

ANNUAL INFORMATION

The attached financial reports are true and accurate to the best of my knowledge.



| | I Systems required by Law (42 USC 1395g; 42 CFR 413.2 since the beginning of the cost reporting pe | | re to report can resul | t in all interim | u of Form CMS-2540-10 FORM APPROVED OMB NO. 0938-0463 Expires: 12/31/2021 | | | |
|-----------------|--|---------------|------------------------|-------------------|--|--|--|--|
| | G FACILITY AND SKILLED NURSING FACILITY HEAN PORT CERTIFICATION AND SETTLEMENT SUMMARY | LTH CARE | Provider CCN: 315149 | | Vorksheet S Parts I, II & III Date/Time Prepared: 5/31/2023 11:18 am | | | |
| PART I - COST I | REPORT STATUS | | | | | | | |
| Provi der | 1. [X]Electronically prepared cost rep | port | | Date: 5/31/20 | 23 Time: 11:18 am | | | |
| use only | 2. [] Manually prepared cost report | | | | | | | |
| - | 3. [0] If this is an amended report ent | | | r resubmitted thi | s cost report | | | |
| | 3.01 [] No Medicare Utilization. Enter " | 'Y" for yes o | r leave blank for no. | | | | | |
| Contractor | 4.[1]Cost Report Status | 6. Contractor | No. | | | | | |
| use only | (1) As Submitted | 7.[N] Firs | t Cost Report for this | Provider CCN | | | | |
| | Settled without audit | | Cost Report for this | | | | | |
| | (3) Settled with audit | 9. NPR Date: | | | | | | |
| | (4) Reopened | 10 [0] f | ine 4, column 1 is "4" | · Enter number of | times reopened | | | |
| | (5) Amended | | r Vendor Code | | | | | |
| | 5. Date Received: | | care Utilization. Ente | | "I" for low or "N" | | | |
| | | | no utilization. | FIOFIUIT, | L TOF TOW, OF IN | | | |

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 STERLING MANOR (315149) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

| | SIGNATURE OF CHIEF FINA | NCIAL OFFICER OR ADMINISTRATOR | CHECKBOX | ELECTRONI C | |
|---|-------------------------|-----------------------------------|----------|--|---|
| | | 1 | 2 | SI GNATURE STATEMENT | |
| 1 | Sc | ol Reiner | T | I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature. | 1 |
| 2 | Signatory Printed Name | Sol Reiner | | | 2 |
| 3 | Signatory Title | MANAGER | | | 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 | 11, 779 | 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 | 11, 779 | 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.

| | | | ING MANOR | novi don Na | | | n Lieu | of For | | |
|--------------|---|-----------------------------|------------------|-------------|------------------|------------------------|-----------------|---|-------------------------|------------------------|
| | D NURSING FACILITY AND SKILLED NURSING FACILI X INDENTIFICATION DATA | IY HEALTH CA | ARE P | rovider No | | Period: From 01/01, | | Workshe Part I | | |
| | | | | | | To 12/31, | /2022 | Date/Ti 5/31/20 | me Pre <u>23 11:</u> | pared: <u>18 am</u> |
| | 1.00 | 2.00 | | | 3.00 | | | | | |
| . 00 | Skilled Nursing Facility and Skilled Nursing Street: 794 N FORKLANDING ROAD | PO Box: | mplex Add | ress: | | | | | | 1.00 |
| . 00 | | State: NJ | Z | ip Code:08 | 3052 | | | | | 2.00 |
| . 00 | | CBSA Code: 1 | 15804 l | Irban/Rural | : U | | | | | 3.00 |
| . 01 | | CBSA Code: | Compone | nt Name | Provi der | Date | Payme | nt Syste | em (P | 3.01 |
| | | | comporto | | CCN | Certified | | 0, or N) | | |
| | | | 1 | 20 | 2.00 | 2.00 | V | | XIX | |
| | SNF and SNF-Based Component Identification: | | 1. | 00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| . 00 | SNF | STI | ERLING MAN | OR | 315149 | 10/16/1988 | N | Р | Ν | 4.00 |
| . 00 . 00 | Nursing Facility ICF/IID | | | | | | | | | 5.00 |
| . 00 | SNF-Based HHA | | | | | | | | | 7.00 |
| 00 | SNF-Based RHC | | | | | | | | | 8.00 |
| 00 0.00 | SNF-Based FQHC SNF-Based CMHC | | | | | | | | | 9.00 |
| 1.00 | SNF-Based OLTC | | | | | | | | | 11.00 |
| | SNF-Based HOSPICE | | | | | | | | | 12.00 |
| 3.00 | SNF-Based CORF | | | | | From | . | To | | 13.00 |
| | | | | | | 1.00 | | | | |
| | Cost Reporting Period (mm/dd/yyyy) | | | | | 01/01/2 | | 12/31/ | 2022 | 14.00 |
| 5.00 | Type of Control (See Instructions) | | | | | | 4 | Y/N | J | 15.00 |
| | | | | | | | | | | 1 |
| 5.00 | Type of Freestanding Skilled Nursing Facility Is this a distinct part skilled nursing facil | | ets the re | auirements | s set forth | in 42 CFR | | N | | 16. 00 |
| | section 483.5? Is this a composite distinct part skilled nur | 5 | | • | | | in | | | 17.00 |
| | 42 CFR section 483.5? | C | 5 | | | | | | | |
| 3. 00 | 00 Are there any costs included in Worksheet A that resulted from transactions with related N organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1. N Miscellaneous Cost Reporting Information N | | | | | | | | 18.00 | |
| | If this is a low Medicare utilization cost re | | | | | | | N | | 19.00 |
| 9.01 | If line 19 is yes, does this cost report meet utilization cost report, indicate with a "Y", | | | | r filing a | low Medicar | е | N | | 19.0 [°] |
| | Depreciation - Enter the amount of depreciati | on reported | lin this : | SNF for th | e method in | dicated on | Li nes | | | |
| | Straight Line Declining Balance | | | | | | | | 40, 922 C | 20.00 |
| 2.00 | Sum of the Year's Digits | | | | | | | | C | 22.00 |
| 3.00 4.00 | Sum of line 20 through 22 If depreciation is funded, enter the balance | ac of the | and of the | noriod | | | | | | |
| | Were there any disposal of capital assets dur | | | | (Y/N) | | | Ν | U | 24.0 |
| 5.00 | Was accelerated depreciation claimed on any a | 9 | | 51 | . , | porting per | i od? | Ν | | 26.0 |
| 7 00 | (Y/N) Did you cease to participate in the Medicare | program at | end of the | neriod to | which this | s cost reno | rt | N | | 27.0 |
| /.00 | applies? (Y/N) | program at | | | 5 will chi this | s cost repo | · · · | IN IN | | 27.0 |
| 3. 00 | Was there a substantial decrease in health in reports? (Y/N) | isurance pro | portion of | allowable | e cost from | prior cost | | Image: strain of the strain | 28.0 | |
| | | | | | | | - | | | - |
| | If this facility contains a public or non-pub | lic provide | er that our | alifies fo | r an exempt | ion from th | 1.00 ne appl | | | |
| | of the lower of the costs or charges enter "Y | | | | | | | | | |
| 00 | exemption. Skilled Nursing Facility | | | | | | N | N | | 29.0 |
| | Nursing Facility | | | | | | | | Ν | 30.0 |
| . 00 | ICF/IID | | | | | | | | | 31.0 |
| 2.00 3.00 | SNF-Based HHA SNF-Based RHC | | | | | | N | N | | 32.0 |
| | SNF-Based FQHC | | | | | | | | | 34.0 |
| | SNF-Based CMHC | | | | | | | N | | 35.0 |
| b. 00 | SNF-Based OLTC | | | | | Y/N | | | | 36.0 |
| | | | | | | 1.00 | | 2.0 | 0 | |
| | Is the skilled nursing facility located in a | | | | der as a SN | F Y | | | | 37.0 |
| 7.00 | | | patients | · (Y/N) | | | | | | 1 |
| | regardless of the level of care given for Tit | | | | | N | 1 | | | 38 0 |
| 3. 00 | regardless of the level of care given for Tit Are you legally-required to carry malpractice Is the malpractice a "claims-made" or "occurr | e insurance? ence" polic | (Y/N) y?lfthe | policy is | | N | | | | |
| 8. 00 | regardless of the level of care given for Tit Are you legally-required to carry malpractice | e insurance? ence" polic | (Y/N) y?lfthe | policy is | | | SOF C | alfloo | Inapec | 39.0 |
| 8. 00 | regardless of the level of care given for Tit Are you legally-required to carry malpractice Is the malpractice a "claims-made" or "occurr | e insurance? ence" polic | (Y/N) y?lfthe | policy is | Premiums 1.00 | Paid Los 2.00 | ses S | | | 38. 0 39. 0 |

| Heal th | Financial Systems | STERLING MAN | OR | | In Lieu | u of Form C | MS-2540-10 |
|---------|---|---------------------------|------------------|------------|-----------------------------|---------------------|------------|
| | D NURSING FACILITY AND SKILLED NURSING | FACILITY HEALTH CARE | Provider No.: 31 | | riod: | Worksheet | S-2 |
| COMPLE | X INDENTIFICATION DATA | | | To | om 01/01/2022 12/31/2022 | Part I Date/Time | Prepared |
| | | | | | 12/01/2022 | 5/31/2023 | |
| | | | | | | Y/N | |
| | | | | | | 1.00 | |
| | Are malpractice premiums and paid losse | | | | | N | 42.00 |
| | ters and | | | | | | |
| | amounts. | | | | | • | |
| | Are there any home office costs as defi | | | | | N | 43.00 |
| | If line 43 is yes, enter the home offic | ce chain number and enter | the name and add | iress of t | the home | | 44.00 |
| | office on lines 45, 46 and 47. | 0.00 | | | | | |
| | 1.00 | 2.00 | | | 3.00 | | |
| | If this facility is part of a chain or | ganization, enter the nam | e and address of | the home | office on the | lines | |
| | bel ow. | 1 | | | | | |
| | Name: | Contractor's Name: | Cor | ontractor' | s Number: | | 45.00 |
| 46.00 | Street: | P0 Box: | | | | | 46.00 |
| 47.00 | Ci ty: | State: | Zi p | p Code: | | | 47.00 |
| | - | • | | | | | |

| | D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE | TY HEALTH CARE Provi der | | Period: From 01/01/2022 To 12/31/2022 | Worksheet S- Part II Date/Time Pr | -2 repared: |
|------------------------------|--|--|---|---|--|---|
| | | | | Y/N | Date | |
| | | | | 1.00 | 2.00 | |
| | General Instruction: For all column 1 respon- 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" | for No. For all | the date | _ |
| 00 | Provider Organization and Operation Has the provider changed ownership immediate | Ly prior to the beginning of | the cost | N | | 1.00 |
| 00 | reporting period? If column 1 is "Y", enter instructions) | | umn 2. (see | IN | | 1.00 |
| | | | Y/N | Date | | |
| 00 | Has the provider terminated participation in | the Medicare Program? If | 1.00 N | 2.00 | 3.00 | 2.00 |
| 00 | column 1 is yes, enter in column 2 the date | | N. | | | 2.00 |
| 00 | 3, "V" for voluntary or "I" for involuntary. 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) | tions, including management ., chain home offices, drug d to the provider or its I, or members of the board | Ν | | Type Date 2.00 3.00 C | 3. 00 |
| | | | Y/N | Type | Date | |
| | | | 1.00 | | | |
| | Financial Data and Reports | | | | | |
| 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" for te copy or enter date | Y | С | | 4.00 |
| 00 | Are the cost report total expenses and total those on the filed financial statements? If reconciliation. | revenues different from | N | | | 5.00 |
| | · · | | • | Y/N | Legal Oper. | |
| | 1 | | | 1.00 | 2.00 | |
| | Approved Educational Activities | | | | | |
| 00 | Column 1: Were costs claimed for Nursing Sch legal operator of the program? (Y/N) Were costs claimed for Allied Health Program | | provider the | | N | 6.00 |
| 00 | Were approvals and/or renewals obtained duri School and/or Allied Health Program? (Y/N) s | | for Nursing | N | | 8.00 |
| | | | | | | _ |
| | | | | | 1.00 | |
| | Bad Debts | | | | | |
| | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb | | | t reporting | Part II Date/Time Pr 5/31/2023 1' Date 2.00 the date V/I 3.00 Date 3.00 Legal Oper. 2.00 N N Y/N 1.00 | |
| . 00 D. 00 1. 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement | t collection policy change du d/or coinsurance waived? If " | ring this cos Y", see instr | uctions. | N N | 9.00 10.00 11.00 |
|). 00 I. 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an | t collection policy change du d/or coinsurance waived? If " | ring this cos Y", see instr ", see instru | uctions. | N N N | 10.00 |
|). 00 . 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement | t collection policy change du d/or coinsurance waived? If " cost reporting period? If "Y | ring this cos Y", see instr ", see instru Pa | uctions. ctions. rt A | N N Part B | 10. 00 11. 00 |
| . 00 . 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement | t collection policy change du d/or coinsurance waived? If " cost reporting period? If "Y Description | ring this cos Y", see instr ", see instru Pa Y/N | ctions. rt A Date | N N Part B Y/N | 10. 00 11. 00 |
|). 00 . 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior | t collection policy change du d/or coinsurance waived? If " cost reporting period? If "Y | ring this cos Y", see instr ", see instru Pa | uctions. ctions. rt A | N N Part B Y/N | 10. 00 11. 00 |
| . 00 . 00 . 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior 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 | t collection policy change du d/or coinsurance waived? If " cost reporting period? If "Y Description | ring this cos Y", see instr ", see instru Pa Y/N | ctions. rt A Date | N N Part B Y/N 3.00 | 10. 00 11. 00 12. 00 |
| . 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior 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 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 cols. 2 and PS&R Data | t collection policy change du d/or coinsurance waived? If " cost reporting period? If "Y Description 0 | ring this cos Y", see instru ", see instru Pa Y/N 1.00 | ctions. rt A Date 2.00 | N N Part B Y/N 3.00 | 10.00 11.00 12.00 13.00 |
| 00 00 00 00 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior 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 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. 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", | t collection policy change du d/or coinsurance waived? If " cost reporting period? If "Y Description 0 | ring this cos Y", see instru ", see instru Pa Y/N 1.00 Y | ctions. rt A Date 2.00 | N N Part B Y/N 3.00 Y | 10.00 11.00 12.00 13.00 14.00 |
| . 00 . 00 . 00 . 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior 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 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. 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. If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report | t collection policy change du d/or coinsurance waived? If " cost reporting period? If "Y Description 0 | ring this cos Y", see instru ", see instru Pa Y/N 1.00 Y | ctions. rt A Date 2.00 | N N Part B Y/N 3.00 Y N | 10.00 11.00 12.00 13.00 14.00 |
|). 00 I. 00 | Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior 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 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. 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. If line 13 or 14 is "Y", then were adjustments made to PS&R data for | t collection policy change du d/or coinsurance waived? If " cost reporting period? If "Y Description 0 | ring this cos Y", see instru ", see instru Pa Y/N 1.00 Y N | ctions. rt A Date 2.00 | N N Part B Y/N 3.00 Y N N | 10.00 |

| Heal th | Financial Systems STERLIN | G MAN | OR | | In Lieu | u of Form CMS- | 2540-10 |
|---------|--|-------|----------------------|----|-------------------|--------------------------------|--------------|
| SKI LLE | D NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CAR | Ξ | Provider No.: 315149 | | ri od: | Worksheet S-2 | |
| COMPLE | X REIMBURSEMENT QUESTIONNALRE | | | | om 01/01/2022 | Part II | |
| | | | | То | 12/31/2022 | Date/Time Pre 5/31/2023 11: | <u>18 am</u> |
| | | | | | | | |
| | | | 1.00 | | 2. (| 00 | |
| | Cost Report Preparer Contact Information | | | | | | |
| 19.00 | Enter the first name, last name and the title/position | CHRI | S | G | GUI LBAULT | | 19.00 |
| | held by the cost report preparer in columns 1, 2, and 3, | | | | | | |
| | respecti vel y. | | | | | | |
| 20.00 | Enter the employer/company name of the cost report | HEAL | TH CARE RESOURCES | | | | 20.00 |
| | preparer. | | | | | | |
| 21.00 | Enter the telephone number and email address of the cost | 609- | 987-1440 | С | HRI S. GUI LBAULT | 「@HCRNJ. NET | 21.00 |
| | report preparer in columns 1 and 2, respectively. | | | | | | |

| | Financial Systems | STERLI NG | MANOR | In Lie | u of Form CMS- | 2540-10 |
|--------|---|----------------|----------------------|--|--|---------|
| | D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE | TY HEALTH CARE | Provider No.: 315149 | Peri od: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part II Date/Time Pre 5/31/2023 11: | pared: |
| | | Part B | | | | |
| | | Date | | | | |
| | PS&R Data | 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 | 05/02/2023 | | | | 13.00 |
| 14. 00 | 4. (see Instructions.) Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4. | | | | | 14.00 |
| 15. 00 | If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", | | | | | 15.00 |
| 16.00 | see Instructions. 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 | report | | | | 20.00 |
| 21.00 | preparer. Enter the telephone number and email address report preparer in columns 1 and 2, respectiv | | | | | 21.00 |

| SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315149 Period: From 01/01/ To 12/31/ Inpatient Days Inpatient Days | Worksheet S-3 | |
|--|--------------------------------------|------------------------------|
| | 2022 Date/Time Pre | epared: |
| | 5/31/2023_11: s/Vi si ts | :18 am |
| Component Number of Beds Bed Days Title V Title XVI Available | II Title XIX | |
| 1.00 2.00 3.00 4.00 | 5.00 | + |
| . 00 SKILLED NURSING FACILITY 124 45, 260 0 1 | , 511 30, 825 | 5 1.00 |
| 2. OO NURSING FACILITY O O O | 0 | |
| | | |
| .00 HOME HEALTH AGENCY COST 0 .00 Other Long Term Care 0 0 | 0 0 | 0 4.0 5.0 |
| . OO SNF-Based CMHC | | 6.0 |
| 00 HOSPICE 0 0 0 | 0 0 | 0 7.0 |
| | , 511 30, 825 | |
| Inpatient Days/Visits Discharg | es | |
| Component Other Total Title V Title XVI | II Title XIX | |
| <u>6.00</u> 7.00 8.00 9.00 | 10.00 | |
| .00 SKILLED NURSING FACILITY 2, 117 34, 453 0 | 31 255 | |
| 00 NURSING FACILITY 0 0 0 | 0 | |
| 00 I CF/IID 0 0 00 HOME HEALTH AGENCY COST 0 0 | | 0 3.0 4.0 |
| 00 01 01 01 01 01 01 01 | | 5.0 |
| 00 SNF-Based CMHC | | 6.0 |
| 00 HOSPICE 0 0 0 | 0 0 | |
| 00 Total (Sum of Lines 1-7) 2, 117 34, 453 0 | 31 255 | 5 8.0 |
| Di scharges Average Length | of Stay | |
| Component Other Total Title V Title XVI 11.00 12.00 13.00 14.00 | II Title XIX 15.00 | |
| | 8. 74 120. 88 | 8 1.0 |
| 00 NURSING FACILITY 0 0 0.00 | 0.00 | |
| 00 ICF/IID 0 0 | 0.00 | |
| 00 HOME HEALTH AGENCY COST | | 4.0 |
| 00 Other Long Term Care 0 0 | | 5. C |
| 00 SNF-Based CMHC | | 6.0 |
| | 0.00 0.00 8.74 120.88 | |
| Average Length Admissions | 5. 74 120. 80 | 5 0.0 |
| of Stay | V Other | |
| Component Total Title V Title XVIII Title XI 16.00 17.00 18.00 19.00 | X 0ther 20.00 | |
| 00 SKI LLED NURSI NG FACI LI TY 94.39 0 97 | 199 68 | 8 1.0 |
| 00 NURSING FACILITY 0.00 0 | | 0 2.0 |
| 00 ICF/IID 0.00 | 0 0 | 0 3.0 |
| OO HOME HEALTH AGENCY COST | | 4.0 |
| 00 Other Long Term Care 0.00 | 0 | 0 5.0 |
| 00 SNF-Based CMHC 00 HOSPICE 0.00 0 | 0 0 | 6. 0 0 7. 0 |
| 00 Total (Sum of Lines 1-7) 94.39 0 97 | 199 68 | |
| Admissions Full Time Equivalent | | 0.0 |
| | | |
| Component Total Employees on Nonpaid | | |
| Payrol I Workers | | 1.0 |
| Payrol I Workers 21.00 22.00 23.00 | | 2.0 |
| Payrol I Workers 21.00 22.00 23.00 00 SKILLED NURSING FACILITY 364 2.60 0.00 | | |
| Payrol I Workers 21.00 22.00 23.00 00 SKILLED NURSING FACILITY 364 2.60 0.00 00 NURSING FACILITY 0 0.00 0.00 | | |
| Payrol I Workers 21.00 22.00 23.00 00 SKILLED NURSING FACILITY 364 2.60 0.00 00 NURSING FACILITY 0 0.00 0.00 00 ICF/IID 0 0.00 0.00 | | 3. (|
| Payrol I Workers 21.00 22.00 23.00 00 SKILLED NURSING FACILITY 364 2.60 0.00 00 NURSING FACILITY 0 0.00 0.00 00 ICF/IID 0 0.00 0.00 00 HOME HEALTH AGENCY COST 0 0.00 0.00 00 Other Long Term Care 0 0.00 0.00 | | 3. (4. (5. (|
| Payrol I Workers 21.00 22.00 23.00 00 SKILLED NURSING FACILITY 364 2.60 0.00 00 NURSING FACILITY 0 0.00 0.00 00 ICF/IID 0 0.00 0.00 00 HOME HEALTH AGENCY COST 0.00 0.00 0.00 00 Other Long Term Care 0 0.00 0.00 00 SNF-Based CMHC 0.00 0.00 0.00 | | 3. 0 4. 0 5. 0 6. 0 |
| Payrol I Workers 21.00 22.00 23.00 00 SKILLED NURSING FACILITY 364 2.60 0.00 00 NURSING FACILITY 0 0.00 0.00 00 ICF/IID 0 0.00 0.00 00 HOME HEALTH AGENCY COST 0 0.00 0.00 00 Other Long Term Care 0 0.00 0.00 | | 3. (4. (5. (|

