970, 891	5.00
6.00 7.00	00600 LAUNDRY & LI NEN SERVI CE 00700 HOUSEKEEPI NG	0	0		0 0 0 0	0	6.00 7.00
8.00	00800 DI ETARY	373, 194	0		0 97, 839	471, 033	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	0		0 0	0	9.00
10. 00 11. 00	01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY	0	0		0 0	0	10.00 11.00
12.00	01200 MEDICAL RECORDS & LI BRARY	0	0		0 0	0	12.00
13.00	01300 SOCIAL SERVICE	0	0		0 0	0	13.00
14.00 15.00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 OTHER GENERAL SERVICES	1, 545, 710	0		0 329, 738	0 1, 875, 448	14.00 15.00
101 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1 1/010//10		1		170707110	10100
30.00	03000 SKI LLED NURSI NG FACI LI TY	10, 398, 235	1, 389, 907			14, 148, 248	30.00
31.00 32.00	03100 NURSING FACILITY 03200 I CF/I I D	0	0		0 0 0 0	0	31.00 32.00
33.00	03300 OTHER LONG TERM CARE	0	0		0 0	0	33.00
10.00	ANCI LLARY SERVI CE COST CENTERS	F0 710	0	1	0 0	F0 710	40.00
40.00 41.00	04000 RADI OLOGY 04100 LABORATORY	59, 712 19, 892	0		0 0	59, 712 19, 892	40.00 41.00
42.00	04200 I NTRAVENOUS THERAPY	31, 532	0		0 0	31, 532	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	9, 165	0		0 0	9, 165	
44.00 45.00	04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY	290, 103 273, 478	0		0 79, 587 0 74, 865	369, 690 348, 343	
46.00	04600 SPEECH PATHOLOGY	79, 333	0		0 21, 764	101, 097	46.00
47.00	04700 ELECTROCARDI OLOGY	0	0		0 0	0	47.00
48.00 49.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	163, 916 285, 872	0		0 0	163, 916 285, 872	48.00 49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0 0	0	50.00
51.00 52.00	05100 SUPPORT SURFACES 05200 OTHER ANCI LLARY SERVICE COST CENTERS	5, 823	0		0 0	5, 823 0	51.00 52.00
52.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0		0 0	0	52.00
60.00	06000 CLINIC	0	0		0 0	0	60.00
61.00 62.00	06100 RURAL HEALTH CLINIC 06200 FOHC	0	0		0 0	0	61.00 62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0		0 0	0	63.00
70.00	OTHER REIMBURSABLE COST CENTERS	1, 129, 472	13, 045	2,66	E 277.044	1, 422, 246	70.00
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	1, 129, 472	13, 045	2,00	5 277, 064 0 0	1, 422, 240	
72.00	07200 CORF	0	0		0 0	0	
72. 10 73. 00	07210 OPT 07300 CMHC	858, 565	25, 415	5, 19	2 214, 053	1, 103, 225 0	72.10 73.00
		0	0		0 0	0	
	SPECIAL PURPOSE COST CENTERS			I	1		
80.00 81.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 08100 I NTEREST EXPENSE						80.00 81.00
82.00	08200 UTI LI ZATI ON REVI EW						82.00
83.00	08300 HOSPI CE	0	0		0 0	0	83.00
84.00 89.00	08400 OTHER SPECIAL PURPOSE COST CENTERS SUBTOTALS (sum of lines 1-84)	0 60, 671, 824	0 1, 428, 367	291, 82	0 0 4 4, 479, 944	0 29, 512, 351	84.00 89.00
07.00	NONREI MBURSABLE COST CENTERS	00,071,024	1, 420, 307	271,02	4,477,744	27, 512, 551	07.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	0	90.00
91.00 92.00	09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES	0	0		0 0	0	91.00 92.00
93.00	09300 NONPAI D WORKERS	0	0		o o	0	93.00
94.00	09400 PATIENTS LAUNDRY	0	0		0 0	0	94.00
95.00 95.01	09500 OTHER NONREI MBURSABLE COST CENTER 09501 MARKETI NG	27, 417, 376 4, 106, 273	22, 548, 514 0	4, 606, 81	1 3, 642, 595 0 361, 553	58, 215, 296 4, 467, 826	
98.00	Cross Foot Adjustments	0	0		0 0	0	98.00
99.00	Negative Cost Centers	02 105 472	0	4 000 (0	0 0	02 105 472	99.00
100.00	)   TOTAL	92, 195, 473	23, 976, 881	4, 898, 63	8, 484, 092	92, 195, 473	1100.00

JUST A	LLOCATION - GENERAL SERVICE COSTS		Provider	Fi	eriod: rom 01/01/2021 o 12/31/2021	Worksheet B Part I Date/Time Pre 9/7/2022 4:24	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	PLANT OPERATI ON, MAI NT. & REPAI RS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS	1 1					
1.00 2.00 3.00 4.00 5.00 5.00 5.00 7.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	5, 126, 218 233, 786 0 0	4, 204, 677 0 0	0	Ο		1.00 2.00 3.00 4.00 5.00 6.00 7.00
11.00 12.00	00800 DI ETARY 00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY 01100 PHARMACY 01200 MEDI CAL RECORDS & LI BRARY 01300 SOCI AL SERVI CE	27, 732 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	498, 765 0 0 0 0 0	9.00
	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 OTHER GENERAL SERVICES	0 110, 417	0	0	0 0	0	14.00 15.00
30.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY	832, 978	243, 739	0	0	70, 132	30.00
31.00 32.00	03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE	0	243, 737 0 0 0	0	0 0 0	70, 132 0 0 0	31.00 32.00
	ANCILLARY SERVICE COST CENTERS	1					
41.00	04000 RADI OLOGY 04100 LABORATORY	3, 516 1, 171	0 0 0	0	0 0	0 0 0	41.00
	04200 INTRAVENOUS THERAPY 04300 OXYGEN (INHALATION) THERAPY	1, 856 540	0	-	0	0	42.00
	04400 PHYSI CAL THERAPY	21, 765	0	-	0	0	44.00
	04500 OCCUPATI ONAL THERAPY	20, 509	0	0	0	0	45.00
	04600 SPEECH PATHOLOGY	5, 952	0	0	0	0	46.00
	04700 ELECTROCARDI OLOGY	0 (51	0	0	0	0	47.00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	9, 651 16, 831	0	0	0	0	48.00 49.00
	05000 DENTAL CARE - TITLE XIX ONLY	10, 031	0	0	0	0	
	05100 SUPPORT SURFACES	343	0	-	0	0	51.00
	05200 OTHER ANCI LLARY SERVICE COST CENTERS OUTPATI ENT SERVICE COST CENTERS	0	0	0	0	0	•
	06000 CLINIC	0	0		0	0	
1.00 2.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
2.00 3.00	06200 FQHC 06300 OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	62.00 63.00
0. OO	07000 HOME HEALTH AGENCY COST	83, 735	2, 288	0	0	0	70.00
	07100 AMBULANCE	0	0	0	0	0	
	07200 CORF	0 44 0E2	0	0	0	0	
	07210 OPT 07300 CMHC	64, 952	4, 457	0	0	0	
	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
	SPECIAL PURPOSE COST CENTERS						
1.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE						80. 00 81. 00
	08200 UTI LI ZATI ON REVI EW	0	0	0	0	0	82.00
	08300 HOSPI CE 08400 OTHER SPECI AL PURPOSE COST CENTERS	0	0	0	0	0	
9.00	SUBTOTALS (sum of Lines 1-84) NONREIMBURSABLE COST CENTERS	1, 435, 734	250, 484	0	0	70, 132	
D. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
	09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	
0 0 0	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	
	09300 NONPAID WORKERS	0	0	0	0	0	
3.00		1 ()L	0	ı 0	0	0	94.00
3.00 4.00	09400 PATIENTS LAUNDRY	2 127 111	3 05/ 103		~	100 600	05 00
3.00 4.00 5.00	09500 OTHER NONREIMBURSABLE COST CENTER	3, 427, 441 263, 043	3, 954, 193 0	0	0	428, 633 0	•
3.00 4.00 5.00 5.01		3, 427, 441 263, 043 0	3, 954, 193 0 0	0	0 0 0	428, 633 0 0	95.01
3.00 4.00 5.00	09500 OTHER NONREIMBURSABLE COST CENTER 09501 MARKETING Cross Foot Adjustments Negative Cost Centers		3, 954, 193 0 0 0 4, 204, 677	0 0 0	0 0 0 0	0	95. 01 98. 00 99. 00

COST A	LLOCATION - GENERAL SERVICE COSTS		Provi der 1		Period: From 01/01/2021		
					To 12/31/2021	Date/Time Pre 9/7/2022 4:24	pared: _pm
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
1 00	GENERAL SERVICE COST CENTERS					1	1 00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DI ETARY 00900 NURSING ADMINISTRATION	0					1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0				10.00
11.00	01100 PHARMACY	0	0		0		11.00
	01200 MEDI CAL RECORDS & LI BRARY	0	0		0 0		12.00
14.00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION 01500 OTHER GENERAL SERVICES	0	0			0 0 0	13.00 14.00 15.00
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1 1			1	1	
30.00	03000 SKI LLED NURSI NG FACI LI TY	0	0				30.00
31.00 32.00	03100 NURSING FACILITY 03200 I CF/I I D	0	0			0	31.00 32.00
	03300 OTHER LONG TERM CARE	0	0		0 0		33.00
	ANCILLARY SERVICE COST CENTERS	· · ·					
40.00	04000 RADI OLOGY	0	0		0 0		40.00
	04100 LABORATORY	0	0		0 0	0	41.00
	04200 INTRAVENOUS THERAPY	0	0		0 0	0	42.00
43.00 44.00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY	0	0			0	43.00 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
	04900 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	49.00
	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0 0	0	50.00
51.00 52.00	05100 SUPPORT SURFACES 05200 OTHER ANCI LLARY SERVICE COST CENTERS	0	0			0	51.00 52.00
52.00	OUTPATIENT SERVICE COST CENTERS	0			0 0	0	52.00
60.00	06000 CLI NI C	0	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
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	63.00
70.00	07000 HOME HEALTH AGENCY COST	0	0		0 0	0	70.00
	07100 AMBULANCE	0	0		0 0	0	71.00
	07200 CORF	0	0		0 0	0	72.00
	07210 OPT	0	0		0 0	0	72.10
	07300 CMHC	0	0		0 0	0	73.00
74.00	O7400 OTHER REIMBURSABLE COST	0	0		0 0	0	74.00
80.00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
	08100 I NTEREST EXPENSE						81.00
	08200 UTI LI ZATI ON REVI EW						82.00
83.00	08300 HOSPI CE	0	0		0 0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0		0 0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	0		0 0	0	89.00
00.00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN		0		0 0	0	90.00
	09100 BARBER AND BEAUTY SHOP	0	0			0	90.00
	09200 PHYSI CLANS PRI VATE OFFICES	0	0		0 0	0	92.00
	09300 NONPAI D WORKERS	Ő	Ő		0 0	0	93.00
	09400 PATIENTS LAUNDRY	0	0		0 0	0	94.00
	09500 OTHER NONREI MBURSABLE COST CENTER	0	0		0 0	0	95.00
	09501 MARKETI NG	0	0		0 0	0	95.01
98.00 99.00	Cross Foot Adjustments Negative Cost Centers	0	0		0	0	98.00 99.00
100.00		0	0				100.00
	1 1	, Y	9		- I U		, 23.30

COST A	ALLOCATION - GENERAL SERVICE COSTS		Provi der	No.: 315491	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Pre 9/7/2022 4:24	
			OTHER GENERAL			1 11 12022 1121	
	Cost Center Description	NURSING AND ALLIED HEALTH	SERVI CE S	Subtotal	Post Stepdown Adjustments	Total	
		EDUCATION 14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS	11100	10100	10100		101.00	
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 ADMI NI STRATI VE & GENERAL						4.00
5.00 6.00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE						5.00 6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON						9.00
10.00	01000 CENTRAL SERVICES & SUPPLY						10.00
11.00	01100 PHARMACY						11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY						12.00
13.00 14.00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0					13.00 14.00
14.00	01500 OTHER GENERAL SERVICES	0	1, 985, 865				15.00
15.00	INPATIENT ROUTINE SERVICE COST CENTERS	0	1, 705, 805	1			15.00
30.00	03000 SKI LLED NURSI NG FACI LI TY	0	112, 106	15, 407, 20	03 0	15, 407, 203	30.00
31.00	03100 NURSING FACILITY	0	0		0 0	0	31.00
32.00	03200 I CF/I I D	0	0		0 0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	)	0 0	0	33.00
10.00	ANCI LLARY SERVI CE COST CENTERS	-		(0.0)		(0.000	10.00
40.00 41.00	04000 RADI OLOGY 04100 LABORATORY	0		63, 22 21, 00		63, 228 21, 063	40.00 41.00
41.00	04200 I NTRAVENOUS THERAPY	0		33, 38		33, 388	
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	9, 70		9, 705	43.00
44.00	04400 PHYSI CAL THERAPY	0	0	391, 4		391, 455	44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	0	368, 8	52 0	368, 852	45.00
46.00	04600 SPEECH PATHOLOGY	0	0	107, 04		107, 049	46.00
47.00		0	0	470 5	0 0	0	47.00
48.00 49.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	0		173, 50 302, 70		173, 567 302, 703	48.00 49.00
49.00 50.00	05000 DENTAL CARE - TITLE XIX ONLY	0		302, 70	0 0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	6, 10		6, 166	
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0		0 0		52.00
	OUTPATIENT SERVICE COST CENTERS				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 63.00	06200 FQHC 06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0		0 0	0	62.00 63.00
03.00	OTHER REIMBURSABLE COST CENTERS	0	0	1	0 0	0	03.00
70.00	07000 HOME HEALTH AGENCY COST	0	0	1, 508, 20	59 0	1, 508, 269	70.00
	07100 AMBULANCE	0	0		0 0		
	07200 CORF	0	0		0 0	0	72.00
72.10	07210 OPT	0	0	1, 172, 63	34 0	1, 172, 634	
73.00	07300 CMHC	0	0		0 0	0	73.00
74.00	07400 OTHER REI MBURSABLE COST SPECI AL PURPOSE COST CENTERS	0	0	1	0 0	0	74.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES			1			80.00
81.00	08100 I NTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW						82.00
83.00	08300 HOSPI CE	0	0	)	0 0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0		0 0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	112, 106	19, 565, 28	32 0	19, 565, 282	89.00
90.00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	0	90.00
90.00 91.00	09100 BARBER AND BEAUTY SHOP	0			0 0	0	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 PATIENTS LAUNDRY	0	0		0 0	0	94.00
95.00	09500 OTHER NONREI MBURSABLE COST CENTER	0	1, 873, 759			67, 899, 322	95.00
95. 01 98. 00	09501 MARKETING	0		4, 730, 80	0 0	4, 730, 869 0	95. 01 98. 00
98.00 99.00	Cross Foot Adjustments Negative Cost Centers					0	98.00 99.00
100.00	0	0	1, 985, 865	92, 195, 4	73 0		

Heal th	Fina	nci al	Syste	ems		
	TLON	OF C	ΔΡΙ ΤΔΙ	REI	<b>ATED</b>	COSTS

	ATION OF CAPITAL RELATED COSTS	THUTHU CARE AT C		No.: 315491 Pe	eri od:	Worksheet B	2040 10
				Fr To	rom 01/01/2021 0 12/31/2021	Date/Time Pre	epared:
			CAPI TAL REL	ATED COSTS		9/7/2022 4:24	pm
	Cost Conton Description	Dimonthy		MOVADLE	Subtatal		
	Cost Center Description	Directly Assigned New	BLDGS & FI XTURES	MOVABLE EQUI PMENT	Subtotal	EMPLOYEE BENEFI TS	
		Capi tal					
		Related Costs	1.00	2.00	2A	3.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT						1.00
3.00	00300 EMPLOYEE BENEFITS	0	0	0	0	C	
4.00	00400 ADMI NI STRATI VE & GENERAL	0	0	0	0	C	
5.00 6.00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	0	0	0	0	0	
7.00	00700 HOUSEKEEPI NG	0	0	0	0	0	
8.00	00800 DI ETARY	0	0	0	0	C	
9.00 10.00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY	0	0	0	0	0	
11.00	01100 PHARMACY	0	0	0	0	0	
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	
13.00 14.00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	
15.00	01500 OTHER GENERAL SERVICES	0	0	0	0	0	1
20.00	INPATIENT ROUTINE SERVICE COST CENTERS		1 200 007	202.047	1 (72 074		20.00
30. 00 31. 00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY	0	1, 389, 907 0	283, 967 0	1, 673, 874 0	0	
32.00	03200   CF/I   D	0	0	0	0	C	
33.00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
40.00	ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	C	40.00
41.00	04100 LABORATORY	0	0	-	0	C	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	
43.00 44.00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY	0	0	0	0	0	
45.00	04500 OCCUPATI ONAL THERAPY	0	0	0	0	C	45.00
46.00 47.00		0	0	0	0	0	
47.00	04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0	0	0	O	
50.00 51.00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	0	0	0	0	
52.00	05200 OTHER ANCI LLARY SERVICE COST CENTERS	0	0	0	0	0	
	OUTPATIENT SERVICE COST CENTERS	1 -1	_		_	-	
60.00 61.00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0	0	0	0	0	
62.00	06200 FQHC	0	0	Ū	0	0	62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	C	63.00
70 00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0	13, 045	2, 665	15, 710	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	C	71.00
72. 00 72. 10	07200 CORF	0	0	0 5, 192	0	0	
72.10	07210 OPT 07300 CMHC	0	25, 415 0	5, 192	30, 607 0	0	
	07400 OTHER REIMBURSABLE COST	0	0	0	0	C	1
80. 00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES	1					80.00
80.00	08100 INTEREST EXPENSE						80.00
82.00	08200 UTI LI ZATI ON REVI EW						82.00
83.00 84.00	08300 HOSPI CE 08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	
84.00 89.00	SUBTOTALS (sum of lines 1-84)	0	1, 428, 367	291, 824	1, 720, 191	0	1
	NONREI MBURSABLE COST CENTERS		-		-	-	
90.00 91.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	
92.00	09200 PHYSI CI ANS PRI VATE OFFI CES	0	0	0	0	0	1
93.00	09300 NONPALD WORKERS	0	0	0	0	C	
94.00 95.00	09400 PATIENTS LAUNDRY 09500 OTHER NONREIMBURSABLE COST CENTER	0	0 22, 548, 514	0 4, 606, 811	0 27, 155, 325	0	
95.00 95.01	09501 MARKETI NG	0	22, 546, 514	0	27, 100, 020	C	1
98.00	Cross Foot Adjustments		~		0	_	98.00
99.00 100.00	Negative Cost Centers	0	0 23, 976, 881	0 4, 898, 635	0 28, 875, 516	0	99.00 100.00
	1 1 7	, °I			.,,	, o	

