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

FORM APPROVED
OMB NO. 0938-0463
EXPIRES: 12/31/2021

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315019	To: 12/31/2024	Version:	11.1.179.1

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: — Time:
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report.
3.01. [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no.

Contractor use only:

4. [1] Cost Report Status
(1) As Submitted
(2) Settled without audit
(3) Settled with audit
(4) Reopened
(5) Amended
5. Date Received: _____
6. Contractor No.: _____
7. [ ] First Cost Report for this Provider CCN
8. [ ] Last Cost Report for this Provider CCN
9. NPR Date: _____
10. If line 4, column 1 is "4": Enter number of times reopened 0
11. Contractor Vendor Code: 4
12. [F] Medicare Utilization. Enter "F" for full, "L" for 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 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 THE DWELLING PLACE (SNF), 315019 {Provider Name(s) and CCN(s)}for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1		2		
1	*William Rodrigues*		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	WILLIAM RODRIGUES			2
3	Signatory Title	CFO			3
4	Signature Date	(Dated when report is electronically signed.)			4

PART III - SETTLEMENT SUMMARY

	Cost Center Description		Title XVIII			
		Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
7.10	SNF - BASED CORF I	0		0		7.10
100.00	TOTAL	**0**	**0**	**0**	**0**	100.00

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated 202 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA 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.

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Provider CCN: 315019	To: 12/31/2024	Version:	11.1.179.1

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX INDENTIFICATION DATA

Worksheet S-2
Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1.00	Street:	400 BLACKWELL STREET	P.O. Box:					1.00
2.00	City:	DOVER	State:	NJ	ZIP Code:	07801		2.00
3.00	County:	MORRIS	CBSA Code:	35084	Urban / Rural:	U		3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

SNF and SNF-Based Component Identification:

	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	
4.00	SNF	THE DWELLING PLACE (SNF)	315019	10/01/2015	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							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)	01/01/2024	12/31/2024	14.00
15.00	Type of Control (See Instructions)	4 - Proprietary, Corporation		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 section 483.5?	Y	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	N	18.00
Miscellaneous Cost Reporting Information			
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.			
20.00	Straight Line	1	20.00
21.00	Declining Balance	0	21.00
22.00	Sum of the Year's Digits	0	22.00
23.00	Sum of line 20 through 22	1	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)	N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)	N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N	28.00

		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	N	N		29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID			N	31.00
32.00	SNF-Based HHA	N	N		32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC		N		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 regardless of the level of care given for Titles V & XIX patients? (Y/N)	Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)	N		38.00

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Provider CCN: 315019	To: 12/31/2024	Version:	11.1.179.1

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX INDENTIFICATION DATA

Worksheet S-2
Part I
PPS

				Y/N	
				1.00	2.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.				39.00
		Premiums	Paid Losses	Self Insurance	
		1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:	0	0	0	41.00
				Y/N	
				1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N	43.00
				Provider CCN	
				1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.				44.00

If this facility is part of a chain organization, enter the name and address of the home office on the lines below.

45.00	Name:		Contractor Name:		Contractor Number:	45.00
46.00	Street:		P.O. Box:			46.00
47.00	City:		State:		ZIP Code:	47.00

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2
Part II
PPS

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)

Completed by All Skilled Nursing Facilites

Provider Organization and Operation

			Y/N	Date	
			1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	

Financial Data and Reports

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N	R		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	

Approved Educational Activities

6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
			Y/N	
			1.00	

Bad Debts

9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.	N	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.	N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.	N	11.00

Bed Complement

12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.	N	12.00

			Part A		Part B		
		Description	Y/N	Date	Y/N	Date	
		0	1.00	2.00	3.00	4.00	
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.)		Y	03/25/2025	N		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.		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

Cost Report Preparer Contact Information

		1.00	2.00	3.00	
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LILY	RUNKE	EXECUTIVE DIRECTOR	19.00
20.00	Enter the employer/company name of the cost report preparer.	PRIME HEALTHCARE			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	909-292-9532	LRUNKE@PRIMEHEALTHCARE.COM		21.00

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX STATISTICAL DATA

Worksheet S-3
Part I
PPS

				Inpatient Days/Visits					Discharges					
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	28	10,248	0	841	8,519	93	**9,453**	0	1	12	0	**13**	1.00
2.00	NURSING FACILITY	0	0	0		0	0	**0**	0		0	0	**0**	2.00
3.00	ICF/IID	0	0			0	0	**0**			0	0	**0**	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	**0**						4.00
5.00	Other Long Term Care	0	0				0	**0**				0	**0**	5.00
6.00	SNF-Based CMHC													6.00
6.10	SNF-Based CORF													6.10
7.00	HOSPICE	0	0	0	0	0	0	**0**	0	0	0	0	**0**	7.00
8.00	Total (Sum of lines 1-7)	**28**	**10,248**	**0**	**841**	**8,519**	**93**	9,453	**0**	**1**	**12**	**0**	**13**	8.00

