This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0463

Expires: 12/31/2021

			Exp11 03. 12/01/2021
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provi der CCN: 315303	From 01/01/2022	Worksheet S Parts I, II & III Date/Time Prepared: 5/5/2023 12:22 pm
			5/5/2023 12:22 nm

			5/5/2	2023 12:22 pm		
PART I - COST	REPORT STATUS					
Provi der	1. [ X ] Electronically prepared cost rep	port	Date: 5/5/2023	Ti me: 12:22 pm		
use only	2. [ ] Manually prepared cost report					
	3. [ 0 ] If this is an amended report en	ter the number of times the provide	r resubmitted this cos	t report		
	3.01 [ ] No Medicare Utilization. Enter '	'Y" for yes or leave blank for no.				
Contractor	4.[ 1 ]Cost Report Status	6. Contractor No.				
use only	(1) As Submitted	7.[ N ] First Cost Report for this Provider CCN				
	(2) Settled without audit	8. [ N ] Last Cost Report for this	Provider CCN			
	(3) Settled with audit	9. NPR Date:				
	(4) Reopened	10.[ 0 ]If line 4, column 1 is "4"	 : Enter number of time	s reopened		
	(5) Amended	11. Contractor Vendor Code	4			
	5. Date Received:	12. F Medicare Utilization. Ente	 er "F" for full, "L" fo	or low, or "N"		
		for no utilization.				

## PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MORRIS VIEW HEALTHCARE CENTER ( 315303 ) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONI C	
	1		2	SI GNATURE STATEMENT	
1	Ber	Kurland	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Ben Kurl and			2
3	Signatory Title	CEO			3
4	Date	(Dated when report is electronica			4

			Title	XVIII		
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3. 00	4. 00	
	PART III - SETTLEMENT SUMMARY					
1.00	SKILLED NURSING FACILITY	0	107, 552	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
100.00	TOTAL	0	107, 552	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.

Health Financial Systems MORRIS VIEW HEALTHCARE CENTER In Lieu of Form CMS-2540-10 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315303 Peri od: Worksheet S-2 From 01/01/2022 COMPLEX INDENTIFICATION DATA Part I Date/Time Prepared: 12/31/2022 5/5/2023 12:22 pm 3.00 1.00 Skilled Nursing Facility and Skilled Nursing Facility Complex Address: 1.00 Street: 540 WEST HANOVER AVENUE PO Box: 1.00 2.00 City: MORRIS PLAINS State: NJ Zi p Code: 07950 2.00 3.00 County: MORRIS CBSA Code: 35084 Urban/Rural: U 3.00 CBSA Code: 3.01 3.01 Component Name Provi der Date Payment System (P, CCN Certi fi ed 0, or N) XVIII XIX 4. 00 5. 00 6. 00 1.00 2.00 3. 00 SNF and SNF-Based Component Identification: 4.00 SNF MORRIS VIEW HEALTHCARE 315303 09/01/1991 N Р Ν 4.00 CENTER 5.00 Nursing Facility 5 00 ICF/IID 6.00 6.00 7.00 SNF-Based HHA 7.00 8.00 SNF-Based RHC 8.00 SNF-Based FQHC 9.00 9.00 10.00 SNF-Based CMHC 10.00 11.00 SNF-Based OLTC 11.00 12.00 SNF-Based HOSPICE 12.00 13.00 SNF-Based CORF 13.00 From: To 1.00 2.00 14.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2022 12/31/2022 14. 00 15.00 Type of Control (See Instructions) 15.00 Y/N 1.00 Type of Freestanding Skilled Nursing Facility 16.00 Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR N 16.00 section 483.5? Is this a composite distinct part skilled nursing facility that meets the requirements set forth in Ν 17.00 42 CFR section 483.5? Are there any costs included in Worksheet A that resulted from transactions with related N 18.00 organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1 Miscellaneous Cost Reporting Information 19.00 If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no. Ν 19.00 19.01 If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare N 19.01 utilization cost report, indicate with a "Y", for yes, or "N" for no. Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22 20.00 Straight Line 73, 600 20 00 21.00 Declining Balance 21.00 Sum of the Year's Digits 22.00 22.00 Sum of line 20 through 22 73, 600 23.00 23.00 24.00 If depreciation is funded, enter the balance as of the end of the period. 24.00 Were there any disposal of capital assets during the cost reporting period? (Y/N) Ν 25.00 Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? 26.00 26.00 N (Y/N)27.00 Did you cease to participate in the Medicare program at end of the period to which this cost report N 27.00 applies? (Y/N) 28.00 28.00 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N) Part A Part B Other 1.00 2.00 3.00 If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption. 29.00 Skilled Nursing Facility 29.00 Ν Ν 30.00 Nursing Facility 30.00 Ν 31.00 | ICF/IID 31.00 32.00 SNF-Based HHA Ν Ν 32.00 SNF-Based RHC 33.00 33.00 34.00 SNF-Based FQHC 34 00 35.00 SNF-Based CMHC Ν 35.00 36.00 SNF-Based OLTC 36.00 Y/N 1.00 2.00 37.00 Is the skilled nursing facility located in a state that certifies the provider as a SNF 37.00 regardless of the level of care given for Titles V & XIX patients? (Y/N) Are you legally-required to carry mal practice insurance? (Y/N) Ν 38 00 39.00 Is the malpractice a "claims-made" or "occurrence" policy? If the policy is 39.00 "claims-made" enter 1. If the policy is "occurrence", enter 2 Premi ums Pai d Losses Self Insurance 3.00 1.00 2.00 41.00 List malpractice premiums and paid losses: 41.00 0 0

Heal th	Financial Systems	MORRIS VIEW HEALTHCA	RE CENTER	In Lieu	u of Form CMS-2	2540-10
SKI LLE	D NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315303   Period:			Worksheet S-2		
COMPLE	X INDENTIFICATION DATA From 01/01/2022		Part I			
				To 12/31/2022		
					5/5/2023 12: 2	2 pm
					1.00	
42.00	Are malpractice premiums and paid loss	es reported in other than	the Administrative	e and General cost	N	42. 00
	center? Enter Y or N. If yes, check bo	x, and submit supporting s	schedule listing co	ost centers and		
	amounts.					
43.00	Are there any home office costs as def	ined in CMS Pub. 15-1. Cha	apter 10?		N	43.00
	If line 43 is yes, enter the home offi			ess of the home		44.00
	office on lines 45. 46 and 47.					
	1.00	2.00		3. 00		
	If this facility is part of a chain or	ganization enter the name	e and address of the	he home office on the	Lines	
	below.	gam zatron, ontor the nam				
45. 00	Name:	Contractor's Name:	Cont	tractor's Number:		45. 00
		1	Cont	tractor s number.		
	Street:	PO Box:				46. 00
47.00	Ci ty:	State:	Zi p	Code:		47. 00

Heal th	Financial Systems W	MORRIS VIEW HEALTHCA	RE CENTER		In lie	eu of Form CMS-	-2540-10
SKI LLE	ED NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE			No.: 315303	Peri od: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Pro	epared:
					Y/N	5/5/2023 12:2 Date	22 pm
	General Instruction: For all column 1 responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites	ses enter in column	1, "Y" fo	r Yes or "N"	1.00 for No. For all	2.00 the date	
1.00	Provider Organization and Operation Has the provider changed ownership immediate reporting period? If column 1 is "Y", enter instructions)	ly prior to the begi the date of the cha	nning of nge in col	the cost umn 2. (see	N		1.00
				Y/N 1.00	2. 00	V/I 3. 00	
2.00	Has the provider terminated participation in column 1 is yes, enter in column 2 the date 3, "V" for voluntary or "I" for involuntary.	of termination and i	n column	N			2. 00
3.00	Is the provider involved in business transac contracts, with individuals or entities (e.g or medical supply companies) that are relate officers, medical staff, management personne of directors through ownership, control, or relationships? (see instructions)	., chain home office d to the provider of l, or members of the	es, drug rits e board	N			3.00
				Y/N 1.00	Type 2. 00	Date	
	Financial Data and Reports			1.00	2.00	3. 00	
4.00	Column 1: Were the financial statements prep Accountant? (Y/N) Column 2: If yes, enter "A Compiled, or "R" for Reviewed. Submit comple available in column 3. (see instructions) If	" for Audited, "C" te copy or enter da no, see instruction	for te ns.	Y	С		4. 00
5. 00	Are the cost report total expenses and total those on the filed financial statements? If reconciliation.			N	V(1)		5. 00
					Y/N 1. 00	Legal Oper. 2.00	
· 00	Approved Educational Activities Column 1: Were costs claimed for Nursing Sch	and 2 (V/N) Column 2	lo tho	nnavi dan +ba	N	l N	4 00
6. 00 7. 00 8. 00	legal operator of the program? (Y/N) Were costs claimed for Allied Health Program Were approvals and/or renewals obtained duri	s? (Y/N) see instru	ctions.		N N	IN	6. 00 7. 00 8. 00
	School and/or Allied Health Program? (Y/N) s						
						1. 00	
9. 00 10. 00	Bad Debts Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy.				st reporting	Y N	9. 00
11. 00	If line 9 is "Y", are patient deductibles and	d/or coinsurance wai	ved? If "	Y", see instr	ructions.	N	11. 00
12. 00	Bed Complement Have total beds available changed from prior	cost reporting peri	od? If "Y	", see instru	uctions.	N	12. 00
		Docari nti o	n	Y/N	art A	Part B Y/N	
		Descriptio 0	11	1.00	Date 2.00	3.00	
13. 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	03/20/2023	Y	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.			N		N	14. 00
15. 00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.			N		N	15. 00
16. 00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			N		N	16. 00
17. 00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:			N		N	17. 00
18. 00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.			N		N	18. 00

Health Financial Systems MORRIS VIEW HEA			ALTHCARE CENTER In			In Lieu	u of Form CMS-	2540-10
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE			Provi	der No.: 315303	Peri od:	01 (2022	Worksheet S-2	
COMPLEX	REIMBURSEMENT QUESTIONNAIRE				From 01/0		Part II Date/Time Pre	pared:
							5/5/2023 12: 2	
								]
				1. 00		2. (	00	
	Cost Report Preparer Contact Information							
19. 00 I	Enter the first name, last name and the title	/posi ti on	KI TTY		BLI SSI T			19. 00
	held by the cost report preparer in columns 1	, 2, and 3,						
	respecti vel y.							
20. 00 I	Enter the employer/company name of the cost re	eport	HEALTH CARE RESOURCES					20.00
l l	preparer.							
21. 00	Enter the telephone number and email address	of the cost	609-987-14	40	KI TTY. B	LI SSI T@H	ICRNJ. NET	21. 00
Į.	report preparer in columns 1 and 2, respectiv	el y.						

Health Financial Systems MORRIS VIEW HEAL SKILLED NURSING FACILITY HEALTH CARE MORRIS VIEW HEALTHCARE CENTER

| Peri od: | Worksheet S-2 | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: Provi der No.: 315303 COMPLEX REIMBURSEMENT QUESTIONNAIRE

					To 12/31/2022	Date/Time Pre 5/5/2023 12: 2	
		Part B		<u> </u>			
		Date					
		4.00					
	PS&R Data						
13. 00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	03/20/2023					13. 00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.						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	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:						17. 00
18. 00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.						18. 00
				3. 00			
	Cost Report Preparer Contact Information						
19. 00	Enter the first name, last name and the title held by the cost report preparer in columns 1 respectively.		PREPARER				19. 00
20. 00	Enter the employer/company name of the cost r preparer.	report					20. 00
21. 00	Enter the telephone number and email address report preparer in columns 1 and 2, respective						21. 00

Health Financial Systems MORRIS VIEW HEAL SKILLED NURSING FACILITY HEALTH CARE COMPLEX STATISTICAL DATA

Provi der No.: 315303

				To	0 12/31/2022	Date/Time Prep   5/5/2023 12:22	
				Inpa	atient Days/Vis		_ рііі
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
		1.00	2.00	3. 00	4. 00	5. 00	
1. 00	SKILLED NURSING FACILITY	283	103, 295	0.00	12, 581	64, 718	1. 00
2.00	NURSING FACILITY	o	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	_	_				4. 00
5.00	Other Long Term Care	0	0				5. 00
6. 00 7. 00	SNF-Based CMHC HOSPICE	0	0	0	0	0	6. 00 7. 00
8. 00	Total (Sum of lines 1-7)	283	103, 295	0	12, 581	64, 718	8. 00
0.00	Tretar (sam or rrings r 7)	Inpatient D		J	Di scharges	01,710	0.00
		,	,				
	Component	0ther	Total	Title V	Title XVIII	Title XIX	
1.00	CVILLED NUDCINO EAGLILETY	6.00	7. 00	8. 00	9. 00	10.00	4 00
1. 00 2. 00	SKILLED NURSING FACILITY NURSING FACILITY	14, 001	91, 300 0	0	239	173 0	1. 00 2. 00
3. 00	ICF/IID	0	0	l O		0	3. 00
4. 00	HOME HEALTH AGENCY COST	ď	O <sub>1</sub>			O	4. 00
5.00	Other Long Term Care	o	0				5. 00
6.00	SNF-Based CMHC						6.00
7.00	HOSPI CE	0	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	14, 001	91, 300	0	239	173	8. 00
		Di scha	arges	Aver	age Length of	Stay	
	Component	Other	Total	Title V	Title XVIII	Title XIX	
	oomponent.	11. 00	12. 00	13. 00	14.00	15. 00	
1. 00	SKILLED NURSING FACILITY	242	654	0.00	52. 64	374. 09	1. 00
2.00	NURSING FACILITY	o	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0. 00	3. 00
4.00	HOME HEALTH AGENCY COST						4. 00
5. 00 6. 00	Other Long Term Care SNF-Based CMHC	0	0				5. 00 6. 00
7. 00	HOSPI CE	0	0	0.00	0.00	0. 00	7. 00
8. 00	Total (Sum of lines 1-7)	242	654	0.00	52. 64	374. 09	8. 00
		Average Length		Admi s			
		of Stay					
	Component	Total	Title V	Title XVIII	Title XIX	Other	
1. 00	SKILLED NURSING FACILITY	16. 00 139. 60	17. 00 0	18. 00 326	19. 00 83	20. 00	1. 00
2. 00	NURSING FACILITY	0.00	0	320	03	0	2. 00
3. 00	I CF/IID	0.00	O		0	0	3. 00
4. 00	HOME HEALTH AGENCY COST					_	4. 00
5.00	Other Long Term Care	0. 00				0	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPI CE	0.00	0	0	0	0	7. 00
8. 00	Total (Sum of lines 1-7)	139. 60	Full Time	326	83	212	8. 00
		Admissions	ruii iime	Equi vai ent			
	Component	Total	Employees on	Nonpai d			
	<b>'</b>		Payrol I	Workers			
		21.00	22. 00	23. 00			
1.00	SKILLED NURSING FACILITY	621	228. 00				1.00
2. 00 3. 00	NURSING FACILITY	0	0. 00 0. 00				2. 00 3. 00
4. 00	HOME HEALTH AGENCY COST		0.00	0.00			4. 00
5. 00	Other Long Term Care	o	0. 00	0.00			5. 00
6. 00	SNF-Based CMHC		2.00				6. 00
7.00	HOSPI CE	0	0. 00				7.00
8.00	Total (Sum of lines 1-7)	621	228. 00	0.00			8. 00

Health Financial Systems
SNF WAGE INDEX INFORMATION Provi der No.: 315303

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared:

				1	0 12/31/2022	5/5/2023 12:2:	
		Amount	Reclass. of	Adjusted	Paid Hours	Average Hourly	
		Reported	Salaries from	Salaries (col.	Related to	Wage (col. 3 ÷	
		·	Worksheet A-6	1 ± col. 2)	Salary in col.	col . 4)	
					3		
		1. 00	2. 00	3. 00	4. 00	5. 00	
	PART II - DIRECT SALARIES						
	SALARI ES						
1.00	Total salaries (See Instructions)	12, 859, 011	0	12, 859, 011			
2.00	Physician salaries-Part A	0	0	0	0.00		
3.00	Physician salaries-Part B	0	0	0	0.00		3. 00
4.00	Home office personnel	0	0	0	0.00		4. 00
5.00	Sum of lines 2 through 4	0	0	0	0.00		5. 00
6.00	Revised wages (line 1 minus line 5)	12, 859, 011	0	12, 859, 011	474, 229. 00	27. 12	6. 00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7. 00
8.00	HOME HEALTH AGENCY COST						8. 00
9.00	CMHC						9. 00
10.00	HOSPI CE	0	0	0	0.00	0.00	10.00
11. 00	Other excluded areas	0	0	0	0.00	0.00	11. 00
12.00	Subtotal Excluded salary (Sum of lines 7	0	0	0	0.00	0.00	12.00
	through 11)						
13.00	Total Adjusted Salaries (line 6 minus line	12, 859, 011	0	12, 859, 011	474, 229. 00	27. 12	13.00
	12)						
	OTHER WAGES & RELATED COSTS						
14. 00	Contract Labor: Patient Related & Mgmt	5, 777, 817	0	5, 777, 817			14.00
15. 00	Contract Labor: Physician services-Part A	0	0	0	0.00		
16. 00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16. 00
	WAGE-RELATED COSTS						
17. 00	Wage-related costs core (See Part IV)	1, 768, 295	0	1, 768, 295			17. 00
18. 00	Wage-related costs other (See Part IV)	0	0	0			18. 00
19.00	Wage related costs (excluded units)	0	0	0			19. 00
20.00	Physician Part A - WRC	0	0	0			20. 00
21. 00	Physician Part B - WRC	0	0	0			21. 00
22. 00	Total Adjusted Wage Related cost (see	1, 768, 295	0	1, 768, 295			22. 00
	instructions)						