Heal th	Fina	nci	al S	yste	ems		
	TLON		CADI	TAI	DEL	ATED	

Heal th	Financial Systems CONT	INUING CARE AT	CEDAR CREST VI	LLA	In Lie	u of Form CMS-	2540-10
	TION OF CAPITAL RELATED COSTS		Provi der	F	veriod: rom 01/01/2021 o 12/31/2021	Worksheet B Part II Date/Time Pre	pared:
	Cost Conton Description					9/7/2022 4:24	pm
	Cost Center Description	ADMI NI STRATI VE & GENERAL	PLANT OPERATI ON,	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
			MAINT. &				
		4.00	REPAIRS	( 00	7.00	0.00	
	GENERAL SERVICE COST CENTERS	4.00	5.00	6.00	7.00	8.00	-
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES			1			1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL	0					4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	(				5.00
6.00 7.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	0	(		0		6.00 7.00
8.00	00800 DI ETARY	0	(		0	0	1
9.00	00900 NURSI NG ADMI NI STRATI ON	0	(		0	0	
10.00	01000 CENTRAL SERVICES & SUPPLY	0	(		0	0	10.00
11.00	01100 PHARMACY	0	(		0	0	11.00
	01200 MEDICAL RECORDS & LIBRARY	0	(		0	0	12.00
	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0	(		0	0	13.00 14.00
	01500 OTHER GENERAL SERVICES	0	(		0	0	1
	INPATIENT ROUTINE SERVICE COST CENTERS			-1 -	, -ı		
	03000 SKILLED NURSING FACILITY	0	(	) C	0	0	30.00
	03100 NURSING FACILITY	0	(	-	-	0	
	03200 I CF/I I D	0	(	-	-	0	
33.00	03300 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	(	) C	0	0	33.00
40.00	04000 RADI OLOGY	0	(		o	0	40.00
	04100 LABORATORY	0	(	-	0	0	1
42.00	04200 I NTRAVENOUS THERAPY	0	(	o c	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	(	) C	0	0	
44.00	04400 PHYSI CAL THERAPY	0	(		0	0	
45.00 46.00	04500 OCCUPATI ONAL THERAPY 04600 SPEECH PATHOLOGY	0	(		0	0	
40.00	04700 ELECTROCARDI OLOGY	0	(		0	0	40.00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	(		0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	(		0	0	49.00
	05000 DENTAL CARE - TITLE XIX ONLY	0	(		0	0	
51.00 52.00	05100 SUPPORT SURFACES 05200 OTHER ANCI LLARY SERVICE COST CENTERS	0	(			0	
52.00	OUTPATIENT SERVICE COST CENTERS	0	(		0	0	52.00
60.00	06000 CLINIC	0	(		0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	(	o c	0	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURSABLE COST CENTERS	0	(	0 0	0	0	63.00
70.00	07000 HOME HEALTH AGENCY COST	0	(		0	0	70.00
	07100 AMBULANCE	0	(		0	0	71.00
72.00	07200 CORF	0	(	o c	0	0	1
	07210 OPT	0	(	) C	0	0	
		0	(		0	0	
74.00	07400 OTHER REIMBURSABLE COST SPECIAL PURPOSE COST CENTERS	0	(	) C	0	0	74.00
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80.00
	08100 INTEREST EXPENSE						81.00
	08200 UTILIZATION REVIEW						82.00
83.00		0	(		0	0	1
84.00 89.00	08400 OTHER SPECIAL PURPOSE COST CENTERS SUBTOTALS (sum of lines 1-84)	0	(		0	0	
69.00	NONREI MBURSABLE COST CENTERS	<u> </u>	(		v <u> </u>	0	09.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	(		0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	(		0	0	1
	09200 PHYSI CLANS PRI VATE OFFI CES	0	0		0	0	
	09300 NONPALD WORKERS	0	(		0	0	1
94.00 95.00	09400 PATIENTS LAUNDRY 09500 OTHER NONREIMBURSABLE COST CENTER		( r			0	
	09501 MARKETI NG	0	(		0	0	1
98.00	Cross Foot Adjustments				0	0	1
99.00	Negative Cost Centers	0	(	o  c	0	0	
100.00	TOTAL	0	(	o  C	0	0	100. 00

	TION OF CAPITAL RELATED COSTS	INUING CARE AT (	Provi der	No.: 315491	Period: From 01/01/2021 To 12/31/2021	Date/Time Pre 9/7/2022 4:24	pare pm
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS	· · · ·					
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						] 1.
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.
3.00	00300 EMPLOYEE BENEFITS						3
4.00	00400 ADMINI STRATI VE & GENERAL						4
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5
6.00	00600 LAUNDRY & LINEN SERVICE						6
7.00	00700 HOUSEKEEPI NG						7
8.00	00800 DI ETARY						8
9.00	00900 NURSING ADMINISTRATION	0					9
	01000 CENTRAL SERVICES & SUPPLY	0	0				10
	01100 PHARMACY	0	0		0		11
	01200 MEDI CAL RECORDS & LI BRARY	0	0		0 0		12
	01300 SOCIAL SERVICE	0	0		0 0	0	
	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0 0	0	1
15.00	01500 OTHER GENERAL SERVICES	0	0		0 0	0	15
20 00	03000 SKILLED NURSING FACILITY	0	0		0 0	0	20
	03100 NURSING FACILITY	0	0			-	1
	03200 I CF/I I D	0	0			-	
	03300 OTHER LONG TERM CARE	0	0		0 0	-	
33.00	ANCI LLARY SERVICE COST CENTERS	0	0	I	0 0		1 33
40 00	04000 RADI OLOGY	0	0		0 0	0	40
	04100 LABORATORY	0	0		0 0	-	1
	04200 I NTRAVENOUS THERAPY	0	0		0 0	0	
	04300 OXYGEN (INHALATION) THERAPY	0	0		0 0	0	
	04400 PHYSI CAL THERAPY	0	0		0 0	0	
45.00	04500 OCCUPATI ONAL THERAPY	0	0		0 0	0	45
46.00	04600 SPEECH PATHOLOGY	0	0		0 0	0	46
47.00	04700 ELECTROCARDI OLOGY	0	0		0 0	0	47
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	48
	04900 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	49
	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0 0	0	50
	05100 SUPPORT SURFACES	0	0		0 0	0	
E2 00	05200 OTHER ANCILLARY SERVICE COST CENTERS	-	0			0	52

10.00		U 0	0	U	0	Ŭ	10.00
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
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	52.00
	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	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	63.00
	OTHER REIMBURSABLE COST CENTERS						
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	0	0	0	0	0	71.00
72.00	07200 CORF	0	0	0	0	0	72.00
72.10	07210 OPT	0	0	0	0	0	72.10
73.00	07300 CMHC	0	0	0	0	0	73.00
74.00	07400 OTHER REIMBURSABLE COST	0	0	0	0	0	74.00
	SPECIAL PURPOSE COST CENTERS						1
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW						82.00
83.00	08300 HOSPI CE	0	0	0	0	0	83.00
84.00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	0	0	0	0	89.00
	NONREIMBURSABLE COST CENTERS						
90.00		0	0	0	0	0	90.00
91.00		0	0	0	0	0	91.00
92.00	09200 PHYSI CLANS 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
95.00	09500 OTHER NONREIMBURSABLE COST CENTER	0	0	0	0	0	95.00
95.01		0	0	0	0	0	95.01
98.00	5	0	0	0			98.00
99.00	5	0	0	0	0		99.00
100.00	D TOTAL	0	0	0	0	0	100. 00

Heal th	Financial Systems CONT	INUING CARE AT (	CEDAR CREST VI	LLA	In Lie	u of Form CMS-	2540-10
	TION OF CAPITAL RELATED COSTS			No.: 315491	Period: From 01/01/2021	Worksheet B Part II	
					To 12/31/2021	Date/Time Pre	
			OTHER GENERAL			9/7/2022 4:24	pm
		-	SERVI CE				
	Cost Center Description	NURSING AND	S	Subtotal	Post Step-Down Adjustments	Total	
		EDUCATION			Aujustilients		
	1	14.00	15.00	16.00	17.00	18.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES			1			1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMI NI STRATI VE & GENERAL						4.00
5.00 6.00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE						5.00 6.00
7.00	00700 HOUSEKEEPI NG						7.00
8.00	00800 DI ETARY						8.00
9.00 10.00	00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY						9.00 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 15.00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 OTHER GENERAL SERVICES	0	C				14.00 15.00
13.00	INPATIENT ROUTINE SERVICE COST CENTERS	1 0					15.00
30.00	03000 SKILLED NURSING FACILITY	0	C				
31.00 32.00	03100 NURSING FACILITY 03200 I CF/I I D	0	0		0 0		
	03300 OTHER LONG TERM CARE	0	0		0 0		
	ANCI LLARY SERVICE COST CENTERS	· · · ·		1			
40.00 41.00	04000 RADI OLOGY 04100 LABORATORY	0	0		0 0		
41.00	04200 I NTRAVENOUS THERAPY	0	0		0 0	0	
43.00	04300 OXYGEN (INHALATION) THERAPY	0	C		0 0	0	43.00
44.00	04400 PHYSI CAL THERAPY	0	0		0 0	0	
45.00 46.00	04500 OCCUPATI ONAL THERAPY 04600 SPEECH PATHOLOGY	0	0		0 0	0	
47.00	04700 ELECTROCARDI OLOGY	0	0		0 0	0	
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C		0 0	0	
49.00 50.00	04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY	0	0			0	
50.00	05100 SUPPORT SURFACES	0	0		0 0		
52.00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0		0 0	0	52.00
60.00	OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0 0		
62.00	06200 FQHC						62.00
63.00	06300 OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	63.00
70.00	07000 HOME HEALTH AGENCY COST	0	C	15, 7	10 0	15, 710	70.00
71.00	07100 AMBULANCE	0	C		0 0	0	
72. 00 72. 10	07200 CORF 07210 OPT	0	0	30, 60	0 0	0 30, 607	
	07300 CMHC	0	0	30, 80			
	07400 OTHER REIMBURSABLE COST	0	0		0 0	0	
00.00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES			1			
	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE						80.00 81.00
82.00	08200 UTI LI ZATI ON REVI EW						82.00
83.00	08300 HOSPI CE	0	C		0 0	0	
84.00 89.00	08400 OTHER SPECIAL PURPOSE COST CENTERS SUBTOTALS (sum of lines 1-84)	0	C C		0 0 91 0	-	
07.00	NONREI MBURSABLE COST CENTERS	0		1,720,1	<u>, 1</u>	1,720,171	07.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	C		0 0		
91.00 92.00	09100 BARBER AND BEAUTY SHOP 09200 PHYSI CLANS PRI VATE OFFI CES	0	0		0 0	0	
	09300 NONPAID WORKERS	0	0		0 0	0	
94.00	09400 PATIENTS LAUNDRY	0	0		0 0	0	94.00
95.00	09500 OTHER NONREI MBURSABLE COST CENTER	0	0	27, 155, 32	25 0		
95. 01 98. 00	09501 MARKETING Cross Foot Adjustments	0	0			0	
98.00 99.00	Negative Cost Centers	0	0		0 0	0	
100.00	TOTAL	0	C	28, 875, 5	16 0	28, 875, 516	100. 00

## CONTINUING CARE AT CEDAR CREST VILLA

R CREST VILLA In Lieu of Form CMS-2540-10 Provider No.: 315491 Period: Worksheet B-1 From 01/01/2021 Date/Time Prepared:

Description         Description         Description         Description         Description         Description         Description           1.00         2.00         3.00         4.00         4.00         4.00         4.00           1.00         2.00         5.00         5.00         4.00         4.00         4.00           1.00         2.00         5.00         5.00         5.00         4.00         4.00           1.00         2.00         5.00 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>From 01/01/2021 To 12/31/2021</th> <th>Date/Time Pre 9/7/2022 4:24</th> <th></th>						From 01/01/2021 To 12/31/2021	Date/Time Pre 9/7/2022 4:24	
FIXTURES         FIXTURES         BENEFITS         GUIN MENT (COLOR         COLUMN 15         COLUMN 15         COLUMN 15           1.00         2.00         2.00         2.00         3.0         4.4         4.00           1.00         2.00         2.00         3.0         9.5         1.00         3.0         9.5         1.00         3.0         9.5         1.00         3.0         9.5         1.00         2.00         1.00         3.0         9.5         1.00         3.0         9.5         1.00         2.00         1.00         2.00         1.00         2.00         1.00         2.00         2.00         0.0         1.00         2.00         0.			CAPITAL RE	LATED COSTS				
Image: Construct Province         100         2.00         3.00         4.4         4.00           100         00000         CP BL: COSTS - WOWLE: LOUTENENT         2.075, 524         30, 925, 215         5, 126, 218         21, 00         30, 925, 215         00000         20, 000000         20, 00000         20		Cost Center Description	FI XTURES	EQUI PMENT	BENEFITS (GROSS	Reconci I i ati on	& GENERAL	
100         DOTOD CAP HL. COSTS - HURS & FLYURES         2, 275, 524         2, 275, 524         2, 275, 524         1, 00         2, 00         0, 00         00 </td <td></td> <td></td> <td>1.00</td> <td>2.00</td> <td></td> <td>4A</td> <td>4.00</td> <td></td>			1.00	2.00		4A	4.00	
2.00         00200         CAP REL COSTS - MOVABLE BUILT         2.275,524         3.0,925,215         -5,126,218         3.00         3.00           4.00         00400         ADM IN ISTRUTUR & GENERAL         0         0         2.275,524         3.00         3.0			0.075.504	1	1		1	1 00
3.00         DODOD [MPL YUT IN WIT ITS         0         0         0         30. 925, 218         3. 000         3. 70. 92         3. 70. 92         3. 70. 92         5. 00         00000 PLANT OFERATION, MAINT & GEPREAL         0         0         0. 00000 PLANT OFERATION, MAINT & GEPREAL         0			2, 275, 524					
4.00         DOADD JAMIN INSTITUT & GUNERAL         0         0         2, 013, 315         5. 126, 718         87, 069, 725         4.00           0.00         DOBOD LARGEY & LINER SERVICE         0			0			5		
0.000         DUMBERY         LINEN SERVICE         0			0	0				
7.00         00700         NUME         00700         NUME         00         00700         NUME         NUME <t< td=""><td></td><td></td><td>0</td><td>0</td><td>1, 957, 72</td><td></td><td></td><td></td></t<>			0	0	1, 957, 72			
0.00         0.0000         DEFARY         0         0         356, 630         0         471, 033         8.00         6.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 013         8.00         0.000         711, 014							-	
10. 00         01000         CENTRAL SERVICES & LIBRARY         0			0	0	356, 63		-	
11.00         0100         HABMACY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         1         00         0         0         0         0         0         1         00         0         0         1         00         0         0         1         00         0         0         1         00         0         1         00         0         0         1         00         0			0	0 0		0 0		
12.00         12.00 <th< td=""><td></td><td></td><td>0</td><td></td><td></td><td>0 0</td><td>-</td><td></td></th<>			0			0 0	-	
14.00         01400 NURSING AND ALLLED HARLTH EQUCATION         0         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0         1, 201, 924         0			0			0 0	-	
15. 00         01500 [OTHER CREATER SCIVICE COST CENTRS         0         1, 201, 924         0         1, 1875, 448         15, 00           01.00         03000 [SKILLED NURSING FACILITY         131, 909         7, 567, 702         0         14, 148, 248         30, 00         33, 00         0         0         0         0         0         0         0         0         0         0         0         33, 00           10, 00         01000 [LENDAGE CENT CENTRES         0         0         0         0         0         0         0         13, 532         42, 00         0         0         0         0         0         14, 148, 143, 143, 143, 143, 143, 143, 144, 144			0	0		0 0	-	
INPART LENT BOUTINE SERVICE COST CENTERS         Impact Lent Notif New Service Cost Centers           01.00         03000 (NURSI NE FACILITY         131,900         131,000         0 <td></td> <td></td> <td>0</td> <td>0</td> <td>1 201 02</td> <td>0</td> <td>-</td> <td></td>			0	0	1 201 02	0	-	
30.00       3000 SKI LLED NURSIN G FACLETY       131, 909       7, 567, 702       0       14, 148, 248       30.00         31.00       33.00       33.00       33.00       33.00       33.00       33.00         30.00       33.00       170       0       0       0       0       0       0       0       33.00         30.00       33.00       0100 GHER LOGS TENE CARE       0	15.00			<u>/</u>	<u>ا 1, 201, 92</u>	4 0	1, 875, 448	15.00
32. 00         03200 [ 1FF / 1D         0	30.00	03000 SKILLED NURSING FACILITY	131, 909	131, 909	7, 567, 70	2 0	14, 148, 248	30. 00
33. 00         03320 OTHER LONG TERM CARE         0         0         0         0         33. 00           40. 00         04000 RADIOLOGY         0         0         0         0         59.712         40.00           40. 00         04020 RADIOLOGY         0         0         0         0         19.992         41.00           42. 00         04200 INTRAVINUS THERAPY         0         0         0         33.60         43.00         33.60         43.00         34.8,43.4         50.00         43.6,43.4         50.00         43.6,43.4         50.00         43.6,43.4         50.00         44.00         0.00         0         272.988.00         34.8,43.4         50.00         46.00         0.00         0         0         43.6,43.4         50.00         40.00         0.00         0         14.0,43.4         50.00         16.0,47.00         46.00         0         0.0         0.0         16.2,91.6         48.00         14.0,43.4         50.00         0.0         0.0         0.0         16.0,47.00         46.00         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0         0.0			0	0			-	
NUCLLARY SERVICE COST CENTERS           01.00         04000 RADIOLOGY         0			0	-			-	
11.00       00       0100       00       0       0       11.00         20.00       04300       DITRAVENDUS THEAPPY       0       0       0       03.36       42.00         43.00       04300       DVYSICAL THERAPY       0       0       0       3.66       43.00         44.00       04400       DVYSICAL THERAPY       0       0       220.103       3.66       45.00         45.00       D4500       DSECCH PATHOLGY       0       0       77.33       0       10.77       45.00         46.00       A460.05       SEECCH PATHOLGY       0       0       0       0       67.10       67.16       85.00         47.00       D4700       DEVICE LSPHEIS CHARGED TO PATHENTS       0       0       0       0       55.00       0       0       0       0       55.00	00100					<u> </u>	, , , , , , , , , , , , , , , , , , ,	00100
42 00         094200         INTERVENUS THERRPY         0         0         0         31, 552         42, 00         43, 00         44, 00         0         07, 00         70, 00			0	0	)			
43.00       04300       OVERN (1NHALATION) THERAPY       0       0       0       9,165       43.00         44.00       04400       PHYSICAL THERAPY       0       0       277.888       348.343       45.00         45.00       04500       OCUPATIONAL THERAPY       0       0       277.888       348.343       45.00         46.00       04600       OPENDICAL STREAPY       0       0       76.333       0       101.097       46.00         47.00       04700       LECTROCARDIOLOGY       0       0       0       16.00       16.00       16.00       16.00       16.00       17.00								
45       00       00       272,888       00       338,343       45.00         46       00       46000       00       77.00       00       79,333       00       101,097       46.00         48       00       4800       00       00       00       00       00       74.00       00       00       00       101,097       46.00       47.00       00       00       00       00       101,097       46.00       46.00       46.00       46.00       46.00       00       00       00       00       00       103,916       46.00       46.00       00			0			-		
46 00         04600         SPEECH PATHOLOGY         0         79.333         0         101.097         46.00           47 00         04700         DELECTROCARDIOLOGY         0         0         0         77.00           48 00         DELECTROCARGED TO PATIENTS         0         0         0         17.00         77.00           49 00         DAGDO NEUS CHARGED TO PATIENTS         0         0         0         258.872         49.00           51.00         DSDOO DENDSC CHARGED TO PATIENTS         0         0         0         0         51.00         51.00         52.00         51.00         51.00         52.00         52.00         0         0         0         0         0         52.00			0	0				
47. 00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       163, 916       48. 00       0       49. 00       0 <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>			0	0				
44. 00         0         0         0         0         285,872         49,00           50.00         05000         DENTAL CARE - TITLEX XX ONLY         0         0         0         0         50.00         0         51.00         52.00         0         0         0         0         0         0         52.00         0         0         0         0         0         0         52.00         0         0         0         0         0         52.00         0         0         0         0         0         52.00         0			0		/ /9, 33			
50. 00         OSCOOL DENTAL CARE - TITLE XIX ONLY         0	48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0		48.00
51:00         OSTOO SUPPORT SUPFACES         O         O         O         O         O         O         St.20         St.20 <thst.20< th=""> <thst.20< th=""> <thst.210< t<="" td=""><td></td><td></td><td>0</td><td>0</td><td></td><td>0 0</td><td></td><td></td></thst.210<></thst.20<></thst.20<>			0	0		0 0		
52:00         052:00         0         0         0         0         0         52:00           0UTPATLENT SERVICE COST CENTERS         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>							-	
60.00         00         00         0 </td <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>			0					
61.00         06100         RURAL HEALTH CLINIC         0<	(0.00				J			10.00
62.00         06200         FOHC         0         0         0         0         0         0         62.00         63.00         0			0					
OTHER REI MBURSABLE COST CENTERS           70.00         07000 HOME HEALTH AGENCY COST         1,238         1,238         1,009,921         0         1,422,246         70.00           71.00         07100 AMBULANCE         0         0         0         0         0         0         0         0         0         71.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         0         0         0         0         0         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         0         0         0         0         0         73.00         73.00         0.7400         0.1422,246         73.00         73.00         0         0         0         0         0         0         0         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         76.010         76.010         76.010         76.010         76.010         76.010         76.010								
70.00         07000 HOME HEALTH AGENCY COST         1,238         1,238         1,009,921         0         1,422,246         70.00           71.00         07200 (ORF         0	63.00		0	0 0		0 0	0	63.00
71.00       07100       MBULANCE       0       0       0       0       0       0       0       71.00         72.00       07200       CORF       0       0       0       0       0       72.00       07300       CMC       0       0       0       0       0       0       72.00       07300       CMC       0	70 00	OTHER REIMBURSABLE COST CENTERS	1 238	1 238	1 009 92	1 0	1 422 246	70.00
72.10       07210       0PT       2,412       2,412       780,241       0       1,103,225       72.10         73.00       07300       CMHC       0			0	0	)			
73.00         07300         CMHC         0 <t< td=""><td></td><td></td><td>0</td><td>0 0</td><td>)</td><td>0 0</td><td></td><td></td></t<>			0	0 0	)	0 0		
74.00       OT400       OT400 <th< td=""><td></td><td></td><td>2, 412</td><td>2,412</td><td>2 780, 24</td><td>1 0</td><td></td><td></td></th<>			2, 412	2,412	2 780, 24	1 0		
80.00       08000       MALPRACTI CE       PREMI UMS & PAID LOSSES       80.00         81.00       08100       INTEREST EXPENSE       81.00         82.00       08200       UTI LI ZATI ON REVI EW       82.00         83.00       08300       HOSPI CE       0       0       0         84.00       08400       OTHER SPECIAL PURPOSE COST CENTERS       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       135,559       135,559       16,329,779       -5,126,218       24,386,133         90.00       OPODOG GFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       90.00         90.00       O92000       GFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       91.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       0       92.00         92.00       09200       PHYSI CI ANS PRI VATE OFFICES       0       0       0       0       92.00         93.00       09300       NONPAID WORKERS       0       0       0       0       92.00         94.00       09400       PATI ENTS LAUNDRY       0       0       0       13,277,543 <td< td=""><td></td><td></td><td>0</td><td></td><td></td><td>0 0</td><td></td><td></td></td<>			0			0 0		
81.00       08100       INTEREST EXPENSE       81.00       82.00         82.00       08200       UTI LI ZATI ON REVI EW       0       0       0       82.00         83.00       08300       HOSPI CE       0       0       0       0       83.00         84.00       08400       OTHER SPECI AL PURPOSE COST CENTERS       0       0       0       84.00         89.00       SUBTOTALS (sum of lines 1-84)       135,559       135,559       16,329,779       -5,126,218       24,386,133       89.00         NONREL MBURSABLE COST CENTERS         90.00       09000       GIFT, FLOWER, COFFE SHOPS & CANTEEN       0       0       0       0       90.00         91.00       09200       GIFT, FLOWER, COFFICES       0       0       0       0       90.00         92.00       09200       PHYSI CI ANS PRI VATE OFFICES       0       0       0       0       91.00       92.00         93.00       09300       NONPAI D WORKERS       0       0       0       0       92.00       93.00       94.00       94.00       94.00       94.00       94.00       94.00       94.00       94.00       94.00       94.467,826       95.01       95.01 <td< td=""><td></td><td></td><td>Т</td><td>1</td><td>1</td><td></td><td>I</td><td></td></td<>			Т	1	1		I	
82.00       08200       UTILIZATION REVIEW       82.00         83.00       08300       HOSPICE       0       0       0       83.00         84.00       08400       OTHER SPECIAL PURPOSE COST CENTERS       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       135,559       135,559       16,329,779       -5,126,218       24,386,133       89.00         NONREL MBURSABLE COST CENTERS         90.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       0       91.00         92.00       09200       PHYSICIANS PRIVATE OFFICES       0       0       0       91.00         93.00       09300       NONPAID WORKERS       0       0       0       92.00         93.00       09400       PATIENTS LAUNDRY       0       0       0       94.00       94.00         95.01       09501       MARKETING       0       0       131,277,543       58,215,296       95.00         95.01       09501       MARKETING       0       0       1,317,893       4,467,826								
84.00       08400       OTHER SPECIAL PURPOSE COST CENTERS       0       0       0       0       0       84.00         89.00       SUBTOTALS (sum of lines 1-84)       135,559       135,559       16,329,779       -5,126,218       24,386,133       89.00         NONREL MBURSABLE COST CENTERS         90.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       0       0       0       90.00         92.00       09200       PHYSI CLANS PRI VATE OFFICES       0       0       0       0       0       0       90.00         93.00       09300       NONREI MBURSABLE COST CENTER       2, 139,965       2, 139,965       13, 277,543       0       94.00       94.00         95.01       09501       MARKETI NG       0       0       0       1, 317,893       0       4, 467,826       95.01         98.00       Cross Foot Adj ustments       23,976,881       4, 898,635       8, 484,092       5, 126,218       102.00         99.00       Negati ve Cost Centers       99.00       2,152750       0.274342       0.058875       103.00								
89.00         SUBTOTALS (sum of lines 1-84)         135,559         135,559         16,329,779         -5,126,218         24,386,133         89.00           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0 <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td></td> <td></td>			0	0		0 0		
NORREI MBURSABLE COST CENTERS           90.00         O9000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         90.00         91.00         90.00         91.00         90.00         91.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         93.00         94.00         94.00         94.00         94.00         94.00         95.01         95.01         95.01         95.01         95.01         95.01         95.01         95.01         95.01         95.01         98.00         98.00         99.00         1, 317, 893         94.467, 826         95.01         98.00         99.00         99.00<			135 550		16 320 77	0 0	-	
91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       0       91.00         92.00       09200       PHYSICIANS PRIVATE OFFICES       0       0       0       0       92.00         93.00       09300       NONPAID       WORKERS       0       0       0       0       93.00         94.00       09400       PATIENTS       LAUNDRY       0       0       0       0       93.00         95.00       09500       OTHER NONREI MBURSABLE COST CENTER       2, 139, 965       2, 139, 965       13, 277, 543       0       58, 215, 296       95.00         95.01       09501       MARKETI NG       0       0       0       1, 317, 893       0       4, 467, 826       95.01         98.00       Cross Foot Adjustments       0       0       0       98.00       99.00       Negative Cost Centers       99.00       99.00       99.00       99.00       0.058875       102.00       99.00       102.00       5, 126, 218       102.00       99.00       102.00       5, 126, 218       102.00       102.00       103.00       0.058875       103.00       102.00       104.00       0.058875       103.00       0.058875       103.00       0.0104.00 <td< td=""><td>87.00</td><td></td><td>135, 557</td><td>1 135, 557</td><td>10, 327, 77</td><td>-5, 120, 210</td><td>24, 300, 133</td><td>07.00</td></td<>	87.00		135, 557	1 135, 557	10, 327, 77	-5, 120, 210	24, 300, 133	07.00
92.00       09200       PHYSICIANS PRIVATE OFFICES       0       0       0       92.00         93.00       09300       NONPAID       WORKERS       0       0       0       0       93.00         94.00       09400       PATIENTS LAUNDRY       0       0       0       0       94.00         95.00       09500       OTHER NONREI MBURSABLE COST CENTER       2, 139, 965       2, 139, 965       13, 277, 543       0       58, 215, 296       95.00         95.01       09501       MARKETI NG       0       0       0       1, 317, 893       0       4, 467, 826       95.01         98.00       Cross Foot Adj ustments       0       0       0       1, 317, 893       0       4, 467, 826       95.01         99.00       Negative Cost Centers       99.00       99.00       99.00       99.00       99.00       5, 126, 218       102.00       99.00         102.00       Cost to be allocated (per Wkst. B, Part I)       10.536861       2.152750       0.274342       0.058875       103.00         104.00       Cost to be allocated (per Wkst. B,       0       0       0       104.00       0       104.00			0	C			-	
93.00       09300       NONPAID       WORKERS       0       0       0       0       93.00         94.00       09400       PATIENTS       LAUNDRY       0       0       0       0       0       94.00         95.00       09500       OTHER NONREI MBURSABLE COST CENTER       2, 139, 965       2, 139, 965       13, 277, 543       0       58, 215, 296       95.00         95.01       09501       MARKETI NG       0       0       0       1, 317, 893       0       4, 467, 826       95.01         98.00       Cross Foot Adjustments       0       0       0       1, 317, 893       0       4, 467, 826       95.01         99.00       Negative Cost Centers       99.00       99.00       99.00       99.00       99.00       99.00       5, 126, 218       102.00         102.00       Cost to be allocated (per Wkst. B, 23, 976, 881       4, 898, 635       8, 484, 092       5, 126, 218       102.00         103.00       Unit cost multiplier (Wkst. B, Part I)       10.536861       2.152750       0.274342       0.058875       103.00         104.00       Cost to be allocated (per Wkst. B,       0       0       0       104.00			0			0 0	-	
94.00       09400       PATIENTS LAUNDRY       0       0       0       0       94.00         95.00       09500       OTHER NONREIMBURSABLE COST CENTER       2,139,965       2,139,965       13,277,543       0       58,215,296       95.00         95.01       09501       MARKETING       0       0       0       1,317,893       0       4,467,826       95.01         98.00       Cross Foot Adjustments       0       0       1,317,893       0       4,467,826       95.01         99.00       Negative Cost Centers       0       0       1,317,893       0       5,126,218       99.00         102.00       Cost to be al located (per Wkst. B, Part I)       23,976,881       4,898,635       8,484,092       5,126,218       102.00         103.00       Unit cost multiplier (Wkst. B, Part I)       10.536861       2.152750       0.274342       0.058875       103.00         104.00       Cost to be al located (per Wkst. B,       0       0       0       104.00			0			0 0	-	
95.01       09501       MARKETING       0       1,317,893       0       4,467,826       95.01         98.00       Cross Foot Adjustments       98.00       99.00       90.00       90.00       90.00       90.00       90.00       90.00       9		09400 PATIENTS LAUNDRY	0	0		0 0	-	
98.00       Cross Foot Adjustments       98.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       99.00       90.00       99.00       90.00       99.00       90.			2, 139, 965	2, 139, 965				
99.00         Negative Cost Centers         99.00           102.00         Cost to be allocated (per Wkst. B, Part I)         23,976,881         4,898,635         8,484,092         5,126,218         102.00           103.00         Unit cost multiplier (Wkst. B, Part I)         10.536861         2.152750         0.274342         0.058875         103.00           104.00         Cost to be allocated (per Wkst. B,         0         0         104.00         0				,	1,317,89	3 0	4, 407, 826	
Part I)         Part I)         Out of the second se	99.00	Negative Cost Centers	1					99.00
103.00         Unit cost multiplier (Wkst. B, Part I)         10.536861         2.152750         0.274342         0.058875         103.00           104.00         Cost to be allocated (per Wkst. B,         0         0         104.00	102.00		23, 976, 881	4, 898, 635	8, 484, 09	2	5, 126, 218	102.00
104.00         Cost to be allocated (per Wkst. B,         0         0         104.00	103.00		10. 536861	2. 152750	0. 27434	2	0. 058875	103. 00
Part II)		Cost to be allocated (per Wkst. B,				0		
		Part II)		1		l	I	

Health Financial Systems CO	NTINUING CARE AT	CEDAR CREST VI	LLA	In Lie	u of Form CMS-2	2540-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Period:	Worksheet B-1	
				From 01/01/2021 To 12/31/2021	Date/Time Pre 9/7/2022 4:24	
	CAPI TAL RE	LATED COSTS				
Cost Center Description	BLDGS &	MOVABLE	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
	FIXTURES (SQUARE FEET)	EQUI PMENT (SQUARE FEET)	BENEFITS (GROSS		& GENERAL (ACCUM. COST)	
			SALARI ES)			
	1.00	2.00	3.00	4A	4.00	
105.00 Unit cost multiplier (Wkst. B, Part			0. 00000		0. 000000	105.00

ST ALLOCATION - STATISTICAL BASIS		Provi der	F	eriod: rom 01/01/2021	Worksheet B-1	and the second
			T		Date/Time Prep 9/7/2022 4:24	
Cost Center Description	PLANT OPERATI ON, MAI NT. & REPAI RS	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DI ETARY (MEALS SERVED)	NURSI NG ADMI NI STRATI ON (TOTAL PATI	
	(SQUARE FEET) 5.00	6.00	7.00	8.00	ENT DAYS) 9.00	
GENERAL SERVICE COST CENTERS	5.00	0.00	7.00	8.00	9.00	_
00         00100         CAP         REL         COSTS         -         BLDGS         &         FIXTURES           00         00200         CAP         REL         COSTS         -         MOVABLE         EQUI PMENT           00         00300         EMPLOYEE         BENEFITS         -	2, 275, 524	0				1. ( 2. ( 3. ( 4. ( 5. ( 6. (
00000 HOUSEKEEPI NG 000000 DI ETARY 00 00900 NURSI NG ADMI NI STRATI ON	0	0	0 0 0	780, 278 0	0	7. 8. 9.
00 01000 CENTRAL SERVICES & SUPPLY 00 01100 PHARMACY 00 01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0 0	10. 11. 12.
00 01300 SOCIAL SERVICE 00 01400 NURSING AND ALLIED HEALTH EDUCATION 00 01500 OTHER GENERAL SERVICES	0 0 0	0		0 0 0	0 0 0	13. 14. 15.
INPATIENT ROUTINE SERVICE COST CENTERS	131, 909	0	0	109, 716	0	30.
00 03100 NURSING FACILITY 00 03200 I CF/I I D	0	0	0	0	0	31. 32.
00 03300 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	0	33.
00 04000 RADI OLOGY 00 04100 LABORATORY	0	0		0 0	0 0	40. 41.
00 04200 INTRAVENOUS THERAPY 00 04300 0XYGEN (INHALATION) THERAPY	0	0	0	0	0	42. 43.
00 04400 PHYSI CAL THERAPY 00 04500 OCCUPATI ONAL THERAPY	0	0	0	0	0	44. 45.
00 04600 SPEECH PATHOLOGY 00 04700 ELECTROCARDI OLOGY	0	0	0	0	0	46. 47.
00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 00 04900 DRUGS CHARGED TO PATIENTS	S 0	0	0	0	0	48. 49.
00 05000 DENTAL CARE - TITLE XIX ONLY 00 05100 SUPPORT SURFACES	0	0	0	0	0	50. 51.
00 05200 OTHER ANCI LLARY SERVICE COST CENTERS OUTPATIENT SERVICE COST CENTERS	<u> </u>	0	0	0	0	52
00 06000 CLINIC 00 06100 RURAL HEALTH CLINIC	0			0	0	60 61
00 06200 FOHC 00 06300 OTHER OUTPATIENT SERVICE COST CENTER	R 0	0	0	0	0	62 63
OTHER REIMBURSABLE COST CENTERS           .00         07000         HOME HEALTH AGENCY COST	1, 238	0	0	0	0	70
00 07100 AMBULANCE 00 07200 CORF	0	0	0	0 0	0 0	71 72
. 10 07210 0PT . 00 07300 CMHC	2, 412 0	0	0	0 0	0 0	72 73
00 07400 OTHER REIMBURSABLE COST SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	74
00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 00 08100 I NTEREST EXPENSE 00 08200 UTI LI ZATI ON REVI EW						80. 81. 82.
00 08300 HOSPICE 00 08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0 0	83 84
.00 SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	135, 559	0	0	109, 716	0	89
00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	1 O 0	0		0	0	90 91
00 09200 PHYSICIANS PRIVATE OFFICES 00 09300 NONPAID WORKERS	0	0	0	0	0	92 93
.0009400PATIENTS LAUNDRY.0009500OTHER NONREIMBURSABLE COST CENTER.0109501MARKETING	0 2, 139, 965 0	0 0 0	0 0 0	0 670, 562 0	0 0 0	94 95 95
.00Cross Foot Adjustments.00Negative Cost Centers2.00Cost to be allocated (per Wkst. B,	4, 204, 677		0	498, 765	01-	98 99 102
3.00 Part I) Unit cost multiplier (Wkst. B, Part		0. 000000	0. 000000	0. 639214	0. 000000	103
4.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0		104
5.00 Unit cost multiplier (Wkst. B, Part	0. 000000	0. 000000	0.000000	0. 000000	0.000000	105