		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	841.00	709.92	**727.15**	0	3	11	0	**14**	40.46	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	**0.00**	0		0	0	**0**	0.00	0.00		2.00
3.00	ICF/IID			0.00	**0.00**			0	0	**0**	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST										0.00	0.00		4.00
5.00	Other Long Term Care				**0.00**				0	**0**	0.00	0.00		5.00
6.00	SNF-Based CMHC										0.00	0.00		6.00
6.10	SNF-Based CORF										0.00	0.00		6.10
7.00	HOSPICE	0.00	0.00	0.00	**0.00**	0	0	0	0	**0**	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	**0.00**	**841.00**	**709.92**	**727.15**	**0**	**3**	**11**	**0**	**14**	**40.46**	**0.00**		8.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part II
PPS

PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALARIES							
1.00	Total salaries (See Instructions)	3,492,382	0	**3,492,382**	84,154.00	41.50	1.00
2.00	Physician salaries-Part A	0	0	**0**	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	**0**	0.00	0.00	3.00
4.00	Home office personnel	0	0	**0**	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	**0**	**0**	**0**	**0.00**	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	3,492,382	0	**3,492,382**	84,154.00	41.50	6.00
7.00	Other Long Term Care	0	0	**0**	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	**0**	0.00	0.00	8.00
9.00	CMHC	0	0	**0**	0.00	0.00	9.00
9.10	CORF						9.10
10.00	HOSPICE	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 through 11)	**0**	**0**	**0**	**0.00**	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	**3,492,382**	**0**	**3,492,382**	**84,154.00**	41.50	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	0	0	**0**	0.00	0.00	14.00
15.00	Contract Labor: Physician services-Part A	16,000	0	**16,000**	128.00	125.00	15.00
16.00	Home office salaries & wage related costs	0	0	**0**	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	702,629	0	**702,629**			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 instructions)	**702,629**	**0**	**702,629**			22.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	**0**	0.00	0.00	1.00
2.00	Administrative & General	0	0	**0**	0.00	0.00	2.00
3.00	Plant Operation, Maintenance & Repairs	0	0	**0**	0.00	0.00	3.00
4.00	Laundry & Linen Service	0	0	**0**	0.00	0.00	4.00
5.00	Housekeeping	0	0	**0**	0.00	0.00	5.00
6.00	Dietary	0	0	**0**	0.00	0.00	6.00
7.00	Nursing Administration	0	0	**0**	0.00	0.00	7.00
8.00	Central Services and Supply	0	0	**0**	0.00	0.00	8.00
9.00	Pharmacy	0	0	**0**	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	**0**	0.00	0.00	10.00
11.00	Social Service	0	0	**0**	0.00	0.00	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	0	0	**0**	0.00	0.00	13.00
14.00	Total (sum lines 1 thru 13)	**0**	**0**	**0**	**0.00**	0.00	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS

PART IV - WAGE RELATED COSTS			
		Amount Reported	
		1.00	
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	403,442	8.00
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	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	271,365	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	27,822	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	**702,629**	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,486,496	299,067	**1,785,563**	26,527.00	67.31	1.00
2.00	Licensed Practical Nurses (LPNs)	184,535	37,126	**221,661**	4,554.00	48.67	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	657,453	132,272	**789,725**	26,237.00	30.10	3.00
4.00	Total Nursing (sum of lines 1 through 3)	**2,328,484**	**468,465**	**2,796,949**	**57,318.00**	48.80	4.00
5.00	Physical Therapists	0	0	**0**	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	**0**	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	**0**	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	**0**	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	**0**	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	**0**	0.00	0.00	10.00
11.00	Speech Therapists	0	0	**0**	0.00	0.00	11.00
12.00	Respiratory Therapists	248,149	49,925	**298,074**	4,781.00	62.35	12.00
13.00	Other Medical Staff	151,975	30,576	**182,551**	4,197.00	43.50	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		**0**	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		**0**	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		**0**	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	**0**		**0**	**0.00**	0.00	17.00
18.00	Physical Therapists	0		**0**	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		**0**	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		**0**	0.00	0.00	20.00
21.00	Occupational Therapists	0		**0**	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		**0**	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		**0**	0.00	0.00	23.00
24.00	Speech Therapists	0		**0**	0.00	0.00	24.00
25.00	Respiratory Therapists	0		**0**	0.00	0.00	25.00
26.00	Other Medical Staff	0		**0**	0.00	0.00	26.00