| Heal th | Financial Systems | STERLI NG | MANOR | | In Lie | eu of Form CMS-2 | 2540-10 |
|---------|--|-------------|---------------|------------|---|--------------------------------|------------------------|
| SNF WA | GE INDEX INFORMATION | | | | Period: From 01/01/2022 To 12/31/2022 | Date/Time Pre 5/31/2023 11: | pared: <u>18 am</u> |
| | | Amount | Reclass. of | Adj usted | | Average Hourly | |
| | | Reported | Salaries from | | | Wage (col. 3 ÷ | |
| | | | Worksheet A-6 | | Salary in col. 3 | col. 4) | |
| | L | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | PART I I – DI RECT SALARI ES | | | | | | |
| | SALARI ES | | | 1 | | 1 | |
| 1.00 | Total salaries (See Instructions) | 105, 270 | C | 105, 27 | | | 1.00 |
| 2.00 | Physician salaries-Part A | 0 | C | | 0 0.00 | | 2.00 |
| 3.00 | Physician salaries-Part B | 0 | C | | 0 0.00 | | 3.00 |
| 4.00 | Home office personnel | 0 | C | | 0 0.00 | | 4.00 |
| 5.00 | Sum of lines 2 through 4 | 0 | C | | 0 0.00 | | 5.00 |
| 6.00 | Revised wages (line 1 minus line 5) | 105, 270 | C | 105, 27 | | | 6.00 |
| 7.00 | Other Long Term Care | 0 | C | | 0 0.00 | | 7.00 |
| 8.00 | HOME HEALTH AGENCY COST | 0 | C | | 0 0.00 | | |
| 9.00 | СМНС | 0 | C | | 0 0.00 | | |
| 10.00 | HOSPICE | 0 | C | | 0 0.00 | | |
| 11.00 | Other excluded areas | 0 | C | | 0 0.00 | | |
| 12.00 | Subtotal Excluded salary (Sum of lines 7 through 11) | 0 | C | | 0 0.00 | 0.00 | 12.00 |
| 13.00 | Total Adjusted Salaries (line 6 minus line 12) | 105, 270 | C | 105, 27 | 0 5, 396. 00 | 19. 51 | 13.00 |
| | OTHER WAGES & RELATED COSTS | I | 1 | I | | I | |
| 14.00 | Contract Labor: Patient Related & Mgmt | 3, 402, 837 | C | 3, 402, 83 | 7 98, 740. 00 | 34 46 | 14.00 |
| 15.00 | Contract Labor: Physician services-Part A | 0, 102, 007 | | | 0 0.00 | | |
| 16.00 | Home office salaries & wage related costs | 0 | | | 0 0.00 | | |
| | WAGE-RELATED COSTS | - | - | 1 | -, | | |
| 17.00 | Wage-related costs core (See Part IV) | 37, 556 | C | 37, 55 | 6 | | 17.00 |
| 18.00 | Wage-related costs other (See Part IV) | 0 | c c | | 0 | | 18.00 |
| 19.00 | Wage related costs (excluded units) | 0 | c c | | 0 | | 19.00 |
| 20.00 | Physician Part A - WRC | 0 | C | | 0 | | 20.00 |
| 21.00 | Physician Part B - WRC | 0 | c c | | 0 | | 21.00 |
| 22.00 | Total Adjusted Wage Related cost (see | 37, 556 | c c | 37, 55 | 6 | | 22.00 |
| | instructions) | | | | | | |
| | | | | | | | |

| Heal th | Financial Systems | STERLING | MANOR | | In Lie | eu of Form CMS-2 | 2540-10 |
|---------|--|----------|---------------|-------------|----------------------------------|------------------|--------------------|
| SNF WA | GE INDEX INFORMATION | | Provi der | | Period: | Worksheet S-3 | |
| | | | | | From 01/01/2022 To 12/31/2022 | | oared [.] |
| | | | _ | | | 5/31/2023 11: | |
| | | Amount | Reclass. of | Adj usted | | Average Hourly | |
| | | Reported | Salaries from | | | Wage (col. 3 ÷ | |
| | | | Worksheet A-6 | 1 ± col. 2) | Salary in col. | col. 4) | |
| | | 1.00 | 0.00 | | 3 | 5.00 | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 1 00 | PART III - OVERHEAD COST - DIRECT SALARIES | | | | 0.00 | 0.00 | 1 00 |
| 1.00 | Employee Benefits | 0 | 0 | | 0.00 | | 1.00 |
| 2.00 | Administrative & General | 31, 156 | 0 | 31, 15 | | | 2.00 |
| 3.00 | Plant Operation, Maintenance & Repairs | 0 | 0 | | 0.00 | | 3.00 |
| 4.00 | Laundry & Linen Service | 0 | 0 | | 0.00 | 0.00 | 4.00 |
| 5.00 | Housekeepi ng | 0 | 0 | | 0.00 | 0.00 | 5.00 |
| 6.00 | Dietary | 0 | 0 | | 0.00 | 0.00 | 6.00 |
| 7.00 | Nursing Administration | 0 | 0 | | 0.00 | 0.00 | 7.00 |
| 8.00 | Central Services and Supply | 0 | 0 | | 0.00 | 0.00 | 8.00 |
| 9.00 | Pharmacy | 0 | 0 | | 0.00 | 0.00 | 9.00 |
| 10.00 | Medical Records & Medical Records Library | 0 | 0 | | 0.00 | 0.00 | 10.00 |
| 11.00 | Soci al Servi ce | 27, 135 | 0 | 27, 13 | 5 1, 015. 00 | 26.73 | 11.00 |
| 12.00 | Nursing and Allied Health Ed. Act. | | | | | | 12.00 |
| | Other General Service | 46, 979 | 0 | 46, 97 | 9 2, 997.00 | 15.68 | 13.00 |
| 14.00 | Total (sum lines 1 thru 13) | 105, 270 | | 105, 27 | | | |
| | | | | | | | |

| Heal th | Financial Systems | STERLING MANO | R | In Lie | u of Form CMS-2 | 2540-10 |
|---------|--|------------------------|-----------------------|---|--|---------|
| SNF WA | GE RELATED COSTS | | Provider No.: 315149 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part IV Date/Time Pre 5/31/2023 11: | pared: |
| | | | | | Amount | |
| | | | | | Reported | |
| | | | | | 1.00 | |
| | PART IV - WAGE RELATED COSTS | | | | | |
| | Part A - Core List | | | | | |
| | RETIREMENT COST | | | | | |
| 1.00 | 401K Employer Contributions | | | | 0 | 1.00 |
| 2.00 | Tax Sheltered Annuity (TSA) Employer Contri | | | | 0 | 2.00 |
| 3.00 | Qualified and Non-Qualified Pension Plan Co | ost | | | 0 | 3.00 |
| 4.00 | Prior Year Pension Service Cost | | | | 0 | 4.00 |
| | PLAN ADMINISTRATIVE COSTS (Paid to External | Organi zati on) | | | | |
| 5.00 | 401K/TSA Plan Administration fees | | | | 0 | 5.00 |
| 6.00 | Legal /Accounting/Management Fees-Pension PI | | | | 0 | 6.00 |
| 7.00 | Employee Managed Care Program Administration | on Fees | | | 0 | 7.00 |
| | HEALTH AND INSURANCE COST | | | | | |
| 8.00 | Health Insurance (Purchased or Self Funded) |) | | | 14, 964 | 8.00 |
| 9.00 | Prescription Drug Plan | | | | 0 | 9.00 |
| 10.00 | Dental, Hearing and Vision Plan | | | | 0 | |
| 11.00 | Life Insurance (If employee is owner or ber | | | | 0 | 11.00 |
| 12.00 | Accident Insurance (If employee is owner or | | | | 0 | |
| 13.00 | Disability Insurance (If employee is owner | | | | 0 | |
| 14.00 | Long-Term Care Insurance (If employee is ow | wner or beneficiary) | | | 0 | 1 11 00 |
| 15.00 | Workers' Compensation Insurance | | | | 14, 000 | |
| 16.00 | Retirement Health Care Cost (Only current y | year, not the extraord | inary accrual require | ed by FASB 106. | 0 | 16.00 |
| | Non cumulative portion) | | | | | |
| | TAXES | | | | | |
| | FICA-Employers Portion Only | | | | 8, 592 | |
| 18.00 | Medicare Taxes - Employers Portion Only | | | | 0 | |
| 19.00 | Unemployment Insurance | | | | 0 | |
| 20.00 | State or Federal Unemployment Taxes | | | | 0 | 20.00 |
| | OTHER | | | | | |
| 21.00 | Executive Deferred Compensation | | | | 0 | |
| | Day Care Cost and Allowances | | | | 0 | |
| 23.00 | Tuition Reimbursement | | | | 0 | |
| 24.00 | Total Wage Related cost (Sum of lines 1 - 2 | 23) | | | 37, 556 | 24.00 |
| | | | | | Amount | |
| | | | | | Reported 1.00 | |
| | Part B - Other than Core Related Cost | | | | 1.00 | |
| 25 00 | OTHER WAGE RELATED COSTS (SPECIFY) | | | | 0 | 25.00 |
| 25.00 | UTILA WAGE ALLATED COSTS (SPECIFT) | | | | 0 | 20.00 |

| Heal th | Financial Systems | STERLI NG | MANOR | | In Lie | eu of Form CMS-2 | 2540-10 |
|---------|---|--------------------|--------------------|--|---|---|------------------------|
| SNF RE | PORTING OF DIRECT CARE EXPENDITURES | | | | Period: From 01/01/2022 To 12/31/2022 | Date/Time Pre 5/31/2023 11: | pared: <u>18 am</u> |
| | Occupational Category | Amount Reported | Fringe Benefits | Adjusted Salaries (col 1 + col. 2) | . 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) | 0 | 0 | | 0 0.00 | | |
| 2.00 | Licensed Practical Nurses (LPNs) | 0 | 0 | | 0 0.00 | | |
| 3.00 | Certi fi ed Nursi ng Assi stant/Nursi ng Assi stants/Ai des | 0 | 0 | | 0 0.00 | 0.00 | 3.00 |
| 4.00 | Total Nursing (sum of lines 1 through 3) | 0 | 0 | | 0 0.00 | 0.00 | 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 | 0 | 0 | | 0 0.00 | | 12.00 |
| 13.00 | Other Medical Staff | 0 | 0 | | 0 0.00 | 0.00 | 13.00 |
| | Contract Labor | | | | | | |
| | Nursing Occupations | | | | | 1 | |
| | Registered Nurses (RNs) | 227, 031 | | 227, 03 | | | 14.00 |
| | Licensed Practical Nurses (LPNs) | 934, 537 | | 934, 53 | | | |
| 16.00 | Certified Nursing Assistant/Nursing | 2, 241, 269 | | 2, 241, 26 | 9 78, 531. 00 | 28.54 | 16.00 |
| 17.00 | Assistants/Aides | 3, 402, 837 | | 2 402 02 | 98, 740. 00 | 24.46 | 17.00 |
| 17.00 | Total Nursing (sum of lines 14 through 16) Physical Therapists | 3, 402, 837 | | 3, 402, 83 | 0 98, 740. 00 | | 17.00 |
| 18.00 | Physical Therapy Assistants | 0 | | | 0 0.00 | | |
| | Physical Therapy Aides | 0 | | | 0 0.00 | | |
| 20.00 | Occupational Therapists | 0 | | | 0 0.00 | | 20.00 |
| 21.00 | Occupational Therapy Assistants | | | | 0 0.00 | | |
| 22.00 | Occupational Therapy Aides | | | | 0 0.00 | | |
| | Speech Therapists | 0 | | | 0 0.00 | | 24.00 |
| 25.00 | Respiratory Therapists | 0 | | | 0 0.00 | | 25.00 |
| | Other Medical Staff | 0 | | | 0 0.00 | | 26.00 |
| 0 | | , °I | I | I | 0.00 | 1 5100 | |

| Health Financial Systems PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | | |
|---|--|----------------|
| | From 01/01/2022 To 12/31/2022 Date/Time Pre | epared: |
| | 5/31/2023 11: Group Days | 18 am |
| | 1.00 2.00 | |
| 1.00 2.00 | RUX RUL | 1.00 |
| 3.00 | RVX | 3.00 |
| 4.00 | RVL | 4.00 |
| 5.00 | RHX | 5.00 |
| 6. 00 7. 00 | RHL RMX | 6.00 7.00 |
| 8.00 | RML | 8.00 |
| 9.00 | RLX | 9.00 |
| 10. 00 11. 00 | RUC RUB | 10.00 |
| 12.00 | RUA | 12.00 |
| 13. 00 | RVC | 13.00 |
| 14.00 | RVB | 14.00 |
| 15. 00 16. 00 | RVA RHC | 15.00 16.00 |
| 17.00 | RHB | 17.00 |
| 18.00 | RHA | 18.00 |
| 19.00 | RMC | 19.00 |
| 20.00 21.00 | RMB RMA | 20.00 |
| 22.00 | RLB | 22.00 |
| 23.00 | RLA | 23.00 |
| 24. 00 25. 00 | ES3 ES2 | 24.00 25.00 |
| 25. 00 26. 00 | ES2 ES1 | 25.00 |
| 27.00 | HE2 | 27.00 |
| 28.00 | HE1 | 28.00 |
| 29.00 30.00 | HD2 HD1 | 29.00 30.00 |
| 31.00 | HC2 | 31.00 |
| 32. 00 | HC1 | 32.00 |
| 33.00 | HB2 | 33.00 |
| 34. 00 35. 00 | HB1 LE2 | 34.00 35.00 |
| 36.00 | LE1 | 36.00 |
| 37. 00 | LD2 | 37.00 |
| 38. 00 39. 00 | LD1 LC2 | 38.00 39.00 |
| 40.00 | LC2 | 40.00 |
| 41. 00 | LB2 | 41.00 |
| 42.00 | LB1 | 42.00 |
| 43.00 44.00 | CE2 CE1 | 43.00 |
| 45.00 | CD2 | 45.00 |
| 46.00 | CD1 | 46.00 |
| 47.00 48.00 | CC2 CC1 | 47.00 48.00 |
| 49.00 | CB2 | 49.00 |
| 50. 00 | CB1 | 50.00 |
| 51.00 52.00 | CA2 CA1 | 51.00 52.00 |
| 53.00 | SE3 | 52.00 |
| 54.00 | SE2 | 54.00 |
| 55.00 | SE1 | 55.00 |
| 56. 00 57. 00 | SSC SSB | 56.00 57.00 |
| 58. 00 | SSA | 58.00 |
| 59.00 | I B2 | 59.00 |
| 50.00 51.00 | I B1 I A2 | 60.00 61.00 |
| 52.00 | I AZ | 62.00 |
| 53. 00 | BB2 | 63.00 |
| 94. 00 | BB1 | 64.00 |
| 55. 00 56. 00 | BA2 BA1 | 65.00 66.00 |
| 57.00 | PE2 | 67.00 |
| 58.00 | PE1 | 68.00 |
| 59. 00 70. 00 | PD2 PD1 | 69.00 70.00 |
| 71.00 | PD1 PC2 | 70.00 |
| 72.00 | PC1 | 72.00 |
| 73. 00 | PB2 PB1 | 73.00 74.00 |
| 74.00 | | |

| Health Financial Systems STERLING | MANOR | In Lieu of F | | | S-2540-10 |
|--|---|--|--|--|--|
| PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provi der | No.: 315149 | Period: | Worksheet S | -7 |
| | | | From 01/01/2022 To 12/31/2022 | | |
| | | | 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. 14 payments beginning 10/01/2003. Congress expected this increa expenses. For lines 101 through 106: Enter in column 1 the a column 2 the percentage of total expenses for each category line 1, column 3. Indicate in column 3 "Y" for yes or "N" fo with direct patient care and related expenses for each catego (See instructions) | ase to be used amount of the to total SNF or no if the s | l for direct expense for d revenue from pending refle | oatient care and each category. Er Worksheet G-2, F ects increases as | related hter in Part I, ssociated | |
| 101.00 Staffing 102.00 Recruitment 103.00 Retention of employees 104.00 Training 105.00 OTHER (SPECIFY) 106.00 Total SNF revenue (Worksheet G-2, Part I, line 1, column 3) | | | | | 101.00 102.00 103.00 104.00 105.00 106.00 |

| | Financial Systems | STERLING M | | | | u of Form CMS-2 | 2540-10 |
|-------------------------|---|-------------------------|--------------|---------------|----------------------------|--------------------------------|----------------|
| RECLAS | SIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF | EXPENSES | Provi der | | Period: From 01/01/2022 | Worksheet A | |
| | | | | | To 12/31/2022 | Date/Time Pre 5/31/2023 11: | |
| | Cost Center Description | Sal ari es | Other | Total (col. 1 | Recl assi fi cati | Recl assi fi ed | |
| | | | | + col. 2) | ons | Trial Balance | |
| | | | | | Increase/Decre | | |
| | | | | | ase (Fr Wkst | col. 4) | |
| | | 1.00 | 2.00 | 3.00 | A-6) 4.00 | 5.00 | |
| | GENERAL SERVICE COST CENTERS | 1.00 | 2.00 | 0.00 | 1.00 | 0.00 | |
| 1.00 | 00100 CAP REL COSTS - BLDGS & FIXTURES | | 413, 134 | 413, 13 | 4 0 | 413, 134 | 1.00 |
| 3.00 | 00300 EMPLOYEE BENEFITS | 0 | 37, 556 | 37, 55 | 6 0 | 37, 556 | 3.00 |
| 4.00 | 00400 ADMI NI STRATI VE & GENERAL | 31, 156 | 1, 797, 698 | | | 1, 828, 854 | • |
| 5.00 | 00500 PLANT OPERATION, MAINT. & REPAIRS | 0 | 441, 042 | 441, 04 | | 441, 042 | • |
| 6.00 | 00600 LAUNDRY & LINEN SERVICE | 0 | 82, 733 | | | 82, 733 | • |
| 7.00 | 00700 HOUSEKEEPI NG | 0 | 145, 103 | | | 145, 103 | • |
| 8.00 | | 0 | 954, 272 | 954, 27 | | 954, 272 | • |
| 9.00 | 00900 NURSI NG ADMI NI STRATI ON | 0 | 310, 431 | 310, 43 | | 310, 431 | |
| 10.00 | 01000 CENTRAL SERVICES & SUPPLY | 0 | 0 | | 0 0 | 0 | |
| 12. 00 13. 00 | 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE | - | 0 | 27, 13 | 5 0 | - | • |
| 15.00 | 01500 PATIENT ACTIVITIES | 27, 135 46, 979 | 20, 345 | | | 27, 135 67, 324 | • |
| 15.00 | INPATIENT ROUTINE SERVICE COST CENTERS | 40, 777 | 20, 343 | 07, 32 | + 0 | 07, 324 | 15.00 |
| 30.00 | 03000 SKI LLED NURSI NG FACI LI TY | 0 | 3, 576, 517 | 3, 576, 51 | 7 0 | 3, 576, 517 | 30.00 |
| 31.00 | 03100 NURSING FACILITY | 0 | 0 | | 0 0 | 0 | |
| 32.00 | 03200 I CF/I I D | 0 | 0 | | 0 0 | 0 | 1 |
| 33.00 | 03300 OTHER LONG TERM CARE | 0 | 0 | (| 0 0 | 0 | 1 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 40.00 | 04000 RADI OLOGY | 0 | 903 | 903 | 3 0 | 903 | 40.00 |
| 41.00 | 04100 LABORATORY | 0 | 1, 283 | 1, 28 | 3 0 | 1, 283 | 41.00 |
| 42.00 | 04200 I NTRAVENOUS THERAPY | 0 | 0 | | 0 0 | 0 | |
| 43.00 | 04300 OXYGEN (INHALATION) THERAPY | 0 | 1, 180 | 1, 18 | | 1, 180 | • |
| 44.00 | 04400 PHYSI CAL THERAPY | 0 | 131, 179 | | | 131, 179 | • |
| 45.00 | 04500 OCCUPATIONAL THERAPY | 0 | 91, 252 | 91, 25 | | 91, 252 | |
| 46.00 | | 0 | 12, 277 | 12, 27 | | 12, 277 | |
| 47.00 48.00 | 04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS | 0 | 0 | | 0 0 | 0 | |
| 48.00 49.00 | 04900 DRUGS CHARGED TO PATIENTS | 0 | 93, 218 | 93, 21 | | - | 48.00 |
| 49.00 51.00 | 05100 SUPPORT SURFACES | 0 | 73, 210 0 | | 0 0 | 93, 218 | 1 |
| 51.00 | 05101 SUPPORT SURFACES | 0 | 0 | | 0 0 | 0 | • |
| 01.01 | OUTPATIENT SERVICE COST CENTERS | | | | <u> </u> | 0 | |
| 62.00 | 06200 FQHC | | | | | | 62.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 70.00 | 07000 HOME HEALTH AGENCY COST | 0 | 0 | | 0 0 | 0 | |
| | 07100 AMBULANCE | 0 | 2, 389 | 2, 38 | | | 71.00 |
| 73.00 | 07300 CMHC | 0 | 0 | | 0 0 | 0 | 73.00 |
| ~~ ~~ | SPECIAL PURPOSE COST CENTERS | 1 | | | | 0 | 00.00 |
| 80.00 | 08000 MALPRACTICE PREMIUMS & PAID LOSSES | | 0 | | 0 0 | 0 | |
| 81.00 82.00 | 08100 I NTEREST EXPENSE 08200 UTI LI ZATI ON REVIEW - SNF | 0 | 0 | | | 0 | |
| | | 0 | 0 | | | - | |
| 83.00 89.00 | 08300 HOSPICE SUBTOTALS (sum of lines 1-84) | 0 105, 270 | 8, 112, 512 | | 0 2 0 | 8, 217, 782 | 83.00 |
| 09.00 | NONREI MBURSABLE COST CENTERS | 105,270 | 0, 112, 512 | 0,217,70. | 2 0 | 0,217,702 | 09.00 |
| | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | | 0 0 | 0 | 90.00 |
| 90.00 | | 0 | 0 | | 0 0 | 0 | |
| 90.00 91.00 | 09100 BARBER AND BEAUTY SHOP | U | | | | | |
| 91.00 | 09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES | 0 | 0 | (| 0 0 | 0 | 92.00 |
| 91. 00 92. 00 | | 0 | 0 | (| | | 92.00 93.00 |
| 91.00 92.00 93.00 | 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY | 0 0 0 105, 270 | 0 0 0 | | 0 0 0 0 0 0 | | 93.00 94.00 |