IST A	LLOCATION - STATISTICAL BASIS		Provi der		Period: From 01/01/2021	Worksheet B-1
				۲	o 12/31/2021	Date/Time Prepa 9/7/2022 4:24
	Cost Center Description	CENTRAL SERVI CES & SUPPLY (TOTAL PATI ENT DAYS)	PHARMACY (TOTAL PATI ENT DAYS)	MEDI CAL RECORDS & LI BRARY (TOTAL PATI ENT DAYS)	SOCI AL SERVI CE (TOTAL PATI ENT DAYS)	NURSI NG AND ALLI ED HEALTH EDUCATI ON (TOTAL PATI ENT DAYS)
	GENERAL SERVICE COST CENTERS	10.00	11.00	12.00	13.00	14.00
	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DIETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION 01500 OTHER GENERAL SERVICES	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	l c	0 0 0 0	0 0
. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0		ol	0
	03100 NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	000000000000000000000000000000000000000	0		0 0	0 0 0
. 00	04000 RADI OLOGY	0	0	(	0	0
. 00	04100 LABORATORY	0	0			0
	04200 INTRAVENOUS THERAPY 04300 OXYGEN (INHALATION) THERAPY	0	0			0
. 00	04400 PHYSI CAL THERAPY	0	0			0
. 00	04500 OCCUPATI ONAL THERAPY	0	0	0	0	0
. 00	04600 SPEECH PATHOLOGY	0	0	0		0
		0	0	(	, s	0
00 0.00	04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	0	0		-	0
	05000 DENTAL CARE - TITLE XIX ONLY	0	0		-	0
. 00	05100 SUPPORT SURFACES	0	0			0
. 00	05200 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0 0	0
~~~	OUTPATIENT SERVICE COST CENTERS					
. 00 . 00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0	0			0
. 00	06200 FQHC	0	0			0
. 00	06300 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0 0	0
	OTHER REIMBURSABLE COST CENTERS					
	07000 HOME HEALTH AGENCY COST	0	0			0
. 00 . 00	07100 AMBULANCE 07200 CORF	0	0			0
. 10	07210 OPT	0	0			0
. 00	07300 CMHC	0	0	0	0	0
. 00	07400 OTHER REI MBURSABLE COST	0	0	(	0	0
. 00	SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES	1		1	1	
. 00	08100 I NTEREST EXPENSE					
. 00	08200 UTI LI ZATI ON REVI EW					
. 00	08300 HOSPI CE	0	0	0	0 0	0
. 00 . 00	08400 OTHER SPECIAL PURPOSE COST CENTERS	0	0		0	0
. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	0	0	(	0 0	0
. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	(	0	0
. 00	09100 BARBER AND BEAUTY SHOP	0	0	0	0 0	0
. 00	09200 PHYSI CLANS PRI VATE OFFI CES	0	0			0
. 00	09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY	0	0			0
. 00	09500 OTHER NONREIMBURSABLE COST CENTER	0	0			0
. 01	09501 MARKETI NG	0	0		o o	0
. 00	Cross Foot Adjustments					
. 00	Negative Cost Centers	_	-		_	01
2.00		0	0	0	0	0 1
3.00	Part I) Unit cost multiplier (Wkst. B, Part I)	0. 000000	0. 000000	0. 000000	0. 000000	0.0000001
4. 00		0.000000	0.00000		0.00000	0.0000001
	Part II)					
5.00	Unit cost multiplier (Wkst. B, Part	0. 000000	0.000000	0.00000	0. 000000	0.0000001

In Lieu of Form CMS-2540-10

	· · · · · · · · · · · · · · · · · · ·	ONTINUING CARE AT	CEDAR CREST VILLA		u of Form CMS-2540
OST ALLO	CATION - STATISTICAL BASIS		Provider No.: 315491	Period: From 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepare 9/7/2022 4:24 pm
	Cost Center Description	OTHER GENERAL SERVI CE S (PATI ENT DA	_		
		YS) 15.00	-		
	IERAL SERVICE COST CENTERS		- 		
	100 CAP REL COSTS - BLDGS & FIXTURES				1.
	200 CAP REL COSTS - MOVABLE EQUIPMENT 300 EMPLOYEE BENEFITS				2.
	400 ADMINISTRATIVE & GENERAL				4.
	500 PLANT OPERATION, MAINT. & REPAIRS				4.
	500 LAUNDRY & LINEN SERVICE				6.
	700 HOUSEKEEPING				7.
	BOO DI ETARY				8.
. 00 009	200 NURSING ADMINISTRATION				9.
0. 00 010	DOO CENTRAL SERVICES & SUPPLY				10.
	IOO PHARMACY				11.
	200 MEDICAL RECORDS & LIBRARY				12.
	300 SOCIAL SERVICE				13.
	400 NURSING AND ALLIED HEALTH EDUCATION	( 47 040			14.
	500 OTHER GENERAL SERVICES PATIENT ROUTINE SERVICE COST CENTERS	647,840	J		15.
	DOO SKILLED NURSING FACILITY	36, 572			30.
	100 NURSING FACILITY	00,072			31.
	200   CF/I   D	C			32.
	300 OTHER LONG TERM CARE	C			33.
ANC	CILLARY SERVICE COST CENTERS				
0.00 040	DOO RADI OLOGY	C			40.
	IOO LABORATORY	C			41.
	200 INTRAVENOUS THERAPY	C			42.
	300 OXYGEN (INHALATION) THERAPY	C			43.
1	400 PHYSI CAL THERAPY				44.
	500 OCCUPATI ONAL THERAPY 500 SPEECH PATHOLOGY				45. 46.
	700 ELECTROCARDI OLOGY				40.
	BOO MEDICAL SUPPLIES CHARGED TO PATIENTS	s c			48.
	POO DRUGS CHARGED TO PATIENTS				49.
	DOO DENTAL CARE - TITLE XIX ONLY	C			50.
51.00 051	100 SUPPORT SURFACES	C			51.
52.00 052	200 OTHER ANCILLARY SERVICE COST CENTERS	S C			52.
	PATIENT SERVICE COST CENTERS				
		C			60.
	100 RURAL HEALTH CLINIC	C			61.
2.00 062 3.00 063	300 OTHER OUTPATIENT SERVICE COST CENTER	х с			62. 63.
	IER REIMBURSABLE COST CENTERS	τ ι			03.
	DOO HOME HEALTH AGENCY COST	0			70.
	IOO AMBULANCE	C			71.
2.00 072		C			72.
2. 10 072	210 OPT	C			72.
3.00 073		C			73.
	100 OTHER REI MBURSABLE COST	C			74.
	CONTRACTOR COST CENTERS		1		
	DOO MALPRACTICE PREMIUMS & PAID LOSSES				80.
	100 I NTEREST EXPENSE 200 UTI LI ZATI ON REVI EW				81. 82.
	300 HOSPICE	0			82.
	400 OTHER SPECIAL PURPOSE COST CENTERS				84.
39.00	SUBTOTALS (sum of lines 1-84)	36, 572			89.
	IREI MBURSABLE COST CENTERS		·		
0.00 090	DOO GIFT, FLOWER, COFFEE SHOPS & CANTEEN	N C			90.
	100 BARBER AND BEAUTY SHOP	C			91.
	200 PHYSICIANS PRIVATE OFFICES	C			92.
	300 NONPALD WORKERS	C			93.
	100 PATIENTS LAUNDRY	611 269			94.
	500 OTHER NONREI MBURSABLE COST CENTER 501 MARKETI NG	611, 268			95. 95.
5. 01  095 8. 00	Cross Foot Adjustments		,		95.
9.00	Negative Cost Centers				98. 99.
02.00	Cost to be allocated (per Wkst. B,	1, 985, 865	5		102.
	Part I)	1, 200, 000			102.
103.00	Unit cost multiplier (Wkst. B, Part	I) 3.065363	3		103.
04.00	Cost to be allocated (per Wkst. B,	C			104.
	Part II)				
	Unit cost multiplier (Wkst. B, Part	0. 000000			105.
105.00		0.000000			105.

Health Financial Systems CONTINUING CARE AT CEDAR CREST VI	LLA	In Lie	eu of Form CMS-	2540-10
RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS Provider		Period:	Worksheet C	
		From 01/01/2021 To 12/31/2021	Date/Time Pre	nared
			9/7/2022 4:24	
Cost Center Description	Total (from			
	Wkst. B, Pt I	1	di vi ded by	
	col. 18)		col. 2	
	1.00	2.00	3.00	
ANCI LLARY SERVI CE COST CENTERS	1 (0.00	al	4 540570	1 40 00
40. 00 04000 RADI 0L0GY	63, 22			
41.00 04100 LABORATORY	21,06			
42. 00 04200 I NTRAVENOUS THERAPY	33, 38			
43.00 04300 OXYGEN (INHALATION) THERAPY	9, 70			
44. 00 04400 PHYSI CAL THERAPY	391, 45			•
45. 00 04500 OCCUPATI ONAL THERAPY	368, 85			•
46.00 04600 SPEECH PATHOLOGY	107, 04			•
47. 00 04700 ELECTROCARDI OLOGY		0 0		•
48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS	173, 56			
49.00 04900 DRUGS CHARGED TO PATIENTS	302, 70	3 256, 421	1. 180492	
50.00 05000 DENTAL CARE - TITLE XIX ONLY		0 0	0.000000	•
51.00 05100 SUPPORT SURFACES	6, 16			
52. 00 05200 OTHER ANCI LLARY SERVICE COST CENTERS		0 0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS	1		0.00000	1 / 0 . 00
60. 00 06000 CLINIC		0 0	0. 000000	
61. 00 06100 RURAL HEALTH CLINIC				61.00
		0	0,000000	62.00
63. 00 06300 OTHER OUTPATIENT SERVICE COST CENTER		0 0	0.000000	•
71.00 07100 AMBULANCE	1 477 17		0. 000000	•
100. 00   Total	1, 477, 17	6 1, 737, 542	I	100.00

Health Financial Systems	CONTINUING CARE AT	CEDAR CREST VI	LLA	In Lie	u of Form CMS-	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COS	TS	Provi der		Period: From 01/01/2021 To 12/31/2021		
		Title	XVIII (1)	Skilled Nursing	PPS	
				Facility		
		Health Care Pi	rogram Charges	Health Care	Program Cost	
	Ratio of Cost	Part A	Part B		Part B (col. 1	
	to Charges (Fr. Wkst. C Column 3)			x col. 2)	x col. 3)	
	1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND O						
ANCI LLARY SERVICE COST CENTERS						1
40. 00 04000 RADI OLOGY	1. 513573	18, 598		0 28, 149	0	40.00
41. 00 04100 LABORATORY	0. 730466	5, 844		0 4, 269	0	41.00
42.00 04200 I NTRAVENOUS THERAPY	0. 664597	31, 996		0 21, 264	0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0. 000000	0		0 0	0	43.00
44. 00 04400 PHYSI CAL THERAPY	0. 604343	369, 958		0 223, 582	0	44.00
45.00 04500 OCCUPATI ONAL THERAPY	0. 620845			0 219, 224	0	45.00
46.00 04600 SPEECH PATHOLOGY	0. 953106			0 53, 375	0	46.00
47.00 04700 ELECTROCARDI OLOGY	0. 000000			0 0	0	47.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIE	NTS 32. 649925			0 0	0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	1. 180492			0 238, 920	0	
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0. 000000			0		50.00
51.00 05100 SUPPORT SURFACES	7. 785354			0 0	0	
52.00 05200 OTHER ANCILLARY SERVICE COST CENT	ERS 0. 000000	0		0 0	0	52.00
OUTPATIENT SERVICE COST CENTERS		•	1	-		
60. 00 06000 CLINIC	0. 000000	0		0 0	0	00.00
61.00 06100 RURAL HEALTH CLINIC						61.00
62.00 06200 FQHC						62.00
63.00 06300 OTHER OUTPATIENT SERVICE COST CEN				0 0	0	
71.00 07100 AMBULANCE (2)	0. 000000			0	0	1 / 11 00
100.00   Total (Sum of lines 40 - 71)		1, 037, 893		0 788, 783	0	100.00
(1) For title V and XIX use columns 1, 2, and	4 only.					

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

Health Financial Systems CONT	INUING CARE AT	CEDAR CREST VI	LLA	In Lie	u of Form CMS-2	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der	No.: 315491	Period: From 01/01/2021 To 12/31/2021	Worksheet D Parts II-III Date/Time Pre 9/7/2022 4:24	
		Ti tl	e XVIII	Skilled Nursing Facility	PPS	
Cost Center Description						
					1.00	
PART II - APPORTIONMENT OF VACCINE COST						
1.00 Drugs charged to patients - ratio of c			t C, column 3	, line 49)	1. 180492	1.00
2.00 Program vaccine charges (From your rec					0	2.00
3.00 Program costs (Line 1 x line 2) (Title	XVIII, PPS pro	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	Program Part A		
	(From Wkst. B,			Cost (From	& Allied	
		(From Wkst. B,				
	18		Costs to Tota		for Pass	
		14)	Costs - Part		Through (Col.	
			(Col. 2 / Col 1)	•	3 x Col. 4)	
	1.00	2.00	3,00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS			3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS	TOK NUKSING &	ALLILU IILALIII				
40. 00 04000 RADI OLOGY	63, 228	0	0, 00000	28, 149	0	40.00
41. 00 04100 LABORATORY	21, 063		0.00000		0	40.00
42. 00 04200 INTRAVENOUS THERAPY	33, 388		0.00000		0	42.00
43.00 04300 0XYGEN (INHALATION) THERAPY	9, 705		0.00000		0	43.00
44. 00 04400 PHYSI CAL THERAPY	391, 455		0.00000		0	44.00
45. 00 04500 OCCUPATI ONAL THERAPY	368, 852		0.00000		0	45.00
46. 00 04600 SPEECH PATHOLOGY	107, 049		0.00000		0	46.00
47. 00 04700 ELECTROCARDI OLOGY	107,047		0.00000		0	47.00
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	173, 567		0.00000		0	48.00
49. 00 04900 DRUGS CHARGED TO PATIENTS	302, 703		0.00000		0	49.00
50. 00 05000 DENTAL CARE - TITLE XIX ONLY	002,700		0.00000		0	50.00
51.00 05100 SUPPORT SURFACES	6, 166		0.00000		0	51.00
52. 00 05200 OTHER ANCILLARY SERVICE COST CENTERS	0,100		0. 00000		0	52.00
100.00 Total (Sum of Lines 40 - 52)	1, 477, 176		0.00000	788, 783	•	100.00

OMPUT	ATION OF INPATIENT ROUTINE COSTS	Provider No.: 315491	Peri od: From 01/01/2021 To 12/31/2021	Worksheet D-1 Parts I-II Date/Time Pre 9/7/2022 4:24	pared
		Title XVIII	Skilled Nursing Facility	PPS	
				1.00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS				
	INPATIENT DAYS				
. 00	Inpatient days including private room days			36, 572	
. 00	Private room days	_		0	
. 00	Inpatient days including private room days applicable to the F	5		4, 912	
. 00	Medically necessary private room days applicable to the Progra	am		15 407 202	
. 00	Total general inpatient routine service cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			15, 407, 203	5.
. 00	General inpatient routine service charges			18, 003, 051	6.
. 00	General inpatient routine service cost/charge ratio (Line 5 d	divided by line 6)		0. 855811	
. 00	Enter private room charges from your records			0	
. 00	Average private room per diem charge (Private room charges lin	ne 8 divided by private	room days, line	0.00	
	2)				
	Enter semi-private room charges from your records			0	10.
1. 00					11.
	semi-private room days)				
	Average per diem private room charge differential (Line 9 minu			0.00	
	Average per diem private room cost differential (Line 7 times Private room cost differential adjustment (Line 2 times line 7			0.00	
	General inpatient routine service cost net of private room cost		minuc line 14)	0 15, 407, 203	
5.00	PROGRAM INPATIENT ROUTINE SERVICE COST NET OF PRVATE FOOM COS		minus inte 14)	15, 407, 205	1 15.
6.00	Adjusted general inpatient service cost per diem (Line 15 div	/ided by line 1)		421.28	16.
	Program routine service cost (Line 3 times line 16)			2,069,327	
	Medically necessary private room cost applicable to program	(line 4 times line 13)		0	
	Total program general inpatient routine service cost (Line 1			2,069,327	19.
D. 00	Capital related cost allocated to inpatient routine service co line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		t II column 18,	1, 673, 874	20
	Per diem capital related costs (Line 20 divided by line 1)			45.77	
	Program capital related cost (Line 3 times line 21)			224, 822	
	Inpatient routine service cost (Line 19 minus line 22)			1, 844, 505	
	Aggregate charges to beneficiaries for excess costs (From pro			0	1
	Total program routine service costs for comparison to the cost	t limitation (Line 23 mi	nus line 24)	1, 844, 505	
	Enter the per diem limitation (1)		2() (1)		26
	Inpatient routine service cost limitation (Line 3 times the per				27
3.00	Reimbursable inpatient routine service costs (Line 22 plus th (Transfer to Worksheet E, Part II, line 4) (See instructions)	ne resser of rine 25 or	Tine 27)		28.
	nes 26 and 27 are not applicable for title XVIII, but may be us		I		I

			1
		1.00	1
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	36, 572	1.00
2.00	Program inpatient days (see instructions)	4, 912	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0. 134310	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

CALCUI	ATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII	Provider No.: 315491	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part I Date/Time Pre 9/7/2022 4:24	
		Title XVIII	Skilled Nursing	PPS	- P.II
			Facility		
			-	1.00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIME	BURSEMENT			
. 00	Inpatient PPS amount (See Instructions)			3, 139, 521	1.0
2.00	Nursing and Allied Health Education Activities (pass through	h payments)		0	2.0
3.00	Subtotal (Sum of lines 1 and 2)			3, 139, 521	3.0
1.00	Primary payor amounts			0	4.0
5.00	Coinsurance			364, 927	5.0
5.00	Allowable bad debts (From your records)	-+		0	6.0
7.00	Allowable Bad debts for dual eligible beneficiaries (See ins	structions)		0	7.0
3.00 9.00	Adjusted reimbursable bad debts. (See instructions)			0	8.0
7.00 10.00	Recovery of bad debts - for statistical records only			0	9. ( 10. (
1.00	Utilization review			-	
2.00	Subtotal (See instructions)			2,774,594	
3.00	Interim payments (See instructions) Tentative adjustment			2, 774, 594 0	13.
4.00	OTHER adjustment (See instructions)			0	13. 14.
4.50	Demonstration payment adjustment amount before sequestration	n		0	14.
4.55	Demonstration payment adjustment amount after sequestration			0	14.
4.75	Sequestration for non-claims based amounts (see instructions			0	14.
4.99	Sequestration amount (see instructions)	3)		0	
15.00	Balance due provider/program (see Instructions)			0	15.0
6.00	Protested amounts (Nonallowable cost report items in accorda	ance with CMS Pub 15-2 s	ection 115 2)	0	16.0
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESS				
7.00	Ancillary services Part B			0	17.0
8.00	Vaccine cost (From Wkst D, Part II, line 3)			0	18. (
9.00	Total reasonable costs (Sum of lines 17 and 18)			0	19. (
0.00	Medicare Part B ancillary charges (See instructions)			0	20.0
1.00	Cost of covered services (Lesser of line 19 or line 20)			0	21. (
2. 00	Primary payor amounts			0	22.0
23.00	Coinsurance and deductibles			0	23. (
4. 00	Allowable bad debts (From your records)			0	24. (
24.01	Allowable Bad debts for dual eligible beneficiaries (see ins	structions)		0	24. (
24. 02	Adjusted reimbursable bad debts (see instructions)			0	24.0
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)			0	25.
26.00	Interim payments (See instructions)			0	26.0