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
1.00	RUX		1.00
2.00	RUL		2.00
3.00	RVX		3.00
4.00	RVL		4.00
5.00	RHX		5.00
6.00	RHL		6.00
7.00	RMX		7.00
8.00	RML		8.00
9.00	RLX		9.00
10.00	RUC		10.00
11.00	RUB		11.00
12.00	RUA		12.00
13.00	RVC		13.00
14.00	RVB		14.00
15.00	RVA		15.00
16.00	RHC		16.00
17.00	RHB		17.00
18.00	RHA		18.00
19.00	RMC		19.00
20.00	RMB		20.00
21.00	RMA		21.00
22.00	RLB		22.00
23.00	RLA		23.00
24.00	ES3		24.00
25.00	ES2		25.00
26.00	ES1		26.00
27.00	HE2		27.00
28.00	HE1		28.00
29.00	HD2		29.00
30.00	HD1		30.00
31.00	HC2		31.00
32.00	HC1		32.00
33.00	HB2		33.00
34.00	HB1		34.00
35.00	LE2		35.00
36.00	LE1		36.00
37.00	LD2		37.00
38.00	LD1		38.00
39.00	LC2		39.00
40.00	LC1		40.00
41.00	LB2		41.00
42.00	LB1		42.00
43.00	CE2		43.00
44.00	CE1		44.00
45.00	CD2		45.00
46.00	CD1		46.00
47.00	CC2		47.00
48.00	CC1		48.00
49.00	CB2		49.00
50.00	CB1		50.00
51.00	CA2		51.00
52.00	CA1		52.00
53.00	SE3		53.00
54.00	SE2		54.00
55.00	SE1		55.00
56.00	SSC		56.00
57.00	SSB		57.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
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	PD2		69.00
70.00	PD1		70.00
71.00	PC2		71.00
72.00	PC1		72.00
73.00	PB2		73.00
74.00	PB1		74.00
75.00	PA2		75.00
76.00	PA1		76.00
99.00	AAA		99.00
100.00			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	Training				104.00
105.00	OTHER (SPECIFY)				105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)				106.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time: 5/21/2025 4:51 pm
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		255,681	**255,681**	0	255,681	0	**255,681**	1.00
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		233,993	**233,993**	0	233,993	0	**233,993**	2.00
3.00	00300	EMPLOYEE BENEFITS	0	92,035	**92,035**	0	92,035	0	**92,035**	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	0	1,792,397	**1,792,397**	0	1,792,397	0	**1,792,397**	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	975,446	**975,446**	0	975,446	0	**975,446**	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	214,346	**214,346**	0	214,346	0	**214,346**	6.00
7.00	00700	HOUSEKEEPING	0	228,849	**228,849**	0	228,849	0	**228,849**	7.00
8.00	00800	DIETARY	0	1,121,158	**1,121,158**	0	1,121,158	0	**1,121,158**	8.00
9.00	00900	NURSING ADMINISTRATION	0	279,954	**279,954**	0	279,954	0	**279,954**	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	**0**	268,633	268,633	0	**268,633**	10.00
11.00	01100	PHARMACY	0	0	**0**	54,582	54,582	0	**54,582**	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	**0**	0	0	0	**0**	12.00
13.00	01300	SOCIAL SERVICE	0	0	**0**	0	0	0	**0**	13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	**0**	0	0	0	**0**	14.00
15.00	01500	CAFETERIA	0	116,981	**116,981**	0	116,981	0	**116,981**	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	3,492,382	1,568,979	**5,061,361**	-323,215	4,738,146	0	**4,738,146**	30.00
31.00	03100	NURSING FACILITY	0	0	**0**	0	0	0	**0**	31.00
32.00	03200	ICF/IID	0	0	**0**	0	0	0	**0**	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	**0**	0	0	0	**0**	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	0	**0**	0	0	17,452	**17,452**	40.00
41.00	04100	LABORATORY	0	0	**0**	0	0	78,070	**78,070**	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	**0**	0	0	0	**0**	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	**0**	0	0	2,362,933	**2,362,933**	43.00
44.00	04400	PHYSICAL THERAPY	0	0	**0**	0	0	32,632	**32,632**	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	**0**	0	0	0	**0**	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	**0**	0	0	21,759	**21,759**	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	**0**	0	0	4,508	**4,508**	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	**0**	0	0	234,888	**234,888**	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	**0**	0	0	1,154	**1,154**	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	**0**	0	0	0	**0**	50.00
51.00	05100	SUPPORT SURFACES	0	0	**0**	0	0	0	**0**	51.00
52.00	05200	RENAL DIALYSIS	0	0	**0**	0	0	92,309	**92,309**	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	06000	CLINIC	0	0	**0**	0	0	0	**0**	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	**0**	0	0	0	**0**	61.00
62.00	06200	FQHC								62.00
63.00	06300	OTHER OUTPATIENT SERVICE COST CENTER	0	0	**0**	0	0	0	**0**	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	07000	HOME HEALTH AGENCY COST	0	0	**0**	0	0	0	**0**	70.00
71.00	07100	AMBULANCE	0	0	**0**	0	0	0	**0**	71.00
72.00	07200	CORF	0	0	**0**	0	0	0	**0**	72.00
73.00	07300	CMHC	0	0	**0**	0	0	0	**0**	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	**0**	0	0	0	**0**	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	**0**	0	0	0	**0**	80.00
81.00	08100	INTEREST EXPENSE		0	**0**	0	0	0	**0**	81.00
82.00	08200	UTILIZATION REVIEW	0	0	**0**	0	0	0	**0**	82.00
83.00	08300	HOSPICE	0	0	**0**	0	0	0	**0**	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST CENTERS	0	0	**0**	0	0	0	**0**	84.00
89.00		SUBTOTALS (sum of lines 1-84)	3,492,382	6,879,819	**10,372,201**	0	10,372,201	2,845,705	**13,217,906**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	**0**	0	0	0	**0**	90.00