| RECLAS | Financial Systems SIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF | STERLING F FXPENSES | | No.: 315149 | | u of Form CMS- Worksheet A | 2340-10 |
|-----------------|--|------------------------|--------------|-------------|----------------------------------|--------------------------------|---------|
| neo En | | 2/11 211020 | | | From 01/01/2022 To 12/31/2022 | | anaradi |
| | | | | | 10 12/31/2022 | Date/Time Pre 5/31/2023 11: | |
| | Cost Center Description | | Net Expenses | | | | |
| | | Expenses (Fr F | | | | | |
| | | Wkst A-8) | (col. 5 +- | | | | |
| | | (| col. 6) | | | | |
| | | 6.00 | 7.00 | | | | - |
| 1 00 | GENERAL SERVICE COST CENTERS | 270 | 410 755 | | | | 1 1 00 |
| 1.00 | 00100 CAP REL COSTS - BLDGS & FIXTURES 00300 EMPLOYEE BENEFITS | -379 | 412, 755 | | | | 1.00 |
| 3.00 | | 100 550 | 37, 556 | | | | 3.00 |
| 4.00 | 00400 ADMI NI STRATI VE & GENERAL | -122, 558 | 1, 706, 296 | | | | 4.00 |
| 5.00 | 00500 PLANT OPERATION, MAINT. & REPAIRS | 0 | 441, 042 | | | | 5.00 |
| 6.00 | 00600 LAUNDRY & LINEN SERVICE | 0 | 82, 733 | | | | 6.00 |
| 7.00 | 00700 HOUSEKEEPING | 0 | 145, 103 | | | | 7.00 |
| 8.00 | 00800 DI ETARY | 0 | 954, 272 | | | | 8.00 |
| 9.00 | 00900 NURSI NG ADMI NI STRATI ON | 0 | 310, 431 | | | | 9.00 |
| 10.00 | 01000 CENTRAL SERVICES & SUPPLY | 0 | 0 | | | | 10.00 |
| 12.00 | 01200 MEDI CAL RECORDS & LI BRARY | 0 | 0 | | | | 12.00 |
| 13.00 | 01300 SOCI AL SERVI CE | 0 | 27, 135 | | | | 13.00 |
| 15.00 | 01500 PATIENT ACTIVITIES | 0 | 67, 324 | | | | 15.00 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | - | | | | | 4 |
| 30.00 | 03000 SKILLED NURSING FACILITY | 0 | 3, 576, 517 | | | | 30.00 |
| 31.00 | 03100 NURSING FACILITY | 0 | 0 | | | | 31.00 |
| 32.00 | 03200 I CF/I I D | 0 | 0 | | | | 32.00 |
| 33.00 | 03300 OTHER LONG TERM CARE | 0 | 0 | | | | 33.00 |
| | ANCI LLARY SERVI CE COST CENTERS | | | | | | |
| 40.00 | 04000 RADI OLOGY | 0 | 903 | | | | 40.00 |
| 41.00 | 04100 LABORATORY | 0 | 1, 283 | | | | 41.00 |
| 42.00 | 04200 I NTRAVENOUS THERAPY | 0 | 0 | | | | 42.00 |
| 43.00 | 04300 OXYGEN (INHALATION) THERAPY | 0 | 1, 180 | | | | 43.00 |
| 44.00 | 04400 PHYSI CAL THERAPY | 0 | 131, 179 | | | | 44.00 |
| 45.00 | 04500 OCCUPATI ONAL THERAPY | 0 | 91, 252 | | | | 45.00 |
| 46.00 | 04600 SPEECH PATHOLOGY | 0 | 12, 277 | | | | 46.00 |
| 47.00 | 04700 ELECTROCARDI OLOGY | 0 | 0 | | | | 47.00 |
| 48.00 | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | | | | 48.00 |
| 49.00 | 04900 DRUGS CHARGED TO PATIENTS | 0 | 93, 218 | | | | 49.00 |
| 51.00 | 05100 SUPPORT SURFACES | 0 | 0 | | | | 51.00 |
| 51.01 | 05101 SUPPORT SURFACES | 0 | 0 | | | | 51.01 |
| | OUTPATIENT SERVICE COST CENTERS | 1 1 | | | | | |
| 62.00 | 06200 FQHC | | | | | | 62.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 70.00 | 07000 HOME HEALTH AGENCY COST | 0 | 0 | | | | 70.00 |
| 71.00 | 07100 AMBULANCE | 0 | 2, 389 | | | | 71.00 |
| 73.00 | 07300 CMHC | 0 | 0 | | | | 73.00 |
| 00.00 | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 80.00 | 08000 MALPRACTICE PREMIUMS & PAID LOSSES | 0 | 0 | | | | 80.00 |
| 81.00 | 08100 I NTEREST EXPENSE | 0 | 0 | | | | 81.00 |
| 82.00 | 08200 UTI LI ZATI ON REVI EW - SNF | 0 | 0 | | | | 82.00 |
| | 08300 HOSPI CE | 0 | 0 | | | | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | -122, 937 | 8, 094, 845 | | | | 89.00 |
| 00.00 | NONREI MBURSABLE COST CENTERS | | | | | | |
| 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 NONPAI D WORKERS | 0 | 0 | | | | 93.00 |
| 94.00 100.00 | 09400 PATIENTS LAUNDRY | 0 | 0 | | | | 94.00 |
| |) TOTAL | -122, 937 | 8, 094, 845 | | | | 100.00 |

| Health Financial Systems | STERLING MANOR | | | In Lieu of Form CMS-2540-10 | | | |
|--------------------------|--|-----------|-------------|-----------------------------|--------------------------------|------------------|--|
| RECLASSI FI CATI ONS | | Provi der | No.: 315149 | Period: From 01/01/2022 | Worksheet A-6 |) | |
| | | | | | Date/Time Pre 5/31/2023 11: | epared: 18 am | |
| | | | | | | | |
| | Cost Cente | r | Line # | Sal ary | Non Salary | | |
| | 2.00 | | 3.00 | 4.00 | 5.00 | | |
| TOTALS | | | | | | | |
| | Total Reclassificat of columns 4 and 5 equal sum of column 9) | must | | O | 0 | 100. 00 | |

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

| Heal th Financial Systems STERLING MANOR | | | | | In Lieu of Form CMS-2540-10 | | | |
|--|------------|-----------|-------------|----------------------------|------------------------------|-------------------|--|--|
| RECLASSI FI CATI ONS | | Provi der | No.: 315149 | Period: From 01/01/2022 | Worksheet A- | 6 | | |
| | | | | | Date/Time Pr 5/31/2023 11 | epared: :18 am | | |
| | | Decreases | | | | | | |
| | Cost Cente | r | Line # | Sal ary | Non Salary | | | |
| | 6.00 | | 7.00 | 8.00 | 9.00 | | | |
| TOTALS | | | - | | | | | |
| 100.00 | | | | 0 | | 0 100. 00 | | |

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

| Heal th | Financial Systems | STERLI NG | MANOR | | In Lie | eu of Form CMS-2 | 2540-10 |
|---------|---|------------------|-------------|----------------|----------------------------------|---------------------|-----------------|
| RECONO | CILIATION OF CAPITAL COSTS CENTERS | | Provi der | No.: 315149 | Peri od: | Worksheet A-7 | |
| | | | | | From 01/01/2022 To 12/31/2022 | | oared: 18 am |
| | | | | Acqui si ti on | S | | |
| | Description | Begi nni ng | Purchases | Donati on | Total | Di sposal s and | |
| | | Bal ances | 2.00 | 2.00 | 4.00 | Retirements 5.00 | |
| | ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 1.00 | Land | | 0 | | 0 0 | 0 | 1.00 |
| 2.00 | Land Improvements | 0 | 0 | | 0 0 | 0 | 2.00 |
| 2.00 | Buildings and Fixtures | 0 | 0 | | 0 0 | 0 | 3.00 |
| 4.00 | Building Improvements | 0 | 57, 025 | | 0 57,025 | ° I | 4.00 |
| 5.00 | Fixed Equipment | 0 | 57,025 | | 0 57,025 | 0 | 5.00 |
| 6.00 | Movable Equipment | 0 | 47, 564 | | 0 47, 564 | | 6.00 |
| 7.00 | Subtotal (sum of lines 1-6) | 0 | 104, 589 | | 0 104, 589 | | 7.00 |
| 8.00 | Reconciling Items | 0 | 04, 307 | | 0 104, 307 | 0 | 8.00 |
| 9.00 | Total (line 7 minus line 8) | 0 | 104, 589 | | 0 104, 589 | - | 9.00 |
| | Description | Endi ng Bal ance | | | | | |
| | | J | Depreciated | | | | |
| | | | Assets | | | | |
| | | 6.00 | 7.00 | 1 | | | |
| | ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES | S | | | | | |
| 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 | 57, 025 | 0 | | | | 4.00 |
| 5.00 | Fixed Equipment | 0 | 0 | | | | 5.00 |
| 6.00 | Movable Equipment | 47, 564 | 0 | | | | 6.00 |
| 7.00 | Subtotal (sum of lines 1-6) | 104, 589 | 0 | | | | 7.00 |
| 8.00 | Reconciling Items | 0 | 0 | | | | 8.00 |
| 9.00 | Total (line 7 minus line 8) | 104, 589 | 0 | | | | 9.00 |

| | Financial Systems | STERLING I | | | | u of Form CMS-2 | |
|----------------|--|---------------|-----------|--------------------------|----------------------------|--------------------------------|----------------|
| ADJUST | MENTS TO EXPENSES | | Provi der | No.: 315149 | Period: From 01/01/2022 | Worksheet A-8 | |
| | | | | | To 12/31/2022 | Date/Time Pre 5/31/2023 11: | |
| | | | | | lassification on | Worksheet A | |
| | | | | To/From Whic | ch the Amount is | to be Adjusted | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Description (1) | (2) Basis For | Amount | Cos | t Center | Line No. | |
| | | Adjustment | | | 000 | 1.00 | |
| 1.00 | Investment income on restricted funds | 1.00 B | 2.00 | CAP REL COST | 3.00 | 4.00 | 1.00 |
| 1.00 | (chapter 2) | Б | | FI XTURES | S - BLDGS & | 1.00 | 1.00 |
| 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 |
| F 00 | (chapter 8) | | 0 | | | 0.00 | F 00 |
| 5.00 | Telephone services (pay stations excluded) | | 0 | | | 0.00 | 5.00 |
| 6.00 | (chapter 21) Television and radio service (chapter 21) | | 0 | | | 0.00 | 6.00 |
| 7.00 | Parking lot (chapter 21) | | 0 | | | 0.00 | |
| 8.00 | Remuneration applicable to provider-based | A-8-2 | 0 | | | 0.00 | 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) | | 0 | | | 0.00 | 10.00 |
| 11.00 | Nonallowable costs related to certain | | 0 | | | 0.00 | 11.00 |
| 10.00 | Capital expenditures (chapter 24) | 101 | 0 | | | | 12.00 |
| 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 | | | | 14.00 |
| 15.00 | Cost of meals - Guests | | 0 | | | 0.00 | 15.00 |
| 16.00 | Sale of medical supplies to other than | | 0 | | | 0.00 | 16.00 |
| | patients | | | | | | |
| 17.00 | Sale of drugs to other than patients | | 0 | | | 0.00 | |
| 18.00 | Sale of medical records and abstracts Vending machines | | 0 | | | | 18.00 |
| 19.00 20.00 | Income from imposition of interest, finance | | 0 | | | 0.00 | 19.00 20.00 |
| 20.00 | or penalty charges (chapter 21) | | 0 | | | 0.00 | 20.00 |
| 21.00 | Interest expense on Medicare overpayments | | 0 | | | 0.00 | 21.00 |
| | and borrowings to repay Medicare | | | | | | |
| | overpayments | | | | | | |
| 22.00 | Utilization reviewphysicians' compensation | | 0 | UTI LI ZATI ON | REVIEW - SNF | 82.00 | 22.00 |
| 22.00 | (chapter 21) | | 0 | | | 1 00 | 22.00 |
| 23.00 | Depreciationbuildings and fixtures | | | CAP REL COST FIXTURES | 3 - DLDU3 α | 1.00 | 23.00 |
| 24.00 | Depreciationmovable equipment | | | | ter Deleted *** | 2.00 | 24.00 |
| 25.00 | MI SC REVENUE | В | | | VE & GENERAL | 4.00 | |
| 25.03 | BAD DEBT EXPENSE | Ā | | | VE & GENERAL | 4.00 | |
| 25.05 | MANAGEMENT FEES | A | -60, 000 | ADMI NI STRATI | VE & GENERAL | 4.00 | 25.05 |
| | MARKETING | A | | | VE & GENERAL | 4.00 | |
| 100.00 | Total (sum of lines 1 through 99) (Transfer | | -122, 937 | | | | 100.00 |
| | to Worksheet A, col. 6, line 100) | | | | | | |

 to Worksheet A, col. 6, line 100)
 |

 (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.

| Health Financial Systems | STERLING | G MANOR | | In Lie | eu of Form CMS-2 | 2540-10 |
|--|--|---|---|--|---|--|
| COST ALLOCATION - GENERAL SERVICE COSTS | | Provi der | | eriod: rom 01/01/2022 o 12/31/2022 | | |
| Cost Center Description | Net Expenses for Cost Allocation (from Wkst A col. 7) | CAPI TAL RELATED COSTS BLDGS & FI XTURES | EMPLOYEE BENEFI TS | Subtotal | 5/31/2023 11: ADMI NI STRATI VE & GENERAL | <u>18 am</u> |
| | 0 | 1.00 | 3.00 | 3A | 4.00 | |
| GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS - BLDGS & FIXTURES 3.00 003000 EMPLOYEE BENEFITS - COSTO COSTO COSTO COSTO - COSTO COSTO | 412, 755 37, 556 | 0 | 37, 556 | 1 705 440 | 1 705 440 | 1.00 3.00 |
| 4. 00 00400 ADMI NI STRATI VE & GENERAL 5. 00 00500 PLANT OPERATI ON, MAI NT. & REPAI RS 6. 00 00600 LAUNDRY & LI NEN SERVI CE 7. 00 00700 HOUSEKEEPI NG 8. 00 00800 DI ETARY 9. 00 00900 NURSI NG ADMI NI STRATI ON | 1, 706, 296 441, 042 82, 733 145, 103 954, 272 310, 431 | 28, 040 28, 759 885 75, 049 | 000000000000000000000000000000000000000 | 1, 735, 440 469, 082 111, 492 145, 988 1, 029, 321 313, 335 | 128, 009 30, 425 39, 839 280, 894 | 4.00 5.00 6.00 7.00 8.00 9.00 |
| 10. 00 01000 CENTRAL SERVICES & SUPPLY 12. 00 01200 MEDICAL RECORDS & LI BRARY 13. 00 01300 SOCIAL SERVICE 15. 00 01500 PATIENT ACTIVITIES | 0 0 27, 135 67, 324 | 636 0 3, 042 | 0 9, 681 | 636 636 39, 858 113, 396 | 174 0 10, 877 | 10. 00 12. 00 13. 00 |
| INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 SKILLED NURSING FACILITY 31.00 03100 NURSING FACILITY 32.00 03200 ICF/IID | 3, 576, 517 0 0 | 1 | | 3, 790, 435 0 0 | 1, 034, 387 0 | 30. 00 31. 00 32. 00 |
| 33. 00 03300 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 40. 00 04000 RADI OLOGY 41. 00 04100 LABORATORY | 903 1, 283 | | 0 | 903 1, 283 | 246 350 | 40. 00 41. 00 |
| 42.00 04200 INTRAVENOUS THERAPY 43.00 04300 OXYGEN (INHALATION) THERAPY | 0 1, 180 | 0 | 0 | 0 1, 180 | 0 322 | 42.00 43.00 |
| 44.00 04400 PHYSI CAL THERAPY 45.00 04500 OCCUPATI ONAL THERAPY 46.00 04600 SPEECH PATHOLOGY | 131, 179 91, 252 12, 277 | 4, 383 | 0 | 135, 935 95, 635 15, 319 | 26, 098 | 45.00 |
| 47. 00 04700 ELECTROCARDI OLOGY 48. 00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS | 0 | 0 | 0 0 | 0 0 | 0 | 47.00 48.00 |
| 49.00 04900 DRUGS CHARGED TO PATIENTS 51.00 05100 SUPPORT SURFACES 51.01 05101 SUPPORT SURFACES | 93, 218 0 0 | 0 | 0 0 0 | 93, 218 0 0 | 0 | 51.00 |
| 62. 00 06200 F0HC | | | | | | 62.00 |
| OTHER REIMBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST | | 0 | 0 | 0 | 0 | 70.00 |
| 71.00 07100 AMBULANCE 73.00 07300 CMHC | 2, 389 | 0 | 0 | 2, 389 0 | 652 | 71.00 |
| SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 81.00 08100 INTEREST EXPENSE 82.00 08200 UTILIZATION REVIEW - SNF 83.00 08300 HOSPICE 89.00 SUBTOTALS (sum of lines 1-84) | 08,094,845 | 0 | 0 37, 556 | 0 8, 094, 845 | 0 1, 735, 440 | 80. 00 81. 00 82. 00 83. 00 89. 00 |
| NONREI MBURSABLE COST CENTERS 90. 00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0,094,845 | 1 | | 094, 843 | | 90. 00 |
| 91.0009100BARBER AND BEAUTY SHOP92.0009200PHYSI CLANS PRI VATE OFFICES93.0009300NONPALD WORKERS94.0009400PATIENTS LAUNDRY98.00Cross Foot Adjustments | 000000000000000000000000000000000000000 | 0 0 0 | 000000000000000000000000000000000000000 | 0 0 0 0 0 | | 91.00 92.00 93.00 94.00 98.00 |
| 99.00Negative Cost Centers100.00TOTAL | 0 8, 094, 845 | 0 0 412, 755 | 0 0 37, 556 | 0 | 0 | 99.00 |

| Heal th | Financial Systems | STERLING | MANOR | | In Lie | u of Form CMS- | 2540-10 |
|-----------------|--|-------------|---------------|---------------|---|--|---------|
| COST A | ALLOCATION - GENERAL SERVICE COSTS | | Provi der | | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Pre | pared: |
| | Cost Center Description | PLANT | LAUNDRY & | HOUSEKEEPI NG | DI ETARY | 5/31/2023 11: NURSI NG | 18 am |
| | | OPERATI ON, | LINEN SERVICE | HOUSEREEFTING | | ADMI NI STRATI ON | |
| | | MAINT. & | | | | | |
| | | REPAI RS | | | | | |
| | | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | |
| 1.00 | GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES | | [| | | | 1 1 00 |
| 3.00 | 00300 EMPLOYEE BENEFITS | | | | | | 1.00 |
| 4.00 | 00400 ADMI NI STRATI VE & GENERAL | | | | | | 4.00 |
| 5.00 | 00500 PLANT OPERATION, MAINT. & REPAIRS | 597, 091 | | | | | 5.00 |
| 6.00 | 00600 LAUNDRY & LINEN SERVICE | 46, 829 | 188, 746 | | | | 6.00 |
| 7.00 | 00700 HOUSEKEEPI NG | 1, 441 | 0 | 187, 26 | 8 | | 7.00 |
| 8.00 | 00800 DI ETARY | 122, 205 | 0 | 41, 69 | 9 1, 474, 119 | | 8.00 |
| 9.00 | 00900 NURSI NG ADMI NI STRATI ON | 4, 728 | | 1, 61 | | 405, 183 | 1 |
| 10.00 | 01000 CENTRAL SERVICES & SUPPLY | 1,036 | 0 | 35 | | 0 | |
| 12.00 | 01200 MEDI CAL RECORDS & LI BRARY | 0 | 0 | | 0 0 | 0 | |
| 13.00 | 01300 SOCIAL SERVICE | 4, 953 | | | | 0 | |
| 15.00 | 01500 PATIENT ACTIVITIES | 47,729 | 0 | 16, 28 | 6 0 | 0 | 15.00 |
| 30, 00 | 03000 SKILLED NURSING FACILITY | 348, 335 | 188, 746 | 118, 85 | 9 1, 474, 119 | 405, 183 | 30.00 |
| 31.00 | 03100 NURSING FACILITY | 040, 333 | | | 0 0 | 0 | 1 |
| 32.00 | 03200 CF/I D | 0 | - | | 0 0 | 0 | 1 |
| 33.00 | 03300 OTHER LONG TERM CARE | 0 | | | 0 0 | | |
| | ANCI LLARY SERVI CE COST CENTERS | | | | · | | |
| 40.00 | 04000 RADI OLOGY | 0 | 0 | | 0 0 | 0 | 40.00 |
| 41.00 | 04100 LABORATORY | 0 | 0 | | 0 0 | 0 | 41.00 |
| 42.00 | 04200 I NTRAVENOUS THERAPY | 0 | 0 | | 0 0 | 0 | |
| 43.00 | 04300 OXYGEN (INHALATION) THERAPY | 0 | 0 | | 0 0 | 0 | 1 |
| 44.00 | 04400 PHYSI CAL THERAPY | 7, 745 | | 2,64 | | 0 | |
| 45.00 | 04500 OCCUPATIONAL THERAPY | 7, 137 | | 2,43 | | 0 | 1 |
| 46.00 47.00 | 04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY | 4, 953 | | 1, 69 | 0 0 0 0 | 0 | |
| 47.00 | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | 47.00 |
| 48.00 | 04900 DRUGS CHARGED TO PATIENTS | | | | | 0 | |
| 51.00 | 05100 SUPPORT SURFACES | 0 | 0 | | 0 0 | 0 | 1 |
| 51.01 | 05101 SUPPORT SURFACES | 0 | 0 | | 0 0 | 0 | 1 |
| | OUTPATIENT SERVICE COST CENTERS | | | | - | | |
| 62.00 | 06200 FQHC | | | | | | 62.00 |
| | OTHER REIMBURSABLE COST CENTERS | 1 | I | | I | 1 | |
| 70.00 | 07000 HOME HEALTH AGENCY COST | 0 | | | 0 0 | 0 | |
| 71.00 | 07100 AMBULANCE | 0 | - | | 0 0 | | |
| 73.00 | 07300 CMHC | 0 | 0 | | 0 0 | 0 | 73.00 |
| 80.00 | SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | 80.00 |
| 81.00 | 08100 INTEREST EXPENSE | | | | | | 81.00 |
| 82.00 | 08200 UTILIZATION REVIEW - SNF | | | | | | 82.00 |
| | 08300 HOSPI CE | 0 | 0 | | o o | 0 | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | 597,091 | 188, 746 | 187, 26 | 8 1, 474, 119 | | |
| | NONREI MBURSABLE COST CENTERS | | | | | | 1 |
| 90.00 | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | | 0 0 | 0 | |
| 91.00 | 09100 BARBER AND BEAUTY SHOP | 0 | 0 | | 0 0 | | 1 |
| 92.00 | 09200 PHYSICIANS PRIVATE OFFICES | 0 | 0 | | 0 0 | 0 | |
| 93.00 | 09300 NONPALD WORKERS | 0 | 0 | | 0 0 | 0 | |
| 94.00 | 09400 PATIENTS LAUNDRY | 0 | 0 | | 0 0 | 0 | |
| 98.00 99.00 | Cross Foot Adjustments | | | | 0 0 | 0 | 1 |
| 99.00 100.00 | Negative Cost Centers TOTAL | 597, 091 | 188, 746 | | 0 | | |
| 100.00 | | 577,071 | 1 100,740 | 1 107,20 | | 1 405, 105 | 1.00.00 |

| Heal th | Financial Systems | STERLING M | IANOR | | In Lie | u of Form CMS-3 | 2540-10 |
|--|--|----------------------------------|-----------------------------------|-----------------|--|--|--|
| COST A | LLOCATION - GENERAL SERVICE COSTS | | Provi der | No.: 315149 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Pre | pared: |
| | Cost Center Description | CENTRAL SERVI CES & SUPPLY | MEDI CAL RECORDS & LI BRARY | SOCI AL SERVI (| OTHER GENERAL SERVICE PATIENT ACTIVITIES | <u>5/31/2023_11:</u> Subtotal | 18 am |
| | 1 | 10.00 | 12.00 | 13.00 | 15.00 | 16.00 | |
| $\begin{array}{c} 1.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 12.\ 00\\ 13.\ 00\\ 15.\ 00\\ \end{array}$ | GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DIETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE | 2, 199 0 0 0 | C | 57, 37 | 78 0 208, 356 | | $\begin{array}{c} 1.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 12.\ 00\\ 13.\ 00\\ 15.\ 00\\ \end{array}$ |
| | I NPATI ENT ROUTI NE SERVI CE COST CENTERS | 1 | | 1 | | | |
| 30. 00 31. 00 32. 00 33. 00 | 03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE | 970 0 0 0 | C C C | | 208, 356 0 0 0 0 0 0 0 0 | 7, 626, 768 0 0 0 | 31.00 32.00 |
| 40.00 | ANCI LLARY SERVI CE COST CENTERS | 0 | C | 1 | 0 0 | 1, 149 | 40.00 |
| 41.00 | 04100 LABORATORY | 0 | C | | 0 0 | 1, 633 | |
| 42.00 | 04200 INTRAVENOUS THERAPY | 0 | C | | 0 0 | 0 | |
| 43.00 44.00 | 04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY | 0 | C | | 0 0 | 1, 502 183, 419 | 1 |
| 45.00 | 04500 OCCUPATI ONAL THERAPY | 0 | C | | 0 0 | 131, 305 | 1 |
| 46.00 | 04600 SPEECH PATHOLOGY | 0 | C | | 0 0 | 26, 142 | |
| 47.00 | 04700 ELECTROCARDI OLOGY | 0 | C | | 0 0 | 0 | |
| 48.00 49.00 | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS | 1, 229 | C C | | | 0 119, 886 | |
| 51.00 | 05100 SUPPORT SURFACES | 0 | C | | 0 0 | 0 | 1 |
| 51.01 | 05101 SUPPORT SURFACES | 0 | C | | 0 0 | 0 | 51.01 |
| 62.00 | OUTPATIENT SERVICE COST CENTERS | I | | 1 | | | 62.00 |
| 02.00 | OTHER REIMBURSABLE COST CENTERS | | | | | | 02.00 |
| 70.00 | 07000 HOME HEALTH AGENCY COST | 0 | C | | 0 0 | 0 | |
| 71.00 | 07100 AMBULANCE 07300 CMHC | 0 | C | | 0 0 | 3, 041 | |
| 73.00 | SPECIAL PURPOSE COST CENTERS | 0 | | 4 | 0 0 | 0 | 73.00 |
| 80.00 | 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES | | | | | | 80.00 |
| | 08100 INTEREST EXPENSE | | | | | | 81.00 |
| | 08200 UTI LI ZATI ON REVIEW - SNF | | | | 0 | 0 | 82.00 |
| 83.00 89.00 | 08300 HOSPICE SUBTOTALS (sum of lines 1-84) | 0 2, 199 | C | | 0 0 78 208, 356 | 0 8, 094, 845 | |
| 07.00 | NONREI MBURSABLE COST CENTERS | 2,177 | | , <u> </u> | 200, 330 | 0,074,043 | 07.00 |
| 90.00 | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | С | | 0 0 | 0 | |
| 91.00 | 09100 BARBER AND BEAUTY SHOP | 0 | C | | 0 0 | 0 | 1 |
| 92.00 93.00 | 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS | 0 | C | | | 0 | |
| 93.00 94.00 | 09400 PATIENTS LAUNDRY | 0 | 0 | | 0 0 | 0 | 1 |
| 98.00 | Cross Foot Adjustments | 0 | | | 0 | 0 | 1 |
| 99.00 | Negative Cost Centers | 0 | C | | 0 0 | 0 | |
| 100.00 | TOTAL | 2, 199 | C | 57, 37 | 208, 356 | 8, 094, 845 | 100. 00 |