Health Financial Systems
SNF WAGE INDEX INFORMATION Provi der No.: 315303

						5/5/2023 12: 2:	2 pm
		Amount	Reclass. of	Adj usted	Pai d Hours	Average Hourly	
		Reported	Salaries from	Salaries (col.	Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col . 2)	Salary in col.	col . 4)	
					3		
		1. 00	2. 00	3. 00	4. 00	5. 00	
	PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	(	) (	0.00	0.00	1.00
2.00	Administrative & General	2, 344, 756	(	2, 344, 756	54, 660. 00	42. 90	2.00
3.00	Plant Operation, Maintenance & Repairs	144, 945	(	144, 945	7, 071. 00	20. 50	3.00
4.00	Laundry & Linen Service	0	(	) (	0.00	0.00	4.00
5.00	Housekeepi ng	932, 469	(	932, 469	62, 160. 00	15. 00	5. 00
6.00	Di etary	1, 115, 642	(	1, 115, 642	62, 401. 00	17. 88	6. 00
7.00	Nursing Administration	2, 190, 431	(	2, 190, 431	49, 172. 00	44. 55	7. 00
8.00	Central Services and Supply	0	(	) (	0.00	0.00	8. 00
9.00	Pharmacy	0	(		0.00	0.00	9. 00
10.00	Medical Records & Medical Records Library	46, 346	(	46, 346	2, 135. 00	21. 71	10.00
11. 00	Soci al Servi ce	214, 414	(	214, 414	6, 422. 00	33. 39	11. 00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	317, 218		317, 218	18, 259. 00	17. 37	13. 00
14.00	Total (sum lines 1 thru 13)	7, 306, 221		7, 306, 221	262, 280. 00	27. 86	14.00

Health Financial Systems	MORRIS VIEW HEALTHCARE CENTER	In Lieu of Form CMS-2540-10
SNF WAGE RELATED COSTS	Provi der No.: 315303	
		From 01/01/2022   Part IV

Annount   Reported   1.00			То	12/31/2022	Date/Time Pre 5/5/2023 12: 2	
PART IV - WAGE RELATED COSTS   1.00			•			_ piii
PART I V - WAGE RELATED COSTS   Part A - Core List						
Part A - Core List   RETIREMENT COST						
RETIREMENT COST		PART IV - WAGE RELATED COSTS				
RETIREMENT COST						1
1.00						1
2.00	1.00	401K Employer Contributions			0	1.00
0	2.00				0	2.00
Prior Year Pension Service Cost   0   4.00					0	3.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)   401K/TSA Pian Administration Fees   0   0   0   0   0   0   0   0   0		Prior Year Pension Service Cost			0	
5.00						
To   Employee Managed Care Program Administration Fees   10   10   10   10   10   10   10   1	5.00				0	5.00
To   Employee Managed Care Program Administration Fees   10   7.00   HEALTH AND INSURANCE COST   18.00   Health Insurance (Purchased or Self Funded)   409,968   8.00   9.00   Prescription Drug Plan   0   9.00   10.00   Dental, Hearing and Vision Plan   0   11.00   11.00   12.00   Accident Insurance (If employee is owner or beneficiary)   0   12.00   13.00   Disability Insurance (If employee is owner or beneficiary)   0   13.00   13.00   Disability Insurance (If employee is owner or beneficiary)   0   14.00   15.00   Morkers' Compensation Insurance (If employee is owner or beneficiary)   17.00   17.00   Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)   16.00   Non cumulative portion   17.00   TAXES   17.00   Taxes - Employers Portion Only   18.00   Medicare Taxes - Employers Portion Only   18.00   18.00   19.00   Unemployment Insurance   0   19.00   19.	6.00	Legal /Accounting/Management Fees-Pension Plan			0	6.00
HEALTH AND INSURANCE COST	7. 00				0	7. 00
Real th Insurance (Purchased or Self Funded)   409,968   8.00   Prescription Drug Plan   0   9.00   10.00   Dental, Hearing and Vision Plan   0   10.00   10.00   Dental, Hearing and Vision Plan   0   10.00   11.00   Life Insurance (If employee is owner or beneficiary)   0   11.00   12.00   Accident Insurance (If employee is owner or beneficiary)   0   12.00   13.00   Usability Insurance (If employee is owner or beneficiary)   0   13.00   10						
9.00         Prescription Drug Plan         0         9.00           10.00         Dental, Hearing and Vision Plan         0         10.00           11.00         Life Insurance (If employee is owner or beneficiary)         0         11.00           12.00         Accident Insurance (If employee is owner or beneficiary)         0         12.00           13.00         Disability Insurance (If employee is owner or beneficiary)         0         13.00           14.00         Long-Term Care Insurance (If employee is owner or beneficiary)         0         14.00           15.00         Workers' Compensation Insurance         179,330         15.00           16.00         Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106.         0         16.00           Non cumulative portion)         17,73         17.00         17.00           17.00         FICA-Employers Portion Only         1,178,997         17.00           18.00         Medicare Taxes - Employers Portion Only         0         18.00           19.00         Unemployment Insurance         0         19.00           20.00         State or Federal Unemployment Taxes         0         20.00           0THER         0         22.00           23.00         Tuition Reimburs	8.00				409. 968	8.00
10.00   Dental, Hearing and Vision Plan   0   10.00     11.00   Life Insurance (If employee is owner or beneficiary)   0   11.00     12.00   Accident Insurance (If employee is owner or beneficiary)   0   12.00     13.00   Disability Insurance (If employee is owner or beneficiary)   0   13.00     14.00   Long-Term Care Insurance (If employee is owner or beneficiary)   0   14.00     15.00   Workers' Compensation Insurance   179, 330   15.00     16.00   Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.   0   16.00     179, 330   15.00     179, 330   15.00     18.00   Medicare Taxes - Employers Portion Only   1, 178, 997   17.00     18.00   Medicare Taxes - Employers Portion Only   0   18.00     19.00   Unemployment Insurance   0   19.00     19.00   State or Federal Unemployment Taxes   0   20.00     10.00   OTHER   21.00     21.00   Executive Deferred Compensation   0   21.00     22.00   Day Care Cost and Allowances   0   22.00     23.00   Tuition Reimbursement   0   23.00     24.00   Total Wage Related cost (Sum of Lines 1 - 23)   1,768,295     24.00   Part B - Other than Core Related Cost						
11.00						
12.00					0	
13.00   Disability Insurance (If employee is owner or beneficiary)   0   13.00     14.00   Long-Term Care Insurance (If employee is owner or beneficiary)   0   14.00     15.00   Workers' Compensation Insurance   179, 330     16.00   Retirement Heal th Care Cost (Only current year, not the extraordinary accrual required by FASB 106.   Non cumulative portion)   TAXES   17.00   FICA-Employers Portion Only   1, 178, 997   17.00     18.00   Medicare Taxes - Employers Portion Only   0   18.00     19.00   Unemployment Insurance   0   0   19.00     20.00   State or Federal Unemployment Taxes   0   20.00     0THER   21.00   Executive Deferred Compensation   0   21.00     22.00   Day Care Cost and Allowances   0   23.00     23.00   Tuition Reimbursement   0   23.00     24.00   Total Wage Related cost (Sum of lines 1 - 23)   1, 768, 295     24.00   Part B - Other than Core Related Cost					0	
14.00   Long-Term Care Insurance (If employee is owner or beneficiary)   0   14.00					0	
15.00   Workers' Compensation Insurance   179, 330   15.00					0	
Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.  Non cumulative portion) TAXES  17. 00 FICA-Employers Portion Only  18. 00 Medicare Taxes - Employers Portion Only  19. 00 Unemployment Insurance  20. 00 State or Federal Unemployment Taxes  0 THER  21. 00 Executive Deferred Compensation  22. 00 Day Care Cost and Allowances  10 Day Care Cost and Allowances  11 Total Wage Related cost (Sum of lines 1 - 23)  Part B - Other than Core Related Cost					-	
Non cumulative portion   TAXES   TAXES   TAXES   TRANSPORT   TRA			accrual required by	FASB 106.		
TAXES   17. 00   FI CA-Employers Portion Only   1, 178, 997   17. 00   18. 00   Medicare Taxes - Employers Portion Only   0   18. 00   19. 00   1					_	
18.00 Medicare Taxes - Employers Portion Only 19.00 Unemployment Insurance 20.00 State or Federal Unemployment Taxes 0 20.00  OTHER  21.00 Executive Deferred Compensation 22.00 Day Care Cost and Allowances 10.00 Total Wage Related cost (Sum of lines 1 - 23)  Part B - Other than Core Related Cost  18.00  19.00  20.00  21.00  22.00  23.00  Amount Reported 1.00  Part B - Other than Core Related Cost				<u>'</u>		
19. 00 Unempl oyment Insurance	17.00	FICA-Employers Portion Only			1, 178, 997	17. 00
19. 00 Unempl oyment Insurance						
OTHER   21.00   Executive Deferred Compensation   0   21.00   22.00   Day Care Cost and Allowances   0   22.00   23.00   Tuition Reimbursement   0   23.00   24.00   Total Wage Related cost (Sum of lines 1 - 23)   1,768,295   24.00   24.00   Amount Reported   1.00   Part B - Other than Core Related Cost					0	19.00
21.00   Executive Deferred Compensation   0   21.00					0	
22.00   Day Care Cost and Allowances   0   22.00		OTHER				1
23.00 Tui tion Reimbursement 24.00 Total Wage Related cost (Sum of lines 1 - 23)  1,768,295 24.00  Amount Reported 1.00  Part B - Other than Core Related Cost	21.00	Executive Deferred Compensation			C	21.00
23.00 Tui tion Reimbursement 24.00 Total Wage Related cost (Sum of lines 1 - 23)  1,768,295 24.00  Amount Reported 1.00  Part B - Other than Core Related Cost					0	22. 00
Amount Reported  1.00  Part B - Other than Core Related Cost					0	
Amount Reported  1.00  Part B - Other than Core Related Cost					1, 768, 295	
Part B - Other than Core Related Cost						
Part B - Other than Core Related Cost						
25. 00 OTHER WAGE RELATED COSTS (SPECIFY) 0 25. 00		Part B - Other than Core Related Cost				
	25.00	OTHER WAGE RELATED COSTS (SPECIFY)			O	25. 00

In Lieu of Form CMS-2540-10 Health Financial Systems MORRIS VIEW HEALTHCARE CENTER SNF REPORTING OF DIRECT CARE EXPENDITURES Provi der No.: 315303 Peri od: Worksheet S-3 From 01/01/2022 Part V 12/31/2022 Date/Time Prepared: 5/5/2023 12:22 pm Occupational Category Amount Fri nge Adj usted Pai d Hours Average Hourly Benefits Sal ari es (col Related to Reported Wage (col. 3 col . 4) 1 + col. 2Salary in col 5. 00 3.00 1.00 2.00 4.00 Direct Salaries Nursing Occupations 1.00 Registered Nurses (RNs) 532, 992 73, 294 606, 286 10, 978. 00 55.23 1.00 Licensed Practical Nurses (LPNs) 1,824,430 250, 885 2, 075, 315 50, 411. 00 2.00 2.00 41.17 3.00 Certified Nursing Assistant/Nursing 3, 195, 368 439, 408 3, 634, 776 150, 560. 00 24.14 3.00 Assi stants/Ai des ̈ 4.00 Total Nursing (sum of lines 1 through 3) 5, 552, 790 763, 587 6, 316, 377 211, 949. 00 29.80 4.00 5.00 Physical Therapists 0.00 5.00 0 00 0.00 Physical Therapy Assistants 6.00 0 C 0 0.00 6.00 7.00 Physical Therapy Aides 0 0.00 0.00 7.00 Occupational Therapists
Occupational Therapy Assistants 0.00 8.00 0 0 0 0 0.00 8.00 0 0 0.00 9.00 0.00 9.00 10.00 Occupational Therapy Aides 0 0 0.00 0.00 10.00 0 0 11.00 Speech Therapists 0 0.00 0.00 11.00 Respiratory Therapists 0 12.00 0 00 0 00 12 00 Ω 13.00 Other Medical Staff 0.00 0.00 13.00 Contract Labor Nursing Occupations 11, 712. 00 14 00 Registered Nurses (RNs) 885 217 885, 217 75 58 14 00 15.00 Licensed Practical Nurses (LPNs) 1, 178, 528 1, 178, 528 13, 266. 00 88.84 15.00 Certified Nursing Assistant/Nursing 2,003,017 2, 003, 017 58, 313. 00 34.35 16.00 16.00 Assi stants/Ai des ̈ 17.00 Total Nursing (sum of lines 14 through 16) 4, 066, 762 4, 066, 762 83, 291. 00 48.83 17.00 18.00 Physical Therapists 370, 275 370, 275 5, 196. 00 71. 26 18.00

383, 729

51, 166

263, 959

348, 585

293, 341

0

0

383, 729

51, 166

263, 959

348, 585

293, 341

0

0

6, 731.00

1, 795. 00

8, 374. 00

6, 470. 00

3, 383. 00

0.00

0.00

0.00

57.01

28. 50

31.52

53.88

0.00

86. 71

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19.00

20.00

21.00

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23.00

24.00

25.00

0.00 26.00

19.00

20.00

21.00

22.00

23.00

24.00

25.00

Physical Therapy Assistants

Occupational Therapy Aides

Occupational Therapy Assistants

Physical Therapy Aides

Speech Therapists

26.00 Other Medical Staff

Occupational Therapists

Respiratory Therapists

Health Financial Systems
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA In Lieu of Form CMS-2540-10
Worksheet S-7 Peri od: Worksheet S-7 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/5/2023 12:22 pm Provi der No.: 315303