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

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
91.00	09100	BARBER AND BEAUTY SHOP	0	0	**0**	0	0	0	**0**	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	**0**	0	0	0	**0**	92.00
93.00	09300	NONPAID WORKERS	0	0	**0**	0	0	0	**0**	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	**0**	0	0	0	**0**	94.00
95.00	09500	OTHER NONREIMBURSABLE COST CENTERS	0	0	**0**	0	0	0	**0**	95.00
100.00		TOTAL	**3,492,382**	**6,879,819**	**10,372,201**	**0**	**10,372,201**	**2,845,705**	**13,217,906**	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

	Increases				Decreases				
	Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - MED SUPPLIES CHARGED TO PATIENTS									
1.00	CENTRAL SERVICES & SUPPLY	10.00	0	268,633	SKILLED NURSING FACILITY	30.00	0	268,633	1.00
B - CHARGEABLE DRUGS									
1.00	PHARMACY	11.00	0	54,582	SKILLED NURSING FACILITY	30.00	0	54,582	1.00
100.00	**TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2)**		**0**	**323,215**			**0**	**323,215**	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.

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

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	0	0	0	**0**	0	0	0	1.00
2.00	Land Improvements	0	0	0	**0**	0	0	0	2.00
3.00	Buildings and Fixtures	261,824	0	0	**0**	0	261,824	0	3.00
4.00	Building Improvements	0	0	0	**0**	0	0	0	4.00
5.00	Fixed Equipment	5,456	0	0	**0**	0	5,456	0	5.00
6.00	Movable Equipment	0	0	0	**0**	0	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	**267,280**	**0**	**0**	**0**	**0**	**267,280**	**0**	7.00
8.00	Reconciling Items	0	0	0	**0**	0	0	0	8.00
9.00	Total (line 7 minus line 8)	**267,280**	**0**	**0**	**0**	**0**	**267,280**	**0**	9.00

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ADJUSTMENTS TO EXPENSES **Worksheet A-8**

PPS

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.00	SNF EXPENSE FROM HOSP - RADIOLOGY	A	17,452	RADIOLOGY	40.00	25.00
25.01	SNF EXPENSE FROM HOSP - LAB	A	78,070	LABORATORY	41.00	25.01
25.02	SNF EXPENSE FROM HOSP - RESPIRATORY	A	2,362,933	OXYGEN (INHALATION) THERAPY	43.00	25.02
25.03	SNF EXPENSE FROM HOSP - PT/OT	A	32,632	PHYSICAL THERAPY	44.00	25.03
25.04	SNF EXPENSE FROM HOSP - ST	A	21,759	SPEECH PATHOLOGY	46.00	25.04
25.05	SNF EXPENSE FROM HOSP - EKG	A	4,508	ELECTROCARDIOLOGY	47.00	25.05
25.06	SNF EXPENSE FROM HOSP - SUPPLIES	A	234,888	MEDICAL SUPPLIES CHARGED TO PATIENTS	48.00	25.06
25.07	SNF EXPENSE FROM HOSP - DRUGS	A	1,154	DRUGS CHARGED TO PATIENTS	49.00	25.07
25.08	SNF EXPENSE FROM HOSP - RENAL	A	92,309	RENAL DIALYSIS	52.00	25.08
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		**2,845,705**			100.00

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

THE DWELLING PLACE (SNF)	Period:	Run Date Time: 5/21/2025 4:51 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	255,681	255,681							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	233,993		233,993						2.00
3.00	EMPLOYEE BENEFITS	92,035	0	0	92,035					3.00
4.00	ADMINISTRATIVE & GENERAL	1,792,397	0	0	0	**1,792,397**	1,792,397			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	975,446	0	0	0	**975,446**	153,025	1,128,471		5.00
6.00	LAUNDRY & LINEN SERVICE	214,346	0	0	0	**214,346**	33,626	0	247,972	6.00
7.00	HOUSEKEEPING	228,849	0	0	0	**228,849**	35,901	0	0	7.00
8.00	DIETARY	1,121,158	0	0	0	**1,121,158**	175,884	0	0	8.00
9.00	NURSING ADMINISTRATION	279,954	0	0	0	**279,954**	43,918	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	268,633	0	0	0	**268,633**	42,142	0	0	10.00
11.00	PHARMACY	54,582	0	0	0	**54,582**	8,563	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	**0**	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	**0**	0	0	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	**0**	0	0	0	14.00
15.00	CAFETERIA	116,981	0	0	0	**116,981**	18,352	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	4,738,146	255,681	233,993	92,035	**5,319,855**	834,561	1,128,471	247,972	30.00
31.00	NURSING FACILITY	0	0	0	0	**0**	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	**0**	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	**0**	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	17,452	0	0	0	**17,452**	2,738	0	0	40.00
41.00	LABORATORY	78,070	0	0	0	**78,070**	12,247	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	**0**	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	2,362,933	0	0	0	**2,362,933**	370,690	0	0	43.00
44.00	PHYSICAL THERAPY	32,632	0	0	0	**32,632**	5,119	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	**0**	0	0	0	45.00
46.00	SPEECH PATHOLOGY	21,759	0	0	0	**21,759**	3,413	0	0	46.00
47.00	ELECTROCARDIOLOGY	4,508	0	0	0	**4,508**	707	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	234,888	0	0	0	**234,888**	36,849	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1,154	0	0	0	**1,154**	181	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	**0**	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	**0**	0	0	0	51.00
52.00	RENAL DIALYSIS	92,309	0	0	0	**92,309**	14,481	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	**0**	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	**0**	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	**0**	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	**0**	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	**0**	0	0	0	71.00
72.00	CORF	0	0	0	0	**0**	0	0	0	72.00
73.00	CMHC	0	0	0	0	**0**	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	**0**	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	**0**	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	**0**	0	0	0	84.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
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	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
89.00	SUBTOTALS (sum of lines 1-84)	**13,217,906**	**255,681**	**233,993**	**92,035**	**13,217,906**	**1,792,397**	**1,128,471**	**247,972**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	**0**	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	**0**	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	**0**	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	**0**	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	**0**	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	**0**	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	**0**	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	**0**	0	0	0	99.00
100.00	TOTAL	**13,217,906**	**255,681**	**233,993**	**92,035**	**13,217,906**	**1,792,397**	**1,128,471**	**247,972**	100.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

