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

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

Provider CCN: 315413

Period:
From 01/01/2023
To 12/31/2023

To 12/31/2023

				3/ ±3/	2024 3	:50 pm
PART I - COST	REPORT STATUS					
Provider	1. [ X ] Electronically prepared cost rep	ort		Date: 5/13/2024	Time:	3:58 p
use only	2. [ ] Manually prepared cost report	]Manually prepared cost report				
	3. [ 0 ] If this is an amended report en	ter the numbe	r of times the provide	r resubmitted this cost	repor	t
	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		7.[ N ] Firs	t Cost Report for this	Provider CCN		
	(2) Settled without audit	8.[ N ] Last	Cost Report for this I	Provider CCN		
	(3) Settled with audit	9.NPR Date:	•			
	(4) Reopened	10. [ 0 ] If ]	ine 4. column 1 is "4"	 : Enter number of times	reope	ned
	(5) Amended		r Vendor Code	4		
	5.Date Received:	12.[ F ] Medi			r low,	or "N"

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

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

## CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PEACE CARE AT ST. ANNS (315413) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2 Signatory Printed Name			2
3 Signatory Title			3
4 Date			4

			Title	XVIII		
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
	PART III - SETTLEMENT SUMMARY					
1.00	SKILLED NURSING FACILITY	0	15,289	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	15,289	0	0	100.00
5.00 6.00 7.00 100.00	SNF - BASED RHC I SNF - BASED FQHC I SNF - BASED CMHC I	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				5 6 7

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.

In Lieu of Form CMS-2540-10 Health Financial Systems PEACE CARE AT ST. ANNS SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315413 Period: Worksheet S-2 From 01/01/2023 COMPLEX INDENTIFICATION DATA Part I Date/Time Prepared: 12/31/2023 5/13/2024 3:58 pm 3.00 Skilled Nursing Facility and Skilled Nursing Facility Complex Address: Street:198 OLD BERGEN ROAD 1.00 PO Box: 1.00 2.00 City: JERSEY CITY State: NJ Zip Code:07305 2.00 County: HUDSON 3.00 CBSA Code: 35614 Urban/Rural:U 3.00 3.01 3.01 CBSA Code: Provider Component Name Date Payment System (P, CCN Certified 0, or N) XVIII XIX 4.00 5.00 6.00 1.00 2.00 3.00 SNF and SNF-Based Component Identification: 4.00 SNF PEACE CARE AT ST. ANNS 315413 10/15/1997 Р 4.00 Nursing Facility 5.00 5.00 6.00 ICF/IID 6.00 7.00 SNF-Based HHA 7.00 SNF-Based RHC 8.00 8.00 SNF-Based FOHC 9.00 9.00 SNF-Based CMHC 10.00 10.00 11.00 SNF-Based OLTC 11.00 12.00 SNF-Based HOSPICE 12.00 13.00 SNF-Based CORF 13.00 From: To: 1.00 2.00 14.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2023 12/31/2023 14.00 15.00 15.00 Type of Control (See Instructions) Y/N 1.00 Type of Freestanding Skilled Nursing Facility 16 00 Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR Ν 16.00 section 483.5? 17.00 Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 17.00 Ν 42 CFR section 483.5? Are there any costs included in Worksheet A that resulted from transactions with related 18.00 18.00 organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1 Miscellaneous Cost Reporting Information 19.00 If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no. 19.00 Ν 19.01 If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22. 19.01 20.00 Straight Line 926.759 20.00 21.00 21.00 Declining Balance 22.00 Sum of the Year's Digits 22.00 23.00 Sum of line 20 through 22 926,759 23.00 24.00 If depreciation is funded, enter the balance as of the end of the period. 24.00 25.00 Were there any disposal of capital assets during the cost reporting period? (Y/N) 25.00 was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? 26.00 26.00 Ν (Y/N)27.00 Did you cease to participate in the Medicare program at end of the period to which this cost report Ν 27.00 applies? (Y/N) was there a substantial decrease in health insurance proportion of allowable cost from prior cost 28.00 reports? (Y/N) Part A Part B Other 1.00 | 2.00 | 3.00 If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption. 29.00 Skilled Nursing Facility 29.00 30.00 Nursing Facility Ν 30.00 31.00 ICF/IID 31.00 32.00 SNF-Based HHA 32.00 Ν Ν 33.00 SNF-Based RHC 33.00 34.00 SNF-Based FQHC 34.00 35.00 SNF-Based CMHC Ν 35.00 36.00 SNF-Based OLTC 36.00 Y/N 1.00 2.00 37.00 Is the skilled nursing facility located in a state that certifies the provider as a SNF 37.00 regardless of the level of care given for Titles V & XIX patients? (Y/N)Are you legally-required to carry malpractice insurance? (Y/N) Is the malpractice a "claims-made" or "occurrence" policy? If the policy is 38.00 38.00 Ν 39.00 39.00 claims-made" enter 1. If the policy is "occurrence", enter 2. Premiums Paid Losses Self Insurance 1.00 2.00 3.00 41.00 List malpractice premiums and paid losses: 41.00 0 n n

Health	Financial Systems	PEACE CARE AT ST	ANNS	In Lie	u of Form CMS-2	2540-10	
SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE   Provider No.: 315413   Period:				Worksheet S-2			
COMPLEX INDENTIFICATION DATA From 01/01/2023 To 12/31/2023							
					5/13/2024 3:5	8 pm	
					Y/N		
					1.00		
42.00	Are malpractice premiums and paid losse	es reported in other than	the Administrativ	e and General cost	N	42.00	
	center? Enter Y or N. If yes, check box	k, and submit supporting s	schedule listing c	ost centers and			
	amounts.	, ,,	3				
43 00	Are there any home office costs as def	ined in CMS Pub 15-1. Cha	inter 107		N	43.00	
	If line 43 is yes, enter the home office			ass of the home	.,	44 00	
77.00	office on lines 45. 46 and 47.	ce chain number and circer	the name and addr	ess of the nome		17.00	
	,	2.00		3.00			
	1.00	2.00		3.00			
	If this facility is part of a chain or	ganization, enter the nam	e and address of t	the home office on the	lines		
	below.						
45.00	Name:		45.00				
46.00	Street:	PO Box:				46.00	
47.00	0 City: State: Zip Code:						

In Lieu of Form CMS-2540-10 Health Financial Systems PEACE CARE AT ST. ANNS SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider No.: 315413 Period: Worksheet S-2 From 01/01/2023 COMPLEX REIMBURSEMENT QUESTIONNAIRE Part II Date/Time Prepared: 12/31/2023 5/13/2024 3:58 pm Date 1.00 2.00 General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy) Completed by All Skilled Nursing Facilites Provider Organization and Operation Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see 1.00 Ν 1.00 instructions) Y/N V/I Date 1.00 2.00 3.00 2.00 Has the provider terminated participation in the Medicare Program? If 2.00 Ν column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary . 3.00 Is the provider involved in business transactions, including management 3.00 contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) Y/N Туре Date 1.00 2.00 3.00 Financial Data and Reports 4.00 4.00 Column 1: Were the financial statements prepared by a Certified Public C Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. 5.00 Are the cost report total expenses and total revenues different from 5.00 Ν those on the filed financial statements? If column 1 is "Y", submit reconciliation. Legal Oper. 1.00 2.00 Approved Educational Activities 6.00 6.00 Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the Ν Ν legal operator of the program? (Y/N)7.00 Were costs claimed for Allied Health Programs? (Y/N) see instructions. 7.00 Ν Were approvals and/or renewals obtained during the cost reporting period for Nursing 8.00 8.00 Ν School and/or Allied Health Program? (Y/N) see instructions. Y/N 1.00 Bad Debts 9.00 9.00 Is the provider seeking reimbursement for bad debts? (Y/N) see instructions. If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting 10.00 Ν 10.00 period? If "Y", submit copy.

If line 9 is "Y", submit copy.

If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions. 11.00 12.00 Have total beds available changed from prior cost reporting period? If "Y", see instructions. N 12.00 Part B Description Y/N Date Y/N1.00 3.00 0 2.00 PS&R Data 13.00 13.00 Was the cost report prepared using the PS&R Ν Ν only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.) 14.00 Was the cost report prepared using the PS&R Ν Ν 14.00 for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and If line 13 or 14 is "Y", were adjustments 15.00 15.00 Ν Ν 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 16.00 Ν 16.00 Ν adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions. If line 13 or 14 is "Y", then were 17.00 17.00 Ν Ν adjustments made to PS&R data for Other? Describe the other adjustments: was the cost report prepared only using the provider's records? If "Y" see Instructions. 18.00

Health	Financial Systems PEACE CAR	E AT	ST. ANNS		In Lie	u of Form CMS-	2540-10
	D NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH C	ARE	Provider No.:		eriod: rom 01/01/2023	Worksheet S-2	
COMPLE	X REIMBURSEMENT QUESTIONNAIRE				o 12/31/2023	Part II Date/Time Pre	pared:
						5/13/2024 3:5	8 pm
			1.00		2.0	00	
·	Cost Report Preparer Contact Information						
19.00	Enter the first name, last name and the title/position	SI	LAVKA		PARTILOVA		19.00
	held by the cost report preparer in columns 1, 2, and 3,						
	respectively.						
20.00	Enter the employer/company name of the cost report	HE	EALTH CARE RESOURC	CES			20.00
	preparer.						
21.00	Enter the telephone number and email address of the cost	: 60	09-987-1440		SLAVKA PARTILOV	A@HCRNJ.NET	21.00
	report preparer in columns 1 and 2, respectively						

Health Financial Systems PEACE CARE AT ST. ANNS In Lieu of Form CMS-2540-10

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

Provider No.: 315413
Period: From 01/01/2023 Part II
TO 12/31/203 Date/Time Prepared:

COM EL	A RELIBORSEMENT QUESTIONNIAL			То	12/31/2023	Date/Time Pre 5/13/2024 3:5	
		Part B					
		Date					
		4.00					
	PS&R Data						
13.00	Was the cost report prepared using the PS&R						13.00
	only? If either col. 1 or 3 is "Y", enter						
	the paid through date of the PS&R used to						
	prepare this cost report in cols. 2 and						
	4.(see Instructions.)						
14.00	Was the cost report prepared using the PS&R						14.00
	for total and the provider's records for						
	allocation? If either col. 1 or 3 is "Y"						
	enter the paid through date of the PS&R used						
	to prepare this cost report in columns 2 and						
15.00	4.						15.00
15.00							15.00
	made to PS&R data for additional claims that						
	have been billed but are not included on the						
	PS&R used to file this cost report? If "Y", see Instructions.						
16 00	If line 13 or 14 is "Y", then were						16.00
10.00	adjustments made to PS&R data for						10.00
	corrections of other PS&R Report						
	information? If yes, see instructions.						
17 00	If line 13 or 14 is "Y", then were						17.00
17.00	adjustments made to PS&R data for Other?						17.00
	Describe the other adjustments:						
18.00	Was the cost report prepared only using the						18.00
	provider's records? If "Y" see Instructions.						
			3.00				
	Cost Report Preparer Contact Information						
19.00			PREPARER				19.00
	held by the cost report preparer in columns 1,	2, and 3,					
20.00	respectively.						20.00
20.00	Enter the employer/company name of the cost rep	port					20.00
21 00	preparer.	C +4					21 00
21.00	Enter the telephone number and email address of						21.00
	report preparer in columns 1 and 2, respectivel	ıy.					1

Health Financial Systems PEACE CARE AT ST. ANNS In Lieu of Form CMS-2540-10

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

Provider No.: 315413 | Period: From 01/01/2023 | Part I | Provider No.: 315413 | Part I | Part I | Provider No.: 315413 | Part I | Part

Component	COMPLE	A STATISTICAL DATA			To	12/31/2023	Date/Time Prep 5/13/2024 3:58	pared:
1.00   SKILLED NURSTNG FACTLITY   1.00   2.00   3.00   4.00   5.00   3.00   4.00   5.00   3.00   3.00   4.00   5.00   3.00   3.00   4.00   5.00   3					Inpa	atient Days/Vis		o piii
1.00   SKILLED NURSING FACILITY   120   43,800   0   6,114   23,939   1.00		Component	Number of Beds		Title V	Title XVIII	Title XIX	
2.00   MURSING FACILITY			1.00		3.00	4.00	5.00	
1.00		SKILLED NURSING FACILITY	120	43,800	0	6,114	23,939	
MOME HEALTH AGENCY COST   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0			
Social Component			0	0				
SNP-Based CAMIC   SNP-Based					0	0	0	
NOSPICE   0			0	0				
Total (Sum of lines 1-7)				0			0	
Component			120	43 800		~	- 1	
Component   Other	8.00	Total (Suiii Of Titles 1-7)			O <sub>I</sub>		23,939	8.00
1.00   SKILLED NURSING FACILITY								
1.00   SKILLED NURSING FACILITY   9,706   39,759   0   152   20   1.00		Component						
2.00	1 00	Taylar - a humanus - a a - a - a - a - a - a - a - a - a						1 00
1.00			9,706	39,739		132		
MOME HEALTH AGENCY COST				0	U			
S.00   Other Long Term Care   0		· ·	١	0			U	
SNF-Based CMMC				0				
No   HOSPICE     0   0   0   0   0   0   0   0   0				Ŭ				
Note			o	0	0	o	0	
Component		Total (Sum of lines 1-7)	9,706	39,759	0	152	20	
11.00   12.00   13.00   14.00   15.00			Discha	arges	Aver	Average Length of Stay		
11.00   12.00   13.00   14.00   15.00		Component	Other	Total	Title V	Title XVIII	Title XIX	
1.00		Component						
3.00   TCF/IID	1.00	SKILLED NURSING FACILITY						1.00
4.00   HOME HEALTH AGENCY COST   0   0   0   0   0   0   0   0   0	2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
Solition   SNF-Based CMHC   SNF-Based CMFC   SNF-Based	3.00	ICF/IID	0	0			0.00	3.00
SNF-Based CMHC   0								
Total   Swilled Nursing Facility   Swilled Nur			0	0				
Note								
Average Length of Stay			194	0				
Component   Total   Title V   Title XVIII   Title XIX   Other	8.00	Total (sum of lines 1-7)		330			1,196.95	8.00
16.00					Admirs	310113		
1.00   SKILLED NURSING FACILITY   111.68   0   174   4   181   1.00		Component						
2.00								
3.00   ICF/IID				0	174			
4.00				0		- 1	- 1	
Solid   Soli		•	0.00			٥	0	
Component   Component   Component   Total   Employees on Payroll   Morkers   21.00   22.00   23.00   23.00   20.00			0.00				0	
7.00 HOSPICE 0.00 0 0 0 0 7.00 8.00 Total (Sum of lines 1-7) 111.68 0 174 4 181 8.00			0.00				U	
Sum of lines 1-7   111.68			0.00	0	0	٥	0	
Component   Total   Employees on Payroll   Workers   21.00   22.00   23.00				ő	· -	4		
Payroll   Workers				Full Time	Equivalent	'		
Payroll   Workers		Component	Total	Employees on	Nonnaid			
21.00   22.00   23.00		Component	Total					
1.00         SKILLED NURSING FACILITY         359         105.30         0.00         1.00           2.00         NURSING FACILITY         0         0.00         0.00         2.00           3.00         ICF/IID         0         0.00         0.00         3.00           4.00         HOME HEALTH AGENCY COST         0.00         0.00         4.00           5.00         Other Long Term Care         0         0.00         0.00         5.00           6.00         SNF-Based CMHC         0.00         0.00         6.00			21.00					
3.00   TCF/IID   0 0.00   0.00   3.00   4.00   4.00   5.00   0.00   6.00   5.00   6.00   5.00   6.00   5.00   6.00		SKILLED NURSING FACILITY			0.00			
4.00       HOME HEALTH AGENCY COST       0.00       0.00       4.00         5.00       Other Long Term Care       0       0.00       0.00       5.00         6.00       SNF-Based CMHC       0.00       0.00       6.00	2.00	NURSING FACILITY	0	0.00	0.00			2.00
5.00     Other Long Term Care     0     0.00     0.00     5.00       6.00     SNF-Based CMHC     0.00     0.00     6.00	3.00	ICF/IID	0	0.00	0.00			3.00
6.00 SNF-Based CMHC 0.00 0.00 6.00								
			0					
	7.00	HOSPICE	0	0.00				7.00
8.00   Total (Sum of lines 1-7)   359   105.30   0.00   8.00	8.00	IOTAI (SUM OT lines 1-/)	] 359	105.30	0.00			8.00