		10	12/31/2022	5/5/2023 12:2	
1,00					
2.00				2. 00	
200					
A					1
5.00					1
BOD					
7.00 800 800 800 800 800 800 800 800 800					
8.00 RILL 8.00 RILL 9.00 R					
9.00   HIX   9.00   HIX   10.00   HIX   10.0					
10.00   RIGH   11.00   RIGH   11.0					
11.00   RIB   RIB   11.00   RI					
13.00   RVC   114.00   RVB   14.00   RVB   14.00   RVB   14.00   RVB   14.00   RVB   15.00   RVA   RVB   15.00   RVA   RVB   15.00   RVB					
14.00   RWA	12. 00		RUA		12. 00
15.00   RWA   15.00   RRC   16.00   RRC   16.00   RRC   17.00   RRC   17.00   RRC   RRC   17.00   RRC   RR	13. 00		RVC		13. 00
16.00   RHC   11.00   RHB   11.7 00   RHB   12.0 00   RHB   13.0 00   RHB					
17.00   Ref   17.00   Ref   17.00   Ref   18.00   Ref   18.00   Ref   19.00   Ref					
18. 00   RHA					
19.00   RMG					
20. 00   RIB   20. 00   RIB   22. 00   RIB   23.					
21.00   RILB   22.00   RILB   23.00   RILB   23.0					
RLB   22 00   RLB   23 00   RLB   23 00   24 00   ES3   24 00   ES3   24 00   ES3   25 00   ES3   24 00   ES3   25 00   ES3   ES3   25 00   ES3   ES3   25 00   ES3   ES3   25 00   ES3					
23.00   RLA   23.00   RLA   23.00   RLA   23.00   RLA   25.00   RLA					
24.00					
25.00   ES2   25.00					
26.00 27.00 28.00 28.00 41E1 28.00 29.00 30.00 41D1 30.00 30.00 41D1 30.00 41D1 30.00 41C1 32.00 41C1 33.00 41C1 34.00 41C2 39.00 41.00					
27. 00 28. 00 29. 00 30. 00 31. 00 31. 00 31. 00 32. 00 33. 00 32. 00 33. 00 34. 00 35. 00 36. 00 37. 00 38. 00 39. 00 30. 00 31. 00 35. 00 36. 00 37. 00 38. 00 39. 00 39. 00 30					
28. 00 30. 00 30. 00 31. 00 31. 00 32. 00 33. 00 34. 00 34. 00 35. 00 36. 00 36. 00 37. 00 38. 00 50. 00 60					
30,00   HC1   30,00   HC2   31,00   HC2   31,00   32,00   HC3   32,00   HC3   32,00   HC3   33,00   HC3   33,00   HC3   33,00   HC3   33,00   HC3   33,00   HC3   33,00   HC3   34,00   HC3   35,00   HC3   35,00   HC3   35,00   LC2   35,00   LC2   35,00   LC2   37,00   LC2   37,00   LC2   37,00   LC2   37,00   LC2   39,00   LC2   39,00   LC2   39,00   LC3   44,00   LC4   44,00   LC4   45,00   LC5   44,00   LC5   44,00   LC5   44,00   LC5   45,00   LC5   45,00   LC5   46,00					28. 00
31.00 32.00 33.00 33.00 34.00 35.00 36.00 36.00 37.00 38.00 37.00 38.00 39.00 40.00 40.00 40.00 41.00 42.00 41.00 42.00 43.00 43.00 43.00 45.00 46.00 47.00 48.00 47.00 48.00 48.00 49.00 50.00 51.00 52.00 53.00 54.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 55.00 56.00 56.00 57.00 58.00 59.00	29. 00		HD2		29. 00
32 00   HC1   32 00   HB2   33 00   HB2   33 00   HB2   34 00   HB1   35 00   HB1   36 00   HB1   36 00   HB1   36 00   HB1   38 00   HB2   37 00   HB1   38 00   HB2   37 00   HB1   38 00   HB2   39 00   HB1   38 00   HB2   40 00   HB1   42 00   HB1   42 00   HB1   42 00   HB1   43 00   HB1   44 00   HB1   44 00   HB1   44 00   HB1   45 00   HB1   46 00   HB1   47 00   HB1   48 00   HB1   49 00   HB1   49 00   HB1   50	30. 00				30. 00
S33 00   S34 00   S45 00   S					
34.00 35.00 36.00 37.00 38.00 38.00 38.00 38.00 39.00 30.00					
SE   DO   SE   SE   SE   SE   SE   SE   SE   S					
10					
37,00   38,00   1.02   37,00   38,00   1.02   38,00   39,00   1.02   39,00   1.02   39,00   1.02   39,00   1.00					
38. 00 39. 00 40. 00 41. 00 41. 00 41. 00 42. 00 43. 00 44. 00 44. 00 45. 00 46. 00 47. 00 48. 00 47. 00 48. 00 49. 00 49. 00 50. 00 51. 00 51. 00 52. 00 53. 00 55. 00 55. 00 55. 00 55. 00 55. 00 56. 00 57. 00 58. 00 58. 00 59. 00 50. 00 51. 00 50. 00 51. 00 50. 00 60					
39,00					
40,00					
100   182   141.00   181   142.00   182   143.00   143.00   144.00   145.					
A2.00					
A3. 00   CE2					
44. 00 45. 00 46. 00 46. 00 46. 00 47. 00 48. 00 48. 00 49. 00 50. 00 50. 00 50. 00 51. 00 51. 00 52. 00 53. 00 54. 00 55. 00 55. 00 55. 00 55. 00 55. 00 55. 00 55. 00 55. 00 56. 00 57. 00 58. 00 58. 00 59. 00 50					
46. 00 47. 00 48. 00 CC2 47. 00 48. 00 CC2 47. 00 48. 00 CC1 48. 00 CC2 48. 00 CC3 CC1 48. 00 CC2 48. 00 CC3 CC3 CC3 CC4 CC3 CC4 CC4 CC5 CC5 CC5 CC5 CC7 CC7 CC7 CC7 CC7 CC7					44. 00
47. 00 48. 00 49. 00 00 50. 00 51. 00 52. 00 00 63. 00 53. 00 54. 00 55. 00 55. 00 55. 00 55. 00 55. 00 55. 00 56. 00 57. 00 58. 00 58. 00 59. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 66. 00 66. 00 67. 00 68. 00 69. 00 69. 00 70. 00 72. 00 72. 00 73. 00 74. 00 PB1 70. 00 PB2 74. 00 PB2 74. 00 PB2 75. 00 PB2 77. 00 PB2 PB2 77. 00 PB2 PB2 PB3	45. 00		CD2		45. 00
48. 00 49. 00 50. 00 61. 00 51. 00 52. 00 62. 00 63. 00 53. 00 54. 00 55. 00 56. 00 57. 00 58. 00 58. 00 59. 00 60. 00 61. 00 61. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 66. 00 67. 00 68. 00 66. 00 67. 00 68. 00 69					46. 00
49. 00 50. 00 51. 00 51. 00 52. 00 52. 00 53. 00 54. 00 55. 00 55. 00 56. 00 57. 00 58. 00 58. 00 59. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50					
50. 00       CB1       50. 00         51. 00       CA2       51. 00         52. 00       CA1       52. 00         53. 00       SE3       53. 00         55. 00       SE1       55. 00         56. 00       SSC       56. 00         57. 00       SSB       57. 00         58. 00       SSA       58. 00         59. 00       IB2       59. 00         60. 00       IB1       60. 00         61. 00       IA2       61. 00         62. 00       IA1       62. 00         63. 00       BB2       63. 00         64. 00       BB1       64. 00         65. 00       BA2       65. 00         66. 00       PE2       67. 00         68. 00       PE1       68. 00         69. 00       PD0       69. 00         70. 00       PD1       70. 00         71. 00       PC2       71. 00         72. 00       PC3       73. 00         74. 00       PB1       74. 00					
51. 00     CA2     51. 00       52. 00     SE3     52. 00       53. 00     SE3     53. 00       54. 00     SE2     54. 00       55. 00     SE1     55. 00       56. 00     SSC     56. 00       57. 00     SSB     57. 00       58. 00     SSA     58. 00       59. 00     SSA     58. 00       60. 00     I B2     59. 00       60. 00     I A1     60. 00       61. 00     I A2     61. 00       62. 00     I A1     62. 00       63. 00     BB2     63. 00       64. 00     BB1     64. 00       65. 00     BA2     65. 00       66. 00     PE1     68. 00       69. 00     PD1     70. 00       70. 00     PD1     70. 00       71. 00     PC2     71. 00       72. 00     PB1     74. 00					
52. 00     CA1     52. 00       53. 00     SE3     53. 00       54. 00     SE2     54. 00       55. 00     SE1     55. 00       56. 00     SSC     56. 00       57. 00     SSB     57. 00       58. 00     SSA     58. 00       59. 00     IB2     59. 00       60. 00     IB1     60. 00       61. 00     IA2     61. 00       62. 00     IA1     62. 00       63. 00     BB2     63. 00       64. 00     BB1     64. 00       65. 00     BA2     65. 00       66. 00     BA1     66. 00       67. 00     PE2     67. 00       68. 00     PP1     68. 00       69. 00     PD2     69. 00       70. 00     PC2     71. 00       72. 00     PR2     73. 00       74. 00     PP1     74. 00					50.00
53.00       SE3       53.00         54.00       SE2       54.00         55.00       SE1       55.00         56.00       SSC       56.00         57.00       SSB       57.00         58.00       SSA       58.00         59.00       IB2       59.00         60.00       IB1       60.00         61.00       IA2       61.00         62.00       IA1       62.00         63.00       BB2       63.00         64.00       BB1       64.00         65.00       BA1       66.00         67.00       BA1       66.00         69.00       PE2       67.00         68.00       PD2       69.00         70.00       PD2       71.00         72.00       PC2       71.00         73.00       PB2       73.00         74.00       PB1       74.00					
54, 00     SE2     54, 00       55. 00     SE1     55, 00       56, 00     SSC     56, 00       57, 00     SSB     57, 00       58, 00     SSA     58, 00       59, 00     IB2     59, 00       60, 00     IB1     60, 00       61, 00     IA2     61, 00       62, 00     IA1     62, 00       63, 00     BB2     63, 00       64, 00     BB1     64, 00       65, 00     BA1     66, 00       67, 00     BA1     66, 00       67, 00     PE2     67, 00       68, 00     PP1     68, 00       69, 00     PD1     70, 00       70, 00     PC2     71, 00       72, 00     PC2     71, 00       72, 00     PB2     73, 00       74, 00     PB1     74, 00			CA I		
55. 00       SE1       55. 00         56. 00       SSC       56. 00         57. 00       SSB       57. 00         58. 00       SSA       58. 00         59. 00       IB2       59. 00         60. 00       IB1       60. 00         61. 00       IA2       61. 00         62. 00       IA1       62. 00         63. 00       BB2       63. 00         64. 00       BB1       64. 00         65. 00       BA2       65. 00         66. 00       BA1       66. 00         67. 00       PE2       67. 00         68. 00       PP1       68. 00         70. 00       PD2       69. 00         70. 00       PC2       71. 00         72. 00       PR2       73. 00         74. 00       PB2       73. 00					
56. 00       SSC       56. 00         57. 00       SSB       57. 00         58. 00       SSA       58. 00         59. 00       IB2       59. 00         60. 00       IB1       60. 00         61. 00       IA2       61. 00         62. 00       IA1       62. 00         63. 00       BB2       63. 00         64. 00       BB1       64. 00         65. 00       BA2       65. 00         66. 00       BA1       66. 00         67. 00       PE2       67. 00         68. 00       PPD2       69. 00         70. 00       PD1       70. 00         71. 00       PC2       71. 00         72. 00       PB2       73. 00         74. 00       PB1       74. 00					
57. 00       SSB       57. 00         58. 00       SSA       58. 00         59. 00       IB2       59. 00         60. 00       IB1       60. 00         61. 00       IA2       61. 00         62. 00       IA1       62. 00         63. 00       BB2       63. 00         64. 00       BB1       64. 00         65. 00       BA2       65. 00         66. 00       BA1       66. 00         67. 00       PE2       67. 00         68. 00       PE1       68. 00         69. 00       PD1       70. 00         70. 00       PC2       71. 00         72. 00       PC3       72. 00         73. 00       PB2       73. 00         74. 00       PB1       74. 00					
58. 00       SSA       58. 00         59. 00       1B2       59. 00         60. 00       1B1       60. 00         61. 00       1A2       61. 00         62. 00       1A1       62. 00         63. 00       64. 00       65. 00         64. 00       65. 00       66. 00         66. 00       67. 00       68. 0         68. 00       PE2       67. 00         68. 00       PE1       68. 00         69. 00       PD2       69. 00         70. 00       PD1       70. 00         71. 00       PC2       71. 00         72. 00       PR2       73. 00         74. 00       PB1       74. 00			SSB		
60. 00 61. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 66. 00 67. 00 68. 00 69. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 61. 00 61. 00 61. 00 61. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 69. 00 69. 00 69. 00 69. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 PB1 74. 00					
61. 00 62. 00 63. 00 64. 00 64. 00 65. 00 66. 00 66. 00 67. 00 68. 00 69. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00  61. 00 61. 00 62. 00 61. 00 62. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 6					
62. 00 63. 00 64. 00 65. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00  62. 00  8B2 63. 00 8B1 64. 00 8B4 64. 00 8BA2 65. 00 68. 00 PE2 67. 00 PE1 68. 00 PD2 69. 00 PD1 70. 00 PC2 71. 00 PC2 71. 00 PC3. 00 PC3. 00 PB1 72. 00 PB1 74. 00					
63. 00 64. 00 64. 00 65. 00 66. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00  BB2 63. 00 BB1 64. 00 BB1 64. 00 BB1 64. 00 BB2 65. 00 BB1 66. 00 PE1 68. 00 PE1 68. 00 PD2 69. 00 PD1 70. 00 PC2 71. 00 PC2 71. 00 PC3. 00 PB1 72. 00 PB1 74. 00					
64. 00 65. 00 66. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00  BB1 64. 00 BA2 65. 00 BA1 66. 00 PE2 67. 00 PE1 68. 00 PD2 70. 00 PD1 70. 00 PC2 71. 00 PC1 72. 00 PB2 73. 00 PB1 74. 00					
65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00  BA2 BA1 65. 00 BA1 66. 00 PE2 67. 00 PE1 68. 00 PP1 70. 00 PD1 70. 00 PC2 71. 00 PC2 71. 00 PC3 PC1 72. 00 PB2 73. 00 PB2 74. 00					
66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 71. 00 72. 00 73. 00 74. 00  BA1 PE2 67. 00 PE1 68. 00 PP1 70. 00 PD2 69. 00 PD1 70. 00 PC2 71. 00 PC2 73. 00 PB2 73. 00 PB1 74. 00					
67. 00 68. 00 69. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 PB1 PE2 67. 00 PP1 68. 00 PP2 69. 00 PP0 70. 00 PP1 70. 00 PP1 70. 00 PP1 72. 00 PP1 72. 00 PP1 72. 00 PP1 72. 00 PP1 73. 00 PP1 74. 00					
68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 PB1 68. 00 PD2 69. 00 PD1 70. 00 PC2 71. 00 PC2 71. 00 PC3 PC1 72. 00 PB2 73. 00 PB1 74. 00					
69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 PB1 PD2 PD1 70. 00 PC2 71. 00 PC2 72. 00 PC3 PC1 PC3 PC3 PC3 PC3 PC3 PC3 PC3 PC4 PC5 PC7					
70. 00 71. 00 72. 00 73. 00 74. 00 PB1 70. 00 PC2 71. 00 PC1 72. 00 PB2 73. 00 PB1 74. 00					
71. 00 72. 00 73. 00 74. 00 PB1 71. 00 72. 00 PB2 PB1 74. 00					
72. 00 73. 00 74. 00 PB1 72. 00 PB2 73. 00 PB1 74. 00					
73. 00 74. 00 PB1 73. 00 74. 00					
74. 00 PB1 74. 00					
75. 00 PA2 75. 00	74. 00		PB1		74. 00
	75. 00				75. 00

Health Financial Systems	MORRIS VIEW HEALTHCARE CENTER		In Lie	u of Form CMS	-2540-10		
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provi der		Peri od: From 01/01/2022 To 12/31/2022	Worksheet S- Date/Time Pr 5/5/2023 12:	epared:		
		· '	Group	Days			
			1. 00	2. 00			
76. 00			PA1		76. 00		
99. 00			AAA		99. 00		
100. 00 TOTAL					100. 00		
		Expenses	Percentage	Y/N			
		1. 00	2. 00	3. 00			
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)							
101.00 Staffing					101. 00		
102.00 Recruitment					102.00		
103.00 Retention of employees					103.00		
104. 00 Trai ni ng					104.00		
105. 00 OTHER (SPECIFY)	1. 4 1 0)				105.00		
106.00 Total SNF revenue (Worksheet G-2, Part I,	Tine I, column 3)	1			106. 00		