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	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	264,750								7.00
8.00	DIETARY	0	1,297,042							8.00
9.00	NURSING ADMINISTRATION	0	0	323,872						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	310,775					10.00
11.00	PHARMACY	0	0	0	0	63,145				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0			12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	CAFETERIA	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	264,750	1,297,042	323,872	0	0	0	0	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	310,775	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	63,145	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	RENAL DIALYSIS	0	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	**264,750**	**1,297,042**	**323,872**	**310,775**	**63,145**	**0**	**0**	**0**	89.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
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	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	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	0	0	0	99.00
100.00	TOTAL	**264,750**	**1,297,042**	**323,872**	**310,775**	**63,145**	**0**	**0**	**0**	100.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
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	Cost Center Description	CAFETERIA	Subtotal	Post Stepdown Adjustments	Total		
		15.00	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE						13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION						14.00
15.00	CAFETERIA	135,333					15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	135,333	**9,551,856**	0	**9,551,856**		30.00
31.00	NURSING FACILITY	0	**0**	0	**0**		31.00
32.00	ICF/IID	0	**0**	0	**0**		32.00
33.00	OTHER LONG TERM CARE	0	**0**	0	**0**		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	**20,190**	0	**20,190**		40.00
41.00	LABORATORY	0	**90,317**	0	**90,317**		41.00
42.00	INTRAVENOUS THERAPY	0	**0**	0	**0**		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	**2,733,623**	0	**2,733,623**		43.00
44.00	PHYSICAL THERAPY	0	**37,751**	0	**37,751**		44.00
45.00	OCCUPATIONAL THERAPY	0	**0**	0	**0**		45.00
46.00	SPEECH PATHOLOGY	0	**25,172**	0	**25,172**		46.00
47.00	ELECTROCARDIOLOGY	0	**5,215**	0	**5,215**		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	**582,512**	0	**582,512**		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	**64,480**	0	**64,480**		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	**0**	0	**0**		50.00
51.00	SUPPORT SURFACES	0	**0**	0	**0**		51.00
52.00	RENAL DIALYSIS	0	**106,790**	0	**106,790**		52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0	**0**	0	**0**		60.00
61.00	RURAL HEALTH CLINIC	0	**0**	0	**0**		61.00
62.00	FQHC						62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	**0**	0	**0**		63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	HOME HEALTH AGENCY COST	0	**0**	0	**0**		70.00
71.00	AMBULANCE	0	**0**	0	**0**		71.00
72.00	CORF	0	**0**	0	**0**		72.00
73.00	CMHC	0	**0**	0	**0**		73.00
74.00	OTHER REIMBURSABLE COST	0	**0**	0	**0**		74.00
SPECIAL PURPOSE COST CENTERS							
80.00	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	INTEREST EXPENSE						81.00
82.00	UTILIZATION REVIEW						82.00
83.00	HOSPICE	0	**0**	0	**0**		83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	**0**	0	**0**		84.00
89.00	SUBTOTALS (sum of lines 1-84)	**135,333**	**13,217,906**	**0**	**13,217,906**		89.00
NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