Health Financial Systems PEACE CARE AT ST. ANNS In Lieu of Form CMS-2540-10

Provider No.: 315413 | Period: | Worksheet S-3 | From 01/01/2023 | Part II SNF WAGE INDEX INFORMATION

					rom 01/01/2023		
				T	o 12/31/2023		
		A	Daalass of	4 ald a & a al	Dadd Hawas	5/13/2024 3:5	
		Amount	Reclass. of	Adjusted		Average Hourly	
		Reported		Salaries (col.		Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col.	col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	DART IT DIRECT CALARIES	1.00	2.00	3.00	4.00	5.00	
	PART II - DIRECT SALARIES						
1 00	SALARIES	7 100 277		7 100 277	222 460 00	20.00	1 00
1.00	Total salaries (See Instructions)	7,196,377	0	7,196,377			
2.00	Physician salaries-Part A	0	0	0	0.00		
3.00	Physician salaries-Part B	0	0	0	0.00		
4.00	Home office personnel	0	0	0	0.00		
5.00	Sum of lines 2 through 4	0	0	0	0.00		
6.00	Revised wages (line 1 minus line 5)	7,196,377	0	7,196,377			
7.00	Other Long Term Care	0	0	0	0.00		
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00		
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7	0	0	0	0.00	0.00	12.00
	through 11)						
13.00	Total Adjusted Salaries (line 6 minus line	7,196,377	0	7,196,377	232,460.00	30.96	13.00
	12)						
	OTHER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	1,670,893	0	1,670,893	22,243.00	75.12	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	2,089,006	0	2,089,006			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	l 0			19.00
20.00	Physician Part A - WRC	l 0	0	l 0			20.00
21.00	1 -	1 0	0	1 0			21.00
22.00	Total Adjusted Wage Related cost (see	2,089,006	0	2,089,006			22.00
,	instructions)			-,:::,000			
	1>	ı	1	1	1	!	ı

Health Financial Systems PEACE CARE AT ST. ANNS Provider No.: 315413 SNF WAGE INDEX INFORMATION

						5/13/2024 3:5	
		Amount	Reclass. of	Adjusted		Average Hourly	
		Reported	Salaries from	Salaries (col.	Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col.	col. 4)	
					3		
		1.00	2.00	3.00	4.00	5.00	
	PART III - OVERHEAD COST - DIRECT SALARIES						
1.00	Employee Benefits	0	0	0	0.00		1.00
2.00	Administrative & General	627,416	0	627,416	13,992.00	44.84	2.00
3.00	Plant Operation, Maintenance & Repairs	273,586	0	273,586	8,306.00	32.94	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	706,217	0	706,217	38,822.00	18.19	5.00
6.00	Dietary	570,993	0	570,993	34,719.00	16.45	6.00
7.00	Nursing Administration	340,290	0	340,290	12,609.00	26.99	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	27,271	0	27,271	1,337.00	20.40	10.00
11.00	Social Service	97,162	0	97,162	2,372.00	40.96	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	235,585	0	235,585	10,901.00	21.61	13.00
14.00	Total (sum lines 1 thru 13)	2,878,520	0	2,878,520	123,058.00	23.39	14.00

Health Financial Systems	PEACE CARE AT ST. ANNS	In Lieu	u of Form CMS-2540-10
SNF WAGE RELATED COSTS	Provider No.: 315413	From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared:

		To 12/3	1/2023	Date/Time Pre 5/13/2024 3:5	
				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 Contribution			0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost			232,408	3.00
4.00	Prior Year Pension Service Cost			0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0	6.00
7.00	Employee Managed Care Program Administration Fees			0	7.00
	HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			917,371	8.00
9.00	Prescription Drug Plan			0	9.00
10.00	Dental, Hearing and Vision Plan			0	10 00
11.00				3,133	
12.00	Accident Insurance (If employee is owner or beneficiary)			0,133	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			138,965	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			130,303	14.00
15.00	Workers' Compensation Insurance			229,219	
16.00	Retirement Health Care Cost (Only current year, not the extraor	dinary accrual required by EASP	106	0	16.00
10.00	Non cumulative portion)	umary accrual required by FASB 1	100.	U	10.00
	TAXES				1
17 00	FICA-Employers Portion Only			567,910	17.00
	Medicare Taxes - Employers Portion Only			0	18.00
19.00	Unemployment Insurance			0	19.00
	State or Federal Unemployment Taxes			0	20.00
20.00	OTHER				20.00
21 00	Executive Deferred Compensation			0	21.00
	Day Care Cost and Allowances			0	22.00
	Tuition Reimbursement			0	23.00
	Total Wage Related cost (Sum of lines 1 - 23)			2,089,006	
24.00	Tiocal waye herated cost (Suiii of Tilles 1 - 23)			Amount	24.00
				Reported	
				1.00	
	Part B - Other than Core Related Cost			1.00	
25 00	OTHER WAGE RELATED COSTS (SPECIFY)			0	25.00
23.00	OTHER MADE VEHALED COSTS (SECTLE)			U	23.00

Health Financial Systems
SNF REPORTING OF DIRECT CARE EXPENDITURES PEACE CARE AT ST. ANNS In Lieu of Form CMS-2540-10 Worksheet S-3

Provider No.: 315413 Period:

SNF KL	FORTING OF BIRECT CARE EXPENDITURES			F	From 01/01/2023 to 12/31/2023		
	Occupational Category	Amount	Fringe	Adjusted		Average Hourly	
		Reported	Benefits	Salaries (col.		Wage (col. 3 ÷	
				1 + col. 2)	Salary in col.	col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	Direct Salaries						
	Nursing Occupations						
1.00	Registered Nurses (RNs)	1,052,015	310,344	1,362,359	14,284.00	95.38	1.00
2.00	Licensed Practical Nurses (LPNs)	534,578	157,701	692,279	11,792.00	58.71	2.00
3.00	Certified Nursing Assistant/Nursing	1,759,317	518,999	2,278,316	52,001.00	43.81	3.00
	Assistants/Aides						
4.00	Total Nursing (sum of lines 1 through 3)	3,345,910	987,044	4,332,954	78,077.00	55.50	4.00
5.00	Physical Therapists	516,939	152,497	669,436	9,338.00	71.69	5.00
6.00	Physical Therapy Assistants	0	0	(	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	(	0.00	0.00	7.00
8.00	Occupational Therapists	434,161	128,077	562,238	7,977.00	70.48	8.00
9.00	Occupational Therapy Assistants	0	0	C	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	) c	0.00	0.00	10.00
11.00	Speech Therapists	21,088	6,221	27,309	421.00	64.87	
12.00	Respiratory Therapists	0	0	) c	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	C	0.00	0.00	13.00
	Contract Labor						
	Nursing Occupations						
	Registered Nurses (RNs)	575,743		575,743			14.00
15.00	, ,	0		[ C	0.00		15.00
16.00	Certified Nursing Assistant/Nursing	519,408		519,408	13,838.00	37.53	16.00
	Assistants/Aides						
17.00	Total Nursing (sum of lines 14 through 16)	1,095,151		1,095,151			17.00
18.00	Physical Therapists	0		(	0.00		
19.00	Physical Therapy Assistants	0		(	0.00		
20.00	Physical Therapy Aides	0		C	0.00		
21.00	Occupational Therapists	0		C	0.00		
22.00	Occupational Therapy Assistants	0		C	0.00		22.00
23.00	Occupational Therapy Aides	0		[ C	0.00		
24.00	Speech Therapists	0		[ C	0.00		
25.00	Respiratory Therapists	0		(	0.00		
26.00	Other Medical Staff	0		(	0.00	0.00	26.00

Provider No.: 315413 Period: From 01/01/2023 To 12/31/2023 Date/Time Prepared:

Croup   Days   1.00		Т	0 12/31/2023	Date/Time Pre 5/13/2024 3:5	pared: 8 pm
1.00				Days	
2.00	1 00			2.00	1 00
Next   1,000					
S.OO	3.00				3.00
Section   Sect					
Proceedings					
8.00 9.00 10					
9.00 10.00 11.00 11.00 11.00 11.10 1					
10.00   RIC   10.00   RIC   10.00   RIC   11.00   RIC					
12,00   RuX   12,00   RuX   13,00   RuX   13,00   RuX   14,00   RuX   15,00   RuX   RuX   12,00   RuX   RuX   12,00   RuX   RuX   12,00   RuX	10.00				
13,00   RVC   13,00   RVA   14,00   RVA   15,00   RVA					
14.00   RVB					
15.00   RVA   15.00   RIGH   15.00   RIGH   17.00   RIGH   18.00					
17.00					
18.00					
19.00   RMC   19.00   RMB   20.00   RMB   22.00   RMB   22.00   RMB   22.00   RMB   22.00   RMB   22.00   RMB   23.00   RMB   25.00   RMB					
MMB   20.00   MRB   22.00   RLB   23.00					
21.00   RNA   21.00   RLA   22.00   RLA					
RLA   23.00     ES3   24.00     ES3   24.00     ES3   24.00     ES5   25.00     ES5   25.00					
24.00   ES3   24.00   ES1   25.00   26.00   ES1   28.00					
25.00     ES2   25.00     27.00     27.00     28.00     27.00     28.00     27.00     28.00     28.00     27.00     28.00     28.00     28.00     29.00					
26.00 28.00 812 27.00 28.00 812 27.00 28.00 812 27.00 28.00 810 810 810 810 810 810 810 810 810 8					
HE2					
28.00 30.00 30.00 30.00 30.00 31.00 32.00 32.00 34.00 34.00 34.00 36.00					
30.00   HC2   31.00   HC2   31.00   RC2	28.00		HE1		28.00
31.00					
132.00   161   132.00   161   132.00   161   162   133.00   161   162   133.00   161   162   163.00   161   162   163.00   161   162   163.00   161   162   163.00   161   162   163.00   161   163.00   162   163.00   162   163.00   162   163.00   162   163.00   1					
33.00					
SS.00   SE.00   SE.0					
1.00					
37.00   38.00   39.00   1.01   38.00   39.00   1.02   39.00   1.02   39.00   1.02   39.00   1.00					
38.00   39.00   1.01   38.00   39.00   40.00					
39.00     1.02     39.00     1.01     40.00					
1.00   1.00					
42.00					
43.00					
44.00					
45.00					
47.00   CC2	45.00				
48.00   CC1   48.00   49.00   CB2   49.00   CB2   49.00   CB1   50.00   CB1   50.00   CB1   50.00   CB1   50.00   CB1   50.00   CA2   51.00   CA2   51.00   CA1   52.00   CA1   52.00   CA1   52.00   CA1   52.00   CA1   55.00   SE2   54.00   SE2   54.00   SE1   55.00   SE1   55.00   SE1   55.00   SE1   55.00   SEB   57.00					
49.00   CB2					
50.00       C81       50.00         51.00       CA2       51.00         52.00       CA1       52.00         53.00       SE3       53.00         54.00       SE3       53.00         55.00       SE1       55.00         56.00       SSC       55.00         57.00       SSB       57.00         58.00       SSA       58.00         59.00       IB2       59.00         60.00       IB1       60.00         61.00       IB2       59.00         62.00       IA1       62.00         64.00       BB2       63.00         64.00       BB1       64.00         65.00       BA2       65.00         66.00       BA2       65.00         67.00       BA1       66.00         67.00       PE1       68.00         69.00       PD2       69.00         70.00       PD1       70.00         71.00       PC2       71.00         72.00       PC1       72.00         73.00       PB1       74.00					
51.00       CA2       51.00         52.00       SE3       52.00         53.00       SE3       53.00         54.00       SE2       54.00         55.00       SE1       55.00         56.00       SSC       56.00         57.00       SSB       57.00         58.00       SSB       57.00         59.00       SSA       58.00         59.00       IB2       59.00         60.00       IB2       59.00         61.00       IA1       60.00         62.00       IA1       62.00         63.00       BB2       63.00         64.00       BB1       64.00         65.00       BA2       65.00         66.00       BA1       66.00         67.00       BE2       67.00         68.00       PE1       68.00         69.00       PD1       70.00         71.00       PC2       71.00         72.00       PC1       72.00         73.00       PB2       73.00         74.00       PB1       74.00					50.00
53.00       SE3       \$3.00         54.00       SE2       \$4.00         55.00       SE1       \$5.00         56.00       SSC       \$6.00         57.00       SSB       \$7.00         \$8.00       SSB       \$7.00         \$9.00       SSA       \$8.00         \$9.00       IB2       \$9.00         \$60.00       IA1       \$60.00         \$62.00       IA1       \$62.00         \$63.00       \$82       \$63.00         \$64.00       \$81       \$64.00         \$65.00       \$841       \$65.00         \$69.00       \$90       \$90       \$90         \$70.00       \$90       \$90       \$90         \$70.00       \$90       \$90       \$70         \$72.00       \$92       \$73.00         \$74.00       \$981       \$74.00	51.00		CA2		51.00
54.00     SE2     54.00       55.00     SE1     55.00       56.00     SSC     56.00       57.00     SSB     57.00       58.00     SSA     SSA       59.00     IB2     59.00       60.00     IB1     60.00       61.00     IA2     61.00       62.00     IA1     62.00       63.00     BB2     63.00       64.00     BB1     64.00       65.00     BA2     65.00       66.00     BA1     66.00       67.00     BA1     66.00       68.00     PE1     68.00       69.00     PD2     69.00       70.00     PD2     69.00       71.00     PC2     71.00       72.00     PC2     71.00       74.00     PB2     73.00       74.00     PB1     74.00					
55.00     SE1     55.00       56.00     SSC     56.00       57.00     SSC     56.00       58.00     SSA     58.00       59.00     IB2     59.00       60.00     IB1     60.00       61.00     IA2     61.00       63.00     IA1     62.00       63.00     BB2     63.00       64.00     BBA2     65.00       65.00     BA1     66.00       67.00     PE1     68.00       69.00     PP1     69.00       70.00     PD1     70.00       71.00     PC2     71.00       72.00     PR1     72.00       73.00     PR1     73.00       74.00     PR1     74.00					
56.00       SSC       56.00         57.00       SSB       57.00         58.00       SSA       58.00         59.00       IB2       59.00         60.00       IB1       60.00         61.00       IA2       61.00         62.00       IA1       62.00         63.00       BB2       63.00         64.00       BB1       64.00         65.00       BA2       65.00         66.00       BA1       66.00         67.00       PE1       68.00         69.00       PD2       69.00         70.00       PD1       70.00         72.00       PC2       71.00         73.00       PB2       73.00         74.00       PB2       73.00					
57.00       SSB       57.00         58.00       SSA       58.00         59.00       IB2       59.00         60.00       IB1       60.00         61.00       IA2       61.00         62.00       IA1       62.00         63.00       BB2       63.00         64.00       BB1       64.00         65.00       BA2       65.00         66.00       BA1       66.00         67.00       PE2       67.00         68.00       PP1       68.00         69.00       PD1       70.00         70.00       PC2       71.00         72.00       PC3       73.00         74.00       PPB1       74.00	56.00		SSC		56.00
59.00       IB2       59.00         60.00       IB1       60.00         61.00       IA2       61.00         62.00       IA1       62.00         63.00       BB2       63.00         64.00       BB1       64.00         65.00       BA1       66.00         67.00       PE2       67.00         68.00       PP1       68.00         69.00       PD2       69.00         70.00       PD1       70.00         71.00       PC2       71.00         72.00       PC1       72.00         73.00       PB2       73.00         74.00       PB1       74.00	57.00				57.00
60.00       IB1       60.00         61.00       IA2       61.00         62.00       IA1       62.00         63.00       BB2       63.00         64.00       BB1       64.00         65.00       BA2       65.00         66.00       BA1       66.00         67.00       PE2       67.00         68.00       PP1       68.00         69.00       PD1       70.00         71.00       PC2       71.00         72.00       PC2       71.00         73.00       PB2       73.00         74.00       PB1       74.00					
61.00 62.00 63.00 64.00 64.00 65.00 65.00 66.00 66.00 66.00 67.00 68.00 69.00 70.00 71.00 71.00 72.00 73.00 74.00					
62.00 63.00 64.00 65.00 65.00 66.00 66.00 67.00 68.00 69.00 70.00 71.00 71.00 72.00 73.00 74.00 PB1 PB1 FREE FREE FREE FREE FREE FREE FREE FRE					
64.00       BB1       64.00         65.00       BA2       65.00         66.00       BA1       66.00         67.00       PE2       67.00         68.00       PE1       68.00         69.00       PD2       69.00         70.00       PD1       70.00         72.00       PC2       71.00         73.00       PB2       73.00         74.00       PB1       74.00	62.00		IA1		62.00
65.00       BA2       65.00         66.00       BA1       66.00         67.00       PE2       67.00         68.00       PE1       68.00         69.00       PD2       69.00         70.00       PD1       70.00         72.00       PC2       71.00         73.00       PB2       73.00         74.00       PB1       74.00					
66.00     BA1     66.00       67.00     PE2     67.00       68.00     PE1     68.00       69.00     PD2     69.00       70.00     PD1     70.00       71.00     PC2     71.00       72.00     PC1     72.00       73.00     PB2     73.00       74.00     PB1     74.00					65.00
67.00     PE2     67.00       68.00     PE1     68.00       69.00     PD2     69.00       70.00     PD1     70.00       71.00     PC2     71.00       72.00     PC1     72.00       73.00     PB2     73.00       74.00     PB1     74.00					
68.00     PE1     68.00       69.00     PD2     69.00       70.00     PD1     70.00       71.00     PC2     71.00       72.00     PC1     72.00       73.00     PB2     73.00       74.00     PB1     74.00					
70.00     PD1     70.00       71.00     PC2     71.00       72.00     PC1     72.00       73.00     PB2     73.00       74.00     PB1     74.00	68.00		PE1		68.00
71.00 72.00 73.00 74.00 PB1 74.00					
72.00 73.00 74.00 PB1 72.00 PB1 74.00					
73.00 74.00 PB1 73.00 74.00					72.00
74.00 PB1 74.00					
75.00 PA2 75.00	74.00		PB1		74.00
	75.00		PA2		75.00