27.00	Tentati ve adjustment			0	27.
28.00	Other Adjustments (See instructions) Specify			0	28. (
28.50	Demonstration payment adjustment amount before sequestration			0	28. !
28.55	Demonstration payment adjustment amount after sequestration			0	28.
28.99	Sequestration amount (see instructions)			0	28. 9
29.00	Balance due provider/program (see instructions)			0	29. (
U. 00	Protested amounts (Nonallowable cost report items) in accord	dance with CMS Pub.15-2, s	ection 115.2	0	30.

	Financial Systems CONTINUING CARE AT CE ATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY	DAR CREST VILLA Provider No.: 315491	Peri od:	u of Form CMS- Worksheet E	2340
ALCUL	ATTON OF RELMBORSEMENT SETTLEMENT TITLE V AND TITLE XIX ONLY	Provider No.: 315491	From 01/01/2021 To 12/31/2021	Part II Date/Time Pre 9/7/2022 4:24	
		Title XIX	Skilled Nursing Facility	Cost	
				•	
				1.00	_
~~	COMPUTATION OF NET COST OF COVERED SERVICES				
00	Inpatient ancillary services (see Instructions)			0	
00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, li	ne 5)		0	
00	Outpatient services			0	
00	Inpatient routine services (see instructions)			0	
00	Utilization reviewphysicians' compensation (from provider r	records)		0	
00	Cost of covered services (Sum of lines 1 - 5)			0	
00	Differential in charges between semiprivate accommodations ar	id less than semiprivate	accommodations	0	
00	SUBTOTAL (Line 6 minus line 7)			0	
00	Primary payor amounts			0	
0. 00	Total Reasonable Cost (Line 8 minus line 9)			0	10
1 00	REASONABLE CHARGES				
	Inpatient ancillary service charges			0	
	Outpatient service charges			0	
	Inpatient routine service charges			0	
	Differential in charges between semiprivate accommodations ar	nd less than semiprivate	accommodations	0	
5.00	Total reasonable charges			0	) 15
	CUSTOMARY CHARGES				
	Aggregate amount actually collected from patients liable for		U U	0	
7.00	Amounts that would have been realized from patients liable for		n a charge basis	0	17
	had such payment been made in accordance with 42 CFR 413.13(e	e)		0 000000	
	Ratio of line 16 to line 17 (not to exceed 1.000000)			0.00000	
7.00	Total customary charges (see instructions)			0	) 19
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			0	
	Cost of covered services (see Instructions)			0	
	Deductibles			0	
	Subtotal (Line 20 minus line 21)			0	
	Coinsurance			0	
	Subtotal (Line 22 minus line 23)			0	
	Allowable bad debts (from your records)			0	
5.00 7.00	Subtotal (sum of lines 24 and 25)	all astad based on a	arreation of	-	
1.00	Unrefunded charges to beneficiaries for excess costs erroneou cost limit	isty corrected based on c	orrection of	0	/ 2/
3. 00	Recovery of excess depreciation resulting from provider termi	nation or a decrease in	program	0	28
3. 00	utilization	hatron of a decrease in	pi ogi alli	0	/ 20
9.00	Other Adjustments (see instructions) Specify			0	29
). 00 ). 00	Amounts applicable to prior cost reporting periods resulting	from disposition of denr	aciable assets (	0	
5.00	if minus, enter amount in parentheses)	in on an sposi tron or depr	conduite dasets (	0	1 30.
1 00	Subtotal (Line 26 plus or minus lines 29, and 30, minus line	x = 27 and $28$		0	31
	Interim payments	.5 21 anu 20j		0	
2.00	Balance due provider/program (Line 31 minus line 32) (indicat	e overnavments in parent	hosos) (soo	0	

VALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi der	No.: 315491	Period: From 01/01/202 To 12/31/202		parec
		Titl	e XVIII	Skilled Nursing Facility	PPS	piii
		I npati er	nt Part A		rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate		2, 774, 5	594 O	000	
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1) Program to Provider					-
01	ADJUSTMENTS TO PROVIDER		1	0	0	3.
02	ADJUSTMENTS TO PROVIDER			0	0	
03				0	0	
04				0	0	
05				0	0	3
	Provider to Program				-	
50	ADJUSTMENTS TO PROGRAM			0	0	
51				0	0	
52				0	0	
53				0	0	
54 99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)			0	0	
00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		2, 774, 5	594	0	4.
	TO BE COMPLETED BY CONTRACTOR		1		1	4
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.
01	Program to Provider TENTATIVE TO PROVIDER		1	0	0	5
)2	TENTATIVE TO PROVIDER			0	0	
03				0	0	
	Provider to Program					
50	TENTATI VE TO PROGRAM			0	0	5
51				0	0	
52				0	0	
99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50			0	0	5
00	- 5.98) Determined net settlement amount (balance due) based on the cost report. (1)					6
01	PROGRAM TO PROVIDER			0	0	6
02	PROVI DER TO PROGRAM			0	0	
00	Total Medicare program liability (see instructions)		2, 774, 5	594	0	
			Contr	actor Name	Contractor Number	

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

	HEET (If you are nonproprietary and do not maintain accounting records, complete the "General Fund" column	Provi der		Period: From 01/01/2021 To 12/31/2021	Worksheet G Date/Time Pre 9/7/2022 4:24	epar€
		General Fund	Specific Purpose Fund	Endowment Fund		
		1.00	2.00	3.00	4.00	
	sets					-
	sh on hand and in banks	10, 498, 218		0 0	0	) 1
	mporary investments	192, 637		0 0	0	
	tes receivable	2, 789, 800		0 0	0	
	counts receivable	2, 824, 972		0 0	0	
	her receivables	0		0 0	0	
00 Les	ss: allowances for uncollectible notes and accounts	-378, 036		o o	0	6
red	cei vabl e					
	ventory	294, 363		0 0	0	
	epaid expenses	412, 367		0 0	0	
	her current assets	20, 630, 619		0 0	0	
	e from other funds	0		0 0	0	
	TAL CURRENT ASSETS (Sum of lines 1 - 10)	37, 264, 940		0 0	0	11
00 Lar	KED ASSETS	13, 507, 764		0 0	0	1 12
	nd improvements	1, 754, 763		0 0	0	
	ss: Accumulated depreciation	-497, 437		0 0	0	
	ildings	471, 074, 592		0 0	0	
	ss Accumulated depreciation	-166, 209, 979		0 0	0	
	asehold improvements	0		0 0	0	
	ss: Accumulated Amortization	0		0 0	0	18
00 Fi >	xed equipment	2, 387, 773		o o	0	19
00 Les	ss: Accumulated depreciation	-1, 355, 895		o o	0	20
	tomobiles and trucks	1, 008, 941		0 0	0	21
00 Les	ss: Accumulated depreciation	-744, 631		0 0	0	22
00 Maj	jor movable equipment	29, 888, 940		0 0	0	) 23
00 Les	ss: Accumulated depreciation	-21, 283, 751		0 0	0	24
	nor equipment - Depreciable	0		0 0	0	
1	nor equipment nondepreciable	0		0 0	0	
	her fixed assets	9, 018, 226		0 0	0	
	TAL FIXED ASSETS (Sum of lines 12 - 27)	338, 549, 306		0 0	0	28
	HER ASSETS	01 (05 040			0	1 ~
	vestments	81, 685, 049		0 0 0 0	0	
	posits on leases e from owners/officers	0		0 0	0	
	her assets	1, 341, 309		0 0	0	
	TAL OTHER ASSETS (Sum of Lines 29 - 32)	83, 026, 358		0 0	0	
	TAL ASSETS (Sum of Lines 11, 28, and 33)	458, 840, 604		0 0	0	
	abilities and Fund Balances		1			1
	RRENT LI ABI LI TI ES					1
00 Acc	counts payable	4, 354, 961		0 0	0	35
00 Sal	laries, wages, and fees payable	2, 958, 975		0 0	0	36
00 Pay	yroll taxes payable	656, 079		0 0	0	
	tes & loans payable (Short term)	923, 708		0 0	0	
	ferred income	70, 845		0 0	0	
	celerated payments	0				40
	e to other funds	-1, 994, 398		0 0	0	
	her current liabilities	422, 467, 815		0 0	0	
	TAL CURRENT LIABILITIES (Sum of lines 35 - 42)	429, 437, 985		0 0	0	) 43
	VG TERM LI ABI LI TI ES			0 0	0	0 44
	rtgage payable tes payable	110, 414, 130		0 0	0	
	secured Loans	110, 414, 130		0 0	0	
1	ans from owners:				0	
	her long term liabilities			0 0	0	
1	HER (SPECIFY)			0 0	0	
	TAL LONG TERM LIABILITIES (Sum of lines 44 - 49	110, 414, 130		0 0	0	
	TAL LIABILITIES (Sum of lines 43 and 50)	539, 852, 115		0 0	0	
	PI TAL ACCOUNTS					
00 Ger	neral fund balance	-81, 011, 511				52
	ecific purpose fund			0		53
	nor created - endowment fund balance - restricted			0		54
	nor created - endowment fund balance - unrestricted			0		55
	verning body created - endowment fund balance			0		56
	ant fund balance – invested in plant				0	
	ant fund balance - reserve for plant improvement,				0	58
	placement, and expansion	01 011 511			~	
	TAL FUND BALANCES (Sum of lines 52 thru 58) TAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and	-81, 011, 511 458, 840, 604			0	
00 T0		1 408 84U 604				

Heal th	Financial Systems CONT	INUING CARE AT C	EDAR CREST VI	LLA		In Lie	eu of Form CMS	-25	540-10
	ENT OF CHANGES IN FUND BALANCES			No.: 315491		riod: om 01/01/2021	Worksheet G-	1 ep	ared:
		General	Fund	Speci al	Pur	pose Fund	Endowment Fun	d	
		1.00	2.00	2.00		4.00	E 00		
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments) INTERCOMPANY ADJUSTMENT Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance	1.00 1,456,319 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 -81,642,972 -824,858 -82,467,830 1,456,319 -81,011,511 0 -81,011,511			4.00 0 0 0 0 0 0 0		0 0 0	1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00
19.00	sheet (Line 11 - Line 18)	Endowment Fund		Fund	_				19.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 16.\ 00\\ 17.\ 00\\ 16.\ 00\\ 17.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\\ 10.\ 00\ 00\\ 10.\ 00\ 00\\ 10.\ 00\ 00\\ 10.\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ $	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments) INTERCOMPANY ADJUSTMENT Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments)	6.00 0 0 0 0	7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00	0				1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
18. 00 19. 00	Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance sheet (Line 11 - line 18)	0 0			0 0				18. 00 19. 00

AILWL	NT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der	No.	: 315491		eriod: fom 01/01/2021 o 12/31/2021	Worksheet G-2 Parts I-II Date/Time Prep 9/7/2022 4:24	oared:
	Cost Center Description			Inpati ent	1	Outpati ent	Total	
				1.00		2.00	3.00	
P	PART I – PATIENT REVENUES							
	General Inpatient Routine Care Services							
	SKILLED NURSING FACILITY			18, 003, 0	51		18, 003, 051	1.00
	NURSING FACILITY				0		0	2.00
	I CF/IID				0		0	3.0
.00 0	OTHER LONG TERM CARE				0		0	4.0
	Total general inpatient care services (Sum of lines 1 - 4)			18, 003, 0	51		18, 003, 051	5.00
	All Other Care Services				i			
	ANCI LLARY SERVI CES			1, 737, 5	42	0	1, 737, 542	6.00
	CLINIC					0	0	7.00
.00   F	HOME HEALTH AGENCY COST					3, 998, 510	3, 998, 510	8.00
.00 A	AMBULANCE					0	0	9.0
D. OO   F	RURAL HEALTH CLINIC					0	0	10. 0
D. 10 F	FQHC					0	0	10.1
1.00 0	СМНС					0	0	11.0
1. 10 0	CORF					0	0	11.1
1.30 0	OPT					1, 086, 944	1, 086, 944	11.3
2.00   H	HOSPICE				0	0	0	12.00
3.00 0	OTHER (SPECIFY)				0	0	0	13.0
4.00   1	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3	3 to		19, 740, 5	93	5, 085, 454	24, 826, 047	14.0
٧	Norksheet G-3, Line 1)							
	Cost Center Description							
						1.00	2.00	
	PART II – OPERATING EXPENSES							
.00 0	Operating Expenses (Per Worksheet A, Col. 3, Line 100)						97, 596, 126	1.00
.00 A	Add (Specify)					0		2.0
. 00						0		3.0
. 00						0		4.0
						0		5.0
. 00						0		6.0
. 00								7.0
						0		
. 00	Total Additions (Sum of lines 2 - 7)					0	о	
. 00 . 00 . 00 T	Total Additions (Sum of lines 2 – 7) Deduct (Specify)					0	0	8.0
. 00 . 00 . 00 T						0	0	8. 0 9. 0
. 00 . 00 . 00 T . 00 E						0 0 0 0	O	8. 0 9. 0 10. 0
. 00 . 00 . 00 T . 00 E 0. 00						0 0 0 0 0	0	8. 0 9. 0 10. 0 11. 0
. 00 . 00 . 00 T . 00 E 0. 00 1. 00							0	8. 00 9. 00 10. 00 11. 00 12. 00 13. 00
. 00 . 00 . 00 . 00 . 00 D. 00 1. 00 2. 00 3. 00						0 0 0 0 0 0	0	8.0 9.0 10.0 11.0 12.0

Heal th	Financial Systems CONTINUING CARE	AT CEDAR CREST VILLA	In Lie	u of Form CMS-2	2540-10
STATEM	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der No.: 315491	Peri od:	Worksheet G-3	
			From 01/01/2021		
			To 12/31/2021	Date/Time Pre	
				9/7/2022 4:24	pm
				1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3,	line 14)		24, 826, 047	1.00
2.00	Less: contractual allowances and discounts on patients a	ccounts		4, 958, 863	2.00
3.00	Net patient revenues (Line 1 minus line 2)			19, 867, 184	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part	II, line 15)		97, 596, 126	4.00
5.00	Net income from service to patients (Line 3 minus 4)			-77, 728, 942	5.00
	Other income:				
6.00	Contributions, donations, bequests, etc			397, 114	6.00
7.00	Income from investments			5, 151, 540	7.00
8.00	Revenues from communications ( Telephone and Internet se	rvi ce)		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	J			0	12.00
13.00				0	13.00
14.00	1 5 5			519, 610	
15.00	, , , , , , , , , , , , , , , , , , ,			40, 690	
16.00		her than patients		0	16.00
17.00	5			0	
18.00				141	
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	
	Revenue from gifts, flower, coffee shops, canteen			252, 946	
	Rental of vending machines			1, 917	
22.00	Rental of skilled nursing space			0	22.00
23.00	Governmental appropriations			0	23.00
24.00				70, 540, 126	24.00
	COVI D-19 PHE Funding			0	24.50
25.00				76, 904, 084	25.00
26.00				-824, 858	26.00
27.00	Other expenses (specify)			0	27.00
28.00				0	28.00
29.00				0	29.00
	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)		-824, 858	31.00

	Financial Systems CO GIS OF SNF-BASED HOME HEALTH AGENCY COSTS	NTINUING CARE AT (		No.: 315491	Peri od:	worksheet H	2010
			HHA CCN:	317092	From 01/01/2021 To 12/31/2021		
					Home Health	PPS	•
		Sal ari es	Employee Benefits	(see	Agency I on Contracted/Pur chased	Other Costs	
		1.00	2.00	instructions 3.00	s) <u>Services</u> 4.00	5.00	
	GENERAL SERVICE COST CENTERS				1		
00	Capital Related - Bldg. & Fixtures				0	0	
00	Capital Related - Movable Equipment				0	0	
00	Plant Operation & Maintenance	0	0		0 0		
00 00	Transportation (see instructions) Administrative and General	0 324, 153	0		0 0 0 0	-	
50	HHA REIMBURSABLE SERVICES	524, 155	0		0 0	147,230	. 5.
00	Skilled Nursing Care	295, 120	C		0 0	0	6.
00	Physical Therapy	270, 633	0		0 0		
00	Occupational Therapy	96, 539	0		0 0	0	8.
00	Speech Pathol ogy	13, 401	C		0 0	0	9.
00	Medical Social Services	0	0		0 136	0	
00	Home Health Aide	10, 075	C		0 0		
00	Supplies (see instructions)	0	0		0 0		
00	Drugs	0	0		0 0	0	
00		0	0		0 0	-	
00	Tel emedi ci ne HHA NONREI MBURSABLE SERVI CES	0	0		0 0	0	15.
00	Home Dialysis Aide Services	0	0		0 0	0	16
00	Respiratory Therapy	0	0		0 0		
00	Private Duty Nursing	0	Ő		0 0	Ő	
00	Clinic	0	C		0 0	0	
00	Health Promotion Activities	0	C		0 0	0	20
00	Day Care Program	0	C		0 0	0	21
00	Home Delivered Meals Program	0	C		0 0	0	22
00	Homemaker Service	0	0		0 0	0	
00	All Others (specify)	0	C		0 0	0	24.
00	Total (sum of lines 1-24)						
00		1,009,921			0 136		25.
00		Total (sum of F		Reclassifie	d Adjustments	Net Expenses	
00		Total (sum of F cols. 1 thru	Reclassificati on	Trial Baland	d Adjustments	Net Expenses for Allocation	
00		Total (sum of F		Trial Baland (col. 6 +	d Adjustments	Net Expenses for Allocation (col. 8 + col.	
	· · · · · · · · · · · · · · · · · · ·	Total (sum of F cols. 1 thru		Trial Baland	d Adjustments	Net Expenses for Allocation	
	GENERAL SERVI CE COST CENTERS	Total (sum of F cols. 1 thru 5) 6.00	on 7.00	Trial Balanc (col. 6 + col.7) 8.00	d Adjustments	Net Expenses for Allocation (col. 8 + col. 9) 10.00	
0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures	Total (sum of F cols. 1 thru 5) 6.00	on 7.00	Trial Balanc (col. 6 + col.7) 8.00	d Adjustments	Net Expenses for AI location (col. 8 + col. 9) 10.00	1
0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment	Total (sum of F col s. 1 thru 5) 6.00 0 0	on 7.00	Trial Balanc (col. 6 + col.7) 8.00	d Adjustments	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0	1 2
0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance	Total (sum of F col s. 1 thru 5) 6.00 0 0 0	on 7.00	Trial Balanc (col. 6 + col.7) 8.00	d Adjustments	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0 0 0	1 2 3
0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment	Total (sum of F cols. 1 thru 5) 6.00 0 0 0 0 0 0	on 7.00	Trial Balanc (col. 6 + col. 7) 8.00	d Adjustments 9.00 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0 0 0 0 0 0 0	1 2 3 4
0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions)	Total (sum of F col s. 1 thru 5) 6.00 0 0 0	on 7.00 0 0 0 0 0 0	Trial Balanc (col. 6 + col. 7) 8.00	d Adjustments 9.00 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0 0 0 0 0 0 0	) 1 2 3 4