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	Cost Center Description	CAFETERIA	Subtotal	Post Stepdown Adjustments	Total		
		15.00	16.00	17.00	18.00		
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	**0**	0	**0**		90.00
91.00	BARBER AND BEAUTY SHOP	0	**0**	0	**0**		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	**0**	0	**0**		92.00
93.00	NONPAID WORKERS	0	**0**	0	**0**		93.00
94.00	PATIENTS LAUNDRY	0	**0**	0	**0**		94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	**0**	0	**0**		95.00
98.00	Cross Foot Adjustments	0	**0**	0	**0**		98.00
99.00	Negative Cost Centers	0	**0**	0	**0**		99.00
100.00	TOTAL	**135,333**	**13,217,906**	**0**	**13,217,906**		100.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS	0	0	0	**0**	0				3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	**0**	0	0			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	**0**	0	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	**0**	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	**0**	0	0	0	0	7.00
8.00	DIETARY	0	0	0	**0**	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	**0**	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	**0**	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	**0**	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	**0**	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	**0**	0	0	0	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	**0**	0	0	0	0	14.00
15.00	CAFETERIA	0	0	0	**0**	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	255,681	233,993	**489,674**	0	0	0	0	30.00
31.00	NURSING FACILITY	0	0	0	**0**	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	**0**	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	**0**	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	**0**	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	**0**	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	**0**	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	**0**	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	**0**	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	**0**	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	**0**	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	**0**	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	**0**	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	**0**	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	**0**	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	**0**	0	0	0	0	51.00
52.00	RENAL DIALYSIS	0	0	0	**0**	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	**0**	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	**0**	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	**0**	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	**0**	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	**0**	0	0	0	0	71.00
72.00	CORF	0	0	0	**0**	0	0	0	0	72.00
73.00	CMHC	0	0	0	**0**	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	**0**	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	**0**	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	**0**	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	**0**	**255,681**	**233,993**	**489,674**	**0**	**0**	**0**	**0**	89.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	**0**	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	**0**	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	**0**	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	**0**	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	**0**	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	**0**	0	0	0	0	95.00
98.00	Cross Foot Adjustments								0	98.00
99.00	Negative Cost Centers		0	0	**0**	0	0	0	0	99.00
100.00	TOTAL	**0**	**255,681**	**233,993**	**489,674**	**0**	**0**	**0**	**0**	100.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time: 5/21/2025 4:51 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	0								7.00
8.00	DIETARY	0	0							8.00
9.00	NURSING ADMINISTRATION	0	0	0						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0			12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	CAFETERIA	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	RENAL DIALYSIS	0	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	89.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0			0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	100.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time: 5/21/2025 4:51 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	CAFETERIA	Subtotal	Post Step-Down Adjustments	Total		
		15.00	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE						13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION						14.00
15.00	CAFETERIA	0					15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	0	**489,674**	0	**489,674**		30.00
31.00	NURSING FACILITY	0	**0**	0	**0**		31.00
32.00	ICF/IID	0	**0**	0	**0**		32.00
33.00	OTHER LONG TERM CARE	0	**0**	0	**0**		33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	**0**	0	**0**		40.00
41.00	LABORATORY	0	**0**	0	**0**		41.00
42.00	INTRAVENOUS THERAPY	0	**0**	0	**0**		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	**0**	0	**0**		43.00
44.00	PHYSICAL THERAPY	0	**0**	0	**0**		44.00
45.00	OCCUPATIONAL THERAPY	0	**0**	0	**0**		45.00
46.00	SPEECH PATHOLOGY	0	**0**	0	**0**		46.00
47.00	ELECTROCARDIOLOGY	0	**0**	0	**0**		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	**0**	0	**0**		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	**0**	0	**0**		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	**0**	0	**0**		50.00
51.00	SUPPORT SURFACES	0	**0**	0	**0**		51.00
52.00	RENAL DIALYSIS	0	**0**	0	**0**		52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0	**0**	0	**0**		60.00
61.00	RURAL HEALTH CLINIC	0	**0**	0	**0**		61.00
62.00	FQHC						62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	**0**	0	**0**		63.00
OTHER REIMBURSABLE COST CENTERS							
70.00	HOME HEALTH AGENCY COST	0	**0**	0	**0**		70.00
71.00	AMBULANCE	0	**0**	0	**0**		71.00
72.00	CORF	0	**0**	0	**0**		72.00
73.00	CMHC	0	**0**	0	**0**		73.00
74.00	OTHER REIMBURSABLE COST	0	**0**	0	**0**		74.00
SPECIAL PURPOSE COST CENTERS							
80.00	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	INTEREST EXPENSE						81.00
82.00	UTILIZATION REVIEW						82.00
83.00	HOSPICE	0	**0**	0	**0**		83.00
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	**0**	0	**0**		84.00
89.00	SUBTOTALS (sum of lines 1-84)	**0**	**489,674**	**0**	**489,674**		89.00
NONREIMBURSABLE COST CENTERS							