| Heal th | n Financial Systems | STERLING N | IANOR | | In Lieu | 」of Form CMS- | 2540-10 |
|------------------|--|---------------|-------------|-------------|---------------|--------------------------------|---------|
| | ALLOCATION - GENERAL SERVICE COSTS | | | No.: 315149 | Peri od: | Worksheet B | |
| | | | | | | Part I | |
| | | | | | To 12/31/2022 | Date/Time Pre 5/31/2023 11: | 18 am |
| | Cost Center Description | Post Stepdown | Total | | _! | | |
| | | Adjustments | | | | | |
| | | 17.00 | 18.00 | | | | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 CAP REL COSTS - BLDGS & FIXTURES | | | | | | 1.00 |
| 3.00 | 00300 EMPLOYEE BENEFITS | | | | | | 3.00 |
| 4.00 | 00400 ADMINI STRATI VE & GENERAL | | | | | | 4.00 |
| 5.00 | 00500 PLANT OPERATION, MAINT. & REPAIRS | | | | | | 5.00 |
| 6.00 | 00600 LAUNDRY & LINEN SERVICE | | | | | | 6.00 |
| 7.00 | 00700 HOUSEKEEPI NG | | | | | | 7.00 |
| 8.00 | | | | | | | 8.00 |
| 9.00 | 00900 NURSI NG ADMI NI STRATI ON | | | | | | 9.00 |
| 10.00 | | | | | | | 10.00 |
| 12.00 | | | | | | | 12.00 |
| 13.00 | | | | | | | 13.00 |
| 15.00 | | | | | | | 15.00 |
| 20.00 | I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 SKI LLED NURSI NG FACI LI TY | 0 | 7, 626, 768 | | | | 30.00 |
| 30. 00 31. 00 | | 0 | | | | | 30.00 |
| 31.00 | | 0 | 0 | | | | 31.00 |
| 32.00 | | 0 | 0 | | | | 32.00 |
| 33.00 | ANCI LLARY SERVICE COST CENTERS | <u> </u> | 0 | | | | 33.00 |
| 40.00 | | 0 | 1, 149 | | | | 40.00 |
| 40.00 | | 0 | 1, 633 | | | | 40.00 |
| 42.00 | | 0 | 1, 033 | | | | 42.00 |
| 43.00 | | 0 | 1, 502 | | | | 43.00 |
| 44.00 | | 0 | 183, 419 | | | | 44.00 |
| 45.00 | | 0 | 131, 305 | | | | 45.00 |
| 46.00 | | 0 | 26, 142 | | | | 46.00 |
| 47.00 | | 0 | 20, 112 | | | | 47.00 |
| 48.00 | | 0 | o | | | | 48.00 |
| 49.00 | | 0 | 119, 886 | | | | 49.00 |
| 51.00 | | 0 | 0 | | | | 51.00 |
| 51.01 | 05101 SUPPORT SURFACES | 0 | o | | | | 51.01 |
| | OUTPATIENT SERVICE COST CENTERS | 1 1 | | | | | |
| 62.00 | | | | | | | 62.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 70.00 | | 0 | 0 | | | | 70.00 |
| 71.00 | 07100 AMBULANCE | 0 | 3, 041 | | | | 71.00 |
| 73.00 | 07300 CMHC | 0 | 0 | | | | 73.00 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 80.00 | 08000 MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | 80.00 |
| 81.00 | 08100 INTEREST EXPENSE | | | | | | 81.00 |
| 82.00 | | | | | | | 82.00 |
| 83.00 | | 0 | 0 | | | | 83.00 |
| 89.00 | | 0 | 8, 094, 845 | | | | 89.00 |
| | NONREI MBURSABLE COST CENTERS | | | | | | |
| 90.00 | | 0 | 0 | | | | 90.00 |
| 91.00 | | 0 | 0 | | | | 91.00 |
| 92.00 | | 0 | 0 | | | | 92.00 |
| 93.00 | | 0 | 0 | | | | 93.00 |
| 94.00 | | 0 | 0 | | | | 94.00 |
| 98.00 | | 0 | 0 | | | | 98.00 |
| 99.00 | 5 | 0 | 0 | | | | 99.00 |
| 100.0 | 0 TOTAL | 0 | 8, 094, 845 | | | | 100. 00 |

| Heal th | Financial Systems | STERLING | MANOR | | In Lie | eu of Form CMS-2 | 2540-10 |
|--|---|--|---|----------------------------------|---|---------------------------------|--------------------------------------|
| | ITION OF CAPITAL RELATED COSTS | | | | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II | pared: |
| | Cost Center Description | Directly Assigned New Capital Related Costs | CAPI TAL RELATED COSTS BLDGS & FI XTURES | Subtotal | EMPLOYEE BENEFI TS | ADMI NI STRATI VE & GENERAL | |
| | | 0 | 1.00 | 2A | 3.00 | 4.00 | |
| 1 00 | GENERAL SERVICE COST CENTERS | | 1 | | | | 1 00 |
| 1.00 3.00 4.00 5.00 6.00 7.00 | 00100 CAP REL COSTS - BLDGS & FIXTURES 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING | 0 0 0 0 0 | 18, 029 28, 040 28, 759 885 | 18, 02 28, 04 28, 75 88 | 0 0 9 0 5 0 | 18, 029 1, 330 316 414 | 6. 00 7. 00 |
| 8.00 9.00 10.00 | 00800 DI ETARY 00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY | | 75, 049 2, 904 636 | 2, 90 63 | 4 0 | 2, 918 888 2 0 | 8.00 9.00 10.00 12.00 |
| 12.00 13.00 15.00 | 01200 MEDI CAL RECORDS & LI BRARY 01300 SOCI AL SERVI CE 01500 PATI ENT ACTI VI TI ES I NPATI ENT ROUTI NE SERVI CE COST CENTERS | 0 | 3, 042 | 3, 04 | 2 0 | 113 321 | |
| 30. 00 31. 00 32. 00 33. 00 | 03000 SKI LLED NURSI NG FACI LI TY 03100 NURSI NG FACI LI TY 03200 I CF/I I D 03300 OTHER LONG TERM CARE | | C C | | 8 0 0 0 0 0 0 0 0 0 | 10, 747 0 0 0 | 30.00 31.00 32.00 33.00 |
| | ANCILLARY SERVICE COST CENTERS | • | 1 | | | | |
| 40.00 41.00 42.00 | 04000 RADI OLOGY 04100 LABORATORY 04200 I NTRAVENOUS THERAPY | 000000000000000000000000000000000000000 | | | 0 0 0 0 0 0 | 3 4 0 | 40.00 41.00 42.00 |
| 43.00 44.00 45.00 46.00 | 04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY 04500 OCCUPATIONAL THERAPY 04600 SPEECH PATHOLOGY | | 4, 756 4, 383 3, 042 | 4, 38 | 3 0 | 3 385 271 43 | 43.00 44.00 45.00 46.00 |
| 47.00 48.00 49.00 | 04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 04900 DRUGS CHARGED TO PATI ENTS | | | | 0 0 0 0 0 0 | 0 0 264 | 47.00 48.00 49.00 |
| 51.00 51.01 | 05100 SUPPORT SURFACES 05101 SUPPORT SURFACES OUTPATIENT SERVICE COST CENTERS | 0 | | | | 0 | 51.00 51.01 |
| 62.00 | 06200 FQHC OTHER REIMBURSABLE COST CENTERS | | | | | | 62.00 |
| 70. 00 71. 00 73. 00 | 07000 HOME HEALTH AGENCY COST 07100 AMBULANCE 07300 CMHC | 000000000000000000000000000000000000000 | C | | 0 0 0 0 0 0 | 0 7 0 | 71.00 |
| | SPECIAL PURPOSE COST CENTERS 08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF 08300 HOSPICE | 0 | c | | 0 0 | 0 | 80. 00 81. 00 82. 00 83. 00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) NONREI MBURSABLE COST CENTERS | 0 | | 1 | | | |
| 90.00 91.00 92.00 93.00 94.00 98.00 | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY Cross Foot Adjustments | 0 0 0 0 | | | | 0 0 0 0 | 91.00 92.00 |
| 98.00 99.00 100.00 | Negative Cost Centers | 0 | 0 412, 755 | 412, 75 | 0 0 5 0 | 0 18, 029 | 99.00 |

| Heal th | Financial Systems | STERLING | G MANOR | | In Lie | u of Form CMS-2 | 2540-10 |
|----------------|--|---------------------|---------------|--------------|----------------------------|------------------------|-----------------|
| ALLOCA | TION OF CAPITAL RELATED COSTS | | Provi der | | Period: From 01/01/2022 | Worksheet B Part II | |
| | | | | | To 12/31/2022 | | pared: 18 am |
| | Cost Center Description | PLANT | LAUNDRY & | HOUSEKEEPING | | NURSI NG | |
| | | OPERATI ON, | LINEN SERVICE | | | ADMI NI STRATI ON | |
| | | MAINT. & REPAIRS | | | | | |
| | | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | |
| | GENERAL SERVICE COST CENTERS | 0.00 | 0.00 | 1.00 | 0.00 | 7.00 | |
| 1.00 | 00100 CAP REL COSTS - BLDGS & FIXTURES | | | | | | 1.00 |
| 3.00 | 00300 EMPLOYEE BENEFITS | | | | | | 3.00 |
| 4.00 | 00400 ADMI NI STRATI VE & GENERAL | | | | | | 4.00 |
| 5.00 | 00500 PLANT OPERATION, MAINT. & REPAIRS | 29, 370 | | | | | 5.00 |
| 6.00 | 00600 LAUNDRY & LINEN SERVICE | 2, 303 | | | | | 6.00 |
| 7.00 | 00700 HOUSEKEEPING | 71 | | | | | 7.00 |
| 8.00 9.00 | 00800 DI ETARY 00900 NURSI NG ADMI NI STRATI ON | 6, 011 233 | | 30 1 | | 4, 037 | 8.00 9.00 |
| 10.00 | 01000 CENTRAL SERVICES & SUPPLY | 51 | | | 3 0 | 4,037 | 10.00 |
| 12.00 | 01200 MEDI CAL RECORDS & LI BRARY | 0 | | | 0 0 | 0 | 12.00 |
| 13.00 | 01300 SOCIAL SERVICE | 244 | 0 | | - | 0 | 13.00 |
| 15.00 | 01500 PATIENT ACTIVITIES | 2, 348 | | 1 | | 0 | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 SKILLED NURSING FACILITY | 17, 133 | 31, 378 | 87 | 0 84, 283 | 4, 037 | 30.00 |
| 31.00 | 03100 NURSING FACILITY | 0 | - | | 0 0 | 0 | 31.00 |
| 32.00 | 03200 I CF/I I D | 0 | | | 0 0 | 0 | 32.00 |
| 33.00 | O3300 OTHER LONG TERM CARE | 0 | 0 | | 0 0 | 0 | 33.00 |
| 40.00 | ANCI LLARY SERVICE COST CENTERS | | | | | 0 | 40.00 |
| 40.00 41.00 | | | | | 0 0 0 0 | 0 | 40.00 |
| 41.00 | 04100 LABORATORY 04200 I NTRAVENOUS THERAPY | | | | 0 0 | 0 | 41.00 |
| 42.00 | 04300 OXYGEN (INHALATION) THERAPY | | | | 0 0 | 0 | 42.00 |
| 44.00 | 04400 PHYSI CAL THERAPY | 381 | | 1 | | 0 | 44.00 |
| 45.00 | 04500 OCCUPATI ONAL THERAPY | 351 | | 1 | | 0 | 45.00 |
| 46.00 | 04600 SPEECH PATHOLOGY | 244 | | 1 | | 0 | 46.00 |
| 47.00 | 04700 ELECTROCARDI OLOGY | 0 | 0 | | 0 0 | 0 | 47.00 |
| 48.00 | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | | 0 0 | 0 | 48.00 |
| 49.00 | 04900 DRUGS CHARGED TO PATIENTS | 0 | 0 | | 0 0 | 0 | 49.00 |
| 51.00 | 05100 SUPPORT SURFACES | 0 | 0 | | 0 0 | 0 | 51.00 |
| 51.01 | 05101 SUPPORT SURFACES | 0 | 0 | | 0 0 | 0 | 51.01 |
| 42.00 | OUTPATIENT SERVICE COST CENTERS | | | | | | 62.00 |
| 62.00 | OTHER REIMBURSABLE COST CENTERS | | | | | | 02.00 |
| 70.00 | 07000 HOME HEALTH AGENCY COST | 0 | 0 | | 0 0 | 0 | 70.00 |
| 71.00 | 07100 AMBULANCE | 0 | - | 1 | 0 0 | 0 | 71.00 |
| 73.00 | 07300 CMHC | 0 | | | 0 0 | 0 | 73.00 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 80.00 | 08000 MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | 80.00 |
| 81.00 | 08100 I NTEREST EXPENSE | | | | | | 81.00 |
| | 08200 UTILIZATION REVIEW - SNF | _ | _ | | _ | _ | 82.00 |
| | 08300 HOSPI CE | 0 | | | 0 0 | | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | 29, 370 | 31, 378 | 1, 37 | 0 84, 283 | 4, 037 | 89.00 |
| 90.00 | NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | | | 0 | 0 | 90.00 |
| 90.00 91.00 | 09100 BARBER AND BEAUTY SHOP | 0 | | | 0 0 | 0 | |
| 92.00 | 09200 PHYSICIANS PRIVATE OFFICES | | | | o n | 0 | • |
| 93.00 | 09300 NONPAI D WORKERS | 0 | 0 | | 0 0 | 0 | |
| 94.00 | 09400 PATIENTS LAUNDRY | 0 | o o | | 0 0 | 0 | 94.00 |
| 98.00 | Cross Foot Adjustments | | 0 | | 0 0 | 0 | |
| 99.00 | Negative Cost Centers | 0 | 0 | | 0 0 | 0 | |
| 100.00 | TOTAL | 29, 370 | 31, 378 | 1, 37 | 0 84, 283 | 4, 037 | 100.00 |
| | | | | | | | |

| Heal th | Financial Systems | STERLING M | MANOR | | In Lie | u of Form CMS- | 2540-10 |
|---|--|--|-----------------------------------|------------------|---|--|---|
| ALLOCA | TION OF CAPITAL RELATED COSTS | | Provi der | No.: 315149 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Pre 5/31/2023 11: | |
| | Cost Center Description | CENTRAL SERVI CES & SUPPLY | MEDI CAL RECORDS & LI BRARY | SOCIAL SERVIC | OTHER GENERAL SERVICE PATIENT ACTIVITIES | Subtotal | |
| | | 10.00 | 12.00 | 13.00 | 15.00 | 16.00 | |
| 1.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 12.00 13.00 | GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DIETARY 00900 NURSING ADMINISTRATION 01000 CENTRAL SERVICES & SUPPLY 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE | 692 0 0 | C | 3, 41 | | | 1.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 12.00 13.00 |
| 15.00 | 01500 PATIENT ACTIVITIES | 0 | Ĺ | | 0 32, 100 | | 15.00 |
| 30. 00 31. 00 32. 00 33. 00 | 03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE | 305 0 0 0 | C C C C | | 1 32, 100 0 0 0 0 0 0 0 0 | 398, 182 0 0 0 | 31.00 32.00 |
| 40.00 | ANCI LLARY SERVICE COST CENTERS | o | C | 1 | 0 0 | 3 | 40.00 |
| 40.00 41.00 42.00 43.00 44.00 45.00 46.00 | 04100 LABORATORY 04200 I NTRAVENOUS THERAPY 04300 0XYGEN (I NHALATION) THERAPY 04400 PHYSI CAL THERAPY 04500 0CCUPATIONAL THERAPY 04600 SPEECH PATHOLOGY | | | | | 4 3 5, 541 5, 023 3, 341 | 41.00 42.00 43.00 44.00 45.00 |
| 40.00 47.00 48.00 49.00 51.00 51.01 | 04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS 05100 SUPPORT SURFACES 05101 SUPPORT SURFACES 0UTPATIENT SERVICE COST CENTERS | 0 0 387 0 | |)))) | 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 651 0 | 47.00 48.00 49.00 51.00 |
| 62.00 | 06200 FQHC | | | | | | 62.00 |
| | OTHER REIMBURSABLE COST CENTERS | | | T | | | |
| 70. 00 71. 00 73. 00 | 07000 HOME HEALTH AGENCY COST 07100 AMBULANCE 07300 CMHC SPECIAL PURPOSE COST CENTERS | 0 0 0 | C C C | | 0 0 0 0 0 0 | 0 7 0 | 71.00 |
| | 08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF 08300 HOSPICE SUBTOTALS (sum of lines 1-84) | 0 692 | C | | 0 0 1 32, 100 | 0 412, 755 | |
| 90.00 91.00 92.00 93.00 94.00 98.00 99.00 100.00 | NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP 09200 PHYSI CI ANS PRIVATE OFFICES 09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY Cross Foot Adj ustments Negative Cost Centers TOTAL | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 32, 100 | 0 0 0 0 0 0 412, 755 | 91.00 92.00 93.00 94.00 98.00 99.00 |