Health Financial Systems	PEACE CARE AT ST	ANNS		In Lie	u of Form CMS-	2540-10
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provider		Period: From 01/01/2023 To 12/31/2023	Worksheet S-Date/Time Pro 5/13/2024 3:	epared:
				Group	Days	
				1.00	2.00	
76.00				PA1		76.00
99.00				AAA		99.00
100.00 TOTAL						100.00
			Expenses	Percentage	Y/N	
			1.00	2.00	3.00	
A notice published in the Federal Register payments beginning 10/01/2003. Congress ex expenses. For lines 101 through 106: Enter column 2 the percentage of total expenses line 1, column 3. Indicate in column 3 "Y" with direct patient care and related expen (See instructions)	pected this increase in column 1 the amou for each category to for yes or "N" for n	to be used nt of the total SNF o if the s	for direct pexpense for e revenue from pending refle	atient care and ach category. Er Worksheet G-2, F cts increases as	related nter in Part I, ssociated	
101.00 Staffing						101.00
102.00 Recruitment						102.00
103.00 Retention of employees						103.00
104.00 Training						104.00
105.00 OTHER (SPECIFY)	7. 4 7 2					105.00
106.00 Total SNF revenue (Worksheet G-2, Part I,	line 1, column 3)		I			106.00

COST CENTER DESCRIPTION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES   Provider No.: 31541)   Periodic 107/301/2022   Periodi		Financial Systems	PEACE CARE AT				u of Form CMS-	2540-10
COST CENTER DESCRIPTION	RECLAS	SIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	EXPENSES	Provider	No.: 315413 P	eriod: rom 01/01/2023	Worksheet A	
COST CENTER DESCRIPTION								pared:
CENERAL SERVICE COST CENTERS		Cost Center Description	Salaries	Other		Reclassificati	Reclassified	6 pili
EINBRIAL SERVICE COST CENTERS    1.00					+ col. 2)			
GNERAL SERVICE COST CENTERS   1,542,818   1,542,818   0   1,542,818   1,00   0000							2011 1)	
1.00		CENERAL CERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
2.00   00200   CAP REL COSTS - MOVABLE EQUIPMENT   0   2,122,625   2,122,625   3,00   03.00   03.00   04.00	1.00			1.542.818	1.542.818	0	1.542.818	1.00
0.000   0.0400   ADMINISTRATIVE & GENERAL   627,416   2,365,439   2,992,855   0, 2,992,855   0, 00   0, 00   0, 00   6.00   0.		· ·		0	0	ő		
5.00   00500   PLANT OPERATION, MAINT. & REPAIRS   273,366   728,053   1,001,639   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,00   0,000   0			0					
			1 ' 1					
2,00   00700   HOUSEKEEPING   706,217   171,510   877,727   0   877,727   7.00   7.0					1,001,639	0		
9,00   009000 NURSING ADMINISTRATION   340,290   650   340,940   0   340,940   9,00			-	v	877,727	ő	-	
10.00   01000   CENTRAL SERVICES & SUPPLY   0   126,710   10.00   0   0   0   0   11.00   11.00   11.00   11.00   01			570,993	1,028,492	1,599,485	0		
11.00   01100   PHARMACY   0   0   0   0   11.00   11.00   12.00   12.00   01200   Medical Records & LIBRARY   27,271   82,438   109,709   0.09,709   12.00   13.00   0.								
12.00   01200   MEDICAL RECORDS & LIBRARY   27,771			0	126,710	126,710	0	·	
13.00   0.1300   SOCIAL SERVICE   97,162   7,200   104,362   0   104,362   13.00   15.00   0.00   0.00   0.00   14.00   15.00   0.00   0.00   0.00   0.00   15.00   10.00   0.00   0.00   0.00   0.00   10.0			27,271	82,438	109,709	0	_	
15.00							·	
INPATIENT ROUTINE SERVICE COST CENTERS   3,345,910			1	0	0	0		
30.00   03000   SAILLED NURSING FACILITY   3,345,910   1,191,093   4,537,003   0   4,537,003   0   30.00   31.00   31.00   032.00   03200   1CF/ITD   0   0   0   0   0   0   0   0   0	15.00		235,585	10,128	245,713	0	245,713	15.00
31.00   03100   NURSING FACILITY   0	30.00		3,345,910	1,191,093	4,537,003	0	4,537,003	30.00
33.00   03300   0718H LONG TERM CARE   0   0   0   0   0   0   33.00			0	0	0	0		
ANCILLARY SERVICE COST CENTERS			0	0	0	0	_	
40.00   04000   RADIOLOGY	33.00		0	0	0	0	0	33.00
41.00   04100   LABORATORY   0   20,810   20,810   0   20,810   41.00   42.0	40.00		0	30,672	30,672	0	30,672	40.00
43.00   04300   04700   04700   04700   04700   04700   04700   04400   04400   04400   04491   04400   04491   04400   04491   04400   04491   04400   04491   04400   04491   04400   04400   04400   04400   04500   04000   04400   04400   04500   04400   04500   04400   04500   04400   0470		04100 LABORATORY	0			0	· ·	
44.00   04400   PHYSICAL THERAPY   516,698   575   517,273   0   517,273   44.00     45.00   04500   OCCUPATIONAL THERAPY   434,161   0   434,161   0   434,161   45.00     46.00   04500   SPEECH PATHOLOGY   21,088   0   21,088   0   21,088   0     47.00   04700   OLECTROCARDIOLOGY   21,088   0   20,088   0   21,088   0     48.00   04800   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   28,820   28,820   0     49.00   04900   DRUGS CHARGED TO PATIENTS   0   310,195   310,195   0   310,195   49,00     49.00   05000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0     50.00   OS000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0     50.00   OS000   DENTAL CARE - TITLE XIX ONLY   0   0   0   0   0   0     50.00   OS000   SUPPORT SURFACES   0   0   0   0   0   0     50.00   OS000   SUPPORT SURFACES   0   0   0   0   0   0     61.00   OS000   CINIC   0   0   0   0   0   0   0     62.00   OS000   OS000   OS000   OS000   OS000   OS000   OS000   OS000     61.00   OS000   OS0000   OS000   OS			0	0	0	0	-	
45.00   04500   04500   04500   04500   A34,161   0   434,161   0   434,161   0   446,00   04600   04600   SPECH PATHOLOGY   21,088   0   21,088   0   21,088   0   21,088   0   21,088   0   0   0   0   0   0   0   0   0			516 698					
46.00   04600   SPECH PATHOLOGY   21,088							· ·	
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 28,820 28,820 0 28,820 49.00 499.00 10 00 10 10 10 10 10 10 10 10 10 10 1				0				
49.00   04900   DRUGS CHARGED TO PATIENTS   0   310,195   310,195   0   310,195   31			1	0	0	0	-	
50.00   05000   DENTAL CARE - TITLE XIX ONLY   0 0 0 0 0 0 0 0 0 0 50.00			0					
S1.00   OS100   SUPPORT SURFACES   O O O O O O O O O O O O O O O O O O						0	·	
60.00   06000   CLINIC   0   0   0   0   0   0   60.00   61.00   06100   RURAL HEALTH CLINIC   0   0   0   0   0   0   61.00   62.00   06200   FQHC   0   0   0   0   0   0   62.00   63.00   06300   DAY CARE   0   0   0   0   0   0   0    OTHER REIMBURSABLE COST CENTERS  70.00   07000   HOME HEALTH AGENCY COST   0   0   0   0   0   0   0   71.00   07100   Ambulance   0   60.478   60.478   0   60.478   10.00   73.00   07300   CMHC   0   0   0   0   0   0   0   0    SPECIAL PURPOSE COST CENTERS  80.00   08000   MALPRACTICE PREMIUMS & PAID LOSSES   0   0   0   0   0   81.00   881.00   1NTEREST EXPENSE   0   0   0   0   0   82.00   08200   UTILIZATION REVIEW - SNF   0   0   0   0   0   83.00   08300   HOSPICE   0   0   0   0   0   89.00   SUBTOTALS (sum of lines 1-84)   7,196,377   9,851,339   17,047,716   0   17,047,716    90.00   09000   GIFT, FLOWER, COSFEE SHOPS & CANTEEN   0   0   0   0   0   91.00   09100   BARBER AND BEAUTY SHOP   0   1,710   1,710   0   1,710   92.00   09200   PHYSICIANS PRIVATE OFFICES   0   0   0   0   0   93.00   09400   PATIENTS LAUNDRY   0   0   0   0   0   0   95.00   09500   DAYCARE   0   720,924   720,924   0   720,924   95.00		05100 SUPPORT SURFACES	0			0	-	
61.00   06100   RURAL HEALTH CLINIC   0   0   0   0   0   62.00   62.00   69HC   0   0   0   62.00   63.00   6						1		
62.00   662.00   FQHC			0	0		0		
0		· ·		O	٥		0	
70.00		06300 DAY CARE	0	0	0	0	0	
71.00   07100   AMBULANCE   0   60,478   60,478   0   60,478   71.00   73.00   73.00   CMHC   0   0   0   0   0   0   0   0   73.00   73.00   CMHC   CMHC   CMM	70.00						•	70.00
73.00   07300   CMHC   0   0   0   0   0   0   73.00			1					
SPECIAL PURPOSE COST CENTERS			1					
81.00   08100   INTEREST EXPENSE   0 0 0 0 0 0 0 82.00   82.00   08200   UTILIZATION REVIEW - SNF   0 0 0 0 0 0 0 0 82.00   83.00   08300   HOSPICE   0 0 0 0 0 0 0 0 0 83.00   89.00   SUBTOTALS (sum of lines 1-84)   7,196,377   9,851,339   17,047,716   0 0 17,047,716   89.00   NONREIMBURSABLE COST CENTERS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		SPECIAL PURPOSE COST CENTERS						
82.00   08200   UTILIZATION REVIEW - SNF   0 0 0 0 0 0 0 0 82.00   83.		l l		0	0	0	_	
83.00   08300   HOSPICE   0 0 0 0 0 0 0 0 0 0 83.00   89.00   SUBTOTALS (SUM OF lines 1-84)   7,196,377   9,851,339   17,047,716   0 17,047,716   89.00				0	0	0	_	
SUBTOTALS (sum of lines 1-84)   7,196,377   9,851,339   17,047,716   0   17,047,716   89.00			0	0		0		
90.00   09000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   0   0   0   0   0   0   90.00   91.00   91.00   92.00   09200   PHYSICIANS PRIVATE OFFICES   0   0   0   0   0   0   92.00   93.00   09400   PATIENTS LAUNDRY   0   0   0   0   0   0   94.00   95.00   09500   DAYCARE   0   720,924   720,924   0   720,924   95.00			7,196,377	9,851,339	17,047,716	0	17,047,716	
91.00   09100   BARBER AND BEAUTY SHOP   0   1,710   1,710   0   1,710   91.00   92.00   09200   PHYSICIANS PRIVATE OFFICES   0   0   0   0   0   0   92.00   09300   NONPAID WORKERS   0   0   0   0   0   0   0   93.00   09400   PATIENTS LAUNDRY   0   0720,924   720,924   0   720,924   95.00   09500   DAYCARE   0   720,924   720,924   0   720,924   95.00   09500					Γ	1 -		
92.00   09200   PHYSICIANS PRIVATE OFFICES   0   0   0   0   92.00   93.00   93.00   93.00   94.00   94.00   95.00   09500   DAYCARE   0   720,924   720,924   95.00   95.00   92.00   0   0   0   0   0   0   0   0   0			0	1 710	0   1 710	0		
93.00   09300   NONPAID WORKERS   0 0 0 0 0 93.00   94.00   95.00   09500   DAYCARE   0 720,924   720,924   0 720,924   95.00				1,710	1,710			
94.00   09400   PATIENTS LAUNDRY   0 0 0 0 0 94.00   95.00   09500   DAYCARE 0 720,924 720,924 0 720,924 95.00				Ö	0	o	_	
	94.00	09400 PATIENTS LAUNDRY	0	0	0	0	-	
100.00   101AL   17,770,530   10,375,575   17,770,530   0   17,770,530   100.00			7 196 377					
	100.00	I LIVIAL	7,190,377	10,373,373	1 17,770,330	١	17,770,330	1200.00

Health Financial Systems PEACE CARE AT ST. ANNS In Lieu of Form CMS-2540-10

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 315413 | Period: From 01/01/2023 | Date/Time Prepared: To 12/31/2023 | Date/Time Prepared: From 01/01/2024 | Prepared: Fro

				10	13/2024 3:58 pm
	Cost Center Description	Adjustments to	Net Expenses		
		Expenses (Fr	For Allocation		
		Wkst A-8)	(col. 5 +-		
		6.00	col. 6)		
	GENERAL SERVICE COST CENTERS	6.00	7.00		
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	-272,527	1,270,291		1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT	272,327		1	2.00
3.00	00300 EMPLOYEE BENEFITS	0	2,122,625	1	3.00
4.00	00400 ADMINISTRATIVE & GENERAL	-1,157,846		•	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	1,001,639		5.00
6.00	00600 LAUNDRY & LINEN SERVICE	0	0		6.00
7.00	00700 HOUSEKEEPING	0	877,727		7.00
8.00	00800 DIETARY	-6,109			8.00
9.00	00900 NURSING ADMINISTRATION	0	340,940	1	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	126,710		10.00
11.00	01100 PHARMACY	0	100 700		11.00
12.00 13.00	01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE		109,709	1	12.00 13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION		104,362	1	14.00
	01500 RECREATION		_		15.00
13.00	INPATIENT ROUTINE SERVICE COST CENTERS		243,713	1	15.00
30.00	03000 SKILLED NURSING FACILITY	1 0	4,537,003		30.00
	03100 NURSING FACILITY	0	, ,		31.00
32.00	03200 ICF/IID	0	0		32.00
33.00	03300 OTHER LONG TERM CARE	0	0		33.00
	ANCILLARY SERVICE COST CENTERS				
	04000 RADIOLOGY	0	,		40.00
	04100 LABORATORY	0	,	•	41.00
	04200 INTRAVENOUS THERAPY	0	0		42.00
	04300 OXYGEN (INHALATION) THERAPY	0	22,633	1	43.00
	04400 PHYSICAL THERAPY	0	517,273		44.00
45.00 46.00	04500 OCCUPATIONAL THERAPY 04600 SPEECH PATHOLOGY		434,161	1	45.00 46.00
	04700 ELECTROCARDIOLOGY		21,088		47.00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,820		48.00
	04900 DRUGS CHARGED TO PATIENTS	l ő	· ·		49.00
	05000 DENTAL CARE - TITLE XIX ONLY	l o			50.00
	05100 SUPPORT SURFACES	0	0		51.00
	OUTPATIENT SERVICE COST CENTERS				
	06000 CLINIC	0	0		60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		61.00
	06200 FQHC		_		62.00
63.00	06300 DAY CARE	0	0		63.00
70.00	OTHER REIMBURSABLE COST CENTERS	1 0	0		70.00
	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0			70.00
	07300 CMHC			•	73.00
73.00	SPECIAL PURPOSE COST CENTERS		0	1	73.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES	0	0		80.00
	08100 INTEREST EXPENSE	l o			81.00
	08200 UTILIZATION REVIEW - SNF	0	0		82.00
83.00	08300 HOSPICE	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	-1,436,482	15,611,234		 89.00
	NONREIMBURSABLE COST CENTERS				
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0			90.00
	09100 BARBER AND BEAUTY SHOP	0	1,710		91.00
	09200 PHYSICIANS PRIVATE OFFICES				92.00
	09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY		0		93.00 94.00
	09500 DAYCARE		720,924		94.00
100.00		-1,436,482	·	1	100.00
100.00	TOTAL	-1,430,462	1 10,333,000	TI .	1100.00