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	CAFETERIA	Subtotal	Post Step-Down Adjustments	Total		
		15.00	16.00	17.00	18.00		
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	**0**	0	**0**		90.00
91.00	BARBER AND BEAUTY SHOP	0	**0**	0	**0**		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	**0**	0	**0**		92.00
93.00	NONPAID WORKERS	0	**0**	0	**0**		93.00
94.00	PATIENTS LAUNDRY	0	**0**	0	**0**		94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	**0**	0	**0**		95.00
98.00	Cross Foot Adjustments	0	**0**	0	**0**		98.00
99.00	Negative Cost Centers	0	**0**	0	**0**		99.00
100.00	TOTAL	**0**	**489,674**	**0**	**489,674**		100.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time: 5/21/2025 4:51 pm
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	20,625								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		20,625							2.00
3.00	EMPLOYEE BENEFITS	0	0	3,492,382						3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-1,792,397	11,425,509				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	0	975,446	20,625			5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	214,346	0	9,453		6.00
7.00	HOUSEKEEPING	0	0	0	0	228,849	0	0	20,625	7.00
8.00	DIETARY	0	0	0	0	1,121,158	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	279,954	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	268,633	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	54,582	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	CAFETERIA	0	0	0	0	116,981	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	20,625	20,625	3,492,382	0	5,319,855	20,625	9,453	20,625	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	17,452	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	78,070	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	2,362,933	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	32,632	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	21,759	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	4,508	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	234,888	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,154	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	RENAL DIALYSIS	0	0	0	0	92,309	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	**0**	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	**20,625**	**20,625**	**3,492,382**	**-1,792,397**	**11,425,509**	**20,625**	**9,453**	**20,625**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	**0**	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	**0**	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	**0**	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	**0**	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	**0**	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	**0**	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	255,681	233,993	92,035		1,792,397	1,128,471	247,972	264,750	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	12.396655	11.345115	0.026353		0.156877	54.713745	26.232096	12.836364	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		0	0	0	0	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.000000	0.000000	0.000000	0.000000	105.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	DIETARY (TOTAL PATIENT DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	CAFETERIA (ASSIGNED TIME)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	9,453								8.00
9.00	NURSING ADMINISTRATION	0	1,598,778							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	268,633						10.00
11.00	PHARMACY	0	0	0	54,582					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0			13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0		14.00
15.00	CAFETERIA	0	0	0	0	0	0	0	100	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	9,453	1,598,778	0	0	0	0	0	100	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	268,633	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	54,582	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	RENAL DIALYSIS	0	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC		0	0		0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315019	To: 12/31/2024	Version:	11.1.179.1

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

PPS

	Cost Center Description	DIETARY (TOTAL PATIENT DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	CAFETERIA (ASSIGNED TIME)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
84.00	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	**9,453**	**1,598,778**	**268,633**	**54,582**	**0**	**0**	**0**	**100**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,297,042	323,872	310,775	63,145	0	0	0	135,333	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	137.209563	0.202575	1.156876	1.156883	0.000000	0.000000	0.000000	1,353.330000	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	0	0	0	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	105.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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Provider CCN: 315019	To: 12/31/2024	Version:	11.1.179.1

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

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	20,190	25,827	0.781740	40.00
41.00	LABORATORY	90,317	650,349	0.138875	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	2,733,623	56,856,708	0.048079	43.00
44.00	PHYSICAL THERAPY	37,751	120,171	0.314144	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0.000000	45.00
46.00	SPEECH PATHOLOGY	25,172	96,142	0.261821	46.00
47.00	ELECTROCARDIOLOGY	5,215	26,177	0.199221	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	582,512	1,485,121	0.392232	48.00
49.00	DRUGS CHARGED TO PATIENTS	64,480	6,853	9.409018	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	RENAL DIALYSIS	106,790	458,798	0.232760	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	CLINIC	0	0	0.000000	60.00
61.00	RURAL HEALTH CLINIC				61.00
62.00	FQHC				62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	63.00
71.00	AMBULANCE	0	0	0.000000	71.00
100.00	Total	**3,666,050**	**59,726,146**		100.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Part I

Title XVIII | Skilled Nursing Facility | PPS

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

			Health Care Program Charges		Health Care Program Cost		
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0.781740	16,416	0	12,833	0	40.00
41.00	LABORATORY	0.138875	279,418	0	38,804	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.048079	31,658,593	0	1,522,113	0	43.00
44.00	PHYSICAL THERAPY	0.314144	107,815	0	33,869	0	44.00
45.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0.261821	80,660	0	21,118	0	46.00
47.00	ELECTROCARDIOLOGY	0.199221	4,193	0	835	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.392232	777,419	0	304,929	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	9.409018	6,853	0	64,480	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	RENAL DIALYSIS	0.232760	458,798	0	106,790	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0.000000	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC						61.00
62.00	FQHC						62.00
63.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	63.00
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		**33,390,165**	**0**	**2,105,771**	**0**	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.
(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Parts II-III

Title XVIII Skilled Nursing Facility PPS

PART II - APPORTIONMENT OF VACCINE COST

		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	9.409018	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH

	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	20,190	0	0.000000	12,833	0	40.00
41.00	LABORATORY	90,317	0	0.000000	38,804	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	2,733,623	0	0.000000	1,522,113	0	43.00
44.00	PHYSICAL THERAPY	37,751	0	0.000000	33,869	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	45.00
46.00	SPEECH PATHOLOGY	25,172	0	0.000000	21,118	0	46.00
47.00	ELECTROCARDIOLOGY	5,215	0	0.000000	835	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	582,512	0	0.000000	304,929	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	64,480	0	0.000000	64,480	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
52.00	RENAL DIALYSIS	106,790	0	0.000000	106,790	0	52.00
100.00	Total (Sum of lines 40 - 52)	**3,666,050**	**0**		**2,105,771**	**0**	100.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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Provider CCN: 315019	To: 12/31/2024	Version:	11.1.179.1