| ALLOCATION OF CAPITAL RELATED COSTS Provider No. : 315/40 Priod Provider No. : 315/40 Priod No. : 315/40 | Heal th | Financial Systems | STERLING M | IANOR | | In Lieu | of Form CMS-2 | 2540-10 |
|---|---------|--|----------------|-----------|-------------|----------------------------------|--------------------------|------------|
| Cost Center Description Post Step-Dom All ustments Total All ustments 100 DOTOC (AP RLL COSTS - PLUCE & FLXTURES 00100 (AP RLL COSTS - PLUCE & FLXTURES 0000000 (PLUNTC PORTFET IS 84.00000000 (PLUNTC PORTFET IS 84.0000000 (PLUNTC PORTFET IS 84.0000000 (PLUNTC PORTFET IS 84.00000000 (PLUNTC PORTFET IS 84.0000000 (PLUNTC PORTFET IS 84.0000000 (PLUNTC PORTFET IS 84.00000000 (PLUTC PORTFET IS 84.000000000000000000000000000000000000 | ALLOCA | TION OF CAPITAL RELATED COSTS | | Provi der | No.: 315149 | From 01/01/2022 To 12/31/2022 | Part II Date/Time Pre | pared: |
| ENERGAL SERVICE COST CENTERS 17.00 18.00 0 00100 CAP REL COST - BLIDS & FLXTURES 1.00 0.00 00200 DEPLOVE BLENERT IS 1.00 4.00 00400 ADM IN STRATIVE & GENERAL 5.00 0.00 00200 DEPLOVE BLENERT IS 4.00 0.00 00200 DEPLOVE BLENERT IS 6.00 0.00 00200 DETARY 0.00 0.00 00200 DETARY 0.00 0.00 00200 DETARY 0.00 0.00 00200 DETARY 0.00 0.00 00300 SKI LLE RECORDS & LIPARY 11.00 10.00 01300 DATI- ORTACINES REVICES A SUPLY 12.00 11.00 01300 DATI- ORTACINES REVICE COST CENTERS 13.00 01300 DATI- DURIT ACTIVITIES 0.00 0.00 10.00 03000 SKI LLED NURSING FACILITY 0 396, 162 01.00 032.00 03200 DIFAR LUGS THERAPY 0 4 0.00 032.00 03200 DIFAR LUGS THERAPY 0 4 0.01 032.00 03200 DIFAR LUGS THERAPY 0 <td< td=""><td></td><td>Cost Center Description</td><td>Post Step-Down</td><td>Total</td><td></td><td></td><td>575172025 11.</td><td></td></td<> | | Cost Center Description | Post Step-Down | Total | | | 575172025 11. | |
| EEREFAL SERVICE COST CENTERS 1.00 1.00 OTOLO AP REL COSTS ENDOS & FIXTURES 3.00 3.00 OCADO CAP REL OSTS ENDOS & FIXTURES 3.00 3.00 OCADO ADMINISTRATION 4.00 0.00 OUCOD LETARY REVENCE 0.00 OUCOD LETARY 8.00 0.00 OUCOD LETARY 10.00 0.00 OUCOD NURSING ADI INTOS SUPRY 1.00 OUCOD SCILLED NURSING FACILITY 0 0.00 OUCOD OUCOD SCILLED NURSING FACILITY 0 3.00 0.03300 OTFAIL ENT ACTINY TERE 0 0 3.00 0.03300 OTFAIL ENT ACTINY TERE 0 0 3.00 0.03300 OTFAIL ENT ACTINY TERE 0 0 3.00 0.03300 OTFAIL ENT CONT CENTERS< | | | | | | | | |
| 1.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 1.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 1.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 1.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 1.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 0.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 0.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 0.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 0.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 0.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 11.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 11.00 0.00 OOTOO CAP REL COSTS - BLOSS & FLXTURES 11.00 0.00 OOTOO CAP REL COST CONTERS 0.00 0.00 OOTOO CONTER - LONS - TRU CAPE 0.00 0.00 OOTOO CONTER - LONS - TRU CAPE 0.00 0.00 OOTOO CONTER - LONS - TRU CAPE 0.00 0.00 OOTOO CONTER - LONS - TRU CAPE 0.00 0.00 OOTOO CONTER - LONS | | | 17.00 | 18.00 | | | | |
| 3. 00 002300 IMPLOYEE BENEFITS 3. 00 4. 00 002000 PLATUOPERATION, MAINT: & KEPAIRS 4.00 6. 00 002000 PLATUOPERATION, MAINT: & KEPAIRS 5.00 6. 00 002000 DETARY 9.00 0.00 002000 DETARY 9.00 0.00 002000 DETARY 9.00 0.00 002000 DETARY 9.00 0.00 002000 NURSING ADMINISTRATION 9.00 0.00 012000 DETARY 10.00 10.00 01000 CENTRAL SERVICES A SUPPLY 12.00 13.00 013000 SOCIAL SERVICE 13.00 0.00 030000 SKILLED NURSING FACILITY 0 0 10.00 03000 CHARD COST CENTRERS 33.00 33.00 30.00 03000 CHARD COST CENTRERS 0 0 30.00 03000 CHARD COST C | | | 1 | | | | | |
| 4.00 00400 MMINI STRATIVE & GENERAL 4.00 5.00 00500 PLANT OPERATION, MAINT: & KEPAIRS 5.00 0.00 00000 LANDNPY & LINEN SERVICE 6.00 0.00 00000 MUSEKLEPING 8.00 0.00 00000 MESING ADM INISTRATION 8.00 0.00 00000 MESING ADM INISTRATION 10.00 12.00 1200 01000 CENTRAL SERVICES 11.00 12.00 01000 SOCIAL SERVICE 13.00 15.00 01000 SOCIAL SERVICE 15.00 10.00 000 OX MUSING ADMINES TACE COST CENTERS 30.00 000 0000 SILLED NARSING FACILITY 0 398, 182 01000 OX MURSING FACILITY 0 0 31.00 32.00 03000 NIFESIN MGE FACILITY 0 0 31.00 33.00 0400 OADOO ADOO ADON NIFESIN CARE 0 0 40.00 40.00 04000 LABORATORY 0 4 40.00 41.00 42.00 0 4 40.00 42.00 04000 DANDESIN THEEADING ADATION 4 40.00 | | | | | | | | 1 |
| 5.00 000500 PLANT OPERATION, MAINT: & REPAIRS 5.00 0.00 00000 LANNRY & LINEN SERVICE 7.00 0.00 00000 DIETARY 9.00 0.00 00000 DIETARY 9.00 0.00 00000 DIETARY 9.00 0.00 01000 DIETARY 10.00 0.00 01000 DIETARY 12.00 13.00 01300 PATIENT ACTI VI TIES 13.00 01300 DISSIO OFARLESENT CES COST CENTERS 30.00 10.00 03000 SCILL SERVICE COST CENTERS 30.00 31.00 03300 OTHER ALTON TRUE NERVICE COST CENTERS 30.00 32.00 03300 OTHER ALTON TRUE NERVICE COST CENTERS 33.00 33.00 03300 OTHER ALTON TRUE NERVICE COST CENTERS 33.00 40.00 O4000 CASTRAL SERVICE COST CENTERS 40.00 41.00 O4200 OTHER ALTON THERAPY 0 42.00 42.00 O4200 OTHERAPY 0 5.023 45.00< | | | | | | | | 1 |
| 6.00 000500 LAUNDRY & LINEM SERVICE 6.00 7.00 00700 HOUSEKEEPING 7.00 8.00 0008000 HITARY 9.00 9.00 000000 HUTARY 9.00 9.00 000000 HUTARY 9.00 10.00 010000 CHITARY 9.00 10.00 010000 CHITARY 9.00 10.00 010000 CHITARY 9.00 10.00 010000 CHITARY 10.00 10.00 010000 CHITARY 10.00 10.00 01000 SHILED NURSING FACILLITY 0 396, 182 33.00 0176/110 0 0 33.00 ALLARY SERVICE COST CENTERS 30.00 33.00 40.00 0 43.00 43.00 41.00 40.00 44.00 42.00 42.00 0.00 3.341 44.00 43.00 43.00 43.00 43.00 44.00 0.4000 SPEECH PATHOLOGY </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> | | | | | | | | 1 |
| 7.00 00700 HOUSKEEPING 7.00 8.00 00800 DIETARY 8.00 9.00 00900 NUESING ADMINISTRATION 9.00 10.00 01000 CHINA SUPPLY 12.00 12.00 01200 NEDICAL RECORDS & LIBRARY 13.00 13.00 01300 SOI (AL SERVI CE SUPPLY 13.00 13.00 01300 NESING FARI LET ACTIVITIES 15.00 10 INPATE DATE NOT INDESING FACILITY 0 0 30.00 31.00 03200 OSTERE COST CENTERS 33.00 33.00 32.00 032.00 OTHER LONG TERM CARE 0 0 40.00 40.00 OADOL PART CHING TERM CARE 0 0 40.00 41.00 41.00 LEARY 0 3 41.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 42.00 4 | | | | | | | | 1 |
| 8. 00 000800 DITARY 8. 00 9.00 00900 DIVESTING ADMINISTRATION 9.00 10. 00 01000 CENTRAL SERVICES & SUPPLY 12.00 12.00 1200 DIVESTING ADMINISTRATION 10.00 13.00 01300 SOCIAL SERVICE 12.00 13.00 DISTOR TACTIVITIES 15.00 15.00 DISTOR TACTIVITIES 15.00 10.00 DISTOR TACTIVITIES 10.00 | | | | | | | | 1 |
| 9.00 00900 NURSI ING ADMINISTRATION 9.00 10.00 01000 CENTRAL SERVICES & LIBRARY 10.00 13.00 01300 SICAL SERVICES & LIBRARY 10.00 13.00 01300 SICAL SERVICES 10.00 0100 DO SICAL SERVICE 0 398, 182 30.00 10.00 NIRSI ING FACILITY 0 398, 182 30.00 30.00 03000 SICAL SERVICE 0 0 31.00 31.00 03000 NIRSI ING FACILITY 0 0 0 31.00 31.00 0300 OTHER LONC TEM CARE 0 0 32.00 33.00 40.00 0 0 0 3 40.00 44.00 41.00 0.00 0 3 41.00 42.00 42.00 0 3 41.00 44.00 44.00 43.00 0.4000 DINDLOVERY 0 3 44.00 46.00 44.00 0.4000 DINTRAVENDUS THERAPY 0 5.541 46.00 46.00 45.00 0.00 5.023 | | | | | | | | 1 |
| 10.00 01000 (ENTRAL SERVICES & SUPPLY 10.00 12.00 01300 MEDICAL RECORDS & LIBRARY 13.00 13.00 01300 SOCI AL SERVICE 15.00 15.00 01500 STULED AURSING FACILITY 0 398, 182 03.00 03000 CF/LIED AURSING FACILITY 0 0 30.00 03000 OSCI CED AURSING FACILITY 0 0 33.00 04000 CADDIO KAILED AURSING FACILITY 0 0 33.00 040.00 04000 IF/LIED AURSING FACILITY 0 0 33.00 040.00 04000 IF/LIED AURSING FACILITY 0 0 33.00 040.00 04000 IRADICLOCY 0 3 40.00 040.00 04000 INTRAVENOUS THERAPY 0 4 41.00 040.00 04000 INTRAVENOUS THERAPY 0 5.541 44.00 45.00 04000 OVENT (INHALTION) THERAPY 0 5.541 45.00 46.00 04000 OVENT (INHALTON) THERAPY 0 5.541 45.00 46.00 04000 OVENT (INHALTON) THERAPY 0 5.023 45.00 47.00 0 3.341 45 | | | | | | | | |
| 12:00 ID200 MEDICAL RECORDS & LIBRARY 12:00 13:00 01500 SOCIAL SERVICE 13:00 13:00 01500 PATIENT ACTIVITIES 15:00 INPATIENT ROUTINE SERVICE COST CENTERS 30:00 30:00 03:000 IS/LLED NURSING FACILITY 0 0 30:00 03:000 IS/LLED NURSING FACILITY 0 0 31:00 30:00 03:000 IF/LID 0 0 31:00 31:00 30:00 03:000 IF/LID 0 0 31:00 31:00 31:00 30:00 03:000 IF/LID 0 0 32:00 | | | | | | | | |
| 13.00 01300 SOCI AL SERVICE 13.00 15.00 01500 OTAL EST ACTIVITIES 15.00 16.00 013000 SKILLED NUESING FACILIY 0 396,162 30.00 0.00 03000 SKILLED NUESING FACILIY 0 0 31.00 32.00 32.00 033000 ICF/II 0 0 0 33.00 31.00 32.00 033000 ICF/II 0 0 33.00 32.00 33.00 33.00 33.00 32.00 33.00 33.00 32.00 33.00 32.00 33.00 32.00 33.00 32.00 33.00 32.00 33.00 40.00 40.00 40.00 41.00 40.00 41.00 42.00 42.00 42.00 42.00 42.00 43.00 43.00 43.00 43.00 44.00 44.00 44.00 44.00 44.00 44.00 44.00 44.00 44.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 46.00 47.00 48.00 47.00 48.00 47.00 47 | | | | | | | | |
| 15.00 01500 PATIENT ROTLATI ACTIVITIES 15.00 10 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30.00 03000 NURSI NG FACILITY 0 0 30.00 03000 NURSI NG FACILITY 0 0 32.00 31.00 03000 NURSI NG FACILITY 0 0 32.00 32.00 03300 IGF/I LD NG TERM CARE 0 0 33.00 ARCILLARY SERVICE COST CENTERS 0 40.00 41.00 40.00 04000 IABORATORY 0 3 40.00 43.00 04000 OXYGEN (INHALATION) THERAPY 0 0 43.00 43.00 04000 OXYGEN (INHALATION) THERAPY 0 5.023 44.00 44.00 04400 PHYSI CAL THERAPY 0 5.023 45.00 45.00 04000 SYGEN (INHALATION) THERAPY 0 5.023 45.00 46.00 04400 PHYSI CAL THERAPY 0 5.023 45.00 47.00 0 3.341 46.00 47.00 48.00 04600 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 651.00 49.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></t<> | | | | | | | | 1 |
| INPATI ENT. ROUTINE SERVICE COST CENTERS 0 0 0.00 000000 SKILLED NURSING FACILITY 0 398,182 30.00 31.00 03000 SKILLED NURSING FACILITY 0 0 0 31.00 32.00 03200 IDTER LONG TERM CARE 0 0 32.00 33.00 ANCILLARY SERVICE COST CENTERS 0 0 40.00 40.00 41.00 0.00 04000 RADIOLOGY 0 3 40.00 42.00 42.00 4.00 04100 LABORATORY 0 4 42.00 43.00 43.00 44.00 4.00 04500 OXCOUNST HERAPY 0 0 5.541 44.00 4.00 04500 OXCOUNST HERAPY 0 5.623 45.00 45.00 4.00 04500 OXCUPATI ONAL THERAPY 0 5.023 45.00 45.00 4.00 04500 OXCUPATI ONAL THERAPY 0 5.023 45.00 47.00 4.00 04500 OXCUPATI ONAL THERAPY 0 5.023 51.01 51.01 51.01 | | | | | | | | 1 |
| 30.00 030000 SKILLED NURSING FACILITY 0 398, 182 30.00 31.00 03000 NURSING FACILITY 0 0 0 31.00 32.00 03200 1CF/11D 0 0 0 33.00 32.00 03300 0THER LONG TERN CARE 0 0 0 33.00 40.00 04000 RADIOLOGY 0 3 40.00 41.00 40.00 04000 RADIOLARY SERVICE COST CENTERS | 15.00 | | | | | | | 15.00 |
| 31.00 03100 NURSING FACILITY 0 0 31.00 33.00 32.00 03300 ICF/ID 0 0 33.00 ANCILLARY SERVICE COST CENTERS 0 0 33.00 40.00 ANCILLARY SERVICE COST CENTERS 0 0 40.00 40.00 40.00 40.00 40.00 40.00 40.00 40.00 40.00 40.00 40.00 40.00 42.00 42.00 42.00 42.00 42.00 42.00 43.00 43.00 43.00 44.00 | 30 00 | | 0 | 398 182 | | | | 30.00 |
| 32.00 03200 1CF/1 ID 0 0 32.00 33.00 33.00 03300 OTHER LONG TERM CARE 0 0 0 40.00 04000 RADIOLOCY 0 3 40.00 41.00 04000 LABORATORY 0 4 40.00 42.00 04100 LABORATORY 0 4 41.00 43.00 04300 OVYGEN (INHALATION) THERAPY 0 3 43.00 43.00 04400 PHYSICAL THERAPY 0 5,541 44.00 44.00 04600 OCUPATIONAL THERAPY 0 5,541 44.00 45.00 04600 SPEECH PATHOLOGY 0 3,341 45.00 46.00 04600 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 47.00 47.00 0490 DRUGS CHARGED TO PATIENTS 0 0 47.00 40.00 04900 DRUGS CHARGED TO PATIENTS 0 0 51.01 51.01 SUPPORT SUPFACES 0 0 51.01 51.01 SUPPORT SUFFACES 0 0 71.00 62.00 62200 FCHC OTHER REI MBURSABLE COST CENTERS 62.00 0 60.00 68100 INTEREST EXPENSE 0 0 71.00 7100 AMBULANCE | | | | | 1 | | | 1 |
| 33.00 OTHER LONG TERM CARE O 33.00 ANCLLARY SERVICE COST CENTERS 40.00 40.00 ANCLLARY SERVICE COST CENTERS 40.00 40.00 04000 RADIOLOGY 0 3 40.00 41.00 41.00 04100 LABORATORY 0 4 41.00 42.00 04200 INTRAVENUS THERAPY 0 0 43.00 43.00 04300 DYSEN (INHALATION) THERAPY 0 5,541 43.00 44.00 04500 DCCUPATIONAL THERAPY 0 5,023 45.00 45.00 04500 DCCUPATIONAL THERAPY 0 3,341 46.00 47.00 04500 ECCENCARDIOLOGY 0 3,341 46.00 47.00 04000 RUCS CHARGED TO PATIENTS 0 0 49.00 49.00 04900 DRUCS CHARGED TO PATIENTS 0 651 49.00 40.00 04000 DRUCS CHARGED TO PATIENTS 0 0 10.00 51.01 010F11 SUPPORT SURFACES 0 0 51.01 0100 DUTPATIENT SERVICE COST CENTERS 0 <td< td=""><td></td><td></td><td>-</td><td></td><td>•</td><td></td><td></td><td></td></td<> | | | - | | • | | | |
| ANCILLARY SERVICE COST CENTERS 40.00 04000 RADIOLOGY 0 3 40.00 40.00 04100 LABORATORY 0 4 41.00 42.00 04200 INTRAVENOUS THERAPY 0 4 42.00 43.00 04300 LABORATORY 0 3 43.00 40.00 04400 PHYSICAL THERAPY 0 3 44.00 45.00 04500 OCUPATIONAL THERAPY 0 5,541 44.00 46.00 04500 SPEECH PATHOLOCY 0 3,341 46.00 40.00 04500 SPEECH PATHOLOCY 0 3,341 46.00 40.00 04500 SUPPORT SURFACES 0 0 47.00 40.00 04500 DEVENT SURFACES 0 0 51.01 51.01 51.01 SUPPORT SURFACES 0 0 0 71.00 71.00 70.00 07000 HOME HEALTH AGENCY COST 0 0 71.00 62.00 <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> | | | | | • | | | |
| 40. 00 04000 ABU OLDGY 0 3 40. 00 41. 00 04100 LABORATORY 0 4 40. 00 42. 00 04200 INTRAVENUS THERAPY 0 0 43. 00 43. 00 04300 DXYGEN (I NHALATION) THERAPY 0 3 43. 00 44. 00 04500 OCCUPATIONAL THERAPY 0 5, 541 44. 00 45. 00 04500 OCCUPATIONAL THERAPY 0 5, 023 45. 00 46. 00 04600 SPECH PATHOLOGY 0 0 0 47. 00 47. 00 04000 RUSC CURATIONAL THERAPY 0 0 48. 00 48. 00 04600 SPECH PATHOLOGY 0 0 0 49. 00 04000 RUSC CHARGED TO PATIENTS 0 0 48. 00 49. 00 04000 DUSC CHARGED TO PATIENTS 0 0 51. 01 01. 00 05100 SUPPORT SURFACES 0 0 51. 01 01. 00 0100 MEURASABLE COST CENTERS 0 0 71. 00 01. 00 07000 MEURASABLE COST CENTERS 0 71. 00 73. 00 02. 00 0000 MAURACTI CE PREMIUMS & PAID LOSSES <td< td=""><td>00.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | 00.00 | | | | | | | |
| 41.00 04100 LABORATORY 0 4 41.00 42.00 04200 INTRAVENOUS THERAPY 0 0 42.00 43.00 04400 PHYSI CAL THERAPY 0 5.541 44.00 45.00 04600 SPECH PATHOLOGY 0 5.023 45.00 46.00 04600 SPECH PATHOLOGY 0 3.341 46.00 47.00 04700 ELECTROCARD IOLOGY 0 0 48.00 48.00 4800 MeDical SUPPLIES CHARGED TO PATIENTS 0 0 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 0 651 49.00 51.00 SUPPORT SURFACES 0 0 0 51.00 00 OS100 SUPPORT SURFACES 0 0 0 70.00 70.00 OTOOL MORE HEALTH AGENCY COST 0 0 71.00 73.00 70.00 OTOOL MARE HEALTH AGENCY COST 0 0 71.00 73.00 73.00 OT300 CMMIC SPECIAL PURPOSE COST CENTERS 80.00 81.00 81.00 80.0 | 40.00 | | 0 | 3 | | | | 40.00 |
| 42.00 64200 INTRAVENOUS THERAPY 0 0 43.00 04300 OXYGEN (INHALATION) THERAPY 0 3 44.00 04400 PMYSICAL THERAPY 0 5,541 44.00 04500 OCCUPATIONAL THERAPY 0 5,541 45.00 04600 SPECH PATHOLOGY 0 3,341 46.00 04600 SPECH PATHOLOGY 0 0 47.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 0 0 0 51.00 51.00 S100 SUPPORT SURFACES 0 0 0 51.00 51.01 DS101 SUPPORT SURFACES 0 0 0 51.00 51.01 DEPORT SURFACES 0 0 70.00 70.00 71.00 OT100 AMBULANCE 0 7 70.00 71.00 71.00 OT100 AMBULANCE 0 7 70.00 73.00 73.00 80.00 <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | 0 | | | | | |
| 43.00 04300 0YYGEN (INHALATION) THERAPY 0 3 44.00 04400 PHYSI CAL THERAPY 0 5,541 44.00 45.00 04600 0CUPATI ONAL THERAPY 0 5,023 45.00 46.00 04600 SPEECH PATHOLOGY 0 3,341 46.00 47.00 04700 ELECTROCARDI OLOGY 0 3,341 46.00 48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 0 651 49.00 51.01 IDIOS SUPPORT SURFACES 0 0 0 51.01 00100 SUPPORT SURFACES 0 0 0 51.01 51.01 0101 SUPPORT SURFACES 0 0 7 62.00 62.00 62.00 62.00 62.00 0101 SUPPORT SURFACES 0 0 7 70.00 70.00 71.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 80.00 81.00 82.00 82.00 82.00 82.00 <t< td=""><td></td><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td>1</td></t<> | | | 0 | 0 | | | | 1 |
| 45.00 04500 OCCUPATIONAL THERAPY 0 5,023 45.00 46.00 04600 SPECH PATHOLOGY 0 3,341 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 48.00 48.00 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 0 651 49.00 51.00 OSTON SUPFACES 0 0 0 51.00 51.01 SUPPORT SURFACES 0 0 0 51.00 0101PATIENT SERVICE COST CENTERS 0 0 0 51.01 01000 OTADO ELECTORT COST CENTERS 0 0 70.00 01100 OTADO ABULENCICE COST CENTERS 0 0 71.00 71.00 OTADO ABULENCICE 0 0 71.00 70.00 73.00 SPECIAL PURPOSE COST CENTERS 0 0 0 80.00 81.00 081.00 INTEREST EXPENSE 82.00 82.00 82.00 82.00 0820 | | | 0 | 3 | | | | |
| 46.00 04600 SPEECH PATHOLOGY 0 3, 341 46.00 47.00 04700 ELECTROCARDIOLOGY 0 0 0 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 0 0 0 51.00 51.00 OSTO0 SUPPORT SURFACES 0 0 0 51.00 0 05101 SUPPORT SURFACES 0 0 0 51.00 0 05101 SUPPORT SURFACES 0 0 0 51.01 0 017011 ENT SERVICE COST CENTERS 0 0 62.00 62.00 0 0200 FOHC 0 0 70.00 70.00 71.00 73.00 | 44.00 | 04400 PHYSI CAL THERAPY | 0 | 5, 541 | | | | 44.00 |
| 47.00 04700 ELECTROCARDIOLOGY 0 0 47.00 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 49.00 04900 RUGS CHARGED TO PATIENTS 0 651 49.00 51.00 05100 SUPPORT SURFACES 0 0 51.00 51.00 0 05101 SUPPORT SURFACES 0 0 0 51.00 51.00 0 05101 SUPPORT SURFACES 0 0 0 51.00 51.00 0 05101 SUPPORT SURFACES 0 0 0 62.00 62.00 0 0 0 0 7 70.00 70.00 70.00 70.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 73.00 73.00 73.00 73.00 80.00 81.00 82.00 82.00 82.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 | 45.00 | 04500 OCCUPATIONAL THERAPY | 0 | 5, 023 | | | | 45.00 |
| 48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 0 651 49.00 51.00 05100 SUPPORT SURFACES 0 0 51.01 0UTPATIENT SERVICE COST CENTERS 0 0 0 51.01 0UTPATIENT SERVICE COST CENTERS 0 0 62.00 62.00 0THER REIMBURSABLE COST CENTERS 0 0 70.00 70.00 71.00 07000 HOME HEALTH AGENCY COST 0 0 70.00 73.00 07300 CML 0 7 70.00 73.00 80.00 08000 MALPRACTICE PREMI UMS & PAID LOSSES 80.00 80.00 81.00 81.00 08100 INTEREST EXPENSE 82.00 80.00 81.00 83.00 82.00 08200 UTLI LZ ATI ON REVIEW - SNF 82.00 83.00 83.00 83.00 89.00 SUBTOTALS (sum of Lines 1-84) 0 412.755 89.00 90.00 90.00 90.00 OPHONE RABLE COST CENTERS 0 0 91.00 | 46.00 | 04600 SPEECH PATHOLOGY | 0 | 3, 341 | | | | 46.00 |
| 49.00 04900 DRUGS CHARGED TO PATIENTS 0 651 49.00 51.00 05101 SUPPORT SURFACES 0 0 51.01 0010 DUTPATIENT SERVICE COST CENTERS 0 0 51.01 0010 FREI MBURSABLE COST CENTERS 62.00 0 70.00 07000 HOME HEALTH AGENCY COST 0 0 70.00 71.00 07100 AMBULANCE 0 71.00 70.00 73.00 O7300 (CMHC 0 0 73.00 73.00 80.00 08000 MALPRACTICE PREMI UMS & PAID LOSSES 80.00 81.00 81.00 82.00 08100 INTEREST EXPENSE 81.00 81.00 82.00 83.00 83.00 08300 HOSPICE 0 0 0 83.00 89.00 SUBTOTALS (sum of Lines 1-84) 0 412,755 89.00 90.00 SUBTOTALS (sum of Lines 1-84) 0 412,755 89.00 90.00 SUBTOTALS (sum of Lines 1-84) 0 90.00 91.00 91.00 90000 GITT, FLOWER, COFFEE SHOPS & CANTEEN 0 | 47.00 | 04700 ELECTROCARDI OLOGY | 0 | 0 | | | | 47.00 |
| 51.00 05100 SUPPORT SURFACES 0 0 51.00 05101 SUPPORT SURFACES 0 0 0 51.01 0UTPATI ENT SERVICE COST CENTERS 0 0 0 62.00 62.00 62.00 62.00 62.00 62.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 71.00 71.00 71.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 80.00 </td <td>48.00</td> <td>04800 MEDICAL SUPPLIES CHARGED TO PATIENTS</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>48.00</td> | 48.00 | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | | | | 48.00 |
| 51.01 05101 SUPPORT SURFACES 0 0 51.01 0UTPATI ENT SERVICE COST CENTERS 0 0 0 62.00 0THER REIMBURSABLE COST CENTERS 0 0 70.00 70.00 70.00 07000 HOME HEALTH AGENCY COST 0 0 70.00 71.00 07100 AMBULANCE 0 7 71.00 73.00 07300 CMHC 0 0 73.00 SPECIAL PURPOSE COST CENTERS 0 0 73.00 80.00 80.00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 80.00 81.00 81.00 08100 INTEREST EXPENSE 81.00 82.00 82.00 08300 HALPRACTI CE PREMI UMS & PAI D LOSSES 81.00 83.00 83.00 08300 INTEREST EXPENSE 82.00 83.00 89.00 NONREI MBURSABLE COST CENTERS 0 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 0 0 90.00 91.00 90.00 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 <t< td=""><td></td><td></td><td>0</td><td>651</td><td></td><td></td><td></td><td></td></t<> | | | 0 | 651 | | | | |
| OUTPATI ENT SERVICE COST CENTERS 62.00 062:00 FOHC 62.00 OTHER REIMBURSABLE COST CENTERS 62.00 07:00 FOMME HEALTH AGENCY COST 0 0 71.00 07:00 AMBULANCE 0 7 07:00 OTION AMBULANCE 0 7 71.00 73.00 07:00 CMHC 0 0 7 80.00 08:000 MALPRACTI CE PREMI UMS & PAI D LOSSES 80.00 80:00 80:00 81.00 08:000 INTEREST EXPENSE 80:00 81:00 82:00 82:00 82:00 08:000 INTEREST EXPENSE 80:00 82:00 83:00 80:00 80:00 08:000 INTEREST EXPENSE 89:00 82:00 83:00 89:00 80:00 83:00 90:00 | | | 0 | | • | | | 1 |
| 62.00 06200 FOHC 62.00 0THER REI MBURSABLE COST CENTERS 62.00 70.00 07000 HOME HEALTH AGENCY COST 0 0 71.00 07100 AMBULANCE 0 7 73.00 07300 CMHC 0 0 SPECIAL PURPOSE COST CENTERS 0 0 7 80.00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 80.00 80.00 81.00 08000 INTEREST EXPENSE 81.00 81.00 82.00 08300 HOSPI CE 0 0 82.00 83.00 08300 HOSPI CE 0 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 90.00 90.00 91.00 90.00 91.00 92.00 PHYSI CI ANS PRI VATE OFFI CES 0 0 90.00 91.00 92.00 93.00 93.00 93.00 93.00 93.00 93.00 93.00 93.00 93.00 93.00 93.00 94.00 | 51.01 | | 0 | 0 | | | | 51.01 |
| OTHER REI MBURSABLE COST CENTERS 70.00 07000 HOME HEALTH AGENCY COST 0 0 70.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 71.00 73.00 CMHC 0 0 73.00 73.00 SPECIAL PURPOSE COST CENTERS 73.00 73.00 SOU 80.00 08000 MALPRACTICE PREMI UMS & PAI D LOSSES 80.00 81.00 81.00 81.00 82.00 81.00 82.00 83.00 89.00 82.00 83.00 89.00 83.00 89.00 83.00 89.00 83.00 89.00 83.00 89.00 90.00< | | | | | 1 | | | 1 / 0 . 00 |
| 70.00 07000 HOME HEALTH AGENCY COST 0 0 70.00 71.00 07100 AMBULANCE 0 7 71.00 73.00 07300 CMHC 0 0 0 73.00 SPECIAL PURPOSE COST CENTERS 0 0 0 0 73.00 80.00 08000 MALPRACTI CE PREMI UMS & PAID LOSSES 80.00 80.00 81.00 81.00 08100 INTEREST EXPENSE 81.00 81.00 82.00 82.00 08200 UTI LI ZATI ON REVI EW - SNF 82.00 83.00 89.00 SUBTOTALS (sum of Lines 1-84) 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 90.00 0 91.00 91.00 91.00 90.00 09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 91.00 91.00 91.00 09100 BARBER AND BEAUTY SHOP 0 0 91.00 91.00 91.00 92.00 09300 NONPAI D WORKERS 0 0 92.00 93.00 93.00 93.00 93.00 93.00 93.00 94.00 | 62.00 | | | | | | | 62.00 |
| 71.00 07100 AMBULANCE 0 7 71.00 71.00 73.00 07300 CMHC 0 0 0 73.00 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 80.00 81.00 81.00 08100 INTEREST EXPENSE 81.00 82.00 82.00 08200 UT L LZATI ON REVIEW - SNF 82.00 82.00 83.00 08300 HOSPI CE 0 0 83.00 89.00 SUBTOTALS (sum of lines 1-84) 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 90.00 0 90.00 91.00 91.00 91.00 91.00 91.00 91.00 91.00 91.00 92.00 93.00 NONRAI D WORKERS 0 0 92.00 93.00 94.00 94.00 94.00 94.00 | 70.00 | | | | | | | 70.00 |
| 73.00 07300 CMHC 0 0 73.00 SPECIAL PURPOSE COST CENTERS 80.00 880.00 80.00 80.00 80.00 80.00 80.00 80.00 81.00 80.00 81.00 82.00 08200 UTILIZATION REVIEW - SNF 81.00 82.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 83.00 90.00 | | | | | 1 | | | |
| SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 80.00 81.00 08100 INTEREST EXPENSE 81.00 82.00 08200 UTI LI ZATI ON REVI EW - SNF 82.00 83.00 08300 HOSPI CE 0 0 89.00 SUBTOTALS (sum of lines 1-84) 0 412,755 89.00 90.00 OPGOOD GI FT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 90.00 91.00 09100 BARBER AND BEAUTY SHOP 0 0 91.00 92.00 92.00 93.00 NONPAI D WORKERS 0 0 93.00 93.00 93.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 | | | | | | | | |
| 80.00 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES 80.00 81.00 08100 INTEREST EXPENSE 81.00 82.00 08200 UTI LI ZATI ON REVI EW - SNF 82.00 83.00 08300 HOSPI CE 0 0 89.00 SUBTOTALS (sum of lines 1-84) 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 91.00 09100 BARBER AND BEAUTY SHOP 0 0 91.00 92.00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 92.00 93.00 09300 NONPAI D WORKERS 0 0 93.00 93.00 94.00 09400 PAT I ENTS LAUNDRY 0 0 0 94.00 | 73.00 | | 0 | 0 | 1 | | | /3.00 |
| 81.00 08100 INTEREST EXPENSE 81.00 82.00 08200 UTI LI ZATI ON REVIEW - SNF 82.00 83.00 08300 HOSPICE 0 0 89.00 SUBTOTALS (sum of lines 1-84) 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 90.00 09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 91.00 09100 BARBER AND BEAUTY SHOP 0 0 91.00 92.00 09200 PHYSI CI ANS PRI VATE OFFICES 0 0 91.00 93.00 09300 NONPAI D WORKERS 0 0 93.00 94.00 94.00 09400 PAT I ENTS LAUNDRY 0 0 94.00 94.00 | 80 00 | | | | 1 | | | 80.00 |
| 82.00 08200 UTILIZATION REVIEW - SNF 82.00 83.00 08300 HOSPICE 0 0 89.00 SUBTOTALS (sum of lines 1-84) 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 89.00 90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 91.00 09100 BARBER AND BEAUTY SHOP 0 0 91.00 92.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 92.00 93.00 09300 NONPAID WORKERS 0 0 93.00 94.00 94.00 94.00 94.00 | | | | | | | | |
| 83.00 08300 HOSPICE 0 0 83.00 89.00 SUBTOTALS (sum of lines 1-84) 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 0 0 0 90.00 90.00 90.00 09100 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 90.00 91.00 91.00 91.00 91.00 91.00 92.00 91.00 92.00 93.00 09300 NONPAI D WORKERS 0 0 92.00 93.00 93.00 94.00 94.00 0 0 94.00 | | | | | | | | |
| 89.00 SUBTOTALS (sum of lines 1-84) 0 412,755 89.00 NONREI MBURSABLE COST CENTERS 0 0 0 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 91.00 90.00 91.00 92.00 93.00 9300 NONPAI D WORKERS 0 0 92.00 93.00 93.00 93.00 94.00 | | | 0 | 0 | | | | |
| NONREI MBURSABLE COST CENTERS O O 90.00 GI FT, FLOWER, COFFEE SHOPS & CANTEEN O O 90.00 91.00 91.00 92.00 09200 PHYSI CI ANS PRI VATE OFFI CES O O 91.00 92.00 93.00 09300 NONPAI D WORKERS O O 93.00 94.00 09400 PATI ENTS LAUNDRY O O 94.00 | | | 0 | 412 755 | | | | |
| 90.00 09000 GI FT, FLOWER, COFFEE SHOPS © 0 90.00 90.00 90.00 91.00 91.00 91.00 91.00 91.00 91.00 92.00 93.00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 0 92.00 93.00 93.00 93.00 93.00 94.00 0 0 0 94.00 94.00 0 0 0 94.00 94. | 07.00 | NONRELMBURSABLE COST CENTERS | | 112,700 | | | | 0,100 |
| 91.00 09100 BARBER AND BEAUTY SHOP 0 0 91.00 92.00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 92.00 93.00 09300 NONPAI D WORKERS 0 0 93.00 94.00 09400 PATI ENTS LAUNDRY 0 0 94.00 | 90.00 | | 0 | 0 | | | | 90.00 |
| 92.00 09200 PHYSI CI ANS PRI VATE OFFI CES 0 0 92.00 93.00 09300 NONPAI D WORKERS 0 0 93.00 94.00 09400 PATI ENTS LAUNDRY 0 0 94.00 | 91.00 | | 0 | 0 | | | | |
| 94. 00 09400 PATIENTS LAUNDRY 0 0 0 94. 00 | 92.00 | 09200 PHYSICIANS PRIVATE OFFICES | 0 | 0 | | | | 92.00 |
| | | | 0 | 0 | | | | |
| 98.00 Cross Foot Adjustments 0 0 0 98.00 | | 09400 PATIENTS LAUNDRY | 0 | 0 | | | | 94.00 |
| | 98.00 | Cross Foot Adjustments | 0 | 0 | | | | 98.00 |
| 99.00 Negative Cost Centers 0 0 99.00 | | | 0 | | | | | |
| 100. 00 TOTAL 0 412, 755 100. 00 | 100.00 | 0 TOTAL | 0 | 412, 755 | | | | 100. 00 |