Health Financial Systems	PEACE CARE AT ST.	ANNS		In Lie	u of Form CMS-	2540-10
RECLASSIFICATIONS		Provider		Period:	Worksheet A-6	5
				From 01/01/2023 To 12/31/2023	Date/Time Pre 5/13/2024 3:5	pared: 8 pm
			Increases			
	Cost Center	•	Line #	Salary	Non Salary	
	2.00		3.00	4.00	5.00	
TOTALS						
100.00	Total Reclassificat	ions (Sum		0	0	100.00
	of columns 4 and 5 i	must				
	equal sum of column:	s 8 and				
	9)					

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

Health Financial Systems	PEACE CARE AT ST.	ANNS		In Lie	u of Form CMS-	2540-10
RECLASSIFICATIONS		Provider	No.: 315413	Period: From 01/01/2023	Worksheet A-6	;
				то 12/31/2023	Date/Time Pre 5/13/2024 3:5	
			Decreases			
	Cost Cente	r	Line #	Salary	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.

Health Financial Systems In Lieu of Form CMS-2540-10 PEACE CARE AT ST. ANNS Provider No.: 315413 | Period: | Worksheet A-7 | From 01/01/2023 | To 12/31/2023 | Date/Time Prepared: RECONCILIATION OF CAPITAL COSTS CENTERS

				Te	5 12/31/2023	Date/Time Prep   5/13/2024 3:58	
				Acquisitions		7 7 13 / 202 + 3.30	) piii
	Description	Beginning	Purchases	Donation	Total	Disposals and	
	<b>'</b>	Balances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES	5					
1.00	Land	2,997,898	0	0	0	0	1.00
2.00	Land Improvements	29,300	0	0	0	0	2.00
3.00	Buildings and Fixtures	25,823,045	222,910	0	222,910	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	2,660,181	4,041	0	4,041	0	6.00
7.00	Subtotal (sum of lines 1-6)	31,510,424	226,951	0	226,951	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	31,510,424	226,951	0	226,951	0	9.00
	Description	Ending Balance					
			Depreciated				
			Assets				
		6.00	7.00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,997,898					1.00
2.00	Land Improvements	29,300	0				2.00
3.00	Buildings and Fixtures	26,045,955	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	2,664,222	0				6.00
7.00	Subtotal (sum of lines 1-6)	31,737,375	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	31,737,375	0				9.00

ADJUSTMENTS TO EXPENSES

Provider No.: 315413

Description (1)   Case   Description (2)   Description (3)   Description (1)   Case   Description (1)   Case   Description (2)   Description (3)   Description (1)   Case   Description (1)   Case   Description (1)   Case   Description (1)   Desc					To 12/31/2023	Date/Time Pre	
Description (1)					Evnense Classification on		8 pili
Description (1)							
Adjustment   Adj					TO/TTOIN WITTEN THE AMOUNTE TS	to be Aujusteu	
Adjustment   Adj							
Adjustment   Adj							
Adjustment   Adj							
Adjustment   Adj		Description (1)	(2) Basis For	Amount	Cost Center	Line No.	
1.00		2000. 150.00. (2)	1 1				
Cchapter 2)				2.00	3.00	4.00	
Cchapter 2)	1.00	Investment income on restricted funds	В	-272.527		1.00	1.00
80				, -			
Refunds and rebates of expenses (chapter 8)	2.00	Trade, quantity, and time discounts (chapter		C		0.00	2.00
Rental of provider space by suppliers (		8)					
Chapter 8	3.00	Refunds and rebates of expenses (chapter 8)		C		0.00	3.00
Telephone services (pay stations excluded) (	4.00	Rental of provider space by suppliers		C		0.00	4.00
Chapter 21		(chapter 8)					
Television and radio service (Chapter 21)   0   0   0.00   6.00   0.00   7.00   8.00   9.00   8.00   9.00   8.00   9.00	5.00	Telephone services (pay stations excluded)		C	)	0.00	5.00
7.00		(chapter 21)					
Remuneration applicable to provider-based physician adjustment   9.00				C			1
physician adjustment	7.00			C		0.00	1
9.00   Home office Cost (chapter 21)   0   0.00   3ale of scrap, waste, etc. (chapter 23)   0   0.00   10.00   11.00   11.00   11.00   12.00	8.00		A-8-2	C			8.00
10.00   Sale of scrap, waste, etc. (chapter 23)   0   0.00   10.00   11.00							
11.00				C			
Capital expenditures (chapter 24)   Adjustment resulting from transactions with related organizations (chapter 10)   13.00   13.00   14.00   15.00				C			
12.00	11.00			C	)	0.00	11.00
related organizations (chapter 10)   13.00   14.00   14.00   15.00   16.00   15.00   16.00							
13.00   Laundry and linen service     0   0.00   13.00     14.00   Revenue - Employee meals   8   0   0.00   14.00     15.00   Cost of meals - Guests   0   0.00   15.00     16.00   Sale of medical supplies to other than patients   0   0.00   15.00     17.00   Sale of drugs to other than patients   0   0.00   17.00     18.00   Sale of drugs to other than patients   0   0.00   17.00     18.00   Sale of medical records and abstracts   0   0.00   18.00     19.00   Vending machines   0   0.00   19.00     19.00   Income from imposition of interest, finance or penalty charges (chapter 21)   0   0.00   19.00     19.00   O.00   O.00   O.00   0.00     19.00   O.00   O.00   O.00   0.00     19.00   O.00   O.00   O.00   O.00     19.00   O.00   O.00   O.00   O.00   O.00     19.00   O.00   O.00   O.00   O.00   O.00     19.00   O.00   O.00   O.00   O.00   O.00   O.00     19.00   O.00   O.00   O.00   O.00   O.00   O.00   O.00   O.00     19.00   O.00   O.00	12.00		A-8-1	-27,125			12.00
14.00   Revenue - Employee meals   B   -6,109 DIETARY   S.00   14.00	12.00						12.00
15.00			_	6 100	<u> </u>	•	1
16.00   Sale of medical supplies to other than patients   0   0.00   16.00		' '	В	-6,109	DDIETARY	1	1
patients   patients				C		1	
17.00   Sale of drugs to other than patients   0   17.00   18.00   18.00   18.00   19.00   19.00   19.00   10.00   19.00   19.00   10.00   19.00   1	16.00			C	7	0.00	16.00
18.00   Sale of medical records and abstracts   0   19.00   18.00   19.00	17 00			c		0.00	17.00
19.00   Vending machines     0   0.00   19.00   20.0						•	
20.00 Income from imposition of interest, finance or penalty charges (chapter 21) 21.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments 22.00 Utilization reviewphysicians' compensation (chapter 21) 23.00 Depreciationbuildings and fixtures  24.00 Depreciationmovable equipment  25.00 Depreciationmovable equipment  25.00 PCSA BAD DEBT PROVISION  25.01 PCSA BAD DEBT PROVISION  25.02 PCSA NON OP REVENUE INVESTMENT INC  25.04 MARKETING  A -1,111,690 ADMINISTRATIVE & GENERAL  A -9,688 ADMINISTRATIVE & GENERAL  A -8,090 ADMINISTRATIVE & GENERAL  A -1,000 ADMINISTRATIVE & GENERAL  A -253 ADMINISTRATIVE & GENERAL  A 0.25.07 25.07 LEGAL AFFAIRS  A -253 ADMINISTRATIVE & GENERAL  A 0.25.09 100.00 Total (sum of lines 1 through 99) (Transfer)							
21.00   Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments utilization reviewphysicians' compensation (chapter 21)   Depreciationbuildings and fixtures   OCAP REL COSTS - BLDGS & 1.00 23.00						•	
21.00   Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments   0	20.00			·		0.00	20.00
and borrowings to repay Medicare overpayments  22.00 Utilization reviewphysicians' compensation (chapter 21)  23.00 Depreciationbuildings and fixtures  24.00 Depreciationmovable equipment  25.00	21 00			r		0.00	21 00
Overpayments   Utilization reviewphysicians' compensation (chapter 21)   Depreciationbuildings and fixtures   OCAP REL COSTS - BLDGS & 1.00   23.00	21.00					0.00	21.00
22.00   Utilization reviewphysicians' compensation (chapter 21)   Depreciationbuildings and fixtures   OCAP REL COSTS - BLDGS & FIXTURES   FIXTURES   OCAP REL COSTS - MOVABLE   EQUIPMENT   O.00   25.00   25.00   OCAP REL COSTS - MOVABLE   EQUIPMENT   O.00   25.00   O.00   25.00   O.00   25.00   O.00   25.00   O.00   25.01   O.00   25.01   O.00							
Chapter 21   Depreciation buildings and fixtures	22.00	' '		C	UTTLIZATION REVIEW - SNE	82.00	22.00
23.00 Depreciationbuildings and fixtures  24.00 Depreciationmovable equipment  25.00  25.01 PCSA BAD DEBT PROVISION 25.02 PCSA NON OP REVENUE INVESTMENT INC 25.04 MARKETING 25.07 CONTRIBUTIONS/DONATIONS 25.07 LEGAL AFFAIRS 20.00 A PREL COSTS - BLDGS & FIXTURES 20.00 CAP REL COSTS - MOVABLE 20.00 POCAP REL COSTS - MOVABLE 20.00 POCAP REL COSTS - BLDGS & FIXTURES 20.00 POCAP REL COSTS - MOVABLE 20.00 POCAP REL COSTS - MO	22.00			·	SITE IZATION REVIEW SITE	02.00	=====================================
FIXTURES	23.00	, , ,		C	CAP REL COSTS - BLDGS &	1.00	23.00
25.00 25.01 PCSA BAD DEBT PROVISION A -1,111,690 ADMINISTRATIVE & GENERAL 4.00 25.01 25.02 PCSA NON OP REVENUE INVESTMENT INC A -9,688 ADMINISTRATIVE & GENERAL 4.00 25.02 25.04 MARKETING A -8,090 ADMINISTRATIVE & GENERAL 4.00 25.02 25.04 CONTRIBUTIONS/DONATIONS A -1,000 ADMINISTRATIVE & GENERAL 4.00 25.07 25.09 LEGAL AFFAIRS A -253 ADMINISTRATIVE & GENERAL 4.00 25.09 100.00 Total (sum of lines 1 through 99) (Transfer -1,436,482 100.00		Sopression warrange and constants		_			
25.00 25.01 PCSA BAD DEBT PROVISION A -1,111,690 ADMINISTRATIVE & GENERAL 4.00 25.01 25.02 PCSA NON OP REVENUE INVESTMENT INC A -9,688 ADMINISTRATIVE & GENERAL 4.00 25.02 25.04 MARKETING A -8,090 ADMINISTRATIVE & GENERAL 4.00 25.02 25.04 CONTRIBUTIONS/DONATIONS A -1,000 ADMINISTRATIVE & GENERAL 4.00 25.07 25.09 LEGAL AFFAIRS A -253 ADMINISTRATIVE & GENERAL 4.00 25.09 100.00 Total (sum of lines 1 through 99) (Transfer -1,436,482 100.00	24.00	Depreciationmovable equipment		C		2.00	24.00
25.01 PCSA BAD DEBT PROVISION A -1,111,690 ADMINISTRATIVE & GENERAL 4.00 25.01 25.02 PCSA NON OP REVENUE INVESTMENT INC A -9,688 ADMINISTRATIVE & GENERAL 4.00 25.02 25.04 MARKETING A -8,090 ADMINISTRATIVE & GENERAL 4.00 25.04 25.07 CONTRIBUTIONS/DONATIONS A -1,000 ADMINISTRATIVE & GENERAL 4.00 25.07 25.09 LEGAL AFFAIRS A -253 ADMINISTRATIVE & GENERAL 4.00 25.09 100.00 Total (sum of lines 1 through 99) (Transfer -1,436,482 100.00							
25.02 PCSA NON OP REVENUE INVESTMENT INC 25.04 MARKETING A -8,090 ADMINISTRATIVE & GENERAL 25.07 CONTRIBUTIONS/DONATIONS A -1,000 ADMINISTRATIVE & GENERAL 4.00 25.04 -8,090 ADMINISTRATIVE & GENERAL 4.00 25.07 -1,000 ADMINISTRATIVE & GENERAL 4.00 25.07 -1,436,482 -1,436,482 -1,436,482	25.00			C		0.00	25.00
25.02 PCSA NON OP REVENUE INVESTMENT INC 25.04 MARKETING A -8,090 ADMINISTRATIVE & GENERAL 25.07 CONTRIBUTIONS/DONATIONS A -1,000 ADMINISTRATIVE & GENERAL 4.00 25.04 4.00 25.07 25.09 LEGAL AFFAIRS A -253 ADMINISTRATIVE & GENERAL 4.00 25.07 25.09 LOUGH A GENERAL 4.00 25.07 4.00 25.09 100.00 Total (sum of lines 1 through 99) (Transfer -1,436,482	25.01	PCSA BAD DEBT PROVISION	A	-1,111,690	ADMINISTRATIVE & GENERAL	4.00	25.01
25.04 MARKETING A -8,090 ADMINISTRATIVE & GENERAL 4.00 25.04 25.07 CONTRIBUTIONS/DONATIONS A -1,000 ADMINISTRATIVE & GENERAL 4.00 25.07 25.09 LEGAL AFFAIRS A -253 ADMINISTRATIVE & GENERAL 4.00 25.09 100.00 Total (sum of lines 1 through 99) (Transfer -1,436,482 100.00	25.02	PCSA NON OP REVENUE INVESTMENT INC			l .	4.00	25.02
25.07 CONTRIBUTIONS/DONATIONS A -1,000 ADMINISTRATIVE & GENERAL 4.00 25.07 25.09 LEGAL AFFAIRS A -253 ADMINISTRATIVE & GENERAL 4.00 25.09 100.00 Total (sum of lines 1 through 99) (Transfer -1,436,482 100.00			A				
25.09 LEGAL AFFAIRS A -253 ADMINISTRATIVE & GENERAL 4.00 25.09 100.00 Total (sum of lines 1 through 99) (Transfer -1,436,482 100.00	25.07	CONTRIBUTIONS/DONATIONS	A			4.00	25.07
	25.09	LEGAL AFFAIRS	A	-253	ADMINISTRATIVE & GENERAL		
to Worksheet A, col. 6, line 100)	100.00	Total (sum of lines 1 through 99) (Transfer		-1,436,482	!		100.00
		to worksheet A, col. 6, line 100)					

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

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

B. Amount Received - if cost cannot be determined.

Health Financial Systems In Lieu of Form CMS-2540-10 PEACE CARE AT ST. ANNS STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provider No.: 315413

Period: Worksheet A-8-1 From 01/01/2023 Parts I-II To 12/31/2023 Date/Time Prepared: OFFICE COSTS