Health Financial	Systems	MORRIS VIEW HEALT	HCARE CENTER		In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATION	I AND ADJUSTMENT OF TRIAL BALANCE OF			No.: 315303 F	Peri od:	Worksheet A	
				Ę	rom 01/01/2022	D 1 /T' D	
					o 12/31/2022	Date/Time Prep 5/5/2023 12:22	parea:
Cos	t Center Description	Sal ari es	Other	Total (col 1	Recl assi fi cati	Reclassi fi ed	Z PIII
003	t center beserretron	Sararres	Other	+ col . 2)	ons	Trial Balance	
				. 5511 2)	Increase/Decre		
					ase (Fr Wkst	col . 4)	
					A-6)		
		1.00	2.00	3.00	4. 00	5. 00	
GENERAL S	ERVICE COST CENTERS						
1.00 00100 CAP	REL COSTS - BLDGS & FIXTURES		3, 317, 273	3, 317, 273	0	3, 317, 273	1. 00
3.00 00300 EMPI	_OYEE BENEFITS	0	2, 004, 349	2, 004, 349	0	2, 004, 349	3. 00
4.00 00400 ADMI	NISTRATIVE & GENERAL	2, 344, 756	5, 578, 801	7, 923, 557	0	7, 923, 557	4. 00
5. 00   00500 PLAI	NT OPERATION, MAINT. & REPAIRS	144, 945	980, 174	1, 125, 119	0	1, 125, 119	5. 00
	NDRY & LINEN SERVICE	0	0	C	0	0	6. 00
7. 00 00700 HOUS	SEKEEPI NG	932, 469	112, 699	1, 045, 168	0	1, 045, 168	7. 00
8. 00   00800 DI E	ΓARY	1, 115, 642	1, 033, 734	2, 149, 376	0	2, 149, 376	8. 00
9.00 00900 NURS	SING ADMINISTRATION	2, 190, 431	1, 130	2, 191, 561	0	2, 191, 561	9. 00
	TRAL SERVICES & SUPPLY	0	0	C	0	0	10.00
12. 00 01200 MEDI	CAL RECORDS & LIBRARY	46, 346	0	46, 346	0	46, 346	12.00
	AL SERVICE	214, 414	4, 846	219, 260	0	219, 260	13.00
15. 00   01500 PATI	ENT ACTIVITIES	317, 218	56, 223	373, 441	0	373, 441	15. 00
I NPATI ENT	ROUTINE SERVICE COST CENTERS						
30. 00 03000 SKI I	LED NURSING FACILITY	5, 552, 790	4, 721, 907	10, 274, 697	0	10, 274, 697	30. 00
31. 00   03100 NURS	SING FACILITY	0	0	C	0	0	31.00
32. 00 03200 I CF		0	0	C	0	0	32. 00
33. 00 03300 OTH	ER LONG TERM CARE	0	0	C	0	0	33. 00
	SERVI CE COST CENTERS						
40. 00   04000 RADI		0	11, 417	11, 417		11, 417	40. 00
41. 00   04100 LAB		0	33, 319	33, 319	0	33, 319	41. 00
	RAVENOUS THERAPY	0	0	C	-	0	42. 00
	GEN (INHALATION) THERAPY	0	5, 486	5, 486		5, 486	43. 00
	SI CAL THERAPY	0	839, 375	839, 375		839, 375	44. 00
	JPATI ONAL THERAPY	0	912, 544	912, 544		912, 544	45. 00
	ECH PATHOLOGY	0	293, 341	293, 341	0	293, 341	46. 00
1 1	CTROCARDI OLOGY	0	0	C	0	0	47. 00
1 1	CAL SUPPLIES CHARGED TO PATIENTS	0	0	C	0	0	48. 00
	GS CHARGED TO PATIENTS	0	333, 107	333, 107	1	333, 107	49. 00
	PORT SURFACES	0	0	C	)  0	0	51. 00
	MBURSABLE COST CENTERS			0, 0,	ا	24.011	
71. 00 07100 AMBI		0	36, 211	36, 211	0	36, 211	71. 00
	URPOSE COST CENTERS		٥				01 00
	EREST EXPENSE		0	(	1	0	81.00
	LIZATION REVIEW - SNF	0	0	(	0	0	82.00
83. 00 08300 HOSE		12 050 011	20 275 024	22 124 04	′	0	83. 00
	FOTALS (sum of lines 1-84)	12, 859, 011	20, 275, 936	33, 134, 947	7 0	33, 134, 947	89. 00
	RSABLE COST CENTERS T, FLOWER, COFFEE SHOPS & CANTEEN	0	ما	C	) O	0	90. 00
		0	0	(		0	
1 1	BER AND BEAUTY SHOP		U				91.00
	SICIANS PRIVATE OFFICES		0			0	92.00
	PALD WORKERS LENTS LAUNDRY		0			0	93.00
	ELESS SHELTER		0			0	94. 00 95. 00
100.00 TOTA		12, 859, 011	20, 275, 936	33, 134, 947		33, 134, 947	
100.00   101/	7L	12,007,011	20, 215, 930	33, 134, 947	ı V	33, 134, 947	1100.00

 
 Heal th Financial
 Systems
 MORRIS VIEW

 RECLASSIFICATION
 AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
 In Lieu of Form CMS-2540-10 MORRIS VIEW HEALTHCARE CENTER Provi der No.: 315303 Peri od: From 01/01/2022 To 12/31/2022 Worksheet A Date/Time Prepared: 5/5/2023 12:22 pm Cost Center Description Adjustments to Net Expenses
Expenses (Fr For Allocation

			For Allocation		
		Wkst A-8)	(col. 5 +-		
			col . 6)		
		6. 00	7. 00		
	GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	0	3, 317, 273		1. 00
3.00	00300 EMPLOYEE BENEFITS	0	2, 004, 349		3. 00
4.00	00400 ADMINISTRATIVE & GENERAL	-3, 129, 395	4, 794, 162		4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	1, 125, 119		5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	0	0		6. 00
7.00	00700 HOUSEKEEPI NG	0	1, 045, 168		7. 00
8.00	00800 DI ETARY	-6, 015	2, 143, 361		8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	2, 191, 561		9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0		10.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	46, 346		12.00
13. 00	01300 SOCIAL SERVICE	0	219, 260		13.00
15. 00	01500 PATIENT ACTIVITIES	0	373, 441		15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				1
30. 00	03000 SKILLED NURSING FACILITY	0	10, 274, 697		30.00
31. 00	03100 NURSING FACILITY	0	0	•	31.00
32. 00	03200   CF/11D	0	Ö	l .	32. 00
33. 00	03300 OTHER LONG TERM CARE	0	0		33. 00
33.00	ANCI LLARY SERVI CE COST CENTERS				33.00
40. 00	04000 RADI OLOGY		11, 417		40. 00
41.00	04100 LABORATORY	0	33, 319		41. 00
42.00	04200 I NTRAVENOUS THERAPY	0	0 33, 319		42. 00
42.00		0		1	43. 00
	04300 OXYGEN (INHALATION) THERAPY	0	5, 486	l control of the cont	
44. 00	04400 PHYSI CAL THERAPY	0	839, 375		44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	0	912, 544	·	45. 00
46. 00	04600 SPEECH PATHOLOGY	0	293, 341		46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	0	l control of the cont	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	333, 107	l control of the cont	49. 00
51. 00	05100 SUPPORT SURFACES	0	0		51.00
	OTHER REIMBURSABLE COST CENTERS				
71. 00	07100 AMBULANCE	0	36, 211		71. 00
	SPECIAL PURPOSE COST CENTERS	·			
81. 00	08100 I NTEREST EXPENSE	0	0		81. 00
82.00	08200 UTI LI ZATI ON REVI EW - SNF	0	0		82. 00
83.00	08300 H0SPI CE	0	0		83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	-3, 135, 410	29, 999, 537		89. 00
	NONREI MBURSABLE COST CENTERS				1
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	0	,	91. 00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0		92.00
93. 00	09300 NONPALD WORKERS	0	0		93. 00
94. 00	09400 PATIENTS LAUNDRY	0	0		94. 00
95. 00	09500 HOMELESS SHELTER	ا	ا م		95. 00
100.00	l l	-3, 135, 410	29, 999, 537		100.00
100.00	1.0	0, 100, 410	2,,,,,,,	I	1.30.00

Health Financial Systems	MORRIS VIEW HEALTHCARE CE	CENTER	In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS	Prov	ovi der No.: 315303	Peri od: From 01/01/2022		
			To 12/31/2022	Date/Time Pre 5/5/2023 12:2	
	Cost Center	Li ne #	Sal ary	Non Salary	
	2. 00	3. 00	4. 00	5. 00	
TOTALS					
100. 00	Total Reclassifications	Total Reclassifications (Sum			100.00
	of columns 4 and 5 must				
	equal sum of columns 8 and				
	9)				

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

Health Financial Systems N	MORRIS VIEW HEALTHCARE CE	ORRIS VIEW HEALTHCARE CENTER In Lieu of Form CMS				
RECLASSI FI CATI ONS	Prov		Peri od:	Worksheet A-6		
			From 01/01/2022			
			To 12/31/2022	Date/Time Pre	pared:	
				5/5/2023 12: 2	2 pm	
	Cost Center	Li ne #	Sal ary	Non Salary		
	6. 00	7. 00	8. 00	9. 00		
TOTALS						
100. 00			0	0	100. 00	

<sup>(1)</sup> A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. (2) Transfer to Worksheet A, col. 5, line as appropriate.

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS MORRIS VIEW HEALTHCARE CENTER In Lieu of Form CMS-2540-10

Provi der No.: 315303 

					12/01/2022	5/5/2023 12: 22	
				Acqui si ti ons			
	Description	Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES	5					
1. 00	Land	0	0	(	0	0	1. 00
2.00	Land Improvements	0	0	(	0	0	2. 00
3.00	Buildings and Fixtures	0	0	(	0	0	3. 00
4. 00	Building Improvements	427, 592	16, 585	(	16, 585	0	4. 00
5.00	Fi xed Equi pment	0	0	(	0	0	5. 00
6.00	Movable Equipment	101, 602	331, 485		331, 485		6. 00
7.00	Subtotal (sum of lines 1-6)	529, 194	348, 070	(	348, 070	0	7. 00
8.00	Reconciling Items	0	0	(	0	0	8. 00
9. 00	Total (line 7 minus line 8)	529, 194	348, 070	(	348, 070	0	9. 00
	Description	Endi ng Bal ance	Ful l y				
			Depreci ated				
			Assets				
	I	6.00	7. 00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES	5					
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2. 00
3. 00	Buildings and Fixtures	0	0				3. 00
4. 00	Building Improvements	444, 177	0				4. 00
5. 00	Fi xed Equipment	0	0				5. 00
6. 00	Movable Equipment	433, 087	0				6. 00
7.00	Subtotal (sum of lines 1-6)	877, 264	0				7. 00
8. 00	Reconciling Items	0	0				8. 00
9. 00	Total (line 7 minus line 8)	877, 264	0				9. 00

Provi der No.: 315303

Peri od: Worksheet A-8 From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

				10 12/31/2022	5/5/2023 12: 2	
				Expense Classification on		_ p
				To/From Which the Amount is		
				TOTT OIL WITCH THE AMOUNT 13	to be haj astea	
	Diti (1)	(2) D!- F	A	0+ 0+	1 ! N-	
	Description (1)	(2) Basis For	Amount	Cost Center	Line No.	
		Adjustment	0.00	0.00		
	T	1.00	2. 00	3. 00	4. 00	
1. 00	Investment income on restricted funds	В	-16, 329	ADMINISTRATIVE & GENERAL	4. 00	1. 00
	(chapter 2)					
2.00	Trade, quantity, and time discounts (chapter		0		0.00	2. 00
	8)					
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3. 00
4. 00	Rental of provider space by suppliers		0		0.00	4. 00
	(chapter 8)					
5. 00	Telephone services (pay stations excluded)		0		0.00	5. 00
	(chapter 21)					
6.00	Television and radio service (chapter 21)		0		0.00	6. 00
7.00	Parking Lot (chapter 21)		0		0.00	7. 00
8.00	Remuneration applicable to provider-based	A-8-2	0			8. 00
	physician adjustment					
9.00	Home office cost (chapter 21)		0		0.00	9. 00
10.00	Sale of scrap, waste, etc. (chapter 23)		O		0.00	10.00
11. 00	Nonallowable costs related to certain		O		0.00	11. 00
	Capital expenditures (chapter 24)					
12.00	Adjustment resulting from transactions with	A-8-1	0			12. 00
	related organizations (chapter 10)					
13.00	Laundry and linen service		0		0.00	13. 00
14. 00	Revenue - Employee meals		0		0.00	14. 00
15. 00	Cost of meals - Guests		0		0.00	15. 00
16. 00	Sale of medical supplies to other than		Ô		0.00	16. 00
	patients				0.00	10.00
17. 00	Sale of drugs to other than patients		0		0.00	17. 00
18. 00	Sale of medical records and abstracts	В	-901	ADMINISTRATIVE & GENERAL	4.00	18. 00
19. 00	Vending machines	B		DI ETARY	8.00	19. 00
20. 00	Income from imposition of interest, finance		-0, 013		0.00	20.00
20.00	or penalty charges (chapter 21)		0		0.00	20.00
21. 00	Interest expense on Medicare overpayments		Ō		0.00	21. 00
21.00	and borrowings to repay Medicare				0.00	21.00
	overpayments					
22. 00	Utilization reviewphysicians' compensation		_	UTILIZATION REVIEW - SNF	82.00	22. 00
22.00	(chapter 21)		U	OTTETZATION REVIEW - SNF	02.00	22.00
23. 00	Depreciationbuildings and fixtures		0	CAP REL COSTS - BLDGS &	1.00	23. 00
23.00	Deprecrationburidings and fratures		U	FIXTURES	1.00	23.00
24 00	Denreciation movedle equipment		_		2.00	24.00
24. 00 25. 00	Depreciationmovable equipment			*** Cost Center Deleted ***	2. 00 0. 00	24. 00 25. 00
	Other adjustment (specify)		00.070	A DAM AN CEDATI ME A CEMEDAL		
25. 01	OTHER REVENUE - MISC	В		ADMINISTRATIVE & GENERAL	4.00	25. 01
25. 03	RESIDENT MISSING ITEMS	A		ADMI NI STRATI VE & GENERAL	4.00	25. 03
25. 05	MARKETING & ADVERTISING	A		ADMINISTRATIVE & GENERAL	4.00	
25. 06	BAD DEBTS	Α		ADMINISTRATIVE & GENERAL	4. 00	25. 06
25. 07	DONATI ONS/CHARI TY	A		ADMINISTRATIVE & GENERAL	4.00	25. 07
25. 08	ON THE JOB TRAINING	В		ADMINISTRATIVE & GENERAL	4.00	25. 08
25. 09	MANAGEMENT FEE	A		ADMINISTRATIVE & GENERAL	4.00	25. 09
25. 10	STARTUP COSTS	A	-206	ADMINISTRATIVE & GENERAL	4.00	25. 10
100.00	Total (sum of lines 1 through 99) (Transfer		-3, 135, 410			100. 00
	to Worksheet A, col. 6, line 100)					
(4) 5			040 0 1 45 4	i		

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

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

B. Amount Received - if cost cannot be determined.

Provider No.: 315303

Peri od:

COST ALLOCATION - GENERAL SERVICE COSTS

Part I

From 01/01/2022 Date/Time Prepared: 12/31/2022 5/5/2023 12:22 pm CAPI TAL RELATED COSTS ADMI NI STRATI VE Cost Center Description Net Expenses **EMPLOYEE** Subtotal BLDGS & for Cost **FLXTURES** BENEFITS & GENERAL Allocation (from Wkst A col. 7) 1.00 3.00 ЗА 4.00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS - BLDGS & FLXTURES 3, 317, 273 3. 317. 273 1 00 3.00 00300 EMPLOYEE BENEFITS 2,004,349 16, 202 2, 020, 551 3.00 4.00 00400 ADMINISTRATIVE & GENERAL 4, 794, 162 219, 613 368, 434 5, 382, 209 5, 382, 209 4.00 00500 PLANT OPERATION, MAINT. & REPAIRS 22, 775 1, 462, 755 319, 809 5 00 1, 125, 119 314, 861 5 00 00600 LAUNDRY & LINEN SERVICE 6.00 119, 757 119, 757 26, 183 6.00 7.00 00700 HOUSEKEEPI NG 1, 045, 168 2, 788 146, 520 1, 194, 476 261, 154 7.00 00800 DI ETARY 2, 143, 361 180, 496 175, 302 2, 499, 159 546, 404 8.00 8.00 00900 NURSING ADMINISTRATION 2, 191, 561 9 00 2, 535, 746 554, 403 9 00 C 344, 185 10.00 01000 CENTRAL SERVICES & SUPPLY 0 10.00 01200 MEDICAL RECORDS & LIBRARY 46, 346 7, 282 53, 628 11, 725 12.00 12.00 01300 SOCIAL SERVICE 219, 260 76, 315 329, 266 71, 989 13.00 13.00 33, 691 01500 PATIENT ACTIVITIES 373, 441 49, 845 15.00 423, 286 92, 545 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY 30.00 10, 274, 697 2,068,922 872, 517 13, 216, 136 2, 889, 511 30.00 03100 NURSING FACILITY 31.00 31.00 0 0 32 00 03200 LCE/LLD 0 C 0 0 0 32 00 03300 OTHER LONG TERM CARE 33.00 33.00 0 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 11. 417 11. 417 2.496 40.00 0 41.00 04100 LABORATORY 33, 319 Ω 33, 319 7, 285 41.00 04200 I NTRAVENOUS THERAPY 0 42.00 42.00 0 43.00 04300 OXYGEN (INHALATION) THERAPY 5, 486 0 5, 486 1, 199 43.00 44.00 04400 PHYSI CAL THERAPY 839, 375 16, 856 0 856, 231 187, 202 44.00 45.00 04500 OCCUPATIONAL THERAPY 912, 544 19, 673 0 932, 217 203, 815 45.00 04600 SPEECH PATHOLOGY 46.00 293, 341 10, 313 303, 654 66, 389 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0 47.00 C 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 48.00 Λ 48.00 79, 319 04900 DRUGS CHARGED TO PATIENTS 0 49.00 49.00 333, 107 29, 687 362, 794 05100 SUPPORT SURFACES 51.00 0 0 51.00 OTHER REIMBURSABLE COST CENTERS 71.00 07100 AMBULANCE 36, 211 0 0 36, 211 7, 917 71.00 SPECIAL PURPOSE COST CENTERS 08100 INTEREST EXPENSE 81.00 81.00 08200 UTILIZATION REVIEW - SNF 82.00 82.00 83.00 08300 H0SPI CE 0 83.00 89.00 SUBTOTALS (sum of lines 1-84) 29, 999, 537 3, 075, 483 2, 020, 551 29, 757, 747 5, 329, 345 89.00 NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 90.00 90.00 0 0 91.00 09100 BARBER AND BEAUTY SHOP 0 0 0 0 91.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 0 92.00 0 0 92.00 09300 NONPALD WORKERS 0 93 00 93 00 0 Ω 0 94.00 09400 PATIENTS LAUNDRY 0 0 0 94.00 95.00 09500 HOMELESS SHELTER 0 241, 790 0 241, 790 52, 864 95.00 Cross Foot Adjustments 98.00 0 0 98.00 0 99 00 99 00 Negative Cost Centers 0 0