| <u>Heal th</u> | Financial Systems | STERLI NG | MANOR | | In Lie | u of Form CMS-2 | 2540-10 |
|----------------|---|---------------------------|---------------------------------------|----------------|---------------------------|------------------------|----------------|
| COST A | LLOCATION - STATISTICAL BASIS | | Provi der | | eriod: rom 01/01/2022 | Worksheet B-1 | |
| | | | | | o 12/31/2022 | | pared: |
| | | CAPI TAL | | | | 5/31/2023 11: | 18 am |
| | | RELATED COSTS | | | | | |
| | Cost Center Description | BLDGS & | | Reconciliation | ADMI NI STRATI VE | PLANT | |
| | | FIXTURES (SQUARE FEET) | BENEFITS (GROSS | | & GENERAL (ACCUM COST) | OPERATION, MAINT. & | |
| | | (SOUARE TEET) | SALARI ES) | | (ACCOM COST) | REPAI RS | |
| | | | · · · · · · · · · · · · · · · · · · · | | | (SQUARE FEET) | |
| | GENERAL SERVICE COST CENTERS | 1.00 | 3.00 | 4A | 4.00 | 5.00 | |
| 1.00 | 00100 CAP REL COSTS - BLDGS & FIXTURES | 29, 853 | | | | | 1.00 |
| 3.00 | 00300 EMPLOYEE BENEFITS | 0 | 105, 270 | | | | 3.00 |
| 4.00 | 00400 ADMINISTRATIVE & GENERAL | 1, 304 | 31, 156 | -1, 735, 440 | | | 4.00 |
| 5.00 | 00500 PLANT OPERATION, MAINT. & REPAIRS | 2,028 | 0 | 0 | 469, 082 | 26, 521 | 5.00 |
| 6.00 7.00 | 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING | 2, 080 64 | 0 | | 111, 492 145, 988 | 2, 080 64 | 6.00 7.00 |
| 8.00 | 00800 DI ETARY | 5, 428 | 0 | 0 | 1, 029, 321 | 5, 428 | |
| 9.00 | 00900 NURSING ADMINISTRATION | 210 | 0 | 0 | 313, 335 | 210 | 9.00 |
| | 01000 CENTRAL SERVICES & SUPPLY | 46 | 0 | 0 | 636 | 46 | |
| | 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE | 220 | 0 27, 135 | | 0 39, 858 | 0 220 | 12.00 13.00 |
| | 01500 PATIENT ACTIVITIES | 2, 120 | 46, 979 | 0 | | 2, 120 | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | · · · · · | | | | | |
| | 03000 SKILLED NURSING FACILITY | 15, 472 | 0 | 0 | 3, 790, 435 | 15, 472 | 30.00 |
| | 03100 NURSING FACILITY 03200 ICF/IID | 0 | 0 | 0 | 0 | 0 | 31.00 32.00 |
| | 03300 OTHER LONG TERM CARE | 0 | 0 | | 0 | 0 | 32.00 |
| 00.00 | ANCI LLARY SERVICE COST CENTERS | | | | | | 00100 |
| | 04000 RADI OLOGY | 0 | 0 | | | 0 | 40.00 |
| | 04100 LABORATORY | 0 | 0 | 0 | 1, 283 | 0 | 41.00 |
| | 04200 INTRAVENOUS THERAPY 04300 OXYGEN (INHALATION) THERAPY | 0 | 0 | | 0 1, 180 | 0 | 42.00 43.00 |
| | 04400 PHYSI CAL THERAPY | 344 | 0 | | 135, 935 | 344 | |
| 45.00 | 04500 OCCUPATI ONAL THERAPY | 317 | 0 | 0 | 95, 635 | 317 | 45.00 |
| | 04600 SPEECH PATHOLOGY | 220 | 0 | 0 | 15, 319 | 220 | |
| | 04700 ELECTROCARDI OLOGY | 0 | 0 | 0 | 0 | 0 | 47.00 |
| 48.00 49.00 | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS | 0 | 0 | | 0 93, 218 | 0 | 48.00 49.00 |
| | 05100 SUPPORT SURFACES | 0 | 0 | 0 | 75, 210 | 0 | 51.00 |
| | 05101 SUPPORT SURFACES | 0 | 0 | 0 | 0 | 0 | 51.01 |
| | OUTPATIENT SERVICE COST CENTERS | · · · · · · | | l. | | | |
| 62.00 | 06200 FQHC OTHER REIMBURSABLE COST CENTERS | | | | | | 62.00 |
| 70.00 | 07000 HOME HEALTH AGENCY COST | 0 | 0 | 0 | 0 | 0 | 70.00 |
| | 07100 AMBULANCE | 0 | 0 | 0 | 2, 389 | 0 | 71.00 |
| | 07300 CMHC | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 00.00 | SPECIAL PURPOSE COST CENTERS | | | | | | |
| | 08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE | | | | | | 80.00 81.00 |
| 82.00 | 08200 UTI LI ZATI ON REVI EW - SNF | | | | | | 82.00 |
| 83.00 | 08300 HOSPI CE | 0 | 0 | 0 | 0 | 0 | |
| 89.00 | SUBTOTALS (sum of lines 1-84) | 29, 853 | 105, 270 | -1, 735, 440 | 6, 359, 405 | 26, 521 | 89.00 |
| 90.00 | NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | o | 0 | 0 | 0 | 0 | 90.00 |
| | 09100 BARBER AND BEAUTY SHOP | 0 | 0 | 0 | 0 | 0 | 91.00 |
| 92.00 | 09200 PHYSI CLANS PRI VATE OFFI CES | 0 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | 09300 NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 93.00 |
| 94.00 | 09400 PATIENTS LAUNDRY | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 98.00 99.00 | Cross Foot Adjustments Negative Cost Centers | | | | | | 98.00 99.00 |
| 102.00 | | 412, 755 | 37, 556 | | 1, 735, 440 | 597, 091 | |
| | Part I) | | | | | | |
| 103.00 | | 13. 826249 | 0. 356759 | | 0. 272893 | 22. 513895 | |
| 104.00 | Cost to be allocated (per Wkst. B, Part II) | | 0 | | 18, 029 | 29, 370 | 104.00 |
| 105.00 | | | 0. 000000 | | 0. 002835 | 1. 107424 | 105.00 |
| | | | | | | | |
| | | | | | | | |

| DST A | Financial Systems LLOCATION - STATISTICAL BASIS | STERLING | | | eri od: | u of Form CMS-: Worksheet B-1 | |
|---------------------------------|--|---|-------------------------------|----------------------------|--------------------------------|----------------------------------|-------|
| | | | | | rom 01/01/2022 o 12/31/2022 | Date/Time Pre 5/31/2023 11: | |
| | Cost Center Description | LAUNDRY & LI NEN SERVI CE (PATI ENT | HOUSEKEEPING (SQUARE FEET) | DI ETARY (MEALS SERVED) | NURSI NG ADMI NI STRATI ON | CENTRAL SERVI CES & SUPPLY | |
| | | CENSUS) | | | (DI RECT NURSI NG) | (COSTED REQUIS.) | |
| | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 00 | 00100 CAP REL COSTS - BLDGS & FIXTURES | | | | | | 1.0 |
| 00 | 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL | | | | | | 3.0 |
| 00 | 00500 PLANT OPERATION, MAINT. & REPAIRS | | | | | | 4.0 |
| 00 | 00600 LAUNDRY & LINEN SERVICE | 34, 453 | | | | | 6. |
| 00 | 00700 HOUSEKEEPING | 34, 433 | 24, 377 | | | | 7.0 |
| 00 | 00800 DI ETARY | 0 | 5, 428 | | | | 8.0 |
| 00 | 00900 NURSI NG ADMI NI STRATI ON | 0 | 210 | | | | 9.0 |
| D. 00 | 01000 CENTRAL SERVICES & SUPPLY | 0 | 46 | | | 166, 845 | |
| 2.00 | 01200 MEDICAL RECORDS & LIBRARY | 0 | 0 | | 0 | 0 | 1 |
| 3.00 | 01300 SOCIAL SERVICE | 0 | 220 | 0 | 0 | 0 | 13. |
| 5.00 | 01500 PATIENT ACTIVITIES | 0 | 2, 120 | 0 | 0 | 0 | 15. |
| | I NPATI ENT ROUTI NE SERVI CE COST CENTERS | | | | | | |
| D. 00 | 03000 SKILLED NURSING FACILITY | 34, 453 | | | | 73, 627 | |
| 1.00 | 03100 NURSING FACILITY | 0 | | | - | 0 | |
| 2.00 | 03200 I CF/I I D | 0 | | | | 0 | |
| 3.00 | 03300 OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 33. (|
| - <u></u> | ANCI LLARY SERVI CE COST CENTERS | 0 | 0 | 0 | ol | 0 | 1 40 |
| D. 00 1. 00 | 04100 LABORATORY | 0 | | | - | 0 | |
| 2.00 | 04200 I NTRAVENOUS THERAPY | 0 | 0 | | | 0 | |
| 2.00 3.00 | 04300 OXYGEN (INHALATION) THERAPY | 0 | 0 | | - | 0 | |
| 4.00 | 04400 PHYSI CAL THERAPY | 0 | 344 | | - | 0 | |
| 5.00 | 04500 OCCUPATI ONAL THERAPY | 0 | 317 | - | - | 0 | |
| 5.00 | 04600 SPEECH PATHOLOGY | 0 | 220 | | 0 | 0 | 1 |
| 7.00 | 04700 ELECTROCARDI OLOGY | 0 | 0 | 0 | 0 | 0 | 47. |
| 3. 00 | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 48. |
| 9.00 | 04900 DRUGS CHARGED TO PATIENTS | 0 | 0 | | - | 93, 218 | |
| 1.00 | 05100 SUPPORT SURFACES | 0 | | | | 0 | |
| 1. 01 | 05101 SUPPORT SURFACES | 0 | 0 | 0 | 0 | 0 | 51. |
| - <u></u> | OUTPATIENT SERVICE COST CENTERS | | | | | | 1 (2 |
| 2.00 | OTHER REIMBURSABLE COST CENTERS | | | | | | 62. |
| 0. 00 | 07000 HOME HEALTH AGENCY COST | 0 | 0 | 0 | 0 | 0 | 70. |
| 1.00 | 07100 AMBULANCE | 0 | | | | 0 | |
| 3.00 | 07300 CMHC | 0 | | | - | 0 | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| D. 00 | 08000 MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | 80. |
| . 00 | 08100 INTEREST EXPENSE | | | | | | 81. |
| 2.00 | 08200 UTILIZATION REVIEW - SNF | | | | | | 82. |
| 3.00 | 08300 HOSPI CE | 0 | | | | 0 | |
| 9.00 | SUBTOTALS (sum of lines 1-84) | 34, 453 | 24, 377 | 103, 359 | 98, 740 | 166, 845 | 89. |
| | NONREI MBURSABLE COST CENTERS | | | | | | 1 |
| 0.00 | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | - | | - | 0 | |
| 1.00 | 09100 BARBER AND BEAUTY SHOP | 0 | 0 | 0 | - | 0 | |
| 2.00 3.00 | 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS | 0 | | | | 0 | |
| . 00 | 09400 PATIENTS LAUNDRY | 0 | | | | 0 | |
| . 00 | Cross Foot Adjustments | 0 | 0 | | 0 | 0 | 98. |
| | Negative Cost Centers | | | | | | 99. |
| . 00 | 0 | 188, 746 | 187, 268 | 1, 474, 119 | 405, 183 | 2, 199 | |
| | Part I) | | | | | -,, | |
| | | | | 14 0/0105 | 4 102525 | 0. 013180 | 103 |
| 02.00 | | 5. 478362 | 7. 682159 | 14. 262125 | 4. 103535 | 0.013180 | 100. |
| 9.00 02.00 03.00 04.00 | Unit cost multiplier (Wkst. B, Part I) | 5. 478362 31, 378 | | | | | |
| 02.00 03.00 | Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B, Part II) | | 1, 370 | 84, 283 | 4, 037 | | 104. |