			'	0 12/31/2023	5/13/2024 3	
	Line No.	Cost (	Center	Expense	Items	
	1.00	2.	00	3.0	00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR	RED AS A RESULT	OF TRANSACTIO	NS WITH RELATE	D ORGANIZATIONS	OR	
CLAIMED HOME OFFICE COSTS:		1				
1.00		ADMINISTRATIVE		FINANCE COST		1.00
2.00		ADMINISTRATIVE		HUMAN RESOURCES	COST	2.00
3.00		ADMINISTRATIVE		MARKETING COST		3.00
4.00	4.00	ADMINISTRATIVE	& GENERAL	PEACE CARE ADMI	NISTRATION	4.00
5.00	4.00	ADMINISTRATIVE	& GENERAL	ACCOUNTING COST	-	5.00
6.00	4.00	ADMINISTRATIVE	& GENERAL	DEVELOPMENT COS	ST.	6.00
7.00	0.00					7.00
8.00	0.00					8.00
9.00	0.00					9.00
10.00 TOTALS (sum of lines 1-9). Transfer column						10.00
6, line 100 to Worksheet A-8, column 3, line 12.						
	Amount	Amount	Adjustments			
	Allowable In	Included in	(col. 4 minus			
	Cost	Wkst. A, col.	col. 5)			
		5				
	4.00	5.00	6.00			
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIR CLAIMED HOME OFFICE COSTS:	RED AS A RESULT	OF TRANSACTIO	NS WITH RELATE	D ORGANIZATIONS	OR	
1.00	113	113	C	)		1.00
2.00	165,187	165,187	C	)		2.00
3.00	0	27,125		5		3.00
4.00	270,447	270,447	[ C	)		4.00
5.00	141,319	141,319	[ C	)		5.00
6.00	77,017	77,017	[ C	)		6.00
7.00	0	0	[ C	)		7.00
8.00	0	0	[ C	)		8.00
9.00	0	0	[ C	)		9.00
10.00 TOTALS (sum of lines 1-9). Transfer column 6, line 100 to Worksheet A-8, column 3, line 12.	654,083	681,208	-27,125	5		10.00

Period: Worksheet A-8-1

From 01/01/2023 To 12/31/2023

Parts I-II Date/Time Prepared: 5/13/2024 3:58 pm

Symbol	(1)	Name	Percentage of	
		1	Ownership	
1.0	0	2.00	3.00	

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

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

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

1.00	F	PEACECARE	0.00	1.00
2.00	F	PEACECARE	0.00	2.00
3.00	В	PEACECARE	0.00	3.00
4.00			0.00	4.00
5.00			0.00	5.00
6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00 G. Other (financial or non-financial)			0.00	100.00
specify:				

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

Related Organization(s) and/or Home Office					
	Name	Percentage of	Type of Business		
		Ownership			
	4.00	5.00	6.00		

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

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

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

1.00		ST. JOSEPHS PEACECARE	0.00	SNF	1.00
2.00		ST. JOSEPHS PEACECARE	0.00	SNF	2.00
3.00		PEACECARE	0.00	MANAGEMENT	3.00
4.00			0.00		4.00
5.00			0.00		5.00
6.00			0.00		6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial)		0.00		100.00
	specify:				

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315413 | Period: | Worksheet B | From 01/01/2023 | Part I | To 12/31/2023 | Date/Time Prepared:

					То	12/31/2023		
			CAPITAL REL	ATED COSTS			5/13/2024 3:5	о рііі
	Cost Center Description	Net Expenses for Cost	BLDGS & FIXTURES	MOVABLE EQUIPMENT		EMPLOYEE BENEFITS	Subtotal	
		Allocation (from Wkst A						
		col. 7)						
	CENERAL CERVICE COCT CENTERS	0	1.00	2.00		3.00	3A	
1.00	GENERAL SERVICE COST CENTERS  00100 CAP REL COSTS - BLDGS & FIXTURES	1,270,291	1,270,291					1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT	0	_,,		0			2.00
3.00	00300 EMPLOYEE BENEFITS	2,122,625	0		0	2,122,625	2 225 402	3.00
4.00 5.00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS	1,835,009 1,001,639	215,333 48,456		0	185,061 80,696	2,235,403 1,130,791	4.00 5.00
6.00	00600 LAUNDRY & LINEN SERVICE	0	45,010		0	0	45,010	6.00
7.00	00700 HOUSEKEEPING	877,727	12,324		0	208,304	1,098,355	7.00
8.00 9.00	00800 DIETARY  00900 NURSING ADMINISTRATION	1,593,376 340,940	112,484		0	168,418 100,371	1,874,278 441,311	8.00 9.00
10 00	01000 CENTRAL SERVICES & SUPPLY	126,710	ő		0	0	126,710	
11.00	01100 PHARMACY	0	o		0	o	0	11.00
12.00		109,709	0		0	8,044	117,753	
13.00 14.00		104,362	1,821		0	28,659	134,842	13.00 14.00
15.00		245,713	82,388		ő	69,487	397,588	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 31.00		4,537,003	695,589		0	986,902	6,219,494	30.00 31.00
32.00			ő		0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0		0	0	0	33.00
40.00	ANCILLARY SERVICE COST CENTERS 04000 RADIOLOGY	20 672	ol		0	ام	30,672	40.00
41.00	04100 LABORATORY	30,672 20,810	ol ol		0	o	20,810	
42.00		0	o		0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	22,633	0		0	0	22,633	
44.00 45.00		517,273 434,161	53,329 0		0	152,404 128,059	723,006 562,220	
46.00		21,088	ŏ		0	6,220	27,308	46.00
47.00		0	0		0	0	0	47.00
48 .00 49 .00		28,820 310,195	0		0	o O	28,820 310,195	48.00 49.00
50.00		0	ŏ		0	ŏ	0	50.00
51.00		0	o		0	0	0	51.00
60.00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC	0	ol		0	ol	0	60.00
61.00			o		0	0	0	61.00
62.00	06200 FQHC							62.00
63.00		0	0		0	0	0	63.00
70.00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0	ol		0	0	0	70.00
71.00	l l	60,478	o		0	0	60,478	
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								81.00
82.00								82.00
83.00 89.00		0 15,611,234	0 1,266,734		0	0 2,122,625	0 15,607,677	83.00 89.00
09.00	NONREIMBURSABLE COST CENTERS	13,011,234	1,200,734		U <sub>I</sub>	2,122,023	13,007,077	09.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	90.00
91.00		1,710	3,557		0	0	5,267	
92.00 93.00			0		0	0	0	92.00 93.00
94.00	09400 PATIENTS LAUNDRY	0	ő		0	o o	0	94.00
95.00		720,924	0		0	o	720,924	
98.00 99.00	Cross Foot Adjustments Negative Cost Centers		0  0		0	0  0	0	98.00 99.00
100 00		16,333,868	1,270,291		0	2,122,625	16,333,868	

COST ALLOCATION - GENERAL SERVICE COSTS

					o 12/31/2023		
	Cost Center Description	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	<u>5/13/2024 3:5</u>   DIETARY	8 pm
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00 3.00 4.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL	2,235,403					1.00 2.00 3.00 4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	179,294	1,310,085				5.00
6.00 7.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	7,137 174,151	58,587 16,041		1,288,547		6.00 7.00
8.00	00800 DIETARY	297,178	146,412	i	152,703	2,470,571	8 00
9.00	00900 NURSING ADMINISTRATION	69,973	0	Ö	0	0	9 00
10.00	01000 CENTRAL SERVICES & SUPPLY	20,091	0	0	0	0	10.00
11.00	01100 PHARMACY	0	0	0	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	18,670	2 270	0	0	0	12.00
13.00 14.00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	21,380	2,370	0	2,472	0	13.00 14.00
15.00	01500 RECREATION	63,040	107,238	0	111,847	0	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 SKILLED NURSING FACILITY	986,143	905,393	110,734	944,299	2,470,571	30.00
31.00	03100 NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200 ICF/IID	0	0	0	0	0	32.00
33.00	03300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	0	l O	0	33.00
40.00	04000 RADIOLOGY	4,863	0	0	O	0	40.00
41.00	04100 LABORATORY	3,300	0	0	o	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	3,589	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	114,637	69,414	0	72,397	0	44.00
45.00 46.00	04500 OCCUPATIONAL THERAPY 04600 SPEECH PATHOLOGY	89,143 4,330	0	0	0	0	45.00 46.00
47.00	04700 ELECTROCARDIOLOGY	4,330	0	0		0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,570	0	ő	Ö	0	48 00
49.00	04900 DRUGS CHARGED TO PATIENTS	49,183	0	0	o	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
60.00	06000 CLINIC	0	0	0	ol	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0		0	61.00
62.00	06200 FQHC		· ·			v	62 00
63.00	06300 DAY CARE	0	0	0	0	0	63.00
	OTHER REIMBURSABLE COST CENTERS	1		T.	I		
70.00	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	9,589	0	-	-	0	70.00
71.00 73.00	07100 AMBULANCE	9,369	0	-	-	0	71.00 73.00
73100	SPECIAL PURPOSE COST CENTERS	<u> </u>			<u> </u>		73.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00 89.00	08300 HOSPICE SUBTOTALS (sum of lines 1-84)	2,120,261	0 1,305,455	110,734	1,283,718	0 2,470,571	83.00 89.00
69.00	NONREIMBURSABLE COST CENTERS	2,120,201	1,303,433	110,734	1,263,716	2,470,371	89.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	835	4,630	0	4,829	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	0	93.00
94.00 95.00	09400 PATIENTS LAUNDRY 09500 DAYCARE	114,307	0		0	0	94.00 95.00
98.00	Cross Foot Adjustments	114,307	0			0	98.00
99.00	Negative Cost Centers	Ö	Ö	Ö	l ől	0	99.00
100.00	1 1 2	2,235,403	1,310,085	110,734	1,288,547	2,470,571	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

						To 12/31/2023	Date/Time Pre 5/13/2024 3:5	
	Cost Center Description		NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	o piii
	'		ADMINISTRATION	SERVICES &		RECORDS &		
			2.22	SUPPLY	11.00	LIBRARY	12.00	
	GENERAL SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00	
1.00	00100 CAP REL COSTS - BLDGS &	FTYTURES						1.00
2.00	00200 CAP REL COSTS - MOVABLE							2.00
3.00	00300 EMPLOYEE BENEFITS							3.00
4.00	00400 ADMINISTRATIVE & GENERA	L						4.00
5.00	00500 PLANT OPERATION, MAINT.	& REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE							6.00
7.00	00700 HOUSEKEEPING							7.00
8.00	00800 DIETARY		544 204					8.00
9.00	00900 NURSING ADMINISTRATION		511,284	146 001				9.00
10.00 11.00		LY		146,801				10.00 11.00
12.00		₽∨		0		0 136,423		12.00
13.00		KI	Ŏ	0		0 150,425	161,064	1
14.00		TH EDUCATION	l ő	0		o o	0	14 00
15.00			0	0		0	0	15.00
	INPATIENT ROUTINE SERVICE COS	T CENTERS						
30.00			511,284	39,940		0 136,423	161,064	30.00
	1		0	0		0	0	31.00
			0	0		0	0	32.00
33.00		_	0	0		0 0	0	33.00
40.00	ANCILLARY SERVICE COST CENTER	.5		0		0 0	0	40.00
40.00 41.00			0	0		0 0	0	40.00 41.00
42.00			0	0			0	42.00
43.00		RAPY		0			0	43.00
44 00		1011	Ŏ	0		o o	Ŏ	44 00
45.00			0	0		o d	0	45.00
46.00	1		0	0		0	0	46.00
47.00	04700 ELECTROCARDIOLOGY		0	0		0 0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGE	D TO PATIENTS	0	9,084		0	0	48.00
49.00			0	97,777		0	0	49.00
50.00		ONLY	0	0		0	0	50.00
51.00			0	0		0 0	0	51.00
60.00	OUTPATIENT SERVICE COST CENTE	:RS					0	60 00
60.00 61.00			0	0		0 0		60.00 61.00
62.00				U			0	62.00
63.00			0	0		0	0	1
	OTHER REIMBURSABLE COST CENTE	:RS				<u></u>		
70.00			0	0		0 0	0	70.00
71.00	07100 AMBULANCE		0	0		0 0	0	71.00
73.00	07300 СМНС		0	0		0 0	0	73.00
	SPECIAL PURPOSE COST CENTERS							
80.00		PAID LOSSES						80.00
81.00		_						81.00
82.00		F		0			,	82.00
83.00 89.00		1 0/1)	0 511,284	0 146,801		0 136,423	0 161,064	
03.00	NONREIMBURSABLE COST CENTERS	1-04)	311,204	140,601		0 130,423	101,004	09.00
90.00		OPS & CANTEEN	0	0		0 0	0	90.00
91.00			Ö	0		0 0	ő	91.00
92.00	1	CES	0	0		0	0	92.00
93.00			0	0		0	0	93.00
94.00			0	0		0	0	94.00
95.00			0	0		0	0	95.00
98.00			0	0			_	98.00
99.00			[ 0	146 001		0 126 427	161 064	
100.00	0   TOTAL		511,284	146,801	I	0 136,423	161,064	1100.00

Period: Worksheet B From 01/01/2023 Part I To 12/31/2023 Date/Time Prepared: Provider No.: 315413 COST ALLOCATION - GENERAL SERVICE COSTS

					To 12/31/2023	Date/Time Pre 5/13/2024 3:5	pared:
			OTHER GENERAL			3/13/2024 3.3	o piii
			SERVICE	- 1 3			
	Cost Center Description	NURSING AND ALLIED HEALTH	RECREATION	Subtotal	Post Stepdown Adjustments	Total	
		EDUCATION			Adjustmentes		
		14.00	15.00	16.00	17.00	18.00	
1.00	GENERAL SERVICE COST CENTERS  00100 CAP REL COSTS - BLDGS & FIXTURES	1					1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00 7.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING						6.00 7.00
8.00	00800 DIETARY						8.00
9.00	00900 NURSING ADMINISTRATION						9.00
10.00	01000 CENTRAL SERVICES & SUPPLY						10.00
11.00	01100 PHARMACY						11.00
12.00	01200 MEDICAL RECORDS & LIBRARY						12.00
13.00 14.00	01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION						13.00 14.00
	01500 RECREATION	0	679,713				15.00
13100	INPATIENT ROUTINE SERVICE COST CENTERS	,	073,713				13100
	03000 SKILLED NURSING FACILITY	0	679,713	13,165,05	8 0	13,165,058	30.00
	03100 NURSING FACILITY	0	0		0	0	31.00
	03200 ICF/IID	0	0		0 0	0	32.00
33.00	03300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0		0 0	0	33.00
40.00	04000 RADIOLOGY	0	0	35,53	5 0	35,535	40.00
	04100 LABORATORY	0	Ö	24,11		24,110	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0		0 0	0	42.00
	04300 OXYGEN (INHALATION) THERAPY	0	0	26,22		26,222	43.00
44.00	04400 PHYSICAL THERAPY	0	0	979,45		979,454	
45.00 46.00	04500 OCCUPATIONAL THERAPY 04600 SPEECH PATHOLOGY		0	651,36 31,63		651,363 31,638	1
	04700 ELECTROCARDIOLOGY	Ö	ő	31,03	o o	0	47.00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	o	42,47	4 0	42,474	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	o	457,15	5 0	457,155	49.00
	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0	0	50.00
51.00	05100 SUPPORT SURFACES OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	51.00
60.00	06000 CLINIC	0	ol		0 0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	ő		o o	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 DAY CARE	0	0		0 0	0	63.00
70.00	OTHER REIMBURSABLE COST CENTERS		ما			0	70.00
70.00 71.00	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE	0	0 0	70,06	0 7 0	0 70,067	70.00 71.00
	07300 CMHC		0	70,00	0	70,007	73.00
, , , , ,	SPECIAL PURPOSE COST CENTERS		<u> </u>		<u>.,                                    </u>		,
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
	08100 INTEREST EXPENSE						81.00
82.00 83.00	08200   UTILIZATION REVIEW - SNF   08300   HOSPICE					0	82.00 83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	679,713	15,483,07	0 6 0		
03.00	NONREIMBURSABLE COST CENTERS	· · · · · · · · · · · · · · · · · · ·	075,715	13,403,07	<u> </u>	13, 103,070	03.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	0	15,56	1 0	15,561	91.00
	09200 PHYSICIANS PRIVATE OFFICES	0	0		0	0	92.00
93 .00 94 .00	09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY	0	0			0	93.00 94.00
95.00	09500 DAYCARE	0	0	835,23		835,231	
98.00	Cross Foot Adjustments	Ö	ő	055,25	o o	033,231	98.00
99.00	Negative Cost Centers	0	o		o o	0	99.00
100.00	TOTAL	0	679,713	16,333,86	8 o	16,333,868	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315413
Period:
From 01/01/2023
To 12/31/2023
Part II
To 12/31/2023
Part II
To 12/31/2023
Part II
To 12/31/2023
Part II
To 12/31/2023