29, 999, 537

3, 317, 273

2, 020, 551

29, 999, 537

5, 382, 209 100. 00

100.00

TOTAL

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der No.: 315303 

				10	12/31/2022	5/5/2023 12: 2	
	Cost Center Description	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	NURSI NG	
	'	OPERATI ON,	LINEN SERVICE			ADMI NI STRATI ON	
		MAINT. &					
		REPAI RS					
		5. 00	6. 00	7.00	8. 00	9. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
3.00	00300 EMPLOYEE BENEFITS						3. 00
4. 00	00400 ADMINISTRATIVE & GENERAL						4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	1, 782, 564					5. 00
6. 00	00600 LAUNDRY & LINEN SERVICE	77, 161	223, 101				6. 00
7.00	00700 HOUSEKEEPI NG	1, 796	l .	.,,			7. 00
8.00	00800 DI ETARY	116, 296	0	99, 491	3, 261, 350		8. 00
9. 00	00900 NURSING ADMINISTRATION	0	0	0	0	3, 090, 149	9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300 SOCI AL SERVI CE	49, 171	0	42, 065	0	0	13. 00
15. 00	01500 PATIENT ACTIVITIES	0	0	0	0	0	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	03000 SKILLED NURSING FACILITY	1, 333, 042	223, 101	1, 140, 409	3, 261, 350		30. 00
31. 00	03100 NURSING FACILITY	0	0	0	0	0	31. 00
32. 00	03200   CF/IID	0		0	0	1	32. 00
33. 00	03300 OTHER LONG TERM CARE	0	0	0	0	0	33.00
	ANCILLARY SERVICE COST CENTERS						
40. 00	04000 RADI OLOGY	0	0	0	0		40. 00
41. 00	04100 LABORATORY	0	0	0	0	0	41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0	0	0	0	42.00
43. 00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44. 00	04400 PHYSI CAL THERAPY	10, 861	0	9, 291	0	0	44.00
45. 00	04500 OCCUPATI ONAL THERAPY	12, 675		10, 844	0	0	45. 00
46. 00	04600 SPEECH PATHOLOGY	6, 645	0	5, 685	0	0	46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	0	0	0	0	47.00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	19, 128		16, 364	0	0	49. 00
51. 00	05100 SUPPORT SURFACES	0	0	0	0	0	51. 00
	OTHER REIMBURSABLE COST CENTERS		,	,		,	
71. 00	07100 AMBULANCE	0	0	0	0	0	71. 00
	SPECIAL PURPOSE COST CENTERS	T	T	ı		T	
81. 00	08100 I NTEREST EXPENSE						81. 00
82. 00	08200 UTILIZATION REVIEW - SNF						82.00
83. 00	08300 HOSPI CE	0	0	0	0	0	83.00
89. 00	SUBTOTALS (sum of lines 1-84)	1, 626, 775	223, 101	1, 324, 149	3, 261, 350	3, 090, 149	89. 00
	NONREI MBURSABLE COST CENTERS	Т	1			T	
90. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	_	0	0	_	90.00
91. 00	09100 BARBER AND BEAUTY SHOP	0	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 NONPALD WORKERS	0	0	0	0	0	93. 00
94.00	09400 PATIENTS LAUNDRY	0	0	0	0	0	94.00
95. 00	09500 HOMELESS SHELTER	155, 789	0	133, 277	0	0	95. 00
98. 00	Cross Foot Adjustments	0	0	0	0	0	98. 00
99. 00	Negative Cost Centers	0	0	0	0	0	99. 00
100.00	D TOTAL	1, 782, 564	223, 101	1, 457, 426	3, 261, 350	3, 090, 149	100.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der No.: 315303

			'	12/01/2022	5/5/2023 12: 2:	2 pm
				OTHER GENERAL		
Cost Contan Decemention	CENTRAL	MEDI CAL	COCLAL CEDVICE	SERVI CE PATI ENT	Cubtatal	
Cost Center Description	CENTRAL SERVICES &	RECORDS &	SOCIAL SERVICE	ACTIVITIES	Subtotal	
	SUPPLY	LI BRARY		ACTIVITIES		
	10.00	12. 00	13.00	15. 00	16. 00	
GENERAL SERVICE COST CENTERS				'		
1.00 O0100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
3.00 00300 EMPLOYEE BENEFITS						3.00
4.00   OO4OO   ADMINISTRATIVE & GENERAL						4.00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00   00600   LAUNDRY & LINEN SERVICE						6. 00
7. 00   00700   HOUSEKEEPI NG						7. 00
8. 00   00800   DI ETARY						8. 00
9.00 00900 NURSING ADMINISTRATION						9. 00
10. 00 01000 CENTRAL SERVICES & SUPPLY	0					10. 00
12. 00 01200 MEDI CAL RECORDS & LI BRARY	0	65, 353				12. 00
13. 00   01300   SOCI AL   SERVI CE	0	0	1,	1		13. 00
15. 00 01500 PATIENT ACTIVITIES	0	0	) (	515, 831		15. 00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		/ 5 0 5 0	100 400	545 004	0/ 007 070	00.00
30. 00 03000 SKILLED NURSING FACILITY	0	65, 353	492, 491	515, 831	26, 227, 373	30.00
31. 00   03100   NURSING FACILITY	0	Ü	)		0	31.00
32. 00   03200   ICF/IID	0	0	1	1	0	32.00
33. 00 03300 OTHER LONG TERM CARE	0	0	) (	0	0	33. 00
ANCI LLARY SERVI CE COST CENTERS  40. 00 O4000 RADI OLOGY	l ol	0			13, 913	40. 00
41. 00   04100   LABORATORY	0	0			13, 913 40, 604	40.00
42. 00   04200   NTRAVENOUS THERAPY	0	0		1	40, 604	41.00
43. 00 04300 0XYGEN (INHALATION) THERAPY		0			6, 685	43. 00
44. 00 04400 PHYSI CAL THERAPY		0			1, 063, 585	44. 00
45. 00 04500 OCCUPATI ONAL THERAPY		0			1, 159, 551	45. 00
46. 00 04600 SPEECH PATHOLOGY		0			382, 373	46. 00
47. 00   04700   ELECTROCARDI OLOGY	0	0			0	47. 00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			0	48. 00
49. 00 04900 DRUGS CHARGED TO PATIENTS	o	0		ol ol	477, 605	49. 00
51. 00 05100 SUPPORT SURFACES	0	0		o	0	51.00
OTHER REIMBURSABLE COST CENTERS			•	<u>'</u>		
71. 00 07100 AMBULANCE	0	0	) (	0	44, 128	71. 00
SPECIAL PURPOSE COST CENTERS						
81. 00 08100 I NTEREST EXPENSE						81.00
82.00 08200 UTILIZATION REVIEW - SNF						82. 00
83. 00   08300   HOSPI CE	0	0	) (	0	0	83. 00
89.00 SUBTOTALS (sum of lines 1-84)	0	65, 353	492, 491	515, 831	29, 415, 817	89. 00
NONREI 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	)	이	0	91. 00
92. 00 09200 PHYSI CLANS PRI VATE OFFI CES	0	0		0	0	92. 00
93. 00   09300   NONPAI D   WORKERS	0	0		0	0	93. 00
94. 00   09400   PATI ENTS LAUNDRY	0	0			0	94. 00
95. 00 09500 HOMELESS SHELTER	0	Ü	1		583, 720	95. 00
98.00 Cross Foot Adjustments		_	,		0	98. 00 99. 00
99.00   Negative Cost Centers 100.00   TOTAL		65, 353	492, 491	515, 831	29, 999, 537	
100. 00   TOTAL	ı V	00, 353	oj 492, 49	515, 831	29, 999, 537	100.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provi der No.: 315303

| Period: | Worksheet B | From 01/01/2022 | Part | | Part | | To | 12/31/2022 | Date/Time Prepared: | 5/5/2023 | 12: 22 pm

				5/5/2023 12:2	22 pm
	Cost Center Description	Post Stepdown	Total		
		Adjustments			
		17. 00	18. 00		
	GENERAL SERVICE COST CENTERS				
	00100 CAP REL COSTS - BLDGS & FIXTURES				1. 00
3.00	00300 EMPLOYEE BENEFITS				3. 00
	00400 ADMINISTRATIVE & GENERAL				4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS				5. 00
6.00	00600 LAUNDRY & LINEN SERVICE				6. 00
7.00	00700 HOUSEKEEPI NG				7. 00
8.00	00800 DI ETARY				8. 00
9.00	00900 NURSING ADMINISTRATION				9. 00
10. 00	01000 CENTRAL SERVICES & SUPPLY				10.00
12. 00	01200 MEDICAL RECORDS & LIBRARY				12.00
13. 00	01300 SOCIAL SERVICE				13.00
15. 00	01500 PATIENT ACTIVITIES				15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	·			
30. 00	03000 SKILLED NURSING FACILITY	0	26, 227, 373		30.00
31. 00	03100 NURSING FACILITY	0	O		31.00
	03200   CF/IID	0	o		32. 00
33. 00	03300 OTHER LONG TERM CARE	0	o		33. 00
	ANCILLARY SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·	-		
	04000 RADI OLOGY	0	13, 913		40. 00
41. 00	04100 LABORATORY	0	40, 604		41.00
42. 00	04200 I NTRAVENOUS THERAPY	0	o		42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	6, 685		43.00
	04400 PHYSI CAL THERAPY	0	1, 063, 585		44.00
	04500 OCCUPATIONAL THERAPY	0	1, 159, 551		45. 00
46. 00	04600 SPEECH PATHOLOGY	0	382, 373		46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	o		47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	o		48. 00
	04900 DRUGS CHARGED TO PATIENTS	o	477, 605		49. 00
	05100 SUPPORT SURFACES	O	0		51.00
	OTHER REIMBURSABLE COST CENTERS		-,		
	07100 AMBULANCE	0	44, 128		71.00
	SPECIAL PURPOSE COST CENTERS				
81. 00	08100   NTEREST EXPENSE				81. 00
82. 00	08200 UTILIZATION REVIEW - SNF				82. 00
83. 00	08300 H0SPI CE	0	o		83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	0	29, 415, 817		89. 00
	NONREI MBURSABLE COST CENTERS	<u>'</u>	· · · · · ·		
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
	09100 BARBER AND BEAUTY SHOP	0	o		91.00
92. 00	09200 PHYSICIANS PRIVATE OFFICES	0	o		92. 00
	09300 NONPALD WORKERS	O	O		93.00
	09400 PATIENTS LAUNDRY	o	ol		94.00
	09500 HOMELESS SHELTER		583, 720		95. 00
98. 00	Cross Foot Adjustments	o	0		98. 00
99. 00	Negative Cost Centers	l ol	0		99. 00
100.00	TOTAL	o	29, 999, 537		100.00
	ı	-1			

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315303

					12/01/2022	5/5/2023 12: 2:	2 pm
	Cost Center Description	Di rectly Assi gned New Capi tal	CAPITAL RELATED COSTS BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMI NI STRATI VE & GENERAL	
		Related Costs					
	T	0	1.00	2A	3. 00	4. 00	
	GENERAL SERVICE COST CENTERS		T	T			
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES		4, 000	47,000	47,000		1.00
3.00	00300 EMPLOYEE BENEFITS	0	16, 202		16, 202	000 547	3. 00
4.00	00400 ADMINISTRATIVE & GENERAL	0	219, 613		2, 954	222, 567	4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	314, 861	· ·	183	13, 225	5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	0	119, 757		1 175	1, 083	6. 00
7.00	00700 HOUSEKEEPI NG	0	2, 788		1, 175	10, 799	7. 00
8.00	00800 DI ETARY	0	180, 496	'	1, 406	22, 595	8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	0	١	2, 760	22, 926	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	7/ 215	7/ 215	58	485	12.00
13.00	01300 SOCIAL SERVICE	0	76, 315		270	2, 977	13.00
15. 00	O1500   PATIENT ACTIVITIES     INPATIENT ROUTINE SERVICE COST CENTERS	0	0	0	400	3, 827	15. 00
20.00	03000 SKILLED NURSING FACILITY	0	2 0/0 022	2 0/0 022	6, 996	119, 489	30. 00
30. 00 31. 00	03100 NURSING FACILITY	0	2, 068, 922 0		o, 990	119, 489	30.00
31.00	03200   CF/IID	0		-	0	0	31.00
33. 00	03300 OTHER LONG TERM CARE				0	0	33. 00
33.00	ANCI LLARY SERVICE COST CENTERS			U U	U	U	33.00
40. 00	04000 RADI OLOGY	0	0	0	0	103	40. 00
41.00	04100 LABORATORY				0	301	41. 00
42. 00	04200 I NTRAVENOUS THERAPY	0	0		0	0	42.00
43. 00	04300 OXYGEN (INHALATION) THERAPY	0	0	_	0	50	
44. 00	04400 PHYSI CAL THERAPY	0	16, 856	1	0	7, 741	44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	0	19, 673		0	8, 428	45. 00
46. 00	04600 SPEECH PATHOLOGY	0	10, 313		0	2, 745	
47. 00	04700 ELECTROCARDI OLOGY	0	0		0	2, 7, 10	47. 00
48. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	48. 00
49. 00	04900 DRUGS CHARGED TO PATIENTS	0	29, 687	_	0	3, 280	
51. 00	05100 SUPPORT SURFACES	0			0	0	51. 00
	OTHER REIMBURSABLE COST CENTERS				-		
71. 00	07100 AMBULANCE	0	0	0	0	327	71. 00
	SPECIAL PURPOSE COST CENTERS	<b>'</b>	<b>'</b>				
81.00	08100   NTEREST EXPENSE						81. 00
82.00	08200 UTILIZATION REVIEW - SNF						82. 00
83.00	08300 HOSPI CE	0	0	0	0	0	83. 00
89.00	SUBTOTALS (sum of lines 1-84)	0	3, 075, 483	3, 075, 483	16, 202	220, 381	89. 00
	NONREI MBURSABLE COST CENTERS						
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91. 00	09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	91. 00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPALD WORKERS	0	0	0	0	0	93.00
94.00	09400 PATIENTS LAUNDRY	0	0	١	0	0	94.00
95. 00	09500 HOMELESS SHELTER	0	241, 790	241, 790	0	2, 186	95. 00
98. 00	Cross Foot Adjustments			0			98. 00
99. 00	Negative Cost Centers		0	0	0	0	99. 00
100.00	TOTAL	0	3, 317, 273	3, 317, 273	16, 202	222, 567	100. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | To 12/31/2023 | To 12/31/2 Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS MORRIS VIEW HEALTHCARE CENTER Provi der No.: 315303