| | Financial Systems | STERLING | | No 1 215140 | | J of Form CMS-2540-1 |
|----------------|--|-----------------------|----------------------|----------------------|----------------------------|----------------------|
| JUST A | LLOCATION - STATISTICAL BASIS | | Provi der | No.: 315149 | Period: From 01/01/2022 | Worksheet B-1 |
| | | | | | To 12/31/2022 | Date/Time Prepared |
| | | | | OTHER GENERA | | 5/31/2023 11:18 am |
| | | | | SERVI CE | | |
| | Cost Center Description | MEDI CAL | SOCIAL SERVICE | | | |
| | | RECORDS & | | ACTI VI TI ES | | |
| | | LI BRARY (PATI ENT | (PATI ENT CENSUS) | (PATI ENT CENSUS) | | |
| | | CENSUS) | | | | |
| | | 12.00 | 13.00 | 15.00 | | |
| | GENERAL SERVICE COST CENTERS | | 1 | 1 | | |
| 1.00 | 00100 CAP REL COSTS - BLDGS & FIXTURES | | | | | 1.0 |
| 3.00 1.00 | 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL | | | | | 3. 0 4. 0 |
| 5.00 | 00500 PLANT OPERATION, MAINT. & REPAIRS | | | | | 5.0 |
| . 00 | 00600 LAUNDRY & LINEN SERVICE | | | | | 6.0 |
| . 00 | 00700 HOUSEKEEPI NG | | | | | 7.0 |
| 8.00 | 00800 DI ETARY | | | | | 8.0 |
| 9.00 | 00900 NURSING ADMINISTRATION | | | | | 9.0 |
| | 01000 CENTRAL SERVICES & SUPPLY | | | | | 10.0 |
| 2.00 | 01200 MEDICAL RECORDS & LIBRARY | 34, 453 | | ļ | | 12.0 |
| | 01300 SOCIAL SERVICE | 0 | | | - 0 | 13.0 |
| 5.00 | 01500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS | C | 0 C | 34, 4 | 53 | 15.0 |
| 30.00 | 03000 SKILLED NURSING FACILITY | 34, 453 | 34, 453 | 34, 4 | 53 | 30.0 |
| | 03100 NURSI NG FACI LI TY | 34,433 | 0 04,400 |) | 0 | 31.0 |
| | 03200 CF/ D | C | | | 0 | 32.0 |
| 33.00 | 03300 OTHER LONG TERM CARE | C | C | | 0 | 33.0 |
| | ANCILLARY SERVICE COST CENTERS | | | | | |
| 10.00 | 04000 RADI OLOGY | C | C |) | 0 | 40.0 |
| | 04100 LABORATORY | C | C | | 0 | 41.0 |
| 12.00 | 04200 I NTRAVENOUS THERAPY | C | C | 0 | 0 | 42.0 |
| 13.00 | 04300 OXYGEN (INHALATION) THERAPY | (| | | 0 | 43.0 |
| 14.00 15.00 | 04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY | | | | 0 | 44. 0 45. 0 |
| | 04600 SPEECH PATHOLOGY | | | | 0 | 45.0 |
| 17.00 | 04700 ELECTROCARDI OLOGY | | | | 0 | 47.0 |
| | 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS | C | | | 0 | 48.0 |
| 19.00 | 04900 DRUGS CHARGED TO PATIENTS | C | C | þ | 0 | 49.0 |
| 51.00 | 05100 SUPPORT SURFACES | C | C | | 0 | 51.0 |
| 51.01 | 05101 SUPPORT SURFACES | C | C |) | 0 | 51.0 |
| | OUTPATIENT SERVICE COST CENTERS | | 1 | 1 | | |
| 52.00 | 06200 FQHC OTHER REIMBURSABLE COST CENTERS | | | 1 | | 62.0 |
| 70.00 | 07000 HOME HEALTH AGENCY COST | C | | | 0 | 70.0 |
| | 07100 AMBULANCE | 0 | | | 0 | 71.0 |
| | 07300 CMHC | C | | | 0 | 73.0 |
| | SPECIAL PURPOSE COST CENTERS | | | | | |
| 30.00 | 08000 MALPRACTI CE PREMI UMS & PAI D LOSSES | | | | | 80.0 |
| | 08100 INTEREST EXPENSE | | | | | 81.0 |
| 32.00 | 08200 UTILIZATION REVIEW - SNF | | | | | 82.0 |
| 33.00 | 08300 HOSPICE | | | | 0 | 83.0 |
| 39.00 | SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS | 34, 453 | 34, 453 | 34, 4 | 23 | 89.0 |
| 0. 00 | 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | C | | | 0 | 90.0 |
| 1.00 | 09100 BARBER AND BEAUTY SHOP | 0 | | | 0 | 91.0 |
| 2.00 | 09200 PHYSI CLANS PRI VATE OFFI CES | C | | | 0 | 92.0 |
| 3.00 | 09300 NONPAID WORKERS | C |) C | | 0 | 93.0 |
| | 09400 PATIENTS LAUNDRY | C | C |) | 0 | 94.0 |
| 8.00 | Cross Foot Adjustments | | | | | 98.0 |
| 9.00 | Negative Cost Centers | - | | | - / | 99.0 |
| 02.00 | | C | 57, 378 | 3 208, 3 | 56 | 102. 0 |
| 03 00 | Part I) Unit cost multiplier (Wkst. B, Part I) | 0. 000000 | 1. 665399 | 6. 0475 | 13 | 103.0 |
| 03.00 | | 0. 00000L | 3, 411 | | | 103.0 |
| 57.00 | Part II) | | 3,411 | 52, 10 | | 104.0 |
| 05.00 | - | 0.00000 | 0. 099004 | 0. 9317 | 54 | 105.0 |
| | | | | | | 1.501.0 |

| RATI 0 OF COST TO CHARGES FOR ANCI LLARY AND OUTPATIENT COST CENTERS Provider No.: 315149 Poriod: For MORSheet C Cost Center Description Total (from Wkst. B, Pt I, col. 18) Total (Arrow Wkst. B, Pt I, col. 18) Total Charges (avided by col. 2 Ratio (col. 1 divided by col. 2 Ratio (col. 2 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADI 0LOGY 1,149 0 0.000000 40.00 41.00 04100 LABORATORY 1,633 0 0.0000000 42.00 42.00 04300 DXREN (INHALATION) THERAPY 1,502 0 0.000000 42.00 44.00 04000 PHYSI CAL THERAPY 183,419 158,624 1.156313 44.00 45.00 04000 SPECH PATHOLOGY 26,142 37,665 0.694066 46.00 47.00 04700 DATTIENTS 0 0 0.000000 47.00 49.00 04800 MEDICAL SUPPLIES CHARGED TO | Heal th | Financial Systems STERLING MAN | IOR | | In Lie | u of Form CMS- | 2540-10 |
|--|---------|--|-----------|-------------|---------------|----------------|-----------------|
| Cost Center Description Total (from Wkst. B, Pt I, col. 18) Total Charges (col. 1 divided by col. 2 Ratio (col. 1 divided by col. 2 40.00 04000 RADI 0LOGY 1.00 2.00 3.00 41.00 04000 RADI 0LOGY 1,149 0 0.000000 41.00 04000 RADI 0LOGY 1,633 0 0.000000 41.00 04000 LABORATORY 0 0.000000 41.00 42.00 04200 INTRAVENOUS THERAPY 0 0.000000 42.00 44.00 04300 OXYGEN (I NHALATI 0N) THERAPY 1,502 0 0.000000 43.00 45.00 04500 OCCUPATI ONAL THERAPY 183,419 158,624 1.156313 44.00 46.00 04600 SPEECH PATHOLOGY 26,142 37,665 0.694066 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0 0.000000 47.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0 0.000000 47.00 49.00 05100 SUPPORT SURFACES 0 0 0 0.0000000 | RATI 0 | OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS | Provi der | | | Worksheet C | |
| ANCI LLARY SERVICE COST CENTERS Total (from Wkst. B, Pt I, col. 18) Total (from Vkst. B, Pt I, col. 18) Total (from Vkst. B, Pt I, col. 18) Total (from Vkst. B, Pt I, col. 2 Ratio (col. 1 di vided by col. 2 40.00 04000 RADI OLOGY 1.00 2.00 3.00 40.00 04100 LABORATORY 1,149 0 0.0000000 40.00 41.00 04300 OXYGEN (I NHALATI ON) THERAPY 0 0 0.000000 41.00 43.00 04300 OXYGEN (I NHALATI ON) THERAPY 1,502 0 0.000000 43.00 44.00 04400 PHYSI CAL THERAPY 183,419 158,624 1.156313 44.00 45.00 04500 OCUPATI ONAL THERAPY 131,305 145,008 0.965502 45.00 46.00 04600 SPECH PATHOLOGY 0 0 0.000000 47.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0.000000 51.01 05100 SUPPORT SURFACES 0 0 0.0000000 51.01 | | | | | | | |
| Cost Center Description Total (from Wkst. B, Pt I, col. 18) Total Charges Col. 2 Ratio (col. 1 divided by col. 2 40.00 ANCILLARY SERVICE COST CENTERS 1.00 2.00 3.00 40.00 O4000 RADIOLOGY 0.000000 40.00 40.00 O4000 RADIOLOGY 0.000000 40.00 41.00 O4100 LABORATORY 0.000000 40.00 42.00 04200 INTRAVENOUS THERAPY 0 0.000000 42.00 43.00 04300 OXGEN (INHALATION) THERAPY 1,502 0 0.000000 43.00 45.00 04500 OCUPATI ONAL THERAPY 183,419 158,624 1.15613 44.00 45.00 04500 OCUPATI ONAL THERAPY 131,305 145,008 0.905502 45.00 46.00 04600 SPEECH PATHOLOGY 0 0 0.000000 47.00 47.00 04700 ELCTROCARDIOLOGY 0 0 0.000000 47.00 49.00 04800 MEDICAL SUPPLIES CHARGED TO PATI ENTS < | | | | | 10 12/31/2022 | 5/31/2023 11 | pared: 18 am |
| ANCI LLARY SERVICE COST CENTERS di vi ded by col. 18) di vi ded by col. 2 40. 00 04000 RADI OLOGY 1.00 2.00 3.00 41. 00 04100 LABORATORY 0 0.000000 40.00 42. 00 04200 INTRAVENOUS THERAPY 0 0.000000 41.00 43. 00 04300 OX400 PHYSI CAL THERAPY 0 0.000000 42.00 44. 00 04400 PHYSI CAL THERAPY 1.502 0 0.000000 42.00 45. 00 04500 OCCUPATI ONAL THERAPY 183, 419 158, 624 1.156313 44.00 45. 00 04500 OCCUPATI ONAL THERAPY 131, 305 145, 008 0.905502 45.00 46. 00 04600 SPEECH PATHOLOGY 0 0 0.000000 47.00 48. 00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 0.000000 48.00 49. 00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0.000000 51.00 | | Cost Center Description | | Total (from | Total Charges | | |
| ANCI LLARY SERVICE COST CENTERS col. 2 40.00 04000 RADI OLOGY 1.00 2.00 3.00 41.00 04000 RADI OLOGY 1,149 0 0.000000 40.00 41.00 04100 LABORATORY 1,633 0 0.000000 41.00 42.00 04200 INTRAVENOUS THERAPY 0 0 0.000000 42.00 43.00 04300 OXIGEN (INHALATI ON) THERAPY 1,502 0 0.000000 43.00 44.00 04400 PHYSI CAL THERAPY 183,419 158,624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 131,305 145,008 0.905502 45.00 46.00 04600 SPEECH PATHOLOGY 26,142 37,665 0.694066 46.00 47.00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 0.000000 48.00 48.00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 0.000000 48.00 49.00 05100 SUPPORT SURFACES 0 0 0.0000000 51.00 < | | | | | 5 | | |
| ANCI LLARY SERVICE COST CENTERS 40.00 04000 RADI OLOGY 1, 149 0 0.000000 40.00 41.00 04100 LABORATORY 1, 633 0 0.000000 41.00 42.00 04200 INTRAVENOUS THERAPY 0 0 0.000000 42.00 44.00 04400 PHYSI CAL THERAPY 0 0 0.000000 43.00 45.00 04500 OCCUPATI ONAL THERAPY 183, 419 158, 624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 183, 419 158, 624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 183, 419 158, 624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 131, 305 145, 008 0.905502 45.00 46.00 04600 SPEECH PATHOLOGY 0 0 0.000000 48.00 47.00 04700 ELCTROCARDI OLOGY 0 0 0 0.000000 48.00 < | | | | | | | |
| 40.00 04000 RADI OLOGY 1, 149 0 0.000000 40.00 41.00 04100 LABORATORY 1, 633 0 0.000000 41.00 42.00 04200 INTRAVENOUS THERAPY 0 0 0.000000 42.00 43.00 04300 OXYGEN (I NHALATI ON) THERAPY 1, 502 0 0.000000 43.00 44.00 04400 PHYSI CAL THERAPY 183, 419 158, 624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 131, 305 145, 008 0.905502 45.00 46.00 04600 SPEECH PATHOLOGY 26, 142 37, 665 0.694066 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0.000000 47.00 48.00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0.000000 151.00 51.01 SUPPORT SURFACES 0 0 0.000000 51.00 51.00 0 0.000000 | | | | 1.00 | 2.00 | 3.00 | |
| 41.00 04100 LABORATORY 1,633 0 0.000000 41.00 42.00 04200 INTRAVENOUS THERAPY 0 0 0.000000 42.00 43.00 04300 0XYGEN (I NHALATI ON) THERAPY 1,502 0 0.000000 43.00 44.00 04400 PHYSI CAL THERAPY 183,419 158,624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 183,419 158,624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 131,305 145,008 0.95502 45.00 46.00 04600 SPEECH PATHOLOGY 26,142 37,665 0.694066 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0.000000 47.00 48.00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0.000000 51.00 51.00 05100 SUPPORT SURFACES 0 0 0.000000 51.00 51.00 51.00 | | | | | | | |
| 42.00 04200 INTRAVENOUS THERAPY 0 0.000000 42.00 43.00 04300 0XYGEN (INHALATION) THERAPY 1,502 0 0.000000 43.00 44.00 04400 PHYSI CAL THERAPY 183,419 158,624 1.156313 44.00 45.00 04500 OCCUPATIONAL THERAPY 183,419 158,624 1.156313 44.00 45.00 04500 OCCUPATIONAL THERAPY 131,305 145,008 0.905502 45.00 46.00 04600 SPEECH PATHOLOGY 26,142 37,665 0.694066 46.00 47.00 04700 ELCTROCARDIOLOGY 0 0 0.000000 47.00 48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 119,886 93,218 1.286082 49.00 51.00 05101 SUPPORT SURFACES 0 0 0.000000 51.00 0UTPATIENT SERVICE COST CENTERS 0 0 0.000000 51.01 51.01 0UTOR 04200 | | | | | | | |
| 43.00 04300 0XYGEN (I NHALATI ON) THERAPY 1,502 0 0.000000 43.00 44.00 04400 PHYSI CAL THERAPY 183,419 158,624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 131,305 145,008 0.905502 45.00 46.00 04600 SPEECH PATHOLOGY 26,142 37,665 0.694066 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0.000000 47.00 48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0.000000 48.00 51.00 05100 SUPPORT SURFACES 0 0 0.000000 51.00 51.01 SUPPORT SURFACES 0 0 0.000000 51.01 0 04200 FQHC 3.041 0 0.000000 71.00 | | | | 1, 63 | 3 0 | | |
| 44.00 04400 PHYSI CAL THERAPY 183, 419 158, 624 1.156313 44.00 45.00 04500 OCCUPATI ONAL THERAPY 131, 305 145, 008 0.905502 45.00 46.00 04600 SPEECH PATHOLOGY 26, 142 37, 665 0.694066 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0.000000 47.00 48.00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0.000000 48.00 51.00 05100 SUPPORT SURFACES 0 0 0.000000 51.00 0 0 0 0 0.000000 51.00 51.01 0 0 0.000000 51.01 0 0 0 0 0 0 0.000000 51.01 51.01 0 0.000000 51.01 51.01 51.01 0 0.000000 51.01 62.00 71.00 71.00 0.000000 71.00 71.00 0.000000 71.00 | 42.00 | 04200 I NTRAVENOUS THERAPY | | | 0 0 | 0. 000000 | 42.00 |
| 45.00 04500 0CCUPATI ONAL THERAPY 131,305 145,008 0.905502 45.00 46.00 04600 SPEECH PATHOLOGY 26,142 37,665 0.694066 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0.000000 47.00 48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 0 0 0.000000 48.00 51.00 05100 SUPPORT SURFACES 0 0 0.000000 51.00 05101 SUPPORT SURFACES 0 0 0.000000 51.01 0UTPATI ENT SERVICE COST CENTERS 0 0 0.000000 51.01 0 06200 FQHC 3.041 0 0.000000 71.00 | | | | 1, 50 | | | |
| 46.00 04600 SPEECH PATHOLOGY 26,142 37,665 0.694066 46.00 47.00 04700 ELECTROCARDI OLOGY 0 0 0.000000 47.00 48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATI ENTS 119,886 93,218 1.286082 49.00 51.00 05100 SUPPORT SURFACES 0 0 0.000000 51.00 0 05101 SUPPORT SURFACES 0 0 0.000000 51.01 0 0 0 0 0.000000 51.00 51.01 0 0 0 0 0.000000 51.00 0 0 0 0.000000 51.00 0 0 0 0 0.000000 51.01 0 0 0 0.000000 71.00 71.00 71.00 0 07100 AMBULANCE 3.041 0 0.000000 71.00 | | | | | | | |
| 47. 00 04700 ELECTROCARDI OLOGY 0 0.000000 47. 00 48. 00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0.000000 48. 00 49. 00 04900 DRUGS CHARGED TO PATIENTS 119, 886 93, 218 1. 286082 49. 00 51. 00 05100 SUPPORT SURFACES 0 0 0.000000 51. 00 51. 01 SUPPORT SURFACES 0 0 0.000000 51. 01 0UTPATIENT SERVICE COST CENTERS 0 0 0.000000 51. 01 0UTPATIENT SERVICE COST CENTERS 0 0 0.000000 71. 00 71. 00 07100 AMBULANCE 3, 041 0 0.000000 71. 00 | | | | 131, 30 | | | |
| 48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0.000000 48.00 49.00 04900 DRUGS CHARGED TO PATIENTS 119,886 93,218 1.286082 49.00 51.00 05100 SUPPORT SURFACES 0 0 0.000000 51.00 51.01 SUPPORT SURFACES 0 0 0.000000 51.00 0UTPATIENT SERVICE COST CENTERS 0 0 0.000000 71.00 62.00 06200 FQHC 3,041 0 0.000000 71.00 | | | | 26, 14 | 2 37, 665 | | |
| 49.00 04900 DRUGS CHARGED TO PATIENTS 119,886 93,218 1.286082 49.00 51.00 05100 SUPPORT SURFACES 0 0 0.000000 51.00 51.01 05101 SUPPORT SURFACES 0 0 0.000000 51.00 0100 0101 SUPPORT SURFACES 0 0 0.000000 51.00 0100 0100 0.000000 0 0.000000 51.01 51.01 0100 0100 FQHC 0 0 0.000000 71.00 62.00 06200 FQHC 3,041 0 0.000000 71.00 | | | | | 0 0 | | |
| 51.00 05100 SUPPORT SURFACES 0 0.000000 51.00 51.01 05101 SUPPORT SURFACES 0 0 0.000000 51.01 0UTPATI ENT SERVICE COST CENTERS 0 0 0.000000 51.01 62.00 06200 FQHC 3,041 0 0.000000 71.00 | | | | | 0 0 | | |
| 51. 01 05101 SUPPORT SURFACES 0 0.000000 51. 01 0UTPATI ENT SERVICE COST CENTERS 0 0.000000 51. 01 62. 00 06200 FQHC 62. 00 62. 00 71. 00 07100 AMBULANCE 3, 041 0 0.000000 71. 00 | | | | 119, 88 | 6 93, 218 | | |
| OUTPATI ENT SERVICE COST CENTERS 62.00 06200 FQHC 62.00 62.00 71.00 07100 AMBULANCE 62.00 71.00 | | | | | 0 0 | | |
| 62.00 06200 FQHC 62.00 71.00 71.00 0.000000 71.00 < | 51.01 | | | | 0 0 | 0.00000 | 51.01 |
| 71. 00 07100 AMBULANCE 3, 041 0 0. 000000 71. 00 | | | | T | | | |
| | | | | | | | |
| 100.00 Iotal 468,077 434,515 100.00 | | | | | | | |
| | 100.00 | Total | | 468, 07 | 7 434, 515 | | 100. 00 |

| Health Financial Systems | STERLING | | | | u of Form CMS- | 2540-10 |
|---|------------------------|--------------------|------------------|----------------------------|-----------------------|---------|
| APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS | | Provi der | No.: 315149 | Period: From 01/01/2022 | Worksheet D Part I | |
| | | | | To 12/31/2022 | Date/Time Pre | |
| | | | | <u></u> | 5/31/2023 11: | 18 am |
| | | litle | XVIII (1) | Skilled Nursing | PPS | |
| | | Health Care Pi | Charge Charge | Facility | Program Cost | |
| | | | ogi alli chai ge | | | |
| | | | | | | |
| | Ratio of Cost | Part A | Part B | Part A (col. 1 | Part B (col. 1 | |
| | to Charges | | | x col. 2) | x col. 3) | |
| | (Fr. Wkst. C | | | | | |
| | Column 3) | | | | | |
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| PART I - CALCULATION OF ANCILLARY AND OUTPAT | TENT COST | | | | | - |
| ANCI LLARY SERVI CE COST CENTERS | | | | | | 1 40 00 |
| 40. 00 04000 RADI OLOGY | 0. 000000 | | | 0 0 | 0 | |
| 41. 00 04100 LABORATORY | 0. 000000 | | | 0 0 | 0 | |
| 42. 00 04200 I NTRAVENOUS THERAPY | 0. 000000 | | | 0 0 | 0 | |
| 43.00 04300 0XYGEN (INHALATION) THERAPY 44.00 04400 PHYSLCAL THERAPY | 0.000000 | | | 0 0 0 | 0 | |
| 44. 00 04400 PHYSI CAL THERAPY 45. 00 04500 OCCUPATI ONAL THERAPY | 1. 156313 0. 905502 | 24, 771 25, 555 | | 0 28, 643 0 23, 140 | | |
| 46. 00 04600 SPEECH PATHOLOGY | 0. 903302 | | | 0 23, 140 | | |
| 47. 00 04700 ELECTROCARDI OLOGY | 0. 094000 | | | 0 5, 119 | | |
| 48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0. 000000 | | | 0 0 | C C | |
| 49. 00 04900 DRUGS CHARGED TO PATIENTS | 1. 286082 | | | 0 0 | 0 | |
| 51. 00 05100 SUPPORT SURFACES | 0. 000000 | | | 0 0 | 0 | |
| 51. 01 05101 SUPPORT SURFACES | 0. 000000 | | | 0 0 | 0 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62.00 06200 FQHC | | | | | | 62.00 |
| 71.00 07100 AMBULANCE (2) | 0. 000000 | | | 0 | C | 71.00 |
| 100.00 Total (Sum of lines 40 - 71) | | 57, 701 | | 0 56, 902 | C | 100. 00 |
| (1) For title V and XIX use columns 1, 2, and 4 onl | V. | | | | - | |