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I

Title XVIII | Skilled Nursing Facility | PPS

PART I CALCULATION OF INPATIENT ROUTINE COSTS			
		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	9,453	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	841	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	**9,551,856**	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	9,324,252	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.024410	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	9,551,856	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	1,010.46	16.00
17.00	Program routine service cost (Line 3 times line 16)	849,797	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	**849,797**	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	489,674	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	51.80	21.00
22.00	Program capital related cost (Line 3 times line 21)	43,564	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	806,233	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	**806,233**	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
		1.00	
1.00	Total SNF inpatient days	9,453	1.00
2.00	Program inpatient days (see instructions)	841	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.088966	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E
Part I

Title XVIII | Skilled Nursing Facility | PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	905,663	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	**905,663**	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	138,924	5.00
6.00	Allowable bad debts (From your records)	0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	0	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	**766,739**	11.00
12.00	Interim payments (See instructions)	751,404	12.00
13.00	Tentative 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	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	15,335	14.99
15.00	Balance due provider/program (see Instructions)	**0**	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	**0**	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	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	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	**0**	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
	From: 01/01/2024	MCRIF32	**2540-10**
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **Worksheet E-1**

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A mm/dd/yyyy	Inpatient Part A Amount	Part B mm/dd/yyyy	Part B Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		751,404		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		**0**		**0**	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		**751,404**		**0**	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		**0**		**0**	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		**751,404**		**0**	7.00

	Contractor Name	Contractor Number	
	1.00	2.00	
8.00			8.00

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

THE DWELLING PLACE (SNF)	Period:	Run Date Time: 5/21/2025 4:51 pm
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315019	To: 12/31/2024	Version: 11.1.179.1

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	484,287	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	598,947,148	0	0	0	4.00
5.00	Other receivables	14,017,735	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-544,569,582	0	0	0	6.00
7.00	Inventory	5,002,588	0	0	0	7.00
8.00	Prepaid expenses	1,734,098	0	0	0	8.00
9.00	Other current assets	75,211	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	**75,691,485**	**0**	**0**	**0**	11.00
FIXED ASSETS						
12.00	Land	17,247,121	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	-1,241,912	0	0	0	14.00
15.00	Buildings	60,336,133	0	0	0	15.00
16.00	Less Accumulated depreciation	-25,910,038	0	0	0	16.00
17.00	Leasehold improvements	9,772,521	0	0	0	17.00
18.00	Less: Accumulated Amortization	-178,130	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	72,948,813	0	0	0	23.00
24.00	Less: Accumulated depreciation	-52,200,422	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	**80,774,086**	**0**	**0**	**0**	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	31,715,135	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	**31,715,135**	**0**	**0**	**0**	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	**188,180,706**	**0**	**0**	**0**	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	13,382,505	0	0	0	35.00
36.00	Salaries, wages, and fees payable	11,631,967	0	0	0	36.00
37.00	Payroll taxes payable	286,166	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	-4,479,984	0	0	0	41.00
42.00	Other current liabilities	14,902,696	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	**35,723,350**	**0**	**0**	**0**	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	85,313,156	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	**85,313,156**	**0**	**0**	**0**	50.00

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	**121,036,506**	**0**	**0**	**0**	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	67,144,200				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		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				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	**67,144,200**	**0**	**0**	**0**	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	**188,180,706**	**0**	**0**	**0**	60.00

( ) = contra amount

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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STATEMENT OF CHANGES IN FUND BALANCES **Worksheet G-1**

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		66,900,007		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		244,193							2.00
3.00	Total (sum of line 1 and line 2)		**67,144,200**		**0**		**0**		**0**	3.00
4.00	Additions (credit adjustments)									4.00
5.00		0		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		**0**		**0**		**0**		**0**	10.00
11.00	Subtotal (line 3 plus line 10)		**67,144,200**		**0**		**0**		**0**	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		**0**		**0**		**0**		**0**	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		**67,144,200**		**0**		**0**		**0**	19.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	9,324,252		**9,324,252**	1.00
2.00	NURSING FACILITY	0		**0**	2.00
3.00	ICF/IID	0		**0**	3.00
4.00	OTHER LONG TERM CARE	0		**0**	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	**9,324,252**		**9,324,252**	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	59,726,146	0	**59,726,146**	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
11.10	CORF		0	**0**	11.10
12.00	HOSPICE	0	0	**0**	12.00
13.00	OTHER (SPECIFY)	0	0	**0**	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	**69,050,398**	**0**	**69,050,398**	14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		**10,372,201**	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)		**10,372,201**	15.00

THE DWELLING PLACE (SNF)	Period:	Run Date Time:	5/21/2025 4:51 pm
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES **Worksheet G-3**

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	69,050,398	1.00
2.00	Less: contractual allowances and discounts on patients accounts	60,659,470	2.00
3.00	Net patient revenues (Line 1 minus line 2)	8,390,928	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	10,372,201	4.00
5.00	Net income from service to patients (Line 3 minus 4)	**-1,981,273**	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	0	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	**0**	25.00
26.00	Total (Line 5 plus line 25)	**-1,981,273**	26.00
27.00	ADJUST TO SNF INTERNAL NET INCOME	-2,225,466	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	**-2,225,466**	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	**244,193**	31.00