				10	12/31/2022	5/5/2023 12:22	
	Cost Center Description	PLANT	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	NURSI NG	_ p
		OPERATI ON,	LINEN SERVICE			ADMI NI STRATI ON	
		MAINT. &					
		REPAI RS 5. 00	6.00	7. 00	8. 00	9. 00	
	GENERAL SERVICE COST CENTERS	5.00	6.00	7.00	8.00	9.00	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
3.00	00300 EMPLOYEE BENEFITS						3. 00
4. 00	00400 ADMINISTRATIVE & GENERAL						4. 00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	328, 269					5. 00
6.00	00600 LAUNDRY & LINEN SERVICE	14, 210	135, 050				6. 00
7.00	00700 HOUSEKEEPI NG	331	0				7. 00
8.00	00800 DI ETARY	21, 417	0	1, 030	226, 944		8. 00
9. 00	00900 NURSING ADMINISTRATION	0	0	0	0	25, 686	9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10. 00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0	١	0	0	12.00
13.00	01300 SOCIAL SERVICE	9, 055	ł .		0	0	13.00
15. 00	O1500   PATIENT ACTIVITIES     INPATIENT ROUTINE SERVICE COST CENTERS	0	0	0	0	0	15. 00
30. 00	03000 SKILLED NURSING FACILITY	245, 487	135, 050	11, 811	226, 944	25, 686	30. 00
31. 00	03100 NURSING FACILITY	243, 467	133,030		220, 744	25, 080	31. 00
32. 00	03200   CF/IID				0	1	32. 00
33. 00	03300 OTHER LONG TERM CARE	0	0		0	l o	33. 00
00.00	ANCILLARY SERVICE COST CENTERS			5		J	00.00
40.00	04000 RADI OLOGY	0	0	0	0	0	40.00
41.00	04100 LABORATORY	0	0	0	0	0	41.00
42.00	04200 I NTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44. 00	04400 PHYSI CAL THERAPY	2, 000		, ,	0	0	44. 00
45. 00	04500 OCCUPATI ONAL THERAPY	2, 334			0	0	45. 00
46. 00	04600 SPEECH PATHOLOGY	1, 224	0		0	0	46. 00
47. 00	04700 ELECTROCARDI OLOGY	0	0	١	0	0	47. 00
48. 00 49. 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	2 522	0	١	0	0	48. 00 49. 00
51. 00	05100 SUPPORT SURFACES	3, 522	1		0		51. 00
31.00	OTHER REIMBURSABLE COST CENTERS	0		<u> </u>	0	0	31.00
71. 00	07100 AMBULANCE	0	0	0	0	0	71. 00
, 00	SPECIAL PURPOSE COST CENTERS			<u> </u>			7 11 00
81.00	08100 I NTEREST EXPENSE						81. 00
82.00	08200 UTILIZATION REVIEW - SNF						82. 00
83.00	08300 H0SPI CE	0	0	0	0	0	83. 00
89. 00	SUBTOTALS (sum of lines 1-84)	299, 580	135, 050	13, 713	226, 944	25, 686	89. 00
	NONREI MBURSABLE COST CENTERS	1					
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	-		0		90. 00
91.00	09100 BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92. 00	09200 PHYSI CLANS PRI VATE OFFI CES	0	0	0	0	0	92.00
93. 00 94. 00	09300 NONPAI D WORKERS 09400 PATI ENTS LAUNDRY		0	0	0	0	93. 00 94. 00
95.00	09500 HOMELESS SHELTER	28, 689			0		94. 00 95. 00
98. 00	Cross Foot Adjustments	20,007	0	1, 300	0	0	98. 00
99. 00	Negative Cost Centers	0	٥	ا	0		99. 00
100.00		328, 269	135, 050	15, 093	226, 944		
	T T		1				

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der No.: 315303

					5/5/2023 12: 2	2 pm
				OTHER GENERAL		
				SERVI CE		
Cost Center Description	CENTRAL	MEDI CAL	SOCIAL SERVICE	PATI ENT	Subtotal	
	SERVICES &	RECORDS &		ACTI VI TI ES		
	SUPPLY	LI BRARY				
	10.00	12.00	13. 00	15. 00	16. 00	
GENERAL SERVICE COST CENTERS						
1.00   00100   CAP REL COSTS - BLDGS & FIXTURES						1. 00
3.00 00300 EMPLOYEE BENEFITS						3. 00
4.00   00400 ADMINISTRATIVE & GENERAL						4. 00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00 00600 LAUNDRY & LINEN SERVICE						6. 00
7. 00   00700 HOUSEKEEPI NG						7. 00
8. 00   00800 DI ETARY						8. 00
9.00 00900 NURSING ADMINISTRATION						9. 00
10.00 01000 CENTRAL SERVICES & SUPPLY	0					10.00
12. 00 01200 MEDICAL RECORDS & LIBRARY	0	543	3			12. 00
13. 00   01300   SOCIAL   SERVICE	o	0	1			13. 00
15. 00 01500 PATIENT ACTIVITIES		0	1			15. 00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	٩		ή	1, 221		10.00
30. 00 03000 SKI LLED NURSI NG FACI LI TY	0	543	89, 053	4, 227	2, 934, 208	30. 00
31. 00 03100 NURSING FACILITY		049	07,033		2, 754, 200	31. 00
32. 00   03200   CF/IID	0	0	1		0	32.00
33. 00   03300   OTHER LONG TERM CARE	0	0			0	33. 00
	J U		)	U U	0	33.00
ANCI LLARY SERVI CE COST CENTERS  40. 00 O4000 RADI OLOGY	ol	0	) C	ol	103	40. 00
· · · · · · · · · · · · · · · · · · ·		0			301	
	1	0	1			41.00
42. 00 04200 I NTRAVENOUS THERAPY	0	0		0	0	42.00
43. 00 04300 0XYGEN (INHALATION) THERAPY	0	0		0	50	43.00
44. 00   04400   PHYSI CAL THERAPY	0	0		0	26, 693	44.00
45. 00 04500 OCCUPATI ONAL THERAPY	0	0	0	0	30, 547	45. 00
46. 00   04600   SPEECH PATHOLOGY	0	0		0	14, 341	46. 00
47. 00   04700   ELECTROCARDI OLOGY	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	36, 658	49. 00
51. 00 05100 SUPPORT SURFACES	0	0	0	0	0	51. 00
OTHER REIMBURSABLE COST CENTERS						
71. 00 07100 AMBULANCE	0	0	) C	0	327	71. 00
SPECIAL PURPOSE COST CENTERS						
81.00 08100 INTEREST EXPENSE						81. 00
82.00  08200   UTILIZATION REVIEW - SNF						82. 00
83. 00   08300   HOSPI CE	0	0	) C	0	0	83. 00
89.00 SUBTOTALS (sum of lines 1-84)	0	543	89, 053	4, 227	3, 043, 228	89. 00
NONREI MBURSABLE COST CENTERS						
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00 09100 BARBER AND BEAUTY SHOP	0	0	) c	0	0	91.00
92.00 09200 PHYSICIANS PRIVATE OFFICES	0	0		0	0	92.00
93. 00 09300 NONPALD WORKERS	O	0	) c	0	0	93. 00
94.00 09400 PATIENTS LAUNDRY	o	0	) c	o	0	94.00
95.00 09500 HOMELESS SHELTER	o	0		ol	274, 045	95. 00
98.00 Cross Foot Adjustments				ol	0	98. 00
99.00 Negative Cost Centers		0	ol o	ol	0	99. 00
100. 00 TOTAL	o	543	89, 053	4, 227	3, 317, 273	
	١	010	37,000	., 22/	0,0,270	1.50.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provi der No.: 315303

				5/5/2023 12: 2	. <u>2 pm</u>
Cost	Center Description	Post Step-Down	Total		
		Adjustments			
		17. 00	18. 00		
GENERAL SER	VICE COST CENTERS				
1. 00 00100 CAP R	EL COSTS - BLDGS & FLXTURES				1.00
3.00 00300 EMPLO	YEE BENEFITS				3.00
	ISTRATIVE & GENERAL				4. 00
	OPERATION, MAINT. & REPAIRS				5. 00
	RY & LINEN SERVICE				6. 00
7. 00 00700 HOUSE					7. 00
8. 00 00800 DI ETAI					8.00
	NG ADMINISTRATION				9.00
	AL SERVICES & SUPPLY				10.00
	AL RECORDS & LIBRARY				12. 00
13. 00   01300   SOCI A					13. 00
	NT ACTIVITIES				15. 00
	OUTINE SERVICE COST CENTERS				4
	ED NURSING FACILITY	0	2, 934, 208		30.00
31.00 03100 NURSI I	NG FACILITY	0	0		31.00
32. 00   03200   CF/I		0	0		32. 00
33. 00 03300 OTHER	LONG TERM CARE	0	0		33.00
ANCILLARY S	ERVICE COST CENTERS				1
40. 00 04000 RADI 0	LOGY	0	103		40. 00
41. 00 04100 LABOR	ATORY	o	301		41.00
42. 00 04200 I NTRA	VENOUS THERAPY	o	o		42.00
43. 00 04300 0XYGEI	N (INHALATION) THERAPY	o	50		43.00
44. 00 04400 PHYSI		l	26, 693		44.00
	ATIONAL THERAPY	0	30, 547		45.00
46. 00   04600 SPEECI		o	14, 341		46. 00
	ROCARDI OLOGY	o	0		47. 00
	AL SUPPLIES CHARGED TO PATIENTS	o	0		48. 00
	CHARGED TO PATIENTS	o o	36, 658		49. 00
51. 00 05100 SUPPOI			30, 030		51.00
	URSABLE COST CENTERS	J U	U <sub>I</sub>		1 31.00
71. 00 07100 AMBUL		0	327		71. 00
	POSE COST CENTERS	l ol	321		71.00
81. 00 08100 I NTERI					81. 00
					82.00
	ZATION REVIEW - SNF		0		1
		0	0		83. 00
	TALS (sum of lines 1-84)	0	3, 043, 228		89. 00
	ABLE COST CENTERS				4
	FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
	R AND BEAUTY SHOP	0	0		91. 00
	CLANS PRIVATE OFFICES	0	0		92.00
93. 00 09300 NONPA		0	0		93. 00
94. 00  09400 PATI EI		0	0		94.00
95. 00 09500 HOMELI	ESS SHELTER	0	274, 045		95. 00
98. 00 Cross	Foot Adjustments	O	O		98.00
99.00 Negati	ive Cost Centers	o	o		99. 00
100.00 TOTAL		O	3, 317, 273		100.00
		, '			•

RE CENTER In Lieu of Form CMS-2540-10
Provider No.: 315303 | Period: | Worksheet B-1 From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

					T	0 12/31/2022	Date/Time Pre 5/5/2023 12:2	
		Cost Center Description	CAPITAL RELATED COSTS BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	& GENERAL (ACCUM COST)	OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
	CENED	AL SERVICE COST CENTERS	1.00	3. 00	4A	4. 00	5. 00	
1.00		CAP REL COSTS - BLDGS & FIXTURES	233, 207					1.00
3. 00	4	EMPLOYEE BENEFITS	1, 139	12, 859, 011				3. 00
4. 00	4	ADMINISTRATIVE & GENERAL	15, 439	2, 344, 756		24, 617, 328		4. 00
5. 00		PLANT OPERATION, MAINT. & REPAIRS	22, 135	144, 945		1, 462, 755		5. 00
6.00		LAUNDRY & LINEN SERVICE	8, 419	O	1 _	119, 757		1
7.00		HOUSEKEEPI NG	196	932, 469	0	1, 194, 476		7. 00
8.00	00800	DI ETARY	12, 689	1, 115, 642	0	2, 499, 159	12, 689	8. 00
9.00		NURSING ADMINISTRATION	0	2, 190, 431	0	2, 535, 746	0	9. 00
10.00		CENTRAL SERVICES & SUPPLY	0	0	ή	0	0	10. 00
12. 00		MEDICAL RECORDS & LIBRARY	0	46, 346		53, 628		12. 00
13. 00		SOCIAL SERVICE	5, 365	214, 414				1
15. 00		PATIENT ACTIVITIES	0	317, 218	0	423, 286	0	15. 00
20.00		ENT ROUTINE SERVICE COST CENTERS	145 447	F FF2 700		12 21/ 12/	145 447	20.00
30. 00 31. 00		SKILLED NURSING FACILITY NURSING FACILITY	145, 447	5, 552, 790	0		145, 447 0	30. 00 31. 00
32. 00	4	ICF/IID	0	0	0	_	0	32.00
		OTHER LONG TERM CARE		0		_		33.00
33. 00		LARY SERVICE COST CENTERS	9		,	J		33.00
40.00		RADI OLOGY	0	C	0	11, 417	0	40. 00
41.00	04100	LABORATORY	o	0	0			41.00
42.00	04200	INTRAVENOUS THERAPY	O	0	0	0	0	42. 00
43.00		OXYGEN (INHALATION) THERAPY	0	0	0	5, 486	0	43. 00
44.00		PHYSI CAL THERAPY	1, 185	0	0	856, 231	1, 185	1
45. 00		OCCUPATI ONAL THERAPY	1, 383	0	0	932, 217	1, 383	1
46. 00		SPEECH PATHOLOGY	725	0	0	303, 654		1
47. 00	4	ELECTROCARDI OLOGY	0	0	0	0	0	47. 00
48. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48. 00
49. 00	4	DRUGS CHARGED TO PATIENTS	2, 087	0				49. 00
51. 00		SUPPORT SURFACES REI MBURSABLE COST CENTERS	0	0	0	0	0	51.00
71. 00		AMBULANCE	O	O	0	36, 211	0	71. 00
71.00		AL PURPOSE COST CENTERS	<u> </u>		,, ,	30, 211	0	71.00
81. 00		INTEREST EXPENSE						81. 00
82. 00	4	UTILIZATION REVIEW - SNF						82. 00
83.00		HOSPI CE	O	0	0	0	0	83. 00
89. 00		SUBTOTALS (sum of lines 1-84)	216, 209	12, 859, 011	-5, 382, 209	24, 375, 538	177, 496	89. 00
	NONRE	MBURSABLE COST CENTERS						
90. 00		GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0			-	90.00
91. 00	4	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00		PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	1	NONPALD WORKERS	0	0	0	0	0	
		PATIENTS LAUNDRY HOMELESS SHELTER	16, 998	0	1			94. 00 95. 00
95. 00 98. 00	09500	Cross Foot Adjustments	10, 998	U	,	241, 790	10, 998	98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B,	3, 317, 273	2, 020, 551		5, 382, 209	1, 782, 564	
102.00	1	Part I)	3,317,273	2,020,001		5, 302, 207	1, 702, 304	102.00
103.00	o	Unit cost multiplier (Wkst. B, Part I)	14. 224586	0. 157131		0. 218635	9. 165136	103. 00
104.00	1	Cost to be allocated (per Wkst. B,		16, 202		222, 567	328, 269	1
		Part II)		•				
105.00		Unit cost multiplier (Wkst. B, Part		0. 001260		0. 009041	1. 687810	105. 00
		11)			1			l

Provi der No.: 315303

			1	0 12/31/2022	5/5/2023 12: 2	
Cost Center Description	LAUNDRY &	HOUSEKEEPING	DI ETARY	NURSI NG	CENTRAL	
, and the second se	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	ADMI NI STRATI ON	SERVICES &	
	(PATI ENT	,			SUPPLY	
	CENSUS)			(DI RECT	(COSTED	
				NURSI NG)	REQUIS.)	
	6. 00	7.00	8.00	9. 00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES						1. 00
3.00 00300 EMPLOYEE BENEFITS						3. 00
4.00 00400 ADMINISTRATIVE & GENERAL						4. 00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS						5. 00
6.00 00600 LAUNDRY & LINEN SERVICE	91, 300	)				6. 00
7. 00 00700 HOUSEKEEPI NG	0	l .				7. 00
8. 00   00800 DI ETARY	0	12, 689	273, 900			8. 00
9. 00 00900 NURSING ADMINISTRATION	0	0	0	295, 240		9. 00
10. 00 01000 CENTRAL SERVI CES & SUPPLY				270,210	719, 829	10.00
12. 00 01200 MEDI CAL RECORDS & LI BRARY					0	12. 00
13. 00 01300 SOCI AL SERVI CE		5, 365		0	0	13. 00
15. 00 01500 PATIENT ACTIVITIES		•	1	0	0	15. 00
INPATIENT ROUTINE SERVICE COST CENTERS		,	<u> </u>	<u> </u>		15.00
30. 00 03000 SKILLED NURSING FACILITY	91, 300	145, 447	273, 900	295, 240	386, 722	30.00
		1	1	293, 240		ı
31. 00 03100 NURSING FACILITY	0		0	0	0	31.00
32. 00   03200   CF/IID	0	1	0	_	0	32.00
33. 00 03300 OTHER LONG TERM CARE	0	0	) 0	0	0	33. 00
ANCILLARY SERVICE COST CENTERS	_		_	_1		
40. 00   04000   RADI OLOGY	0	0	il	0	0	40. 00
41. 00  04100  LABORATORY	0	) 0	) 0	0	0	41. 00
42. 00  04200  I NTRAVENOUS THERAPY	0	0	) 0	0	0	42. 00
43.00  04300 0XYGEN (INHALATION) THERAPY	0	0	0	0	0	43. 00
44. 00   04400   PHYSI CAL THERAPY	0	1, 185	0	0	0	44. 00
45. 00  04500 OCCUPATI ONAL THERAPY	0	1, 383	0	0	0	45. 00
46. 00  04600 SPEECH PATHOLOGY	0	725	0	0	0	46. 00
47. 00   04700   ELECTROCARDI OLOGY	0	0	0	0	0	47. 00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48. 00
49.00 04900 DRUGS CHARGED TO PATIENTS	0	2, 087	0	0	333, 107	49. 00
51. 00 05100 SUPPORT SURFACES	0	0	0	o	0	51.00
OTHER REIMBURSABLE COST CENTERS						
71. 00 07100 AMBULANCE	0	0	0	0	0	71. 00
SPECIAL PURPOSE COST CENTERS	<u> </u>					
81. 00 08100 I NTEREST EXPENSE						81. 00
82.00 08200 UTILIZATION REVIEW - SNF						82. 00
83. 00   08300   HOSPI CE	0	0	) 0	o	0	83. 00
89.00   SUBTOTALS (sum of lines 1-84)	91, 300	168, 881	273, 900	295, 240	719, 829	89. 00
NONREI MBURSABLE COST CENTERS	,	1		,		
90. 00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	O	0	90. 00
91. 00 09100 BARBER AND BEAUTY SHOP		-	o o	-	0	91.00
92. 00 09200 PHYSICIANS PRIVATE OFFICES				٥	0	92.00
93. 00 09300 NONPALD WORKERS				0	0	93. 00
				0	0	•
	0	1/ 000		U	0	94.00
95. 00 09500 HOMELESS SHELTER	0	16, 998	5	U	Ü	95. 00
98.00 Cross Foot Adjustments						98. 00
99.00 Negative Cost Centers	000 404		0.044.050	0.000.440		99. 00
102.00 Cost to be allocated (per Wkst. B,	223, 101	1, 457, 426	3, 261, 350	3, 090, 149	0	102. 00
Part I)			44 007000	40 444544		
103.00 Unit cost multiplier (Wkst. B, Part I	,	1			0.000000	
104.00 Cost to be allocated (per Wkst. B,	135, 050	15, 093	226, 944	25, 686	0	104. 00
Part II)						
105.00 Unit cost multiplier (Wkst. B, Part	1. 479189	0. 081198	0. 828565	0. 087000	0. 000000	105. 00
11)	I	I	I	ı l		l