0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care	Total (sum of F cols. 1 thru 5) 6.00 0 0 0 0 0 0	on 7.00 0 0 0 0 0 0	Trial Balanc (col. 6 + col. 7) 8.00 471, 4	d Adj ustments 9.00 0 0 0 0 0 0 0 0 0 0 0 0 - 39,200	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0 0 432, 209	1 2 3 4 5
0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633	on 7.00 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0 432,209 295,120	1 2 3 4 5 6
0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0 432,209 295,120 270,633 96,539	1 2 3 4 5 6 7 8
0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0 432,209 295,120 270,633 96,539 13,401	1 2 3 4 5 6 7 8 9
0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 0 432,209 295,120 270,633 96,539 13,401 136	1 2 3 4 5 6 7 8 9 9
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	Total (sum of F col s. 1 thru 5) 6.00 0 0 471,409 295,120 270,633 96,539 13,401 136 10,075	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 -39,200 20 33 0 39 0 01 0 36 0 75 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075	1 2 3 4 5 6 7 8 9 9 10 11
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS         Capital Related - Bldg. & Fixtures         Capital Related - Movable Equipment         Plant Operation & Maintenance         Transportation (see instructions)         Administrative and General         HHA REIMBURSABLE SERVICES         Skilled Nursing Care         Physical Therapy         Occupational Therapy         Speech Pathology         Medical Social Services         Home Health Aide         Supplies (see instructions)	Total (sum of F col s. 1 thru 5) 6.00 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359	1 2 3 4 5 6 7 8 9 10 11 12
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 0, 0 11, 3	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0	1 2 3 4 5 6 7 8 9 10 11 12 13
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for Al location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0	1 2 3 4 5 6 7 8 9 9 10 11 12 13 14
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for Al location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0	1 2 3 4 5 6 7 8 9 10 11 12 13 14
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation (see instructions) Administrative and General HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0	1 2 3 4 5 6 6 7 8 9 9 10 11 12 13 14 15 12 13 14 15
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS         Capital Related - Bldg. & Fixtures         Capital Related - Movable Equipment         Plant Operation & Maintenance         Transportation (see instructions)         Administrative and General         HHA REIMBURSABLE SERVICES         Skilled Nursing Care         Physical Therapy         Occupational Therapy         Speech Pathology         Medical Social Services         Home Health Aide         Supplies (see instructions)         Drugs         DME         Telemedicine         HHA NONREIMBURSABLE SERVICES	Total (sum of F col s. 1 thru 5) 6.00 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d Adj ustments 9.00 9.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Net Expenses for Al location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0 0	1 1 2 3 3 4 4 5 5 6 7 7 8 9 9 100 111 122 133 144 155 116 116 116 116 116 116 116 116 116
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS         Capital Related - Bldg. & Fixtures         Capital Related - Movable Equipment         Plant Operation & Maintenance         Transportation (see instructions)         Administrative and General         HHA REIMBURSABLE SERVICES         Skilled Nursing Care         Physical Therapy         Occupational Therapy         Speech Pathology         Medical Social Services         Home Health Aide         Supplies (see instructions)         Drugs         DME         Telemedicine         HHA NONREIMBURSABLE SERVICES         Home Dialysis Aide Services	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d         Adj ustments           9.00         9.00           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         -39,200           20         0           33         0           39         0           01         0           36         0           0         0           0         0           0         0	Net Expenses for Al location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0 0	1 2 3 4 5 6 6 7 8 9 9 10 11 12 13 14 15 16 17
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS         Capital Related - Bldg. & Fixtures         Capital Related - Movable Equipment         Plant Operation & Maintenance         Transportation (see instructions)         Administrative and General         HHA REIMBURSABLE SERVICES         Skilled Nursing Care         Physical Therapy         Occupational Therapy         Speech Pathology         Medical Social Services         Home Health Aide         Supplies (see instructions)         Drugs         DME         Telemedicine         HHA NONREIMBURSABLE SERVICES         Home Dialysis Aide Services         Respiratory Therapy         Private Duty Nursing         Clinic	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0 0 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d         Adj ustments           9.00         9.00           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         -39,200           20         0           33         0           39         0           01         0           36         0           0         0           0         0           0         0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0 0 0	1 1 2 3 4 5 6 6 7 7 8 9 9 100 111 12 13 14 15 16 17 18 19 19
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL SERVICE COST CENTERS         Capital Related - Bldg. & Fixtures         Capital Related - Movable Equipment         Plant Operation & Maintenance         Transportation (see instructions)         Administrative and General         HHA REIMBURSABLE SERVICES         Skilled Nursing Care         Physical Therapy         Occupational Therapy         Speech Pathology         Medical Social Services         Home Health Aide         Supplies (see instructions)         Drugs         DME         Telemedicine         HHA NONREIMBURSABLE SERVICES         Home Dialysis Aide Services         Respiratory Therapy         Private Duty Nursing         Clinic         Health Promotion Activities	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d         Adj ustments           9.00         9.00           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         -39,200           20         0           33         0           39         0           01         0           36         0           0         0           0         0           0         0	Net Expenses for Al location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0 0 0 0 0 0 0	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
	GENERAL SERVICE COST CENTERS         Capital Related - Bldg. & Fixtures         Capital Related - Movable Equipment         Plant Operation & Maintenance         Transportation (see instructions)         Administrative and General         HHA REIMBURSABLE SERVICES         Skilled Nursing Care         Physical Therapy         Occupational Therapy         Speech Pathology         Medical Social Services         Home Health Aide         Supplies (see instructions)         DME         Telemedicine         HHA NONREIMBURSABLE SERVICES         Home Dialysis Aide Services         Respiratory Therapy         Private Duty Nursing         Clinic         Health Promotion Activities         Day Care Program	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d         Adj ustments           9.00         9.00           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         -39,200           20         0           33         0           39         0           01         0           36         0           0         0           0         0           0         0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 2 3 3 4 5 6 7 7 8 9 9 10 11 12 13 14 15 10 11 12 13 14 15 10 11 12 13 14 15 10 11 12 20 20 21
	GENERAL SERVICE COST CENTERS         Capital Related - Bldg. & Fixtures         Capital Related - Movable Equipment         Plant Operation & Maintenance         Transportation (see instructions)         Administrative and General         HHA REIMBURSABLE SERVICES         Skilled Nursing Care         Physical Therapy         Occupational Therapy         Speech Pathology         Medical Social Services         Home Health Aide         Supplies (see instructions)         Drugs         DME         Telemedicine         HHA NONREIMBURSABLE SERVICES         Home Dialysis Aide Services         Respiratory Therapy         Private Duty Nursing         Clinic         Health Promotion Activities         Day Care Program         Home Delivered Meals Program	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d         Adj ustments           9.00         9.00           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         -39,200           20         0           33         0           39         0           01         0           036         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0	Net Expenses for Al location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 2 2 3 4 5 5 6 7 7 8 8 9 9 100 111 122 133 144 15 166 177 188 199 200 211 22
	GENERAL SERVICE COST CENTERS         Capital Related - Bldg. & Fixtures         Capital Related - Movable Equipment         Plant Operation & Maintenance         Transportation (see instructions)         Administrative and General         HHA REIMBURSABLE SERVICES         Skilled Nursing Care         Physical Therapy         Occupational Therapy         Speech Pathology         Medical Social Services         Home Health Aide         Supplies (see instructions)         DME         Telemedicine         HHA NONREIMBURSABLE SERVICES         Home Dialysis Aide Services         Respiratory Therapy         Private Duty Nursing         Clinic         Health Promotion Activities         Day Care Program	Total (sum of F col s. 1 thru 5) 6.00 0 0 0 471, 409 295, 120 270, 633 96, 539 13, 401 136 10, 075 11, 359 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on 7.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tri al Balanc (col. 6 + col. 7) 8.00 471, 4 295, 1 270, 6 96, 5 13, 4 1 10, 0 11, 3	d         Adj ustments           9.00         9.00           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         -39,200           20         0           33         0           39         0           01         0           36         0           0         0           0         0           0         0	Net Expenses for AI location (col. 8 + col. 9) 10.00 0 432,209 295,120 270,633 96,539 13,401 136 10,075 11,359 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 2 2 3 3 4 5 5 6 7 7 8 8 9 9 10 11 12 12 13 14 15 16 17 18 19 9 20 0 21 12 22 3 3

Heal th	Financial Systems 0	CONTINUING CARE AT C	CEDAR CREST VI	LLA	In Lie	u of Form CMS-:	2540-10
	LLOCATION - HHA GENERAL SERVICE COST		Provi der	No.: 315491	Period: From 01/01/2021	Worksheet H-1 Part I	
			HHA CCN:	317092	To 12/31/2021	Date/Time Pre 9/7/2022 4:24	
					Home Health	PPS	·
			Capital Rel	ated Costs	Agency I		
		Net Expenses	BIdgs &	Movabl e	PI ant	Transportation	
		for Cost	Fixtures	Equi pment	Operation &		
		Allocation (from Wkst. H.			Mai ntenance		
		col. 10)					
	GENERAL SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00	
1.00	Capital Related - Bldg. & Fixtures	0	0				1.00
2.00	Capital Related - Movable Equipment	0			0		2.00
3.00 4.00	Plant Operation & Maintenance Transportation	0	0		0 0	0	3.00 4.00
5.00	Administrative and General	432, 209	0		0 0		5.00
6.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	295, 120	0		0 0	0	6.00
7.00	Physical Therapy	270, 633	0		0 0		7.00
8.00	Occupational Therapy	96, 539	0		0 0		8.00
9.00 10.00	Speech Pathology Medical Social Services	13, 401 136	0		0 0	0	9.00 10.00
11.00	Home Health Aide	10, 075	0		0 0		11.00
12.00 13.00	Supplies (see instructions) Drugs	11, 359 0	0 0		0 0 0 0	0	12.00 13.00
14.00	DME	0	0		0 0	0	14.00
15.00		0	0		0 0	0	15.00
16.00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0		0 0	0	16.00
17.00	Respi ratory Therapy	0	0		0 0	0	17.00
18.00 19.00	Private Duty Nursing Clinic	0	0		0 0		
20.00	Health Promotion Activities	0	0		0 0	0	20.00
21.00	Day Care Program	0	0		0 0	0	21.00
22.00 23.00	Home Delivered Meals Program Homemaker Service	0	0		0 0	0	22.00 23.00
24.00	All Others (specify)	0	0		0 0		24.00
25.00	Total (sum of lines 1-24)	1, 129, 472 Subtotal	0 Admi ni strati ve	Total (cols.	0 0	0	25.00
		(col s. 0-4)	& General	4A + 5)	_		
	GENERAL SERVICE COST CENTERS	4A. 00	5.00	6.00			
1.00	Capital Related - Bldg. & Fixtures	0					1.00
2.00 3.00	Capital Related - Movable Equipment Plant Operation & Maintenance	0					2.00 3.00
3.00 4.00	Transportation	0					4.00
5.00	Administrative and General	432, 209	432, 209				5.00
6.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	295, 120	182, 935	478, 05	55		6.00
7.00	Physi cal Therapy	270, 633	167, 756	438, 38			7.00
8.00 9.00	Occupational Therapy Speech Pathology	96, 539 13, 401	59, 841 8, 307	156, 38 21, 70			8.00 9.00
10.00	Medical Social Services	136	84	22	20		10.00
11. 00 12. 00	Home Health Aide	10, 075 11, 359	6, 245 7, 041	16, 32 18, 40			11.00 12.00
12.00	Supplies (see instructions) Drugs	0	7,041	16, 40	0		12.00
14.00	DME	0	0		0		14.00
15.00	Tel emedi ci ne HHA NONREI MBURSABLE SERVI CES	0	0	<u> </u>	0		15.00
16.00	Home Dialysis Aide Services	0	0		0		16.00
17. 00 18. 00	Respiratory Therapy	0	0		0		17.00 18.00
18.00 19.00	Private Duty Nursing Clinic	0	0		0		18.00
20.00	Health Promotion Activities	0	0		0		20.00
21.00 22.00	Day Care Program Home Delivered Meals Program	0	0 0		0		21.00 22.00
23.00	Homemaker Service	0	0		0		23.00
	All Others (specify) Total (sum of lines 1–24)	0	0	1 100 4-	0		24.00 25.00
∠o. 00	Total (Sull OF THES 1-24)	1, 129, 472		1, 129, 47	< ∠		∠0. UU

COST AL	LOCATION - HHA STATISTICAL BASIS		Provi der	No.: 315491	Period: From 01/0	1/2021	Worksheet H-1 Part II	2540-
			HHA CCN:	317092		1/2021		
					Home He		PPS	piii
		Capital Rel	ated Costs		Agency	/		
		BIdgs &	Movabl e	Plant	Transpor	tati on	Reconciliation	
		Fi xtures	Equi pment	Operation &	& (MILE/		Reconciliation	
		(SQUARE FEET)	(DOLLAR VALUE)	Maintenance (SQUARE FEE)				
		1.00	2.00	3.00	4.0	0	5A. 00	
	GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures	0				1	0	1.0
2.00	Capital Related - Movable Equipment		0				0	2.0
	Plant Operation & Maintenance Transportation (see instructions)	0	0		0	0	0	3.0
	Administrative and General	0	0		0	0		
ŀ	HHA REIMBURSABLE SERVICES		I	I				
	Skilled Nursing Care Physical Therapy	0	0		0	0	-	
	Occupational Therapy	0	0		0	0	0	
	Speech Pathology	0	0		0	0	0	
	Medical Social Services Home Health Aide	0	0		0	0	0	
	Home Health Alde Supplies (see instructions)	0			0	0	0	
3.00	Drugs	0	0		0	5	0	
		0	0		0	0	-	
	Telemedicine HA NONREIMBURSABLE SERVICES	0	0		0	0	0	15.
	Home Dialysis Aide Services	0	0		0	0	0	16.
	Respiratory Therapy	0	0		0	0	-	
	Private Duty Nursing Clinic	0	0		0	0	0	-
	Health Promotion Activities	0	0		0	0	0	
	Day Care Program	0	0		0	0	0	
	Home Delivered Meals Program	0	0		0	0	0	
	Homemaker Service All Others (specify)	0			0	0	0	
	Total (sum of lines 1-24)	0	0		0	0	-432, 209	
	Cost To Be Allocated	0	0		0	0		26. (
27.00	Unit Cost Multiplier	0. 000000 Admi ni strati ve		0.0000	00 0.	000000		27.(
		& General						
		(ACCUM. COST)						
0	GENERAL SERVICE COST CENTERS	5.00			<u> </u>			
	Capital Related - Bldg. & Fixtures					-		1.0
	Capital Related - Movable Equipment							2. 3.
	Plant Operation & Maintenance Transportation (see instructions)							4.
. 00	Administrative and General	697, 263						5.
E E	HA REIMBURSABLE SERVICES	205 120						
	Skilled Nursing Care Physical Therapy	295, 120 270, 633						6. 7.
	Occupational Therapy	96, 539						8.
	Speech Pathol ogy	13, 401						9.
	Medical Social Services Home Health Aide	136 10, 075						10. 11.