						0 12/31/2023	5/13/2024 3:5	
				CAPITAL REL	ATED COSTS		, , , , , , , , , , , , , , , , , , , ,	
		Cost Center Description	Directly	BLDGS &	MOVABLE	Subtotal	EMPLOYEE	
		cost center beser peron	Assigned New	FIXTURES	EQUIPMENT	Subcocai	BENEFITS	
			Capital					
			Related Costs	1.00	2.00	2A	3.00	
	GENER.	AL SERVICE COST CENTERS	0	1.00	2.00	ZA	3.00	
1.00		CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00		CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00		EMPLOYEE BENEFITS	0	215 222		1	0	3.00
4.00 5.00		ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. & REPAIRS	0	215,333 48,456		215,333 48,456	0	4.00 5.00
6.00		LAUNDRY & LINEN SERVICE	0	45,010		45,010	0	6.00
7.00	00700	HOUSEKEEPING	0	12,324		12,324	0	7.00
8.00		DIETARY	0	112,484	(	112,484	0	8.00
9.00 10.00		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	0	0	(	0	0	9.00 10.00
11.00		PHARMACY		0			0	11.00
12.00		MEDICAL RECORDS & LIBRARY	0	Ö	d	o o	0	12.00
13.00		SOCIAL SERVICE	0	1,821	(	1,821	0	13.00
14.00		NURSING AND ALLIED HEALTH EDUCATION	0	0 200		0	0	14.00
15.00		RECREATION  IENT ROUTINE SERVICE COST CENTERS	0	82,388		82,388	0	15.00
30.00		SKILLED NURSING FACILITY	0	695,589		695,589	0	30.00
31.00		NURSING FACILITY	0	0	(	0	0	31.00
32.00		ICF/IID	0	0	(	1	0	32.00
33.00		OTHER LONG TERM CARE  LARY SERVICE COST CENTERS	0	0	(	0	0	33.00
40.00		RADIOLOGY	0	0		0	0	40.00
41.00		LABORATORY	0	Ō			0	41.00
42.00	1	INTRAVENOUS THERAPY	0	0	(	0	0	42.00
43.00		OXYGEN (INHALATION) THERAPY	0	0 53.330		0	0	43.00
44.00 45.00		PHYSICAL THERAPY OCCUPATIONAL THERAPY	0	53,329		53,329	0	44.00 45.00
46.00		SPEECH PATHOLOGY		ő		ő	0	46.00
47.00		ELECTROCARDIOLOGY	0	0	(	0	0	47.00
48.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(	0	0	48.00
49.00 50.00		DRUGS CHARGED TO PATIENTS DENTAL CARE - TITLE XIX ONLY	0	0			0	49.00 50.00
51.00		SUPPORT SURFACES	0	0			0	51.00
		TIENT SERVICE COST CENTERS						
60.00		CLINIC	0	0		-	0	60.00
61.00 62.00	06100	RURAL HEALTH CLINIC	0	0	(	0	0	61.00 62.00
63.00		DAY CARE	0	0		0	0	1
		REIMBURSABLE COST CENTERS						
70.00		HOME HEALTH AGENCY COST	0	0			0	70.00
71.00		AMBULANCE	0	0	(		0	71.00
73.00	07300 SPECT	AL PURPOSE COST CENTERS	l O	U		)  0	0	73.00
80.00		MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00		INTEREST EXPENSE						81.00
82.00		UTILIZATION REVIEW - SNF		0			0	82.00
83.00 89.00	08300	HOSPICE  SUBTOTALS (sum of lines 1-84)	0	1,266,734			0	83.00 89.00
03.00	NONRE	IMBURSABLE COST CENTERS	0	1,200,734		1,200,734		03.00
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	(		0	90.00
91.00		BARBER AND BEAUTY SHOP	0	3,557	(	3,557	0	91.00
92.00 93.00		PHYSICIANS PRIVATE OFFICES NONPAID WORKERS		0			0	92.00 93.00
94.00		PATIENTS LAUNDRY		0		$ \hat{0} $	0	94.00
95.00		DAYCARE	0	0	(	0	0	95.00
98.00		Cross Foot Adjustments		_	_	0	_	98.00
99.00 100.00		Negative Cost Centers	0	0 1,270,291		1	0	99.00 100.00
100.00	<b>'</b> I	LIVIAL	ı o	1,270,291	1	1,270,291	U	1100.00

Provider No.: 315413

Period: Worksheet B From 01/01/2023 Part II To 12/31/2023 Date/Time Prepared:

				Т	o 12/31/2023	Date/Time Pre 5/13/2024 3:5	
	Cost Center Description	ADMINISTRATIVE	PLANT	LAUNDRY &	HOUSEKEEPING	DIETARY	Dill Dill
		& GENERAL	OPERATION,	LINEN SERVICE			
			MAINT. &				
		4.00	REPAIRS 5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS	1100	3100	0.00	7100	0.00	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL	215,333	65 720				4.00
5.00 6.00	00500 PLANT OPERATION, MAINT. & REPAIRS	17,272	65,728				5.00 6.00
7.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	16,776	2,939 805		29,905		7.00
8.00	00800 DIETARY	28,628	7,346		3,544	152,002	8.00
9.00	00900 NURSING ADMINISTRATION	6,741	0	ol ő	0	0	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	1,935	0	o o	0	0	10.00
11.00	01100 PHARMACY	0	0	0	0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	1,799	0	0	0	0	12.00
13.00	01300 SOCIAL SERVICE	2,060	119	0	57	0	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	14.00
15.00	01500 RECREATION	6,073	5,380	0	2,596	0	15.00
30.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 SKILLED NURSING FACILITY	94,990	45,424	48,636	21,916	152,002	30.00
31.00	03100 NURSING FACILITY	94,990	43,424	1 40,030	21,910	132,002	31.00
32.00	03200 ICF/IID		0		0	0	32.00
33.00	03300 OTHER LONG TERM CARE	l ő	0	ol ö	ő	0	33.00
	ANCILLARY SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·	_		· · · · · · · · · · · · · · · · · · ·		
40.00	04000 RADIOLOGY	468	0	0	0	0	40.00
41.00	04100 LABORATORY	318	0	0	0	0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	346	0	0	0	0	43.00
44.00	04400 PHYSICAL THERAPY	11,043	3,483	0	1,680	0	44.00
45.00 46.00	04500 OCCUPATIONAL THERAPY 04600 SPEECH PATHOLOGY	8,587 417	0		0	0	45.00 46.00
47.00	04700 SPEECH PATHOLOGY	417	0		0	0	47.00
48 00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	440	Ö	ol ö	ő	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	4,738	0	ol o	Ö	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
	OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLINIC	0	0			0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200 FQHC		0		0	0	62.00
63.00	06300 DAY CARE OTHER REIMBURSABLE COST CENTERS	l o		<u> </u>	U U	0	63.00
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	924	Ö			0	71.00
73.00	07300 CMHC	0	0	1		0	73.00
	SPECIAL PURPOSE COST CENTERS						
80.00							80.00
							81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	204 242	CF 400	0	20. 703	152.003	83.00
89.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	204,242	65,496	48,636	29,793	152,002	89.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	80	232		112	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	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
95.00	09500 DAYCARE	11,011	0	0	0	0	95.00
98.00	Cross Foot Adjustments		•	) 0	0	0	98.00
99.00	Negative Cost Centers	215,333	65,728	0	30 005	0 152,002	99.00
100.00	)   TOTAL	213,333	05,728	48,636	29,905	152,002	1100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315413 | Period: | Worksheet B From 01/01/2023 | Part II To 12/31/2023 | Date/Time P

Date/Time Prepared: 5/13/2024 3:58 pm Cost Center Description NURSING CENTRAL PHARMACY MEDICAL SOCIAL SERVICE ADMINISTRATION SERVICES & RECORDS & **SUPPLY** LIBRARY 9.00 11.00 13.00 10.00 12.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 1.00 1.00 2.00 2.00 00300 EMPLOYEE BENEFITS 3.00 3.00 4.00 00400 ADMINISTRATIVE & GENERAL 4.00 00500 PLANT OPERATION, MAINT. & REPAIRS 5.00 5.00 6.00 00600 LAUNDRY & LINEN SERVICE 6.00 00700 HOUSEKEEPING 7.00 7.00 8.00 00800 DIETARY 8.00 00900 NURSING ADMINISTRATION 9.00 6,741 9.00 01000 CENTRAL SERVICES & SUPPLY 1,935 10.00 10.00 0 11.00 01100 PHARMACY 0 11.00 12.00 01200 MEDICAL RECORDS & LIBRARY 0 0 0 1,799 12.00 13.00 01300 SOCIAL SERVICE 0 ol 4,057 13.00 01400 NURSING AND ALLIED HEALTH EDUCATION 14.00 0 0 0 14.00 01 0 15.00 01500 RECREATION 0 0 0 0 0 15.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 6,741 0 1,799 4,057 30.00 03000 SKILLED NURSING FACILITY 526 03100 NURSING FACILITY 0 31.00 0 0 0 31.00 32.00 03200 ICF/IID 0 0 0 0 32.00 0 0 33.00 03300 OTHER LONG TERM CARE 0 0 33.00 ANCILLARY SERVICE COST CENTERS 40.00 04000 RADIOLOGY 0 ol 0 0 0 40.00 41.00 04100 LABORATORY 0 0 0 0 0 41.00 0 0 42.00 04200 INTRAVENOUS THERAPY 0 0 42.00 04300 OXYGEN (INHALATION) THERAPY 0 0 0 43.00 0 n 43.00 44.00 04400 PHYSICAL THERAPY 0 0 0 0 0 44.00 04500 OCCUPATIONAL THERAPY 0 0 45.00 45.00 0 0 0 04600 SPEECH PATHOLOGY ol 0 46.00 46.00 0 0 0 47.00 04700 ELECTROCARDIOLOGY n 0 47.00 48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 120 0 0 0 48.00 0 0 o 49.00 04900 DRUGS CHARGED TO PATIENTS 1,289 0 49.00 05000 DENTAL CARE - TITLE XIX ONLY 50 00 0 0 ol 0 50.00 0 51.00 05100 SUPPORT SURFACES 0 ol 0 51.00 OUTPATIENT SERVICE COST CENTERS 60.00 06000 CLINIC 0 0 0 0 0 60.00 61.00 06100 RURAL HEALTH CLINIC 0 0 0 0 ol 61.00 62.00 06200 FQHC 62.00 63.00 06300 DAY CARE 0 0 0 63.00 OTHER REIMBURSABLE COST CENTERS 70.00 70.00 07000 HOME HEALTH AGENCY COST 0 0 0 0 0 71.00 07100 AMBULANCE 0 0 0 0 71.00 73.00 07300 CMHC 0 0 0 0 0 73.00 SPECIAL PURPOSE COST CENTERS 80.00 08000 MALPRACTICE PREMIUMS & PAID LOSSES 80.00 81.00 08100 INTEREST EXPENSE 81.00 82.00 08200 UTILIZATION REVIEW - SNF 82.00 08300 HOSPICE 0 83.00 0 83.00 1,799 89.00 SUBTOTALS (sum of lines 1-84) 6,741 1,935 0 4,057 89.00 NONREIMBURSABLE COST CENTERS 90.00 90.00 0 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 91.00 09100 BARBER AND BEAUTY SHOP 0 0 0 0 0 91.00 09200 PHYSICIANS PRIVATE OFFICES 0 0 0 92.00 92.00 0 93.00 09300 NONPAID WORKERS 0 ol 0 0 0 93.00 09400 PATIENTS LAUNDRY 94.00 0 01 0 0 0 94.00

0

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6.741

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0

1.935

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0

0

1,799

0 95.00

4,057 100.00

98.00

99.00

95.00

98.00

99.00

100.00

09500 DAYCARE

TOTAL

Cross Foot Adjustments

Negative Cost Centers

Provider No.: 315413

						го 12/31/2023	Date/Time Pre 5/13/2024 3:5	
				OTHER GENERAL			7/13/2024 3.3	) piii
				SERVICE			_	
		Cost Center Description	NURSING AND ALLIED HEALTH	RECREATION	Subtotal	Post Step-Down Adjustments	Total	
			EDUCATION			Aujustillerits		
			14.00	15.00	16.00	17.00	18.00	
		AL SERVICE COST CENTERS						
1.00		CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00 3.00		CAP REL COSTS - MOVABLE EQUIPMENT EMPLOYEE BENEFITS						2.00 3.00
4.00		ADMINISTRATIVE & GENERAL						4.00
5.00		PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE						6.00
7.00		HOUSEKEEPING						7.00
8.00		DIETARY						8.00
9.00		NURSING ADMINISTRATION						9.00
10.00 11.00		CENTRAL SERVICES & SUPPLY PHARMACY						10.00
12.00		MEDICAL RECORDS & LIBRARY						12.00
13.00	1	SOCIAL SERVICE						13.00
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0					14.00
15.00		RECREATION	0	96,437				15.00
30.00		IENT ROUTINE SERVICE COST CENTERS	I al	06 427	1 100 11	- 0	1 100 117	30.00
30.00 31.00	1	SKILLED NURSING FACILITY	0	96,437	1,168,11	7 0 0 0	1,168,117	1
		NURSING FACILITY ICF/IID	0	0 0			0	1
33.00		OTHER LONG TERM CARE	ĺ	ŏ		o o	0	1
		LARY SERVICE COST CENTERS	, ,,	٠,		-	-	
40.00	04000	RADIOLOGY	0	0	46	8 0	468	40.00
41.00		LABORATORY	0	0	31	1	318	
42.00		INTRAVENOUS THERAPY	0	0		0	0	1
43.00		OXYGEN (INHALATION) THERAPY	0	0	34	1	346	1
44.00 45.00		PHYSICAL THERAPY OCCUPATIONAL THERAPY	0	U 0	69,53 8,58	1	69,535 8,587	1
46.00		SPEECH PATHOLOGY		Ö	41	1	417	1
47.00		ELECTROCARDIOLOGY	Ö	ō		o o	0	1
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	o	56	0 0	560	48.00
49.00	1	DRUGS CHARGED TO PATIENTS	0	0	6,02		6,027	1
	1	DENTAL CARE - TITLE XIX ONLY	0	0		0	0	
51.00		SUPPORT SURFACES	0	0		0	0	51.00
60.00		TIENT SERVICE COST CENTERS CLINIC	0	0		0 0	0	60.00
61 00	1	RURAL HEALTH CLINIC	Ö	ő		o o	Ö	1
62.00	06200						_	62.00
63.00		DAY CARE	0	0		0	0	63.00
		REIMBURSABLE COST CENTERS				-1 -1		
70.00	1	HOME HEALTH AGENCY COST	0	0		0	034	
	07100	AMBULANCE	0	0	92	4 0 0 0	924 0	1
73.00		AL PURPOSE COST CENTERS	<u> </u>			<u> </u>		73.00
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00		INTEREST EXPENSE						81.00
82.00		UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	4 255 20	0	0	
89.00	NONDE	SUBTOTALS (sum of lines 1-84)	0	96,437	1,255,29	9 0	1,255,299	89.00
90.00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	ol		0	0	90.00
91.00		BARBER AND BEAUTY SHOP	Ö	ő	3,98	ĭ ő		91.00
92.00		PHYSICIANS PRIVATE OFFICES	o	Ö	,,,,,,	o o	0	1
93.00		NONPAID WORKERS	0	o		o  o	0	
94.00		PATIENTS LAUNDRY	0	0		0	0	
95.00	09500	DAYCARE	0	0	11,01	J 0		95.00
98.00 99.00		Cross Foot Adjustments Negative Cost Centers	0	0			0	1
100.00		TOTAL		96,437	1,270,29	1 0	1,270,291	
	1	· · · · · <del>-</del>	١	30, .37	_, _, _,	-, Y	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315413 | Period: From 01/01/202