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/5/2023 12: 22 pm Provi der No.: 315303

					5/5/2023 12:	:22 pm
				OTHER GENERAL		
				SERVI CE		
	Cost Center Description	MEDI CAL	SOCIAL SERVICE	PATI ENT		
		RECORDS &		ACTI VI TI ES		
		LI BRARY	(PATI ENT	(PATI ENT		
		(PATI ENT	CENSUS)	CENSUS)		
		CENSUS)				
		12. 00	13. 00	15. 00		
	GENERAL SERVICE COST CENTERS	1		1		
	00100 CAP REL COSTS - BLDGS & FIXTURES					1. 00
	00300 EMPLOYEE BENEFITS					3. 00
	00400 ADMINISTRATIVE & GENERAL					4. 00
5. 00	00500 PLANT OPERATION, MAINT. & REPAIRS					5. 00
6.00	00600 LAUNDRY & LINEN SERVICE					6. 00
7. 00	00700 HOUSEKEEPI NG					7. 00
8.00	00800  DI ETARY					8. 00
9.00	00900 NURSI NG ADMI NI STRATI ON					9. 00
10.00	01000 CENTRAL SERVICES & SUPPLY					10. 00
12.00	01200 MEDICAL RECORDS & LIBRARY	91, 300	)			12. 00
13.00	01300 SOCIAL SERVICE	C	91, 300	)		13. 00
15.00	01500 PATIENT ACTIVITIES	C	0	91, 300		15. 00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 SKILLED NURSING FACILITY	91, 300	91, 300	91, 300		30. 00
31.00	03100 NURSING FACILITY	C	0	0		31. 00
32.00	03200   CF/IID	C	0	0		32. 00
33.00	03300 OTHER LONG TERM CARE	C	0	0		33. 00
	ANCILLARY SERVICE COST CENTERS		•			
40.00	04000 RADI OLOGY	C	0	0		40. 00
41.00	04100 LABORATORY	C	0	0		41.00
42.00	04200 I NTRAVENOUS THERAPY		0	0		42. 00
	04300 OXYGEN (INHALATION) THERAPY		ol o	0		43.00
44.00	04400 PHYSI CAL THERAPY		ol o	0		44.00
	04500 OCCUPATI ONAL THERAPY		ol o	0		45. 00
	04600 SPEECH PATHOLOGY		ol o	0		46. 00
	04700 ELECTROCARDI OLOGY		ol o	o		47. 00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS			0		48. 00
	04900 DRUGS CHARGED TO PATIENTS			o o		49. 00
	05100 SUPPORT SURFACES		ol o			51.00
	OTHER REIMBURSABLE COST CENTERS	_	-			
71.00	07100 AMBULANCE	C	0	0		71. 00
	SPECIAL PURPOSE COST CENTERS		•			
81.00	08100 I NTEREST EXPENSE					81. 00
82.00	08200 UTILIZATION REVIEW - SNF					82. 00
83.00	08300 H0SPI CE	l c	o	0		83. 00
89.00	SUBTOTALS (sum of lines 1-84)	91, 300	91, 300	91, 300		89. 00
	NONREI MBURSABLE COST CENTERS					
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	C	0	0		90. 00
	09100 BARBER AND BEAUTY SHOP		ol o	o		91.00
	09200 PHYSICIANS PRIVATE OFFICES		ol o	o		92.00
	09300 NONPALD WORKERS			0		93. 00
	09400 PATIENTS LAUNDRY			Ō		94. 00
	09500 HOMELESS SHELTER	"	ا ا	, o		95. 00
98. 00	Cross Foot Adjustments			]		98. 00
99. 00	Negative Cost Centers					99. 00
102.00		65, 353	492, 491	515, 831		102. 00
. 52. 50	Part I)	00,000	1,2, 1,1	0.0,001		1.52.55
103.00		0. 715805	5. 394206	5. 649847		103. 00
104.00		543	I I	1		104. 00
. 5 1. 50	Part II)	]	7, 333	', 22'		1.555
105.00	l   '	0. 005947	0. 975389	0. 046298		105. 00
		•	•			•

Health Financial Systems	ORRIS VIEW HEALTHCARE CENTER		In Lie	eu of Form CMS-2	2540 10
Health Financial Systems NATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIE			Peri od:	Worksheet C	2340-10
KATTO OF COST TO CHARGES FOR ANCIELARY AND OUTLATTE	IN COST CENTERS		From 01/01/2022	WOI KSHEET C	
		-	Γο 12/31/2022		
		1 =	1	5/5/2023 12: 2	2 pm
Cost Center Description		Total (from		Ratio (col. 1	
		Wkst. B, Pt I		di vi ded by	
		col . 18)		col. 2	
		1.00	2. 00	3. 00	
ANCILLARY SERVICE COST CENTERS					
40. 00  04000  RADI OLOGY		13, 91	3 0	0. 000000	40. 00
41. 00   04100   LABORATORY		40, 60	4 0	0.000000	41.00
42.00   04200   I NTRAVENOUS THERAPY			0	0.000000	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY		6, 68	5 0	0.000000	43.00
44. 00 04400 PHYSI CAL THERAPY		1, 063, 58	1, 313, 514	0.809725	44. 00
45. 00 04500 OCCUPATI ONAL THERAPY		1, 159, 55	1 1, 465, 031	0. 791486	45. 00
46. 00 04600 SPEECH PATHOLOGY		382, 37	544, 787	0. 701876	46. 00
47. 00 04700 ELECTROCARDI OLOGY			0	0.000000	47. 00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS			0	0.000000	48. 00
49.00 04900 DRUGS CHARGED TO PATIENTS		477, 60	333, 107	1. 433789	49. 00
51. 00 05100 SUPPORT SURFACES			0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS		1	-		
71. 00 07100 AMBULANCE		44, 12	3 0	0.000000	71. 00
100. 00 Total		3, 188, 44			100.00
To the state of th		1 -77		1	

Health Financial Systems N	MORRIS VIEW HEAI	LTHCARE CENTER		In Lie	eu of Form CMS-	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Peri od:	Worksheet D	
				From 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/5/2023 12: 2	
		Title	XVIII (1)	Skilled Nursing		2 piii
				Facility		
		Heal th Care Pi	rogram Charges	Health Care	Program Cost	
	Ratio of Cost	Part A	Part B	Part A (col. 1		
	to Charges			x col. 2)	x col. 3)	
	(Fr. Wkst. C					
	Col umn 3) 1.00	2.00	3.00	4. 00	5. 00	
PART I - CALCULATION OF ANCILLARY AND OUTPAT		2.00	3.00	4.00	3.00	
ANCILLARY SERVICE COST CENTERS	ILIVI COST					1
40. 00   04000   RADI OLOGY	0.000000	0		0	0	40.00
41. 00   04100   LABORATORY	0. 000000			0 0	0	41. 00
42. 00 04200 I NTRAVENOUS THERAPY	0. 000000	0		0	0	1
43.00 04300 OXYGEN (INHALATION) THERAPY	0. 000000	0		0 0	0	43.00
44. 00 04400 PHYSI CAL THERAPY	0. 809725	675, 394		546, 883	0	44. 00
45. 00 04500 OCCUPATI ONAL THERAPY	0. 791486	746, 566		590, 897	0	45. 00
46. 00 04600 SPEECH PATHOLOGY	0. 701876	287, 341		0 201, 678	0	46. 00
47. 00 04700 ELECTROCARDI OLOGY	0. 000000	0		0	0	47. 00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	-		0	0	48. 00
49.00 04900 DRUGS CHARGED TO PATIENTS	1. 433789			0	0	1
51. 00 05100 SUPPORT SURFACES	0. 000000	0		0 0	0	51.00
OUTPATIENT SERVICE COST CENTERS		1	1			
71.00 07100 AMBULANCE (2)	0. 000000			0	l .	71. 00
100.00   Total (Sum of lines 40 - 71)		1, 709, 301		0 1, 339, 458	0	100. 00
(1) For title V and XIX use columns 1, 2, and 4 onl	у.					

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

Heal th	Financial Systems N	ORRIS VIEW HEAI	LTHCARE CENTER		In Li∈	eu of Form CMS-2	2540-10
APPORT	TONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der	No.: 315303	Period: From 01/01/2022 To 12/31/2022		
			Ti tl	e XVIII	Skilled Nursing Facility	PPS	
	Cost Center Description						
	PART II - APPORTIONMENT OF VACCINE COST					1.00	
1.00	Drugs charged to patients - ratio of co Program vaccine charges (From your reco	ords, or the PS	&R)		•	1. 433789	2. 00
3. 00	Program costs (Line 1 x line 2) (Title E, Part I, line 18)	XVIII, PPS pro	viders, transt	er this amoun	t to worksheet	0	3. 00
	Cost Center Description	Total Cost	Nursing &	Ratio of		Part A Nursing	
			Allied Health		Cost (From	& Allied	
			(From Wkst. B,			Health Costs	
		18		Costs to Tota	, , , , , , , , , , , , , , , , , , , ,	for Pass	
14) Costs - Part A					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			0.00	11.00	0.00	
	ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADI OLOGY	13, 913	0	0.00000	0 0	0	40. 00
41.00	04100 LABORATORY	40, 604	0	0. 00000	0 0	0	41.00
42.00	04200 I NTRAVENOUS THERAPY	0	0	0.00000	0 0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	6, 685	0	0.00000	00	0	43. 00
44.00	04400 PHYSI CAL THERAPY	1, 063, 585	0	0.00000	546, 883	0	44. 00
45.00	04500 OCCUPATI ONAL THERAPY	1, 159, 551	0	0.00000	590, 897	0	45. 00
46.00	04600 SPEECH PATHOLOGY	382, 373	0	0.00000		0	46. 00
	04700 ELECTROCARDI OLOGY	0	0	0.00000		0	47. 00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.00000		0	48. 00
	04900 DRUGS CHARGED TO PATIENTS	477, 605	0	0. 00000		0	49. 00
	05100 SUPPORT SURFACES	0	0	0.00000		0	
100.00	Total (Sum of lines 40 - 52)	3, 144, 316	0	P	1, 339, 458	0	100. 00

MPUT	ATION OF INPATIENT ROUTINE COSTS	Provi der No.: 315303	Peri od:	u of Form CMS-2 Worksheet D-1	
			From 01/01/2022 To 12/31/2022	Parts I-II Date/Time Pre 5/5/2023 12:2	pare
		Title XVIII	Skilled Nursing Facility	PPS	_ p
				1.00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS			1. 00	
	INPATIENT DAYS				1
00	Inpatient days including private room days			91, 300	1
00	Private room days			0	2
00	Inpatient days including private room days applicable to the P	rogram		12, 581	3
00	Medically necessary private room days applicable to the Progra	m		0	4
00	Total general inpatient routine service cost			26, 227, 373	5
	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT			24 224 542	١.
00	General inpatient routine service charges			31, 286, 540	
0	General inpatient routine service cost/charge ratio (Line 5 d	(Videa by Tine 6)		0. 838296	
10 10	Enter private room charges from your records Average private room per diem charge (Private room charges lin	o 0 divided by private	room days line	0 0. 00	
)()	2)	e 8 divided by private	TOOIII days, TITIE	0.00	7
00	Enter semi-private room charges from your records			0	10
00	Average semi-private room per diem charge (Semi-private room	charges line 10. divide	d bv	0.00	
	semi-private room days)	g,			
00	Average per diem private room charge differential (Line 9 minu	s line 11)		0.00	12
00	Average per diem private room cost differential (Line 7 times	line 12)		0.00	13
00	Private room cost differential adjustment (Line 2 times line 1			0	
00	General inpatient routine service cost net of private room cos PROGRAM INPATIENT ROUTINE SERVICE COSTS	t differential (Line 5	minus line 14)	26, 227, 373	15
00	Adjusted general inpatient service cost per diem (Line 15 div	ided by line 1)		287. 27	16
00	Program routine service cost (Line 3 times line 16)	,		3, 614, 144	17
00	Medically necessary private room cost applicable to program (	line 4 times line 13)		0	18
00	Total program general inpatient routine service cost (Line 17	plus line 18)		3, 614, 144	19
00	Capital related cost allocated to inpatient routine service co line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	sts (From Wkst. B, Par	t II column 18,	2, 934, 208	20
00	Per diem capital related costs (Line 20 divided by line 1)			32. 14	21
00	Program capital related cost (Line 3 times line 21)			404, 353	
00	Inpatient routine service cost (Line 19 minus line 22)			3, 209, 791	23
00	Aggregate charges to beneficiaries for excess costs (From pro			0	
	Total program routine service costs for comparison to the cost	limitation (Line 23 mi	nus line 24)	3, 209, 791	
00	Enter the per diem limitation (1)				26
	Inpatient routine service cost limitation (Line 3 times the pe				27
00	Reimbursable inpatient routine service costs (Line 22 plus th (Transfer to Worksheet E, Part II, line 4) (See instructions)	e lesser of line 25 or	line 27)		28
Li	nes 26 and 27 are not applicable for title XVIII, but may be us	ed for title V and or t	itle XIX	'	
				1.00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS	FOR PPS PASS_THROUGH		1. 00	
0	Total SNF inpatient days	TON 113 1A33-THROUGH		91, 300	1
00	Program inpatient days (see instructions)			12, 581	2
00	Total nursing & allied health costs. (see instructions)(Do not	complete for titles V	or XLX)	12, 301	3
00	Nursing & allied health ratio. (line 2 divided by line 1)	, 111 111 11100	,	0. 137798	
00	Program nursing & allied health costs for pass-through. (line	3 times line 4)		0	

Health Financial Systems	MORRIS VIEW HEALTHCA	RE CENTER	In Lie	u of Form CMS-2540-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	FOR TITLE XVIII	Provi der No.: 315303	From 01/01/2022	Worksheet E Part I Date/Time Prepared: 5/5/2023 12:22 pm
		Title XVIII	Skilled Nursing	PPS