	Supplies (see instructions)	11, 359						12.
3.00	Drugs	0						13.
		0						14.
	Telemedicine HA NONREIMBURSABLE SERVICES	0						15.
	Home Dialysis Aide Services	0						16.
	Respiratory Therapy	0						17.
	Private Duty Nursing Clinic	0						18. 19.
	Health Promotion Activities	0						20.
	Day Care Program	0						21.
	Home Delivered Meals Program	0						22.
	Homemaker Service All Others (specify)	0						23. 24.
	Total (sum of lines 1-24)	697, 263						24.
25.00 L			1					
	Cost To Be Allocated	432, 209					I	26.

Heal th	Financial Systems CON	TINUING CARE AT	CEDAR CREST VI	LLA	In Lie	u of Form CMS-2	2540-10
ALLOCA	TION OF GENERAL SERVICE COSTS TO HHA COST CE	NTERS	Provi der HHA CCN:	No.: 315491 317092	Period: From 01/01/2021 To 12/31/2021	9/7/2022 4:24	pared:
					Home Health	PPS	
					Agency I		
			CAPI TAL REL	LATED COSTS			
	Cost Center Description	HHA Trial Balance (1)	BLDGS & FI XTURES	MOVABLE EQUI PMENT	EMPLOYEE BENEFI TS	Subtotal	
1 00		0	1.00	2.00	3.00	3A	1 00
1.00	Administrative and General	470 000	13, 045	2, 60			
2.00	Skilled Nursing Care	478, 055	0		0 80, 964		
3.00	Physi cal Therapy	438, 389	0		0 74, 246		
4.00	Occupational Therapy	156, 380	0		0 26, 485		
5.00	Speech Pathology	21, 708	0		0 3, 676		5.00
6.00	Medical Social Services	220	0		0 0	220	6.00
7.00	Home Health Aide	16, 320	0		0 2,764	19, 084	7.00
8.00	Supplies	18, 400	0		0 0	18, 400	•
9.00	Drugs	0	0		0 0	0	9.00
10.00	DME	0	0		0 0	0	10.00
11.00	Tel emedicine	0	0		0 0	0	11.00
12.00	Home Dialysis Aide Services	0	0		0 0	0	12.00
13.00	Respiratory Therapy	0	0		0 0	0	13.00
14.00	Private Duty Nursing	0	0		0 0	0	14.00
15.00	Clinic	0	0		0 0	0	15.00
16.00	Health Promotion Activities	0	0		0 0	0	16.00
17.00	Day Care Program	0	0		0 0	0	17.00
18.00	Home Delivered Meals Program	0	0		0 0	0	18.00
19.00	Homemaker Service	0	0		0 0	0	19.00
20.00	All Others (specify)	0	0		0 0	0	20.00
21.00	Total (sum of lines 1-20) (2)	1, 129, 472	13, 045	2, 60	277, 064	1, 422, 246	
22.00	Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21 minus column 18, line 1, rounded to 6 decimal places.					0. 000000	22.00

 minus column 18, line 1, rounded to 6

 decimal places.

 (1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.

 (2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

(2) ((	Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	OPERATION,	LINEN SERVICE	HOUSEREELTING	DIEIMI	
		d GENERAL	MALNT. &	EINEN GERVICE			
			REPAI RS				
		4.00	5.00	6.00	7.00	8.00	
1.00	Administrative and General	6, 161	2, 288	0	0	0	1.00
2.00	Skilled Nursing Care	32, 913	0	0	0	0	2.00
3.00	Physi cal Therapy	30, 181	0	0	0	0	3.00
4.00	Occupational Therapy	10, 766	0	0	0	0	4.00
5.00	Speech Pathology	1, 494	0	0	0	0	5.00
6.00	Medical Social Services	13	0	0	0	0	6.00
7.00	Home Health Aide	1, 124	0	0	0	0	7.00
8.00	Suppl i es	1, 083	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Tel emedi ci ne	0	0	0	0	0	11.00
12.00	Home Dialysis Aide Services	0	0	0	0	0	12.00
13.00	Respi ratory Therapy	0	0	0	0	0	13.00
14.00	Private Duty Nursing	0	0	0	0	0	14.00
15.00	Clinic	0	0	0	0	0	15.00
16.00	Health Promotion Activities	0	0	0	0	0	16.00
17.00	Day Care Program	0	0	0	0	0	17.00
18.00	Home Delivered Meals Program	0	0	0	0	0	18.00
19.00	Homemaker Service	0	0	0	0	0	19.00
20.00	All Others (specify)	0	0	0	0	0	20.00
21.00	Total (sum of lines 1-20) (2)	83, 735	2, 288	0	0	0	21.00
22.00	Unit Cost Multiplier: column 18, line 1						22.00
	divided by the sum of column 18, line 21						
	minus column 18, line 1, rounded to 6						
	decimal places.						
(1) Co	lump O lips 21 must agree with Wkst A solu	mp 7 line 70					

 decimal places.
 |
 |
 |

 (1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.
 (2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

	Cost Center Description	NURSI NG	CENTRAL	PHARMACY		SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES &		RECORDS &		
			SUPPLY		LI BRARY		
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physi cal Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST C	ENTERS	Provider HHA CCN:	No.: 315491 317092	Period: From 01/01/2021 To 12/31/2021		
				Home Health	PPS	pin
			-	Agency I		
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCI AL SERVI CE	
	ADMI NI STRATI ON			RECORDS &		
		SUPPLY		LI BRARY		
	9.00	10.00	11.00	12.00	13.00	
8.00 Supplies	0	0		0 0	0 0	8.00
9.00 Drugs	0	0		0 0	0	9.00
10. 00 DME	0	0		0 0	0	10.00
11.00 Tel emedicine	0	0		0 0	0	11.00
12.00 Home Dialysis Aide Services	0	0		0 0	0	12.00
13.00 Respiratory Therapy	0	0		0 0	0	13.00
14.00 Private Duty Nursing	0	0		0 0	0	14.00
15.00 Clinic	0	0		0 0	0	15.00
16.00 Health Promotion Activities	0	0				16.00 17.00
17.00  Day Care Program 18.00  Home Delivered Meals Program	0	0				17.0
19.00 Homemaker Service	0	0				19.00
20.00 All Others (specify)	0	0				20.0
21.00 Total (sum of lines 1-20) (2)	0	0				20.0
22.00 Unit Cost Multiplier: column 18, line 1	0	0		0 0	0	21.00
divided by the sum of column 18, line 21						22.0
minus column 18, line 1, rounded to 6						
decimal places.						
1) Column 0, line 21 must agree with Wkst. A, col	umn 7 line 70		1	I	1	1
(2) Columns 0 through 18, line 21 must agree with		na columns of W	lkst. B. Part	I. line 70.		
		OTHER GENERAL		.,		
		SERVI CE				
Cost Center Description	NURSING AND	S	Subtotal (si	um Post Stepdown	Subtotal	

		SERVICE				
Cost Center Description	NURSI NG AND	S	Subtotal (sum	Post Stepdown	Subtotal	
	ALLI ED HEALTH		of cols. 3A -	Adjustments	(cols. 16 ±	
	EDUCATI ON		15)		17)	
	14.00	15.00	16.00	17.00	18.00	
Administrative and General	0	0	113, 088	0	113, 088	1.00
Skilled Nursing Care	0	0	591, 932	0	591, 932	2.00
Physi cal Therapy	0	0	542, 816	0	542, 816	3.00
Occupational Therapy	0	0	193, 631	0	193, 631	4.00
Speech Pathology	0	0	26, 878	0	26, 878	5.00
Medical Social Services	0	0	233	0	233	6.00
Home Health Aide	0	0	20, 208	0	20, 208	7.00
Suppl i es	0	0	19, 483	0	19, 483	8.00
Drugs	0	0	0	0	0	9.00
DME	0	0	0	0	0	10.00
Tel emedi ci ne	0	0	0	0	0	11.00
Home Dialysis Aide Services	0	0	0	0	0	12.00
Respi ratory Therapy	0	0	0	0	0	13.00
Private Duty Nursing	0	0	0	0	0	14.00
Clinic	0	0	0	0	0	15.00
Health Promotion Activities	0	0	0	0	0	16.00
Day Care Program	0	0	0	0	0	17.00
Home Delivered Meals Program	0	0	0	0	0	18.00
Homemaker Service	0	0	0	0	0	19.00
All Others (specify)	0	0	0	0	0	20.00
Total (sum of lines 1-20) (2)	0	0	1, 508, 269	0	1, 508, 269	21.00
Unit Cost Multiplier: column 18, line 1						22.00
divided by the sum of column 18, line 21						
minus column 18, line 1, rounded to 6						
decimal places.						
	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies Drugs DME Telemedicine Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-20) (2) Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21 minus column 18, line 1, rounded to 6	ALLIED HEALTH EDUCATIONAdministrative and General0Skilled Nursing Care0Physical Therapy0Occupational Therapy0Speech Pathology0Medical Social Services0Home Health Aide0Supplies0Drugs0DME0Telemedicine0Home Dialysis Aide Services0Respiratory Therapy0Private Duty Nursing0Clinic0Health Promotion Activities0Day Care Program0Home Delivered Meals Program0Homemaker Service0All Others (specify)0Total (sum of lines 1-20) (2)0Unit Cost Multiplier: column 18, line 10divided by the sum of column 18, line 210minus column 18, line 1, rounded to 60	Administrative and GeneralALLIED HEALTH EDUCATION14.0015.00Skilled Nursing Care0Physical Therapy0Occupational Therapy0Occupational Therapy0Speech Pathology0Medical Social Services0Home Health Aide0Supplies0Drugs0DME0Telemedicine0Home Dialysis Aide Services0Mespiratory Therapy0Private Duty Nursing0Clinic0Home Delivered Meals Program0Homemaker Service0All Others (specify)0Total (sum of lines 1-20) (2)0Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21 minus column 18, line 1, rounded to 6	Cost Center DescriptionNURSI NG AND ALLI ED HEALTH EDUCATIONS of col s. 3A - 15)Administrative and General00Administrative and General00Skilled Nursing Care00Physical Therapy00Occupational Therapy00Speech Pathology00Medical Social Services00Burgs00Drugs00DME00Clemedicine00Home Health Aide00Drugs00DME00Clinic00Health Promotion Activities00Day Care Program00Home Delivered Meals Program00Home Delivered Meals Program00Home Delivered Meals Program00Homemaker Service00All Others (specify)00Total (sum of Lines 1-20) (2)00Unit Cost Multiplier: column 18, line 21 minus column 18, line 1, rounded to 60	Cost Center DescriptionNURSI NG AND ALLIED HEALTION EDUCATIONSubtotal (sum of cols. 3A - 15)Post Stepdown Adjustmentsadministrative and General015.0016.0017.00inistrative and General00113,0880Skilled Nursing Care00591,9320Physical Therapy00193,6310Occupational Therapy0026,8780Medical Social Services0020,2080Home Heal th Aide0020,2080Supplies0000Drugs0000DME0000Clinic0000Heal th Promotion Activities0000Day Care Program0000Home Delivered Meals Program0000Home Activities0000Day Care Program0000Home Secify)0000Total (sum of lines 1-20) (2)0000Unit Cost Multiplier: column 18, line 10000Unit Cost Multiplier: column 18, line 100<	Cost Center Description         NURSING AND ALLIED HEALTH EDUCATION         S of cols. 3A - 15)         Post Stepdown Adjustments         Subtotal (cols. 16 ± 17)           Administrative and General         0         15.00         16.00         17.00         18.00           Administrative and General         0         0         113,088         0         113,088         0         113,088           Skilled Nursing Care         0         0         591,932         0         542,816         0         542,816           Occupational Therapy         0         0         26,878         0         26,878         0         26,878           Medical Social Services         0         0         19,483         0         19,483           Drugs         0         0         0         0         0         0         0           Supplies         0         0         0         0         0         0         0         0         0           DME         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0

(1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.
(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

	Cost Center Description	Allocated HHA	Total HHA	
		A&G (see Part	Costs	
		11)		
		19.00	20.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	47, 980	639, 912	2.00
3.00	Physical Therapy	43, 998	586, 814	3.00
4.00	Occupational Therapy	15, 695	209, 326	4.00
5.00	Speech Pathology	2, 179	29, 057	5.00
6.00	Medical Social Services	19	252	6.00
7.00	Home Health Aide	1, 638	21, 846	7.00
8.00	Suppl i es	1, 579	21, 062	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Tel emedi ci ne	0	0	11.00
12.00	Home Dialysis Aide Services	0	0	12.00
13.00	Respiratory Therapy	0	0	13.00
14.00	Private Duty Nursing	0	0	14.00

Health Financial Systems CON	TINUING CARE AT (	CEDAR CREST VI	LLA	In Lie	u of Form CMS-	2540-10
ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST C	ENTERS	Provi der	No.: 315491	Peri od:	Worksheet H-2	2
			017000	From 01/01/2021	Part I	
		HHA CCN:	317092	To 12/31/2021	Date/Time Pre 9/7/2022 4:24	
				Home Health	PPS	
			1	Agency I		
Cost Center Description	Allocated HHA	Total HHA				
	A&G (see Part	Costs				
	)					
	19.00	20.00				
15.00 Clinic	0	0				15.00
16.00 Health Promotion Activities	0	0				16.00
17.00 Day Care Program	0	0				17.00
18.00 Home Delivered Meals Program	0	0				18.00
19.00 Homemaker Service	0	0				19.00
20.00 All Others (specify)	0	0				20.00
21.00 Total (sum of lines 1-20) (2)	113, 088	1, 508, 269				21.00
22.00 Unit Cost Multiplier: column 18, line 1	0. 081056					22.00
divided by the sum of column 18, line 21						
minus column 18, line 1, rounded to 6						
decimal places.						

(1) Column 0, line 21 must agree with Wkst. A, column 7, line 70.
(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Part I, line 70.

ALLOCA	Financial Systems CONT TION OF GENERAL SERVICE COSTS TO HHA COST CE	<u>INUING CARE AT</u> NTERS STATISTICA		No.: 315491	Period: From 01/01/2021	u of Form CMS-2 Worksheet H-2 Part II	
BASI S			HHA CCN:		To 12/31/2021	Date/Time Pre 9/7/2022 4:24	
					Home Health	PPS	-F
		CAPI TAL REL	ATED COSTS		Agency I		
	Cost Center Description	BLDGS &	MOVABLE	EMPLOYEE	Peconciliation	ADMI NI STRATI VE	
	cost center bescription	FIXTURES	EQUI PMENT	BENEFITS	Reconciliation	& GENERAL	
		(SQUARE FEET)	(SQUARE FEET)	(GROSS		(ACCUM. COST)	
		1.00	2.00	SALARI ES) 3. 00	4A	4.00	
1.00	Administrative and General	1, 238	1, 238				1.00
. 00 . 00	Skilled Nursing Care Physical Therapy	0	0				2.00
1.00	Occupational Therapy	0	0	96, 53	9 0	182, 865	4.00
5.00 5.00	Speech Pathology Medical Social Services	0	0		1 0 0 0	25, 384 220	5.00 6.00
. 00	Home Health Aide	0	0	10, 07		19, 084	7.00
3.00 9.00	Supplies (see instructions) Drugs	0	0		0 0 0 0	18, 400 0	8.00 9.00
0.00	DME	0	0		0 0		10.00
1.00	Telemedicine Home Dialysis Aide Services	0	0 0		0 0 0 0		11.00
2.00 3.00	Respiratory Therapy	0	0		0 0 0 0	0	12.0 13.0
	Private Duty Nursing	0	0		0 0	0	14.0
5.00 6.00	Clinic Health Promotion Activities	0	0		0 0 0 0	0	15.00 16.00
7.00	Day Care Program	0	0		0 0	0	17.00
	Home Delivered Meals Program Homemaker Service	0	0		0 0 0 0	0	18.00 19.00
	All Others (specify)	0	0		0	0	20.00
21.00 22.00	Total (sum of lines 1-20) Total cost to be allocated	1, 238 13, 045	1, 238 2, 665			1, 422, 246 83, 735	21.00
	Unit cost multiplier	10. 537157	2, 005			0. 058875	
	Cost Center Description	PLANT OPERATI ON,	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DI ETARY (MEALS SERVED)	NURSI NG	
		MAINT. &	(TOTAL PATI				
		REPAIRS (SQUARE FEET)	ENT DAYS)			(TOTAL PATI ENT DAYS)	
		5.00	6.00	7.00	8.00	9.00	
	Administrative and General Skilled Nursing Care	5.00 1,238 0	<u>6.00</u> 0 0		8.00 0 0 0 0	0	1.00
. 00 . 00	Skilled Nursing Care Physical Therapy	1, 238	0 0 0		0 0 0 0 0 0	0 0 0	2.0 3.0
. 00 . 00 . 00	Skilled Nursing Care Physical Therapy Occupational Therapy	1, 238 0	0 0 0 0		0 0 0 0 0 0 0 0 0 0	0 0 0 0	2.0 3.0 4.0
. 00 . 00 . 00 . 00 . 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	1, 238 0	0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	2.0 3.0 4.0 5.0 6.0
. 00 . 00 . 00 . 00 . 00 . 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	1, 238 0	0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	2.0 3.0 4.0 5.0 6.0 7.0
2. 00 3. 00 4. 00 5. 00 5. 00 7. 00 8. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	1, 238 0	0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	2.0 3.0 4.0 5.0 6.0 7.0 8.0
2.00 3.00 5.00 5.00 5.00 7.00 5.00 5.00 0.00 0.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	1,238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
. 00 . 00 . 00 . 00 . 00 . 00 . 00 . 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	1,238 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0
2. 00 3. 00 4. 00 5. 00 5. 00 7. 00 8. 00 0. 00 1. 00 2. 00 3. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine Home Dialysis Aide Services Respiratory Therapy	1,238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 11. 00 12. 00 13. 00
. 00 . 00 . 00 . 00 . 00 . 00 . 00 . 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine Home Dialysis Aide Services	1,238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0
	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	1,238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 0 3. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0 10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
2. 00 3. 00 5. 00 5. 00 5. 00 5. 00 6. 00 1. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	1,238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00
2. 00 3. 00 4. 00 5. 00 5. 00 5. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 8. 00 9. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	1,238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00