Period: Worksheet B-1 From 01/01/2023 To 12/31/2023 Date/Time Prepared: 5/13/2024 3:58 pm

					Т	o 12/31/2023	Date/Time Pre 5/13/2024 3:5	
			CAPITAL REL	ATED COSTS			7 37 237 202 1 313	<u>Б.</u>
		Soot Souton Decemention	PL DCC P	MOV/A DI E	EMBLOVEE	Da samailiation	A DMINITOID A TILVE	
		Cost Center Description	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Reconciliation	& GENERAL	
			(SQUARE FEET)	•	(GROSS		(ACCUM COST)	
					SALARIES)			
	CENED	AL SERVICE COST SENTERS	1.00	2.00	3.00	4A	4.00	
1.00		AL SERVICE COST CENTERS  CAP REL COSTS - BLDGS & FIXTURES	90,706					1.00
2.00		CAP REL COSTS - MOVABLE EQUIPMENT	30,700	90,706				2.00
3.00		EMPLOYEE BENEFITS	0	0	7,196,377			3.00
4.00		ADMINISTRATIVE & GENERAL	15,376	15,376			14,098,465	4.00
5.00		PLANT OPERATION, MAINT. & REPAIRS	3,460	3,460	273,586	0	1,130,791	5.00
6.00 7.00		LAUNDRY & LINEN SERVICE HOUSEKEEPING	3,214 880	3,214 880	0 706,217	0	45,010 1,098,355	6.00 7.00
8.00		DIETARY	8,032		570,993	0	1,874,278	8.00
9.00		NURSING ADMINISTRATION	0,032	0	340,290	Ö	441,311	
10.00		CENTRAL SERVICES & SUPPLY	0	0	0	0	126,710	
11.00		PHARMACY	0	0	0	0	0	11.00
12.00		MEDICAL RECORDS & LIBRARY	0	0	27,271	0	117,753	
13.00 14.00		SOCIAL SERVICE NURSING AND ALLIED HEALTH EDUCATION	130	130	97,162	0	134,842	13.00 14.00
15.00		RECREATION	5,883	5,883	235,585	0	397,588	
		IENT ROUTINE SERVICE COST CENTERS		, , , , , ,			, , , , , , , , , , , , , , , , , , , ,	
30.00		SKILLED NURSING FACILITY	49,669	49,669	3,345,910	0	6,219,494	
31.00		NURSING FACILITY	0	0	0	0	0	31.00
32.00 33.00		ICF/IID   OTHER LONG TERM CARE	0	0	0	0	0	32.00 33.00
33.00		LARY SERVICE COST CENTERS	0	0	0	0		33.00
40.00		RADIOLOGY	0	0	0	0	30,672	40.00
41.00		LABORATORY	0	0	0	0	20,810	
42.00		INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00		OXYGEN (INHALATION) THERAPY	0	2 909	516 608	0	22,633	
44.00 45.00		PHYSICAL THERAPY OCCUPATIONAL THERAPY	3,808	3,808	516,698 434,161	0	723,006 562,220	
46 00		SPEECH PATHOLOGY	Ö	0	21,088	Ö	27,308	
47.00		ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	28,820	
49.00		DRUGS CHARGED TO PATIENTS	0	0	0	0	310,195	
50.00 51.00		DENTAL CARE - TITLE XIX ONLY SUPPORT SURFACES	0	0	0	0	0	50.00 51.00
31.00		TIENT SERVICE COST CENTERS		J				31.00
60.00		CLINIC	0	0	0	0	0	60.00
61.00		RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	I -		0			_	62.00
63.00		DAY CARE REIMBURSABLE COST CENTERS	0	0	0	0	0	63.00
70.00		HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00		AMBULANCE	0	0	0	0	60,478	
73.00	07300		0	0	0	0	0	73.00
00 00		AL PURPOSE COST CENTERS	I					00 00
80.00 81.00		MALPRACTICE PREMIUMS & PAID LOSSES INTEREST EXPENSE						80.00 81.00
82.00		UTILIZATION REVIEW - SNF						82.00
83.00		HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	90,452	90,452	7,196,377	-2,235,403	13,372,274	89.00
00 00		IMBURSABLE COST CENTERS	1 0	0	^		0	00 00
90.00 91.00		GIFT, FLOWER, COFFEE SHOPS & CANTEEN BARBER AND BEAUTY SHOP	0 254	254	0	0	0 5,267	
92.00		PHYSICIANS PRIVATE OFFICES	0	0	0	0	0,207	
93.00		NONPAID WORKERS	0	0	0	0	0	93.00
94.00		PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	09500	DAYCARE	0	0	0	0	720,924	
98.00 99.00		Cross Foot Adjustments Negative Cost Centers						98.00 99.00
102 00	)	Cost to be allocated (per Wkst. B,	1,270,291	0	2,122,625		2,235,403	
		Part I)					,===,:00	
103.00		Unit cost multiplier (Wkst. B, Part I)	14.004487	0.000000	0.294957		0.158556	
104.00	)	Cost to be allocated (per Wkst. B,			0		215,333	104.00
105.00		Part II)  Unit cost multiplier (Wkst. B, Part			0.000000		0.015274	105.00
		II)						

COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315413 Period: From 01/01/20

Period: From 01/01/2023 To 12/31/2023 Date/Time Prepared:

				Т	o 12/31/2023	Date/Time Pre 5/13/2024 3:5	
	Cost Center Description	PLANT	LAUNDRY &	HOUSEKEEPING	DIETARY	NURSING	<b>J</b>
		OPERATION, MAINT. &	LINEN SERVICE (POUNDS OF	(SQUARE FEET)	(MEALS SERVED)	ADMINISTRATION	
		REPAIRS	LAUNDRY)			(DIRECT	
		(SQUARE FEET)				NURSING)	
	I	5.00	6.00	7.00	8.00	9.00	
1.00	GENERAL SERVICE COST CENTERS  00100 CAP REL COSTS - BLDGS & FIXTURES	T		I			1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	71,870	20 750				5.00
6.00 7.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	3,214	39,759	67,776			6.00 7.00
8.00	00800 DIETARY	8,032	0	8,032			8.00
9.00	00900 NURSING ADMINISTRATION	0	Ö	0,000	0	100,736	9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0	O	0	0	10.00
11.00	01100 PHARMACY	0	0	0	0	0	11.00
12.00 13.00	01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE	130	0	130		0	12.00 13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0	130	o o	ő	14.00
15.00	01500 RECREATION	5,883	0	5,883	0	0	15.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	10.550	20 750	10.55	440.000	100 776	20.00
30.00 31.00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY	49,669	39,759	49,669	119,277	100,736 0	30.00 31.00
32.00	03200 ICF/IID		0		0		32.00
33.00	03300 OTHER LONG TERM CARE	0	0	ď	ő	ŏ	33.00
	ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADIOLOGY	0	0	0	0		40.00
41.00 42.00	04100 LABORATORY 04200 INTRAVENOUS THERAPY	0	0		0	0	41.00
43.00	04300 OXYGEN (INHALATION) THERAPY	Ö	Ö	l o	ŏ	ő	43.00
44.00	04400 PHYSICAL THERAPY	3,808	0	3,808	0	0	44.00
45.00	04500 OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00 47.00	04600 SPEECH PATHOLOGY	0	0		0	0	46.00 47.00
48.00	04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS		0		0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	Ö	Ö	Ö	ő	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	O	0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0	0	0	51.00
60.00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC	T 0	0	0		0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0	d	0	o	61 00
62.00	06200 FQHC						62.00
63.00	06300 DAY CARE	0	0	0	0	0	63.00
70.00	07000 HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100 AMBULANCE	Ö	Ö		_		71.00
73.00	07300 CMHC	0	0	0	0	0	73.00
80.00	SPECIAL PURPOSE COST CENTERS   08000   MALPRACTICE PREMIUMS & PAID LOSSES	1					80 00
81.00	08100 INTEREST EXPENSE						80.00 81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPICE	0	0	0	0	0	
89.00	SUBTOTALS (sum of lines 1-84)	71,616	39,759	67,522	119,277	100,736	89.00
90.00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	254		1			1
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	•	92.00
93.00	09300 NONPAID WORKERS	0	0	0	0	•	93.00
94.00 95.00	09400 PATIENTS LAUNDRY 09500 DAYCARE	0	0			0	94.00 95.00
98.00	Cross Foot Adjustments		0			Ĭ	98.00
99.00	Negative Cost Centers						99.00
102.00		1,310,085	110,734	1,288,547	2,470,571	511,284	102.00
103.00	Part I)   Unit cost multiplier (Wkst. B, Part I)	18.228538	2.785130	19.011848	20.712887	5.075484	103 00
103.00		65,728		1			104.00
	Part II)						
105.00		0.914540	1.223270	0.441233	1.274361	0.066917	105.00
		1		I		I	I

In Lieu of Form CMS-2540-10 Health Financial Systems PEACE CARE AT ST. ANNS Period: | Worksheet B-1 | From 01/01/2023 | To 12/31/2023 | Date/Time Prepared: Provider No.: 315413 COST ALLOCATION - STATISTICAL BASIS

					ro 12/31/2023	Date/Time Pre	
	Cost Center Description	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	5/13/2024 3:5   NURSING AND	8 pm
	·	SERVICES &	(COSTED	RECORDS &		ALLIED HEALTH	
		SUPPLY	REQUIS)	LIBRARY	(TIME SPENT)	EDUCATION	
		(COSTED REQUIS)		(TIME SPENT)		(ASSIGNED TIME)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS			1			
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
2.00 3.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS						2.00 3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPING						7.00
8.00 9.00	00800  DIETARY  00900  NURSING ADMINISTRATION						8.00 9.00
10 00	01000 CENTRAL SERVICES & SUPPLY	465,725					10.00
11.00	01100 PHARMACY	0	0				11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0	39,759			12.00
	01300 SOCIAL SERVICE	0	0		39,759		13.00
14 00 15 00	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 RECREATION	0	0	1	0	0	14.00 15.00
13.00	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>		1	<u>J</u>	0	13.00
30.00	03000 SKILLED NURSING FACILITY	126,710	0	39,759	39,759	0	30.00
31.00	03100 NURSING FACILITY	0	0	) (	0	0	31.00
	03200 ICF/IID	0	0		0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0	0	)  (	0	0	33.00
40.00	ANCILLARY SERVICE COST CENTERS 04000 RADIOLOGY	0	0		0	0	40.00
	04100 LABORATORY		0	1		0	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0		o o	0	42.00
	04300 OXYGEN (INHALATION) THERAPY	0	0	) (	0	0	43.00
44.00	04400 PHYSICAL THERAPY	0	0		0	0	44.00
45.00 46.00	04500 OCCUPATIONAL THERAPY 04600 SPEECH PATHOLOGY	0	0			0	45.00 46.00
	04700 ELECTROCARDIOLOGY	0	0			0	47.00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,820	Ö		o o	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	310,195	0	) (	0	0	49.00
	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	)  (	0	0	51.00
60.00	OUTPATIENT SERVICE COST CENTERS 06000 CLINIC	0			0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	Ŏ	0	1	o o	0	61.00
62.00	06200 FQHC						62.00
63.00	06300 DAY CARE	0	0	) (	0	0	63.00
70.00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0	0	\	0	0	70.00
70.00	07100 AMBULANCE	0	0	1		0	70.00
73.00	07300 CMHC	Ö	Ö		o o	Ő	73.00
	SPECIAL PURPOSE COST CENTERS						
	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
	08100 INTEREST EXPENSE						81.00
82.00 83.00	08200 UTILIZATION REVIEW - SNF  08300 HOSPICE	0	0			0	82.00 83.00
89.00	SUBTOTALS (sum of lines 1-84)	465,725	Ö		39,759	0	89.00
	NONREIMBURSABLE COST CENTERS				,		
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	•	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	0		0	-	91.00
92.00 93.00	09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS	0	0		0	0	92.00 93.00
94.00	09400 PATIENTS LAUNDRY	0	0			0	94.00
95.00	09500 DAYCARE	Ö	Ö	ol d	o o	0	95.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00		146,801	0	136,423	161,064	0	102.00
103.00	Part I)   Unit cost multiplier (Wkst. B, Part I)	0.315210	0.000000	3.431248	4.051007	0.000000	103.00
104.00		1,935	0.000000	1,799			104.00
	Part II)				·		
105.00		0.004155	0.000000	0.045248	0.102040	0.000000	105.00
		ı		I			1

Health Financial Systems In Lieu of Form CMS-2540-10 PEACE CARE AT ST. ANNS Provider No.: 315413 COST ALLOCATION - STATISTICAL BASIS