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

| Health Financial Systems | STERLI NG | MANOR | | In Lie | u of Form CMS-2 | 2540-10 |
|---|---|----------------|---|--|--|--|
| APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS | | Provi der | No.: 315149 | Period: From 01/01/2022 To 12/31/2022 | | |
| | | Ti tl | e XVIII | Skilled Nursing Facility | PPS | |
| Cost Center Description | | · | | | 1.00 | |
| PART II - APPORTIONMENT OF VACCINE COST | | | | | 1.00 | |
| 1.00Drugs charged to patients - ratio of cos2.00Program vaccine charges (From your record3.00Program costs (Line 1 x line 2) (Title)E, Part I, line 18) | ds, or the PS& | R) | | r - | 1. 286082 0 0 | 1.00 2.00 3.00 |
| Cost Center Description | Total Cost (From Wkst. B, Part I, Col. 18 | (From Wkst. B, | | al I, Col. 4) A | Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4) | |
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| PART III - CALCULATION OF PASS THROUGH COSTS ANCILLARY SERVICE COST CENTERS | FOR NURSING & A | ALLIED HEALTH | | | | |
| 40. 00 04000 RADI OLOGY 41. 00 04100 LABORATORY 42. 00 04200 I NTRAVENOUS THERAPY 43. 00 04300 OXYGEN (I NHALATION) THERAPY 44. 00 04400 PHYSI CAL THERAPY 45. 00 04500 OCCUPATI ONAL THERAPY 46. 00 04600 SPEECH PATHOLOGY 47. 00 04700 ELECTROCARDI OLOGY | 1, 149 1, 633 0 1, 502 183, 419 131, 305 26, 142 0 | | 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 | 00 0 00 0 00 0 00 28, 643 00 23, 140 00 5, 119 | 0 | 40.00 41.00 42.00 43.00 44.00 45.00 46.00 47.00 |
| 48.00 04800 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 49.00 04900 DRUGS CHARGED TO PATI ENTS 51.00 05100 SUPPORT SURFACES 51.01 05101 SUPPORT SURFACES 100.00 Total (Sum of Lines 40 - 52) | 0 119, 886 0 0 465, 036 | | 0.00000 0.00000 0.00000 0.00000 0.00000 | 00 0 00 0 00 0 | 0 0 0 0 0 0 | 48. 00 49. 00 51. 00 51. 01 100. 00 |

| | Financial Systems | STERLING MANOR | | u of Form CMS-2 | |
|--------|--|---------------------------------------|---|---|--------|
| COMPUT | ATION OF INPATIENT ROUTINE COSTS | Provi der No.: 315149 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 Parts I-II Date/Time Pre 5/31/2023 11: | pared: |
| | | Title XVIII | Skilled Nursing Facility | PPS | |
| | | | | 1.00 | |
| | PART I CALCULATION OF INPATIENT ROUTINE COSTS | | | | |
| | INPATIENT DAYS | | | | |
| 1.00 | Inpatient days including private room days | | | 34, 453 | |
| 2.00 | Private room days | | | 0 | 2.0 |
| 3.00 | Inpatient days including private room days applic | | 1, 511 | 3.0 | |
| 4.00 | Medically necessary private room days applicable | to the Program | | 0 | 4.0 |
| 5.00 | Total general inpatient routine service cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | 7, 626, 768 | 5.0 |
| 6.00 | General inpatient routine service charges | | | 9, 308, 625 | 6.0 |
| 7.00 | General inpatient routine service cost/charge rat | io (line 5 divided by line 6) | | 0. 819323 | |
| 8.00 | Enter private room charges from your records | | | 0.017020 | |
| 9.00 | Average private room per diem charge (Private roo | room days. line | 0.00 | | |
| | 2) | 3 | | | |
| 10. 00 | Enter semi-private room charges from your records | 3 | | 0 | 10. C |
| 11. 00 | Average semi-private room per diem charge (Semi- semi-private room days) | private room charges line 10, divide | d by | 0.00 | 11.0 |
| | Average per diem private room charge differential | | | | 12.0 |
| | Average per diem private room cost differential (| | | | 13.0 |
| | Private room cost differential adjustment (Line 2 | | | 0 | 14. C |
| | General inpatient routine service cost net of pri PROGRAM INPATIENT ROUTINE SERVICE COSTS | · · | minus line 14) | 7, 626, 768 | |
| | Adjusted general inpatient service cost per diem | | | 221.37 | |
| | Program routine service cost (Line 3 times line | | | 334, 490 | |
| | Medically necessary private room cost applicable | | | 0 | 18.0 |
| | Total program general inpatient routine service c | | | 334, 490 | |
| 20.00 | Capital related cost allocated to inpatient routi line 30 for SNF; line 31 for NF, or line 32 for I | CF/IID) | t II COLUMN 18, | 398, 182 | 20.0 |
| | Per diem capital related costs (Line 20 divided | 5 | | 11.56 | |
| | Program capital related cost (Line 3 times line | | | 17, 467 | |
| | Inpatient routine service cost (Line 19 minus li | | | 317, 023 | |
| | Aggregate charges to beneficiaries for excess cos | | | 0 | 24.0 |
| | Total program routine service costs for compariso | on to the Cost limitation (Line 23 mi | nus (Ine 24) | 317, 023 | |
| | Enter the per diem limitation (1) Inpatient routine service cost limitation (Line 3 | times the new diam limitation line | 24) (1) | | 26.0 |
| | Reimbursable inpatient routine service costs (Line 3 | | | | 27.0 |
| 20.00 | (Transfer to Worksheet E, Part II, line 4) (See i | | | | 20.6 |
| | | but may be used for title V and or t | 1 | | 1 |

| | | 1.00 | Í |
|------|--|----------|------|
| | PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH | | |
| 1.00 | Total SNF inpatient days | 34, 453 | 1.00 |
| 2.00 | Program inpatient days (see instructions) | 1, 511 | 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) | 0.043857 | 4.00 |
| 5.00 | Program nursing & allied health costs for pass-through. (line 3 times line 4) | 0 | 5.00 |
| | | | • |

| Heal th | Financial Systems STERLING M | MANOR | In Lie | u of Form CMS-2 | 2540-10 |
|----------------|--|---------------------------|-----------------|--------------------------------|------------------|
| | ATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII | Provider No.: 315149 | Peri od: | Worksheet E | |
| | | | From 01/01/2022 | Part I | |
| | | | To 12/31/2022 | Date/Time Pre 5/31/2023 11: | |
| | | Title XVIII | Skilled Nursing | PPS | |
| | | | Facility | | |
| | | | | | |
| | | | | 1.00 | |
| | PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBL | JRSEMENT | | | |
| 1.00 | Inpatient PPS amount (See Instructions) | | | 1, 090, 891 | 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) | | | 1, 090, 891 | 3.00 |
| 4.00 | Primary payor amounts | | | 0 | 4.00 |
| 5.00 | Coinsurance | | | 184, 970 | 5.00 |
| 6.00 | Allowable bad debts (From your records) | | | 148, 966 | 6.00 |
| 7.00 | Allowable Bad debts for dual eligible beneficiaries (See ins | tructions) | | 140, 433 | 7.00 |
| 8.00 | Adjusted reimbursable bad debts. (See instructions) | | | 96, 828 | 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) | | | 1,002,749 | 11.00 |
| 12.00 | Interim payments (See instructions) | | | 979, 718 | 12.00 |
| 13.00 | Tentati ve adjustment | | | 0 | 13.00 |
| 14.00 | OTHER adjustment (See instructions) | | | 0 | 14.00 |
| 14.50 14.55 | Demonstration payment adjustment amount before sequestration | | | 0 | 14. 50 14. 55 |
| 14. 55 | Demonstration payment adjustment amount after sequestration Sequestration for non-claims based amounts (see instructions) | \ \ | | 1, 220 | 14. 55 |
| 14.75 | Sequestration amount (see instructions) |) | | 10, 032 | 14.75 |
| 15.00 | Balance due provider/program (see Instructions) | | | 11, 779 | |
| 16.00 | Protested amounts (Nonallowable cost report items in accordan | nce with CMS Pub 15-2 s | action 115 2 | 0 | 16.00 |
| 10.00 | PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSE | | | 0 | 10.00 |
| 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 ins | tructions) | | 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 accorda | ance with CMS Pub.15-2, s | ection 115.2 | 0 | 30.00 |

| ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | | Provi der | Provider No.: 315149 | | Worksheet E-1 2 2 Date/Time Pre 5/31/2023 11: | pared |
|---|---|------------|----------------------|----------------------------|--|-------|
| | | Ti tl | e XVIII | Skilled Nursin Facility | | 10 41 |
| | | I npati en | t Part A | | irt B | |
| | | mm/dd/yyyy | Amount | mm/dd/yyyy | Amount | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 00 00 | Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero List separately each retroactive lump sum adjustment | | 1, 026, 1 | 62 0 | 0 | |
| | amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider | | | | | |
| 01 | ADJUSTMENTS TO PROVIDER | | | 0 | 0 | 3. |
| 02 | | | | 0 | 0 | |
| 03 | | | | 0 | 0 | |
| 04 | | | | 0 | 0 | 3 |
|)5 | | | | 0 | 0 | 3 |
| | Provider to Program | | _ | | | |
| 0 | ADJUSTMENTS TO PROGRAM | 08/08/2022 | 46, 4 | 44 | 0 | 3 |
| 51 | | | | 0 | 0 | |
| 52 | | | | 0 | 0 | 3 |
| 53 | | | | 0 | 0 | |
| 54 | | | | 0 | 0 | |
| 99 | Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 | | -46, 4 | 44 | 0 | 3 |
| | - 3.98) | | | | | |
| 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) | | 979, 7 | 18 | 0 | 4 |
| | TO BE COMPLETED BY CONTRACTOR | | | | 1 | |
| 00 | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | | | 5 |
| | Program to Provider | | | | | |
| 01 | TENTATI VE TO PROVI DER | | | 0 | 0 | |
|)2 | | | | 0 | 0 | |
|)3 | Dravidar to Dragram | | | 0 | 0 | 5 |
| 0 | Provider to Program TENTATIVE TO PROGRAM | | | 0 | 0 | 5 |
| 50 51 | | | | 0 | 0 | |
| 52 | | | | 0 | 0 | |
| 92 99 | Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 | | | 0 | 0 | |
| | - 5. 98) | | | - | | |
| 00 | Determined net settlement amount (balance due) based on the cost report. (1) | | | | | 6 |
|)1 | PROGRAM TO PROVIDER | | 11, 7 | | 0 | |
|)2 | PROVIDER TO PROGRAM | | | 0 | 0 | |
| 00 | Total Medicare program liability (see instructions) | | 991, 4 | | 0 | 7 |
| | | | | actor Name | Contractor Number | |
| | | | | 1.00 | 2.00 | |

 8.00
 Name of Contractor

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

| | E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the "General Fund" column | Provi der | F | Period: From 01/01/2022 | Worksheet G | |
|----------|---|--------------|--------------------------|----------------------------|--------------------------------|----------|
| y) | , | _ | | To 12/31/2022 | Date/Time Pre 5/31/2023 11: | |
| | | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund | |
| | I | 1.00 | 2.00 | 3.00 | 4.00 | |
| | Assets CURRENT ASSETS | | | | | - |
| 0 | Cash on hand and in banks | 9, 198 | (| 0 0 | 0 | <u>,</u> |
| 0 | Temporary investments | 0 | C | 0 0 | 0 | |
| 0 | Notes receivable | 0 | (| 0 0 | 0 |) : |
| 0 | Accounts receivable | 1, 621, 063 | (| 0 0 | 0 | |
| 0 | Other receivables | 0 | | 0 | 0 | |
| 0 | Less: allowances for uncollectible notes and accounts receivable | -19, 800 | (| 0 | 0 | |
| 0 | Inventory | 0 | (| 0 | 0 | . |
| 0 | Prepaid expenses | 304, 123 | (| 0 0 | 0 | |
| 0 | Other current assets | 66, 174 | 0 | 0 0 | 0 | |
| 00 | Due from other funds | 0 | 0 | | 0 | |
| 00 | TOTAL CURRENT ASSETS (Sum of lines 1 - 10) | 1, 980, 758 | (| 0 0 | 0 |) 1' |
| 00 | FI XED ASSETS Land | 0 | | | 0 | 12 |
| 00 | Land improvements | 0 | | | 0 | |
| 00 | Less: Accumulated depreciation | 0 | (| | 0 | |
| 00 | Buildings | 0 | | o o | 0 | |
| 00 | Less Accumulated depreciation | 0 | 0 | 0 0 | 0 |) 10 |
| 00 | Leasehold improvements | 57, 025 | 0 | 0 0 | 0 | |
| 00 | Less: Accumulated Amortization | -2, 422 | (| 0 | 0 | |
| | Fixed equipment | 0 | | | 0 | |
| 00 00 | Less: Accumulated depreciation Automobiles and trucks | 0 | | | 0 | |
| 00 | Less: Accumulated depreciation | 0 | | | 0 | |
| 00 | Major movable equipment | 47, 564 | | 0 | 0 | |
| 00 | Less: Accumulated depreciation | 0 | 0 | 0 0 | 0 | 2 |
| 00 | Minor equipment - Depreciable | 0 | (| 0 0 | 0 |) 2 |
| | Minor equipment nondepreciable | 0 | (| 0 0 | 0 | |
| 00 | Other fixed assets | 0 | 0 | | 0 | |
| 00 | TOTAL FIXED ASSETS (Sum of lines 12 - 27) OTHER ASSETS | 102, 167 | (| 0 0 | 0 | 2 |
| 00 | Investments | 0 | | 0 0 | 0 | 2 |
| 00 | Deposits on Leases | 0 | (| | 0 | |
| 00 | Due from owners/officers | 30, 000 | 0 | 0 0 | 0 |) 3 |
| 00 | Other assets | 0 | 0 | 0 0 | 0 | |
| 00 | TOTAL OTHER ASSETS (Sum of Lines 29 - 32) | 30,000 | | | 0 | |
| 00 | TOTAL ASSETS (Sum of lines 11, 28, and 33) Liabilities and Fund Balances | 2, 112, 925 | (| 0 0 | 0 |) 3 |
| | CURRENT LI ABI LI TI ES | | | | | |
| 00 | Accounts payable | 1, 565, 654 | (| 0 0 | 0 | 3 |
| 00 | Salaries, wages, and fees payable | 0 | (| 0 0 | 0 | |
| | Payroll taxes payable | 0 | (| 0 0 | 0 | |
| 00 | Notes & Loans payable (Short term) | 0 | | 0 | 0 | |
| 00 00 | Deferred income Accelerated payments | 19, 761 | | 0 | 0 |) 39 |
| 00 | Due to other funds | 0 | 0 | 0 | 0 | |
| 00 | Other current liabilities | 72, 386 | | 0 | 0 | |
| 00 | TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42) | 1, 657, 801 | (| 0 0 | 0 |) 43 |
| | LONG TERM LIABILITIES | 1 | | 1 | | |
| 00 | Mortgage payable | 0 | 0 | 0 0 | 0 | |
| 00 | Notes payable | 194, 000 | | 0 | 0 | |
| 00 00 | Unsecured Loans Loans from owners: | 0 | | | 0 | |
| 00 | Other long term liabilities | 0 | | | 0 | |
| 00 | OTHER (SPECIFY) | 0 | | 0 | 0 | |
| 00 | TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49 | 194, 000 | C | 0 0 | 0 | |
| 00 | TOTAL LIABILITIES (Sum of lines 43 and 50) | 1, 851, 801 | (| 0 0 | 0 |) 5 |
| | CAPI TAL ACCOUNTS | 1 | I | т – т | | 4 |
| 00 | General fund balance | 261, 124 | | | | 5 |
| 00 00 | Specific purpose fund Donor created - endowment fund balance - restricted | | (| | | 5 |
| 00 | Donor created - endowment fund balance - restricted | | | 0 | | 5 |
| 00 | Governing body created - endowment fund balance | | | 0 | | 5 |
| 00 | Plant fund balance - invested in plant | | | | 0 | |
| 00 | Plant fund balance - reserve for plant improvement, | | | | 0 |) 5 |
| o - | replacement, and expansion | | | | | |
| 00 | TOTAL FUND BALANCES (Sum of lines 52 thru 58) | 261, 124 | (| 0 0 | 0 | |
| 00 | TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and | 2, 112, 925 | - | | 0 |) 60 |

| Heal th | Financial Systems | STERLI NG | MANOR | | In Lie | eu of Form CMS-2 | 2540-10 |
|------------------|---|----------------|-------------------------|-------------|---|------------------|----------------|
| | ENT OF CHANGES IN FUND BALANCES | | | No.: 315149 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-1 | pared: |
| | | General | Fund | Speci al | Purpose Fund | Endowment Fund | |
| | | | | | | | |
| 1.00 | Fund balances at beginning of period | 1.00 | 2.00 -969,662 | 3.00 | 4.00 | 5.00 | 1.00 |
| 2.00 3.00 | Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) | | 1, 230, 786 261, 124 | | 0 | | 2.00 3.00 |
| 4.00 5.00 | Additions (credit adjustments) | | | | | 0 | 4.00 |
| 5.00 6.00 | | 0 | | | 0 | 0 | 5.00 6.00 |
| 7.00 | | 0 | | | 0 | 0 | 7.00 |
| 8.00 | | 0 | | | 0 | 0 | 8.00 |
| 9.00 10.00 | Total additions (sum of line 5 - 9) | 0 | 0 | | 0 | 0 | 9.00 10.00 |
| 11.00 | Subtotal (line 3 plus line 10) | | 261, 124 | | 0 | | 11.00 |
| 12.00 | Deductions (debit adjustments) | | | | | | 12.00 |
| 13.00 14.00 | | 0 | | | 0 | 0 | 13.00 14.00 |
| 15.00 | | 0 | | | 0 | 0 | 15.00 |
| 16.00 | | 0 | | | 0 | 0 | 16.00 |
| 17.00 18.00 | Total deductions (sum of lines 13 - 17) | 0 | 0 | | 0 | - | 17.00 18.00 |
| 19.00 | Fund balance at end of period per balance | | 261, 124 | | 0 | | 19.00 |
| | sheet (Line 11 - line 18) | Endowment Fund | DI ant | Fund | | | |
| | | | | | | | |
| | | 6.00 | 7.00 | 8.00 | | | |
| 1.00 2.00 | Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) | 0 | | | 0 | | 1.00 2.00 |
| 3.00 4.00 | Total (sum of line 1 and line 2) Additions (credit adjustments) | 0 | | | 0 | | 3.00 4.00 |
| 5.00 6.00 | | | 0 | | | | 5.00 6.00 |
| 7.00 | | | 0 | | | | 7.00 |
| 8.00 | | | 0 | | | | 8.00 |
| 9.00 10.00 | Total additions (sum of line 5 - 9) | 0 | 0 | | 0 | | 9.00 10.00 |
| 11.00 | Subtotal (line 3 plus line 10) | 0 | | | 0 | | 11.00 |
| 12.00 13.00 | Deductions (debit adjustments) | | 0 | | | | 12.00 13.00 |
| 13.00 14.00 | | | 0 | | | | 13.00 |
| 15.00 | | | 0 | | | | 15.00 |
| 16. 00 17. 00 | | | 0 | 1 | | | 16.00 17.00 |
| 17.00 | Total deductions (sum of lines 13 - 17) | 0 | 0 | | 0 | | 17.00 |
| 19.00 | Fund balance at end of period per balance sheet (Line 11 - line 18) | 0 | | | 0 | | 19.00 |
| | | | | | | | |

| Heal th | Financial Systems | STERLING MANO |)R | | | In Lie | u of Form CMS-2 | 2540-10 |
|---------|--|-----------------|----|-------------|----|--------------------------|--|---------|
| | IENT OF PATIENT REVENUES AND OPERATING EXPENSES | | | No.: 315149 | | eriod: com 01/01/2022 | Worksheet G-2 Parts I-II Date/Time Prep 5/31/2023 11: | bared: |
| | Cost Center Description | | | Inpatient | | Outpati ent | Total | |
| | · | | | 1.00 | | 2.00 | 3.00 | |
| | PART I - PATIENT REVENUES | | | | | | | |
| | General Inpatient Routine Care Services | | | | | | | |
| 1.00 | SKILLED NURSING FACILITY | | | 9, 308, 62 | 25 | | 9, 308, 625 | 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 li | nes 1 - 4) | | 9, 308, 62 | 25 | | 9, 308, 625 | 5.00 |
| | All Other Care Services | | | , | 1 | | ., | |
| 6.00 | ANCI LLARY SERVICES | | | 434, 51 | 16 | 0 | 434, 516 | 6.00 |
| 7.00 | | | | | | 0 | 0 | 7.00 |
| 8.00 | HOME HEALTH AGENCY COST | | | | | 0 | 0 | 8.00 |
| 9.00 | AMBULANCE | | | | | 0 | Ő | 9.00 |
| 10.00 | RURAL HEALTH CLINIC | | | | | 0 | 0 | 10.00 |
| 10.10 | FOHC | | | | | 0 | 0 | 10.10 |
| 11.00 | СМНС | | | | | 0 | 0 | 11.00 |
| 12.00 | HOSPICE | | | | 0 | 0 | 0 | 12.00 |
| 13.00 | ROUTINE CHARGES / BED HOLD | | | 91, 82 | 24 | 0 | 91, 824 | 13.00 |
| 14.00 | Total Patient Revenues (Sum of Lines 5 - 13) (Tr | ansfer column 3 | to | 9, 834, 96 | | 0 | 9, 834, 965 | 14.00 |
| 11.00 | Worksheet G-3, Line 1) | | 10 | , 001, 10 | 00 | 0 | ,, 001, 700 | 11.00 |
| | Cost Center Description | | | | | | | |
| | | | | | | 1.00 | 2.00 | |
| | PART II - OPERATING EXPENSES | | | | | | | |
| 1.00 | Operating Expenses (Per Worksheet A, Col. 3, Lin | e 100) | | | | | 8, 217, 782 | 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) | | | | | J | 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 | | 12.00 |
| 14.00 | Total Deductions (Sum of lines 9 - 13) | | | | | 0 | 0 | 14.00 |
| 15.00 | Total Operating Expenses (Sum of Lines 1 and 8, | minus line 14) | | | | | 8, 217, 782 | |
| 10.00 | | | | | I | I | 0, 2, 7, 702 | |

| | Financial Systems STERLING M | ANOR | In Lie | u of Form CMS-2 | 2540-10 |
|-------|--|----------------------|----------------------------|--------------------------------|---------|
| STATE | ENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider No.: 315149 | Period: From 01/01/2022 | Worksheet G-3 | |
| | | | To 12/31/2022 | Date/Time Pre 5/31/2023 11: | |
| | | | | 1.00 | |
| 1.00 | Total patient revenues (From Wkst. G-2, Part I, col. 3, line | 14) | | 9, 834, 965 | 1.00 |
| 2.00 | Less: contractual allowances and discounts on patients account | <i>,</i> | | 398, 870 | |
| 3.00 | Net patient revenues (Line 1 minus line 2) | | | 9, 436, 095 | 3.00 |
| 4.00 | Less: total operating expenses (From Worksheet G-2, Part II, | line 15) | | 8, 217, 782 | 4.00 |
| 5.00 | Net income from service to patients (Line 3 minus 4) | | | 1, 218, 313 | |
| | Other income: | | | .,, | |
| 6.00 | Contributions, donations, bequests, etc | | | 0 | 6.00 |
| 7.00 | Income from investments | | | 379 | 7.00 |
| 8.00 | Revenues from communications (Telephone and Internet service |) | | 0 | 8.00 |
| 9.00 | Revenue from television and radio service | · | | 0 | 9.00 |
| 10.00 | Purchase di scounts | | | 0 | 10.00 |
| 11.00 | Rebates and refunds of expenses | | | 0 | 11.00 |
| 12.00 | Parking lot receipts | | | 0 | 12.00 |
| 13.00 | Revenue from Laundry and Linen service | | | 0 | 13.00 |
| 14.00 | Revenue from meals sold to employees and 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 t | han 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 | NON PATIENT REVENE | | | 12, 094 | 24.00 |
| 24.50 | COVI D-19 PHE Fundi ng | | | 0 | 24.50 |
| 25.00 | Total other income (Sum of lines 6 - 24) | | | 12, 473 | 25.00 |
| 26.00 | Total (Line 5 plus line 25) | | | 1, 230, 786 | |
| 27.00 | Other expenses (specify) | | | 0 | 27.00 |
| 28.00 | | | | 0 | 28.00 |
| 29.00 | | | | 0 | 29.00 |
| 30.00 | Total other expenses (Sum of lines 27 - 29) | | | 0 | 30.00 |
| 31.00 | Net income (or loss) for the period (Line 26 minus line 30) | | | 1, 230, 786 | 31.00 |