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2.00         3.00         4.00         5.00         5.00         6.00         7.00         3.00         2.00         3.00         5.00         6.00         7.00         8.00         9.00         20.00         21.00         22.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-20) Total cost to be allocated	1, 238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 14.00 15.00 14.00 15.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.
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11.00 2.00 3.00 4.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 1.00 2.00 3.00 5.00 5.00 7.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-20) Total cost to be allocated Unit cost multiplier Cost Center Description Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	1, 238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0. 00000 MEDI CAL RECORDS & LI BRARY (TOTAL PATI ENT DAYS) 12. 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 14.00 15.00 14.00 15.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.
2. 00 3. 00 4. 00 5. 00 5. 00 5. 00 7. 00 7. 00 7. 00 8. 00 7. 00 8. 00 9. 00 10. 00 11. 00 22. 00 23. 00 23. 00 20.	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Telemedicine Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-20) Total cost to be allocated Unit cost multiplier Cost Center Description Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	1, 238 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0. 00000 MEDI CAL RECORDS & LI BRARY (TOTAL PATI ENT DAYS) 12. 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 14.0 20.0 21.0 22.0 23.0 23.0 1.0 23.0 2.0 23.0 2.0 2.0 2.0 2.0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 1.0 0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 0 2.0 0 0 2.0 0 0 2.0 0 0 2.0 0 0 2.0 0 0 2.0 0 0 2.0 0 0 2.0 0 2.0 0 0 2.0 0 0 2.0 0 2.0 0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 0 2.0 2.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA CO	ST CENTERS STATISTICA	L Provi der	No.: 315491	Peri od:	Worksheet H-2	
ASI S		HHA CCN:	317092	From 01/01/2021 To 12/31/2021	Part II Date/Time Pre 9/7/2022 4:24	
				Home Health Agency I	PPS	
Cost Center Description	CENTRAL SERVI CES & SUPPLY (TOTAL PATI ENT DAYS)	PHARMACY (TOTAL PATI ENT DAYS)	MEDI CAL RECORDS & LI BRARY (TOTAL PATI ENT DAYS)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	ALLI ED HEALTH EDUCATI ON (TOTAL PATI ENT DAYS)	
1.00 Telemedicine	10.00	11.00	12.00	13.00 0 0	14.00 0	11.0
<ul> <li>1.00 Telement of the</li> <li>2.00 Home Dialysis Aide Services</li> <li>3.00 Respiratory Therapy</li> <li>4.00 Private Duty Nursing</li> <li>5.00 Clinic</li> <li>6.00 Health Promotion Activities</li> <li>7.00 Day Care Program</li> <li>8.00 Home Delivered Meals Program</li> <li>9.00 Homemaker Service</li> <li>0.00 All Others (specify)</li> <li>1.00 Total (sum of lines 1-20)</li> <li>2.00 Total cost to be allocated</li> <li>3.00 Unit cost multiplier</li> </ul>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0		12. ( 13. ( 14. ( 15. ( 16. ( 17. ( 18. ( 19. ( 20. ( 21. ( 22. (
Cost Center Description	SERVICE S (PATIENT DA YS) 15.00					
<ul> <li>Administrative and General</li> <li>Skilled Nursing Care</li> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Pathology</li> <li>Medical Social Services</li> <li>Home Health Aide</li> <li>Supplies (see instructions)</li> <li>Drugs</li> <li>O Telemedicine</li> <li>Home Dialysis Aide Services</li> <li>Meater Duty Nursing</li> <li>Clinic</li> <li>Hard Care Program</li> <li>Home Delivered Meals Program</li> <li>Home Analysis to be allocated</li> <li>O Total cost to be allocated</li> <li>Unit cost multiplier</li> </ul>						$\begin{array}{c} 1. \\ 0. \\ 2. \\ 0. \\ 3. \\ 0. \\ 0. \\ 0. \\ 0. \\ 0. \\ 0$

Health	Financial Systems CON	TINUING CARE AT	CEDAR CREST VI	LLA	In Lie	u of Form CMS-2	2540-10
APPORT	IONMENT OF PATIENT SERVICE COSTS		Provi der	No.: 315491	Peri od:	Worksheet H-3	
				217002	From 01/01/2021	Parts I-II	
			HHA CCN:	317092	To 12/31/2021	Date/Time Pre 9/7/2022 4:24	
			Ti tl	e XVIII	Home Health	PPS	
					Agency I		
	Cost Center Description	From, Wkst.	Facility Costs	Shared	Total HHA	Total Visits	
		H-2, Part I,	(from Wkst.	Ancillary	Costs (cols. 1		
		col. 20, line	H-2, Part I)	Costs (from	+ 2)		
				Part II)			
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF THE AGGREGATE PROGR	AM COST					-
	Cost Per Visit Computation		(00.010		(00.010	0.015	1
	Skilled Nursing Care	2.00			639, 912	2, 915	
	Physical Therapy	3.00			0 586, 814	2, 573	
	Occupational Therapy	4.00			0 209, 326	928	
	Speech Pathol ogy	5.00			0 29,057	205	
	Medical Social Services	6.00			252	3	
	Home Health Aide	7.00			21, 846	443	•
7.00	Total (sum of lines 1-6)		1, 487, 207		0 1, 487, 207	7,067	7.00
			I.		Program Visits		-
						t B	
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to		
					Deductibles & Coinsurance	Deducti bl es	
		0	1.00	2.00	3.00	4.00	
	Patient Services by CBSA	0	1.00	2.00	5.00	4.00	-
	Skilled Nursing Care		35084		0 1,948		8.00
	Physical Therapy		35084		0 1,670		9,00
	Occupational Therapy		35084		0 612		10.00
	Speech Pathol ogy		35084		0 149		11.00
	Medical Social Services		35084		0 3		12.00
	Home Health Aide		35084		0 340		13.00
	Total (sum of lines 8-13)				0 4, 722		14.00
	Cost Center Description	From Wkst. H-2	Facility Costs	Shared	Total HHA	Total Charges	
	·	Part I, col.	(from Wkst.	Ancillary	Costs (cols. 1	(from HHĂ	
		20, line	H-2, Part I)	Costs (from	+ 2)	Record)	
				Part II)			
		0	1.00	2.00	3.00	4.00	
	Supplies and Drugs Cost Computations		1	1	1		
	Cost of Medical Supplies	8.00	21, 062		0 21,062	0	
16.00	Cost of Drugs	9.00			0 0	0	16.00
16.00	Cost of Drugs Cost Center Description	9.00	From Wkst. C,		ge Total HHA	HHA Shared	16.00
16.00		9.00	From Wkst. C, Part I, col.	Cost to Charç Ratio	ge Total HHA Charge (from	HHA Shared Ancillary	16.00
16.00		9.00	From Wkst. C,		ge Total HHA Charge (from provider	HHA Shared Ancillary Costs (col. 1	16.00
16.00		9.00	From Wkst. C, Part I, col. 3, line	Ratio	ge Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	16.00
	Cost Center Description		From Wkst. C, Part I, col. 3, line 0	Ratio	ge Total HHA Charge (from provider records) 2.00	HHA Shared Ancillary Costs (col. 1 <u>x col. 2)</u> 3.00	16.00
	Cost Center Description PART II - APPORTIONMENT OF COST OF HHA SERV		From Wkst. C, Part I, col. 3, line 0 BY SHARED SKILL	Ratio	ge Total HHA Charge (from provider records) 2.00 CILITY DEPARTMEN	HHA Shared Ancillary Costs (col. 1 <u>x col. 2</u> ) <u>3.00</u> ITS	
1.00	Cost Center Description PART II - APPORTIONMENT OF COST OF HHA SERV Physical Therapy		From Wkst. C, Part I, col. 3, line 0 3Y SHARED SKILL 44.00	Ratio 1.00 ED NURSING FA 0.60434	ge Total HHA Charge (from provider records) 2.00 CILITY DEPARTMEN 43 0	HHA Shared Ancillary Costs (col. 1 <u>x col. 2</u> ) <u>3.00</u> ITS 0	1.00
1.00 2.00	Cost Center Description PART II - APPORTIONMENT OF COST OF HHA SERV Physical Therapy Occupational Therapy		From Wkst. C, Part I, col. 3, line 0 3Y SHARED SKILL 44.00 45.00	Ratio 1.00 ED NURSING FA 0.60434 0.62084	Total HHA Charge (from provider records) 2.00 CILITY DEPARTMEN 13 0 15 0	HHA Shared Ancillary Costs (col. 1 <u>x col. 2</u> ) <u>3.00</u> ITS 0 0	1.00
1.00 2.00 3.00	Cost Center Description PART II - APPORTIONMENT OF COST OF HHA SERV Physical Therapy Occupational Therapy Speech Pathology		From Wkst. C, Part I, col. 3, line 0 3Y SHARED SKILL 44.00 45.00 46.00	Ratio 1.00 ED NURSING FA 0.60432 0.62084 0.95310	General Total HHA Charge (from provider records) 2.00 ACILITY DEPARTMEN 13 0 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HHA Shared Ancillary Costs (col. 1 <u>x col.</u> 2) <u>3.00</u> ITS 0 0 0 0	1.00 2.00 3.00
1.00 2.00 3.00 4.00	Cost Center Description PART II - APPORTIONMENT OF COST OF HHA SERV Physical Therapy Occupational Therapy		From Wkst. C, Part I, col. 3, line 0 3Y SHARED SKILL 44.00 45.00	Ratio 1.00 ED NURSING FA 0.60434 0.62084 0.95310 32.64992	ge     Total     HHA       Charge (from       provi der       records)       2.00       xCI LI TY     DEPARTMEN       43     0       45     0       06     0       025     0	HHA Shared Ancillary Costs (col. 1 <u>x col. 2</u> ) <u>3.00</u> ITS 0 0	1.00 2.00 3.00 4.00

PPORT	IONMENT OF PATIENT SERVICE COSTS		Provi der	No.: 315491	Period:	Worksheet H-3	2540-
			HHA CCN:	317092	From 01/01/2021 To 12/31/2021	Parts I-II Date/Time Pre 9/7/2022 4:24	pare
			Titl	e XVIII	Home Health Agency I	PPS	
			1	Program Visi		Cost of Services	
				P	art B	00111000	1
Cost Center Description		Average Cost	Part A	Not Subject		Part A	
		Per Visit			& Deductibles &		
		(col. 3 ÷ col.		Coi nsurance	Coi nsurance		
		4)	( 00	7.00	0.00	0.00	<u> </u>
	PART I - COMPUTATION OF THE AGGREGATE PR	5.00	6.00	7.00	8.00	9.00	-
	Cost Per Visit Computation	UGRAW CUST					1
00	Skilled Nursing Care	219. 52	(	1, 9	18	0	1 1.
00	Physical Therapy	228.07	(			0	
00	Occupational Therapy	225. 57	(		12	0	
00	Speech Pathology	141.74	(		49	0	
00	Medical Social Services	84.00	C		3	0	
00	Home Health Aide	49.31	C	3	40	0	6
00	Total (sum of lines 1-6)		(	4, 7	22	0	7
	Cost Center Description						
		5.00	6.00	7.00	8.00	9.00	
	Patient Services by CBSA			1			
00	Skilled Nursing Care						8
00	Physical Therapy						9
. 00	Occupational Therapy						10
. 00	Speech Pathology Medical Social Services						12
. 00	Home Health Aide						12
. 00	Total (sum of lines 8-13)						14
. 00			Prog	ı ıram Covered C	harges	Cost of	14
			1109		nur ges	Servi ces	
					art B		
	Cost Center Description	Ratio (col. 3	Part A		to Subject to	Part A	
		÷ col. 4)			& Deductibles &		
		F 00	( 00	Coi nsurance		0.00	
	Supplies and Drugs Cost Computations	5.00	6.00	7.00	8.00	9.00	-
. 00	Cost of Medical Supplies	0. 000000					1 15
. 00	Cost of Drugs	0. 000000			0 0		16
	Cost Center Description		Transfer t	o Part I as			
			Indi	cated			
				00			
	PART II - APPORTIONMENT OF COST OF HHA S				ACILITY DEPARTMEN	ITS	
00	Physical Therapy		ol. 2, line 2				1
00	Occupational Therapy		ol. 2, line 3				2
00	Speech Pathology		ol. 2, line 4				3
00	Cost of Medical Supplies Cost of Drugs		ol. 2, line 1 ol. 2, line 1				45
00							

Health Financial Systems	CONTINUING CARE AT CEDA	AR CREST VILLA	A	In Lieu	u of Form CMS-2540-10
APPORTIONMENT OF PATIENT SERVICE COSTS	5	Provider No. HHA CCN:		Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Parts I-II Date/Time Prepared: 9/7/2022 4:24 pm
		Title >	XVIII	Home Health Agency I	PPS
	Cost of Serv	/i ces			
Cost Center Description	Part B Not Subject to Su Deductibles & Ded Coinsurance Co 10.00	luctibles & Co	otal Program ost (sum of cols. 9-10) 12.00		
PART I - COMPUTATION OF THE AGG	REGATE PROGRAM COST	<b>I</b>			
Cost Per Visit Computation					
1.00 Skilled Nursing Care	427, 625		427, 62	25	1.00
2.00 Physical Therapy	380, 877		380, 87		2.00
3.00 Occupational Therapy	138, 049		138, 04		3.00
4.00 Speech Pathology	21, 119		21, 11		4.00
5.00 Medical Social Services	252		25		5.00
6.00 Home Health Aide	16, 765		16, 76		6.00
7.00 Total (sum of lines 1-6)	984, 687		984, 68	37	7.00
Cost Center Description	10.00	44.00	40.00		
Detient Consideration (CDCA	10.00	11.00	12.00		
Patient Services by CBSA					
8.00 Skilled Nursing Care 9.00 Physical Therapy					8.00 9.00
5					9.00
10.00 Occupational Therapy 11.00 Speech Pathology					11.00
12.00 Medical Social Services					12.00
13.00 Home Heal th Ai de					13.00
14.00 Total (sum of lines 8-13)					14.00
	Cost of Serv	/i ces			11.00
	Part B				
Cost Center Description	Not Subject to Su	ubilect to			
	Deductibles & Ded				
		i nsurance			
	10.00	11.00			
Supplies and Drugs Cost Computa	tions				
15.00 Cost of Medical Supplies					15.00
16.00 Cost of Drugs	0	O			16.00

Heal th	Financial Systems CONTINUING CARE AT CEDA	R CREST VIL	LA	In Lie	eu of Form CMS-2	2540-10
CALCUL	ATION OF SNF-BASED HHA REIMBURSEMENT SETTLEMENT	Provi der M	No.: 315491	Period: From 01/01/2021	Worksheet H-4 Parts I-II	
		HHA CCN:	317092	To 12/31/2021	Date/Time Pre	
		Title	XVIII	Home Health	9/7/2022 4:24 PPS	pili
				Agency I		
			Part A	Not Subject to	t B Subject to	
				Deductibles &	Deductibles &	
		-	1.00	Coi nsurance 2.00	Coi nsurance 3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOM	ARY CHARGES		2.00	0.00	
1 00	Reasonable Cost of Part A & Part B Services			0 0	0	1.00
1.00 2.00	Reasonable cost of services (see instructions) Total charges			0 0		
	Customary Charges					
3.00	Amount actually collected from patients liable for payment for on a charge basis (from your records)	servi ces		0 0	0	3.00
4.00	Amount that would have been realized from patients liable for p	ayment		0 0	0	4.00
	for services on a charge basis had such payment been made in ac	cordance				
5.00	with 42 CFR 413.13(b) Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	0. 000000	0. 000000	5.00
6.00	Total customary charges (see instructions)			0 0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (c only if line 6 exceeds line 1)	omplete		0 0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only	ifline		0 0	0	8.00
9.00	1 exceeds line 6)			0 0	0	0.00
9.00	Primary payer amounts			Part A	Part B	9.00
				Servi ces	Servi ces	
	PART II - COMPUTATION OF SNF-BASED HHA REIMBURSEMENT SETTLEMENT			1.00	2.00	
10.00	Total reasonable cost (see instructions)			0	-	
11. 00 12. 00	Total PPS Reimbursement - Full Episodes without Outliers Total PPS Reimbursement - Full Episodes with Outliers			0	984, 424	11.00 12.00
12.00	Total PPS Reimbursement - LUPA Episodes			0	30, 323	
14.00	Total PPS Reimbursement - PEP Episodes			0	0	1
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			0		15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes			0	0	
17.00 18.00	Total Other Payments DME Payments			0	0	
19.00	Oxygen Payments			0	0	
20.00	Prosthetic and Orthotic Payments			0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsur	ance)			0	
22.00 23.00	Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8)			0	1, 069, 927	
23.00	Subtotal (line 22 minus line 23)			0	-	
25.00	Coinsurance billed to program patients (from your records)				0	
26.00	Net cost (line 24 minus line 25)			0	1	
27.00	Allowable bad debts (from your records)	-+:)		0	0	
28.00 29.00	Allowable Bad debts for dual eligible beneficiaries (see instru Total costs - current cost reporting period (line 26 plus line			0	0 1, 069, 927	
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0		
30.50	Demonstration payment adjustment amount before sequestration			0		30. 50
30.55	Demonstration payment adjustment amount after sequestration			0	0	
30. 75 30. 99	Sequestration for non-claims based amounts (see instructions) Sequestration amount (see instructions)			0	0	
30.99 31.00				0	-	
32.00	Interim payments (see instructions)			0	1, 069, 927	
33.00	Tentative settlement (for contractor use only)			0	0	
34.00	Balance due provider/program (see instructions)	o with OVC		0	0	
35.00	Protested amounts (nonallowable cost report items) in accordance section 115.2		rup. 15-11,		0	35.00
				· · · · · · · · · · · · · · · · · · ·	-	-

ANALYSIS OF PAYMENTS TO SNF-BASED HHA FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider HHA CCN:	No.: 315491 317092	Period: From 01/01/2021 To 12/31/2021	Worksheet H-5 Date/Time Prep 9/7/2022 4:24	pared
				Home Health Agency I	PPS	
		Inpatie	nt Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0 0	1, 069, 927 0	1. 2.
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.
01				0	0	3.
02				0	0	3.
03 04				0	0	3. 3.
04				0	0	3.
	Provider to Program		_			
50				0	0	3
51 52				0	0	3
53				0	0	3
54				0	0	3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3
00	3.50-3.98)) Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate,			0	1, 069, 927	4
	line 32) TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
	Program to Provider					-
01 02				0	0	5 5
)2 )3				0	0	5
	Provider to Program					
50				0	0	5
51 52				0	0	5
92 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5
00	5.50-5.98) Determined net settlement amount (balance due) based on					6
01	the cost report. (see instructions) SETTLEMENT TO PROVIDER			0	0	6
)1 )2	SETTLEMENT TO PROVIDER			0	0	6
00	Total Medicare program liability (see instructions)			0	1, 069, 927	7
			Contra	actor Name	Contractor	
				1.00	Number 2.00	
				tions	2.00	