		Title XVIII	Skilled Nursing	PPS	
			Facility		
			_	1. 00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURS	EMENT	<u>'</u>		
1.00	Inpatient PPS amount (See Instructions)			8, 725, 456	1.00
2.00	Nursing and Allied Health Education Activities (pass through pa	yments)		o	2.00
3.00	Subtotal ( Sum of lines 1 and 2)			8, 725, 456	3.00
4.00	Primary payor amounts			24, 580	4.00
5.00	Coinsurance			1, 562, 808	5.00
6.00	Allowable bad debts (From your records)			805, 933	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instru	ctions)		545, 992	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)			523, 856	8.00
9.00	Recovery of bad debts - for statistical records only			0	9. 00
10.00	Utilization review			0	10.00
11. 00	Subtotal (See instructions)			7, 661, 924	11.00
12.00	Interim payments (See instructions)			7, 465, 148	12.00
13.00	Tentati ve adjustment			0	13.00
14.00	OTHER adjustment (See instructions)			0	14.00
14. 50	Demonstration payment adjustment amount before sequestration			0	14. 50
14. 55	Demonstration payment adjustment amount after sequestration			6, 761	14. 55
14. 75	Sequestration for non-claims based amounts (see instructions)			6, 601	
14. 99	Sequestration amount (see instructions)			75, 862	
15. 00	Balance due provider/program (see Instructions)			107, 552	
16. 00	, , , , , , , , , , , , , , , , , , , ,			0	16.00
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER	OF COST OR CHARGES -	TITLE XVIII ONLY		
17. 00	Ancillary services Part B			0	
18.00	Vaccine cost (From Wkst D, Part II, line 3)			0	18. 00
19. 00	Total reasonable costs (Sum of lines 17 and 18)			0	19. 00
20.00	Medicare Part B ancillary charges (See instructions)			0	20.00
21. 00	Cost of covered services (Lesser of line 19 or line 20)			0	21. 00
22. 00	Pri mary payor amounts			0	22. 00
23. 00	Coinsurance and deductibles			0	23. 00
24.00	Allowable bad debts (From your records)			0	24. 00
24. 01	Allowable Bad debts for dual eligible beneficiaries (see instru	CTI ONS)		0	24. 01
24. 02	Adjusted reimbursable bad debts (see instructions)			0	24. 02
25. 00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)			0	25. 00
26. 00	Interim payments (See instructions)			0	26. 00
27. 00	Tentative adjustment			0	27. 00
28. 00				0	28. 00
28. 50					28. 50
28. 55					28. 55 28. 99
28. 99 29. 00	· · · · · · · · · · · · · · · · · · ·			0	
	Protested amounts (Nonallowable cost report items) in accordance	a with CMS Dub 15 2	section 115 2	0	
30.00	processed amounts (Nonarrowanie cost report realls) ili accordanc	e with two rub. 13-2,	36611011 113. 2	٥Į	30.00

Provi der No.: 315303 Peri od: Worksheet E-1 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/5/2023 12:22 pm

Title XVIII Skilled Nursing

PPS

		11 (1)	e Aviii	Facility	FF3	
		Inpatient Part A Par		t B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
1 00	Total interim normante poid to provider	1. 00	2.00	3. 00	4.00	1 00
1. 00 2. 00	Total interim payments paid to provider Interim payments payable on individual bills, either		7, 384, 662			1. 00 2. 00
2.00	submitted or to be submitted to the contractor for		U		0	2.00
	services rendered in the cost reporting period. If none,					
	enter zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	amount based on subsequent revision of the interim rate					
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
3. 01	Program to Provider ADJUSTMENTS TO PROVIDER	05/25/2022	80, 486		0	3. 01
3. 01	ADJUSTIMENTS TO PROVIDER	03/23/2022	00, 480			
3. 03			Ö		ĺ	3. 02
3. 04			o		Ö	
3. 05			Ö		Ō	
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3. 50
3. 51			0		0	
3. 52			0		0	
3. 53			0		0	
3.54	Cubatatal (Cum of Lines 2 01 2 40 minus aug of Lines 2 50		0 40/		0	3. 54
3. 99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50   - 3.98)		80, 486		0	3. 99
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		7, 465, 148		0	4. 00
4.00	(Transfer to Wkst. E, Part I line 12 for Part A, and line		7, 403, 140		Ĭ	4.00
	26 for Part B)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)  Program to Provider					
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5. 02	TENTATIVE TO PROVIDER		0		0	
5. 03			ő		Ö	
	Provider to Program		-			
5.50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51			0		0	5. 51
5. 52			0		0	
5. 99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50		0		0	5. 99
/ 00	- 5. 98)					/ 00
6. 00	Determined net settlement amount (balance due) based on the cost report. (1)					6. 00
6. 01	PROGRAM TO PROVIDER		107, 552		0	6. 01
6. 02	PROVI DER TO PROGRAM		0		ĺ	
7. 00	Total Medicare program liability (see instructions)		7, 572, 700		Ö	
			Contract	or Name	Contractor	
					Number	
0.00	lu co i		1.	00	2. 00	2.05
8.00	Name of Contractor					8. 00

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

Health Financial Systems MORRIS VIEW HEAD BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column onl y)

Provi der No.: 315303

Peri od: Worksheet G From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/5/2023 12:22 pm

onl y)					/2023 12: 22 p	
		General Fund	Specific Endowment F		ant Fund	
		1.00	Purpose Fund 2.00 3.00		4. 00	
	Assets					
	CURRENT ASSETS			-1		
1.00	Cash on hand and in banks	1, 548, 704	0	0		1.00
2. 00 3. 00	Temporary i nvestments Notes receivable	0	0	0	•	2. 00
4. 00	Accounts recei vable	5, 903, 566	I ~		•	4. 00
5. 00	Other recei vables	12, 025		ol	•	5. 00
6.00	Less: allowances for uncollectible notes and accounts	-245, 526		0	•	6.00
	recei vabl e					
7.00	Inventory	0	0	0	•	7. 00
8. 00 9. 00	Prepaid expenses	397, 548	0	0	•	8. 00 9. 00
10.00	Other current assets Due from other funds	0	Ö			10.00
11. 00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	7, 616, 317		ol	•	11. 00
	FIXED ASSETS	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
12.00	Land	0	0	0		12. 00
13.00	Land improvements	0	0	0	•	13. 00
14.00	Less: Accumulated depreciation	0	0	0	•	14.00
15. 00 16. 00	Buildings Less Accumulated depreciation	0	0	0	•	15. 00 16. 00
17. 00	Leasehold improvements	444, 177	· ·		•	17. 00
18. 00	Less: Accumulated Amortization	-86, 306		ol		18. 00
19.00	Fi xed equipment	0	o	0	0 1	19. 00
20.00	Less: Accumulated depreciation	0	0	0	0 2	20. 00
21. 00	Automobiles and trucks	0	0	0	•	21. 00
22. 00	Less: Accumul ated depreciation	0	0	0	•	22. 00
23. 00	Major movable equipment	433, 087		0	•	23. 00
24. 00 25. 00	Less: Accumulated depreciation Minor equipment - Depreciable	-70, 914	0			24. 00 25. 00
26. 00	Mi nor equipment nondepreciable	0		0		26. 00
27. 00	Other fixed assets	0	o o	Ö		27. 00
28. 00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	720, 044	О	О	0 2	28. 00
	OTHER ASSETS					
29. 00	Investments	0	0	0	•	29. 00
30.00	Deposits on Leases	0	0	0		30.00
31. 00 32. 00	Due from owners/officers Other assets	572, 521 7, 683, 897	0		•	31. 00 32. 00
33. 00	TOTAL OTHER ASSETS (Sum of Lines 29 - 32)	8, 256, 418		0		33. 00
34. 00	TOTAL ASSETS (Sum of Lines 11, 28, and 33)	16, 592, 779		Ö	•	34. 00
	Liabilities and Fund Balances			·		
	CURRENT LIABILITIES					
35. 00	Accounts payable	11, 697, 795		0	•	35. 00
36. 00 37. 00	Salaries, wages, and fees payable Payroll taxes payable	877, 488 49, 669		0	•	36. 00 37. 00
38. 00	Notes & Loans payable (Short term)	49,009		0		38. 00
39. 00	Deferred income	1, 988, 610	l ö	ol		39. 00
40.00	Accel erated payments	0			4	40. 00
41.00	Due to other funds	0	0	0	0 4	41. 00
42.00	Other current liabilities	-41, 427		0	•	42. 00
43. 00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	14, 572, 135	0	0	0 4	43. 00
44. 00	LONG TERM LIABILITIES  Mortgage payable	^	0	o	0 4	14. 00
45.00	Notes payable	3, 896, 012		0	•	44. 00 45. 00
46. 00	Unsecured Loans	0,070,012	Ö	ŏ	•	46. 00
47. 00	Loans from owners:	0	Ō	o	•	47. 00
48. 00	Other long term liabilities	0	0	0	•	48. 00
49. 00	OTHER (SPECIFY)	0	0	0	•	49. 00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	3, 896, 012		0	•	50.00
51. 00	TOTAL LIABILITIES (Sum of lines 43 and 50) CAPITAL ACCOUNTS	18, 468, 147	0	0	0 5	51. 00
52. 00	General fund balance	-1, 875, 368			5	52. 00
53. 00	Specific purpose fund	1,0,0,000	o			53. 00
54.00	Donor created - endowment fund balance - restricted			0	5	54. 00
55.00	Donor created - endowment fund balance - unrestricted			0	•	55. 00
56. 00	Governing body created - endowment fund balance			0	•	56. 00
57.00	Plant fund balance - invested in plant					57.00
58. 00	Plant fund balance - reserve for plant improvement, replacement, and expansion				ال ال	58. 00
59. 00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-1, 875, 368	О	О	0 5	59. 00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and	16, 592, 779		О		50. 00
	59)					

17.00

18.00

19.00

0

0

STATEMENT OF CHANGES IN FUND BALANCES Provi der No.: 315303 Peri od: Worksheet G-1 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/5/2023 12: 22 pm General Fund Special Purpose Fund Endowment Fund 1.00 2.00 3.00 4. 00 5. 00 1.00 Fund balances at beginning of period 17, 834, 134 0 1.00 2.00 Net income (loss) (from Wkst. G-3, line 31) -860, 743 2.00 3.00 Total (sum of line 1 and line 2) 16, 973, 391 0 3.00 4.00 Additions (credit adjustments) 4.00 5.00 ROUNDI NG 0 5.00 2 0 0 0 6.00 0 6.00 0 7.00 0 7.00 0 8.00 0 8.00 9.00 9.00 10.00 Total additions (sum of line 5 - 9) 10.00 Subtotal (line 3 plus line 10) 16, 973, 393 0 11.00 11.00 12.00 Deductions (debit adjustments) 12.00 13.00 DI VI DENDS 18, 848, 761 0 13.00 14.00 0 14.00 0 0 15.00 0 0 15.00 0 16.00 0 16.00 17.00 17.00 Total deductions (sum of lines 13 - 17) 18, 848, 761 18.00 18.00 Fund balance at end of period per balance 19.00 -1, 875, 368 19.00 sheet (Line 11 - line 18) Endowment Fund Plant Fund 7. 00 8.00 6. 00 1.00 Fund balances at beginning of period 0 0 1.00 Net income (loss) (from Wkst. G-3, line 31) 2.00 2.00 3.00 Total (sum of line 1 and line 2) 0 0 3.00 4.00 Additions (credit adjustments) 4.00 5.00 ROUNDI NG 5.00 0 6.00 6.00 7.00 0 7 00 8.00 0 8.00 9.00 9.00 10.00 Total additions (sum of line 5 - 9) 0 0 10.00 0 0 11.00 Subtotal (line 3 plus line 10) 11.00 12.00 Deductions (debit adjustments) 12.00 DI VI DENDS 13.00 13.00 14.00 0 14.00 15.00 0 15.00 16.00 16.00

0

17.00

18.00

19.00

Total deductions (sum of lines 13 - 17)

sheet (Line 11 - line 18)

Fund balance at end of period per balance

Heal th	Financial Systems MORRIS VIEW HEALTHCA	RE CENTER		In Lie	u of Form CMS-2	2540-10
STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der	No.: 315303	Peri od:	Worksheet G-2	
				From 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/5/2023 12:2	pared:
	Cost Center Description		Inpati ent	Outpati ent	Total	2 piii
	Cost Center Description		1.00	2.00	3. 00	
	PART I - PATIENT REVENUES		1.00	2.00	3.00	
	General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY		31, 286, 54	10	31, 286, 540	1. 00
2.00	NURSING FACILITY		31, 200, 3	0	31, 280, 340	2.00
3.00	ICF/IID			0	0	3.00
4. 00	OTHER LONG TERM CARE			0	0	4.00
			21 20/ 5	10	0 21 207 540	
5. 00	Total general inpatient care services (Sum of lines 1 - 4)  All Other Care Services		31, 286, 54	40	31, 286, 540	5. 00
			2 (5/ 4)	20 0	2 (5( 420	/ 00
6.00	ANCI LLARY SERVI CES		3, 656, 43	39	3, 656, 439	6. 00
7.00	CLINIC			0	0	7. 00
8.00	HOME HEALTH AGENCY COST			0	0	8. 00
9. 00	AMBULANCE			0	0	9. 00
10. 00	RURAL HEALTH CLINIC			0	0	10. 00
10. 10	FQHC			0	0	10. 10
11. 00	CMHC			0	0	11. 00
12. 00	HOSPI CE			0	0	12. 00
13. 00	OTHER (SPECIFY)			0	0	13. 00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3	to	34, 942, 9	79 0	34, 942, 979	14. 00
	Worksheet G-3, Line 1)					
	Cost Center Description					
				1. 00	2. 00	
	PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)				33, 134, 947	1. 00
2.00	Add (Specify)			0		2. 00
3 00				0		3 00

	COST Center Description			
		1. 00	2. 00	
-	PART II - OPERATING EXPENSES			
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		33, 134, 947	1.00
2.00	Add (Specify)	0		2. 00
3.00		0		3. 00
4.00		0		4. 00
5.00		0		5. 00
6.00		0		6. 00
7.00		0		7. 00
8.00	Total Additions (Sum of lines 2 - 7)		0	8. 00
9.00	Deduct (Specify)	0		9. 00
10.00		0		10.00
11. 00		0		11. 00
12.00		0		12.00
13.00		0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)		0	14.00
15. 00	Total Operating Expenses (Sum of Lines 1 and 8, minus Line 14)		33, 134, 947	15. 00

Heal th	Financial Systems MORRIS VIEW HEALTHCA	ARE CENTER	In Lie	eu of Form CMS-2	2540-10
STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der No.: 315303	Peri od: From 01/01/2022	Worksheet G-3	
				Date/Time Prep 5/5/2023 12: 22	pared: 2 pm
	<u> </u>				
				1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 1	14)		34, 942, 979	1. 00
2.00	Less: contractual allowances and discounts on patients accounts	5		2, 782, 157	2.00
3.00	Net patient revenues (Line 1 minus line 2)			32, 160, 822	3.00
4.00	4.00 Less: total operating expenses (From Worksheet G-2, Part II, line 15)			33, 134, 947	4.00
5.00	Net income from service to patients (Line 3 minus 4)			-974, 125	5. 00
	Other income:		·		

		3/3/2023 12.2	Z piii
		1. 00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	34, 942, 979	
2.00	Less: contractual allowances and discounts on patients accounts	2, 782, 157	
3.00	Net patient revenues (Line 1 minus line 2)	32, 160, 822	
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	33, 134, 947	1
5.00	Net income from service to patients (Line 3 minus 4)	-974, 125	5. 00
	Other income:		
6.00	Contributions, donations, bequests, etc	0	
7.00	Income from investments	16, 329	
8.00	Revenues from communications ( Telephone and Internet service)	0	
9.00	Revenue from television and radio service	0	9. 00
10.00	Purchase discounts	0	10.00
11. 00	Rebates and refunds of expenses	0	11.00
12.00	Parking Lot receipts	0	12. 00
13.00	Revenue from laundry and linen service	0	13. 00
14.00	Revenue from meals sold to employees and guests	-1, 912	14. 00
15.00	Revenue from rental of living quarters	0	15. 00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16. 00
17.00	Revenue from sale of drugs to other than patients	0	17. 00
18.00	Revenue from sale of medical records and abstracts	901	18. 00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19. 00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20. 00
21.00	Rental of vending machines	7, 927	21. 00
22.00	Rental of skilled nursing space	0	22. 00
23.00	Governmental appropriations	0	23. 00
24.00	NON PATIENT REVENUE	74, 565	24. 00
24. 01	BARBER BEAUTY	15, 572	24. 01
24. 50	COVI D-19 PHE Funding	0	
25.00	Total other income (Sum of lines 6 - 24)	113, 382	25. 00
26. 00	Total (Line 5 plus line 25)	-860, 743	
27. 00	Other expenses (specify)	0	1
28. 00	Capacitation (Capacitation)	0	28. 00
29. 00		0	29. 00
30.00	Total other expenses (Sum of lines 27 - 29)		30.00
	Net income (or loss) for the period (Line 26 minus line 30)	-860, 743	
550	The state of the second Country of the second of the secon	1 333,710	,