Period: From 01/01/2023 To 12/31/2023 Date/Time Prepared: 5/13/2024 3:58 pm

COST CENTER DESCRIPTION   CONTROL SERVICE COST CENTERS   1.00				5/13/2024 3:58 pm
COST CENTER DESCRIPTION   CLERNIUS   CLERNIUS   15.00			OTHER GENERAL	, , <u>, , , , , , , , , , , , , , , , , </u>
			SERVICE	
15,00     1,00		Cost Center Description	RECREATION	
EXERCISE SERVICE COST CENTERS			(CENSUS)	
1.00			15.00	
2.00				
3.00   0.000   DMPLOYER BENEFITS   3.00   3.00   0.000   DMPLOYER BENEFITS   5.00   5.00   0.000   DMPLOYER SERVICE   5.000   0.000   DMPLOYER SERVICE		· · · · · · · · · · · · · · · · · · ·		
4.00   0.0400  AMENISTRATIVE & GENERAL   4.00   5.00   5.00   0.0500  AJAND OPERATION, MINIT. & REPAIRS   5.00   5.00   0.0500  AJAND OPERATION, MINIT. & REPAIRS   5.00				
5.00   00500   LANT OPERATION, MAINT. & REPAIRS   5.00   00500   00500   LANT OPERATION, MAINT. & REPAIRS   6.00   00600   00500   0		1		
0.000   0.000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.0000				
2.00   00800   DOTATAY				
8.00   00000   URISING AMPHISISRATION   9.00   00000   URISING AMPHISISRATION   9.00   00000   URISING AMPHISISRATION   9.00   00000   URISING AMPHISISRATION   9.00   01000   URISING AMPHISISRATION   9.00   11.00   01100   URISING AMPHISISRATION   11.00   01100   URISING AMPHISISRATION   12.00   13.00   01200   URISING ARCHITED HEALTH EDUCATION   13.00   13.00   01500   URISING FACILITY   39,759   15.00   13.00   01300   URISING FACILITY   0 0   32.00   01300   URISING FACILITY   0 0   40.00				
9.00 10.00 1				
10.00   1000   1000   1000   1000   1000   1000   1000   1100		1		
11.00   10.00   PHARMACY     11.00   13.00		1		
12.00   01200   MEDICAL RECORDS & LIBRARY   13.00   14.00		l l		
13.00				
14.00   14.00   NURSING AND ALLIED HEALTH EDUCATION   39,759   15.00				
15.00   0.000   RECREATION   39,759   39,759   30.00   300,000   30.				
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   31.		l l	39,759	15.00
131.00   33100   NTRSING FACILITY   0   32.00   33.00   33.00   OTHER LONG TERM CARE   0   33.00   33.00   OTHER LONG TERM CARE   0   33.00   ABOULDARY SERVICE COST CENTERS		INPATIENT ROUTINE SERVICE COST CENTERS	, , , ,	
32.00   03200   TCF/TID	30.00	03000 SKILLED NURSING FACILITY	39,759	30.00
33.00				
ANCILLARY SERVICE COST CENTERS   0   0   0   0   0   0   0   0   0				
40.00   04000   ABDOLLOGY	33.00		0	33.00
11.00   04100   LABORATORY   0   41.00   42.00   42.00   43.00   04300   OXYGEN (INHALATION) THERAPY   0   44.00   44.00   44.00   044.00   PHYSICAL THERAPY   0   44.00   44.00   045.00   0500   OCCUPATIONAL THERAPY   0   45.00   0500   OCCUPATIONAL THERAPY   0   45.00   46.00   046.00   04600   SPEECH PATHOLOGY   0   47.00   46.00   046.00   04600   OSCO   SPEECH PATHOLOGY   0   47.00   047.00   04700   ELECTROCARDIOLOGY   0   47.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   047.00   049.00   04				
42.00   04200   INTRAVENOUS THERAPY   0   43.00   443.00   444.00   04400				
43.00   04300   0x7SEN (INHALATION) THERAPY   0   44.00   44.00   04400   PMYSICAT HERAPY   0   45.00   45.00   04500   04500   04500   0460		l l	· ·	
44.00   04400   PHYSICAL THERAPY   0   44.00   45.00   65.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   046.00   048.00   048.00   048.00   048.00   048.00   048.00   048.00   048.00   048.00   048.00   048.00   049.00   051.00   SUPPORT SURFACES   0   051.00   SUPPORT SURFACES   0   051.00   SUPPORT SURFACES   0   051.00   051.				
45.00				
46.00 46.00 46.00 47.00 47.00 47.00 47.00 47.00 47.00 47.00 48.00 50.00				
47.00			0	
A8.00			٥	
49.00   04900   DRIGS CHARGED TO PATTENTS   0   50.0			l ő	
\$0.00   \$0.0			Ö	
S1.00   S100   SUPPORT SURFACES   0   0   0   0   0   0   0   0   0	50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	50.00
60.00   06000   CLINIC   06100   RURAL HEALTH CLINIC   0   06200   FQHC   62.00   62.00   FQHC   63.00   06200   FQHC   0   06300   DAY CARE   0   0   06200   FQHC   63.00   06200   FQHC   0   0   0   0   0   0   0   0   0	51.00	05100 SUPPORT SURFACES	0	51.00
61.00   06100   RURAL HEALTH CLINIC   0   62.00   66200   FQHC   62.00   663.00   66				
62.00   06200   FQPC   06300   DAY CARE   0   07100   CARE   0   07100   CARE   0   0   07100   CARE   0   0   0   0   0   0   0   0   0				
63.00			0	
OTHER REIMBURSABLE COST CENTERS   70.00   7000   MME   HEALTH AGENCY COST   0   71.00   73.0		1 7		
70.00   7000   HOME HEALTH AGENCY COST   0   71.00   71.00   77.00	63.00		U U	03.00
71.00   07100   AMBULANCE   0   07300   CMHC   73.00	70.00		١	70.00
73.00   73.0				
SPECIAL PURPOSE COST CENTERS   80.00   800.00   MALPRACTICE PREMIUMS & PAID LOSSES   81.00   81.00   INTEREST EXPENSE   81.00   82.00   82.00   UTILIZATION REVIEW - SNF   82.00   83.00   HOSPICE   0   83.00   83.00   HOSPICE   80.00   83.00   HOSPICE   80.00   83.00   HOSPICE   80.00				
81.00			·	
82.00		08000 MALPRACTICE PREMIUMS & PAID LOSSES		80.00
82.00	81.00	08100  INTEREST EXPENSE		81.00
SUBTOTALS (sum of lines 1-84)   39,759   89.00	82.00	08200 UTILIZATION REVIEW - SNF		82.00
NONREIMBURSABLE COST CENTERS   90.00   9000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   91.00   91.		l l	0	
90.00   09000   GIFT, FLOWER, COFFEE SHOPS & CANTEEN   0   91.00   91.00   92.00   09100   BARBER AND BEAUTY SHOP   0   91.00   92.00   09200   PHYSICIANS PRIVATE OFFICES   0   92.00   93.00   NONPAID WORKERS   0   93.00   94.00   94.00   95.00   09500   DAYCARE   0   95.00   09500   DAYCARE   0   95.00   98.00   Part I)   102.00   Cost to be allocated (per Wkst. B, Part I)   17.095827   104.00   Part II)   105.00   Unit cost multiplier (Wkst. B, Part I)   17.095827   104.00   Part II)   Unit cost multiplier (Wkst. B, Part I)   2.425539   105.00	89.00		39,759	89.00
91.00   09100   BARBER AND BEAUTY SHOP   0   91.00   92.00   93.00   09200   PHYSICIANS PRIVATE OFFICES   0   92.00   93.00   93.00   93.00   94.00   94.00   94.00   94.00   95.00   09500   DAYCARE   0   94.00   98.00   09500   Cross Foot Adjustments   99.00   Negative Cost Centers   99.00   102.00   Cost to be allocated (per Wkst. B, Part I)   17.095827   103.00   104.00   Part II)   105.00   Unit cost multiplier (Wkst. B, Part   2.425539   105.00				
92.00   99200   PHYSICIANS PRIVATE OFFICES   0   92.00   93.00   94.00   94.00   94.00   94.00   95.00   95.00   95.00   95.00   96.00				
93.00   9300   NONPAID WORKERS   0   93.00   94.00   94.00   95.00   95.00   95.00   95.00   98.00   99.00   Nogative Cost Centers   99.00   Cost to be allocated (per Wkst. B, Part I)   17.095827   103.00   Part II)   105.00   Unit cost multiplier (Wkst. B, Part   2.425539   105.00   105.00   Unit cost multiplier (Wkst. B, Part   2.425539   105.00   10				
94.00   994.00   994.00   994.00   994.00   995.			I - 1	
95.00   09500   DAYCARE   0   95.00   98.00   99.00   Cross Foot Adjustments   98.00   99.00   Negative Cost Centers   99.00   Cost to be allocated (per Wkst. B, Part I)   17.095827   104.00   Cost to be allocated (per Wkst. B, Part II)   105.00   Unit cost multiplier (Wkst. B, Part I   2.425539   105.00   1			١	
98.00   Cross Foot Adjustments   98.00   99.00   Negative Cost Centers   99.00   Cost to be allocated (per Wkst. B, Part I)   103.00   Unit cost multiplier (Wkst. B, Part II)   105.00   Unit cost multiplier (Wkst. B, Part II)   105.00   Unit cost multiplier (Wkst. B, Part II)   2.425539   105.00   1		l l		
99.00   Negative Cost Centers   99.00   102.00   Cost to be allocated (per Wkst. B, Part I)   103.00   Unit cost multiplier (Wkst. B, Part I)   104.00   Cost to be allocated (per Wkst. B, Part II)   105.00   Unit cost multiplier (Wkst. B, Part II)   105.00   Unit cost multiplier (Wkst. B, Part III)   105.00   Unit cost multiplier (Wkst. B, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		· ·		
102.00   Cost to be allocated (per wkst. B, Part I)   103.00   Unit cost multiplier (wkst. B, Part I)   17.095827   103.00   Cost to be allocated (per wkst. B, Part II)   105.00   Unit cost multiplier (wkst. B, Part II)   2.425539   105.00   105.		1 1		
Part I) Unit cost multiplier (Wkst. B, Part I) 103.00 Cost to be allocated (per Wkst. B, Part II) 105.00 Unit cost multiplier (Wkst. B, Part II) 105.00  Part II) 105.00  103.00 104.00 105.00			679 713	
103.00     Unit cost multiplier (Wkst. B, Part I)     17.095827       104.00     Cost to be allocated (per Wkst. B, Part II)     96,437       105.00     Unit cost multiplier (Wkst. B, Part III)     2.425539	102.00		3,3,713	102.00
104.00   Cost to be allocated (per wkst. B, Part II)   105.00   Unit cost multiplier (wkst. B, Part   2.425539   105.00	103.00		17.095827	103.00
Part II) 105.00 Unit cost multiplier (Wkst. B, Part 2.425539 105.00		1 1		
		Part II)		
	105.00		2.425539	105.00
		11)	I I	

Health Financial Systems	PEACE CARE AT ST.	ANNS	In Lie	u of Form CMS-2	2540-10
RATIO OF COST TO CHARGES FOR ANCILLARY A	ND OUTPATIENT COST CENTERS		Period: From 01/01/2023	Worksheet C	
			то 12/31/2023	Date/Time Prep 5/13/2024 3:58	
Cost Center Description		Total (from	Total Charges	Ratio (col. 1	·
		Wkst. B, Pt I	,	divided by	
		col. 18)		col. 2	

		11	0 12/31/2023	5/13/2024 3:58	
	Cost Center Description	Total (from	Total Charges		) piii
		Wkst. B, Pt I,		divided by	
		col. 18)		col. 2	
		1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS				
40.00	04000 RADIOLOGY	35,535	1,167	30.449871	40.00
41.00	04100 LABORATORY	24,110	7,203	3.347216	41.00
42.00	04200 INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	26,222	0	0.000000	43.00
44.00	04400 PHYSICAL THERAPY	979,454	681,311	1.437602	44.00
45.00	04500 OCCUPATIONAL THERAPY	651,363	658,416	0.989288	45.00
46.00	04600 SPEECH PATHOLOGY	31,638	41,244	0.767093	46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	42,474	0	0.000000	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	457,155	117,390	3.894327	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100 SUPPORT SURFACES	0	0	0.000000	51.00
	OUTPATIENT SERVICE COST CENTERS				
60.00	06000 CLINIC	0	0	0.000000	60.00
61.00	06100 RURAL HEALTH CLINIC				61.00
62.00	06200 FQHC				62.00
	06300 DAY CARE	0	0	0.000000	63.00
71.00	07100 AMBULANCE	70,067	0	0.000000	71.00
100.00	Total	2,318,018	1,506,731		100.00

Health Financial Systems	PEACE CARE A				u of Form CMS-	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Period: From 01/01/2023 To 12/31/2023		pared:
		Title	XVIII (1)	Skilled Nursing Facility	PPS	
		Health Care Pi	rogram Charges	Health Care	Program Cost	
	Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
	1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPAT	TENT COST					
ANCILLARY SERVICE COST CENTERS	_			_		
40.00   04000   RADIOLOGY	30.449871	·		0 35,535		1
41.00   04100   LABORATORY	3.347216	·		0 24,110		
42.00   04200   INTRAVENOUS THERAPY	0.000000			0	0	
43.00 04300 OXYGEN (INHALATION) THERAPY	0.000000			0	0	1
44.00 04400 PHYSICAL THERAPY	1.437602	,		0 807,546		1
45.00 04500 OCCUPATIONAL THERAPY	0.989288	,		0 584,448		
46.00  04600  SPEECH PATHOLOGY	0.767093	,		0 23,063		
47.00  04700   ELECTROCARDIOLOGY	0.000000			0	0	1
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			0	0	1 .0.00
49.00  04900   DRUGS CHARGED TO PATIENTS	3.894327			0 246,811	0	1 .5.00
50.00  05000 DENTAL CARE - TITLE XIX ONLY	0.000000			0		50.00
51.00 05100 SUPPORT SURFACES	0.000000	0		0 0	0	51.00
OUTPATIENT SERVICE COST CENTERS						
60.00 06000 CLINIC	0.000000	0		0	0	
61.00 06100 RURAL HEALTH CLINIC						61.00
62.00   06200   FQHC						62.00
63.00   06300   DAY CARE	0.000000	-		0	0	
71.00 07100 AMBULANCE (2)	0.000000			0	0	1
100.00   Total (Sum of lines 40 - 71)		1,254,320		0 1,721,513	0	100.00
(1) For title V and XIX use columns 1, 2, and 4 on	ly.					

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

Health	Financial Systems	PEACE CARE A	T ST. ANNS		In Lie	u of Form CMS-2	2540-10
	IONMENT OF ANCILLARY AND OUTPATIENT COSTS				Period: From 01/01/2023 To 12/31/2023	Worksheet D Parts II-III	pared:
			Titl	e XVIII	Skilled Nursing Facility	PPS	
	Cost Center Description					1.00	
	PART II - APPORTIONMENT OF VACCINE COST						
1.00	Drugs charged to patients - ratio of co.	st to charges	(From Workshee	t C. column 3.	line 49)	3.894327	1.00
2.00	Program vaccine charges (From your reco			,	•	0	2.00
3.00	Program costs (Line 1 x line 2) (Title :	XVIII, PPS pro	viders, transf	er this amount	to Worksheet	0	3.00
	E, Part I, line 18)						
	Cost Center Description	Total Cost	Nursing &	Ratio of	Program Part A	Part A Nursing	
		(From Wkst. B,			Cost (From	& Allied	
			(From Wkst. B,			Health Costs	
		18	Part I, Col.			for Pass	
			14)	Costs - Part		Through (Col.	
				(Col. 2 / Col	•	3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	PART III - CALCULATION OF PASS THROUGH COSTS			3.00	4.00	3.00	
	ANCILLARY SERVICE COST CENTERS	FOR NORSING &	ALLIED HEALIH				
40.00	04000 RADIOLOGY	35,535		0.00000	0 35,535	0	40.00
41.00	04100 LABORATORY	24,110		0.00000	,		41.00
	04200 INTRAVENOUS THERAPY	0	ĺ	0.00000		ŏ	42.00
	04300 OXYGEN (INHALATION) THERAPY	26,222	Ö	0.00000		ő	43.00
	04400 PHYSICAL THERAPY	979,454	Ö	0.00000		o o	44.00
	04500 OCCUPATIONAL THERAPY	651,363		0.00000	,		45.00
	04600 SPEECH PATHOLOGY	31,638		0.00000			46.00
47.00	04700 ELECTROCARDIOLOGY	0	0	0.00000		0	47.00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	42,474	0	0.00000	o o	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	457,155	0	0.00000	0 246,811	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0	0.00000	0 0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0	0.00000	0 0	0	51.00
100.00	Total (Sum of lines 40 - 52)	2,247,951	0	1	1,721,513	0	100.00

Health Financial Systems	PEACE CARE AT ST. ANNS	In Lie	u of Form CMS-2540-10
COMPUTATION OF INPATIENT ROUTINE COSTS	Provider No.: 315413		Worksheet D-1
		From 01/01/2023	
		To 12/31/2023	Date/Time Prepared:
			5/13/2024 3:58 pm
	Title XVIII	Skilled Nursing	PPS
		Facility	

		Facility		
			1.00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS			
	INPATIENT DAYS		20 ==0	
1.00	Inpatient days including private room days		39,759	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		6,114	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		13,165,058	5.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges		19,578,221	
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		0.672434	
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private 2)	room days, line	0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11 00		ed by	0.00	
	semi-private room days)		••••	
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5	minus line 14)	13,165,058	
	PROGRAM INPATIENT ROUTINE SERVICE COSTS		,_,_,	
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		331.12	16.00
	Program routine service cost (Line 3 times line 16)		2,024,468	17.00
			, , 0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		2,024,468	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B. Pa	rt II column 18,	1,168,117	20.00
	line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	·	, ,	
21.00	Per diem capital related costs (Line 20 divided by line 1)		29.38	21.00
22.00	Program capital related cost (Line 3 times line 21)		179,629	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,844,839	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 m	inus line 24)	1,844,839	25.00
26.00	Enter the per diem limitation (1)	•		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line	26) (1)		27.00
28.00				28.00
	(Transfer to Worksheet E, Part II, line 4) (See instructions)	,		
(1) Li	nes 26 and 27 are not applicable for title XVIII, but may be used for title V and or	title XIX	'	•
\/				

(-)	nes 20 and 27 are not appreciable for their Aviiii, see about 10. There will or their Air		
		1.00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	39,759	1.00
2.00	Program inpatient days (see instructions)	6,114	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)	0.153777	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

Health Financial Systems	PEAG	CE CARE AT ST.	ANNS	In Lie	u of Form CMS-2540-10
CALCULATION OF REIMBURSEMENT SETTLEMENT F	FOR TITLE XVIII		Provider No.: 315413	From 01/01/2023	Worksheet E Part I Date/Time Prepared: 5/13/2024 3:58 pm
			Title XVIII	Skilled Nursing	PPS

		Title XVIII	Skilled Nursing Facility	PPS	<u>-                                    </u>
				1.00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURS	EMENT			
1.00	Inpatient PPS amount (See Instructions)			4,682,177	1.00
2.00	Nursing and Allied Health Education Activities (pass through pa	yments)		0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)			4,682,177	3.00
4.00	Primary payor amounts			0	4.00
5.00	Coinsurance			660,200	
6.00	Allowable bad debts (From your records)			160,035	
7.00	Allowable Bad debts for dual eligible beneficiaries (See instru	ctions)		101,955	
8.00	Adjusted reimbursable bad debts. (See instructions)			104,023	
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)			4,126,000	
12.00	Interim payments (See instructions)			4,029,769	
13.00				0	13.00
14.00	OTHER adjustment (See instructions)			0	14.00
14.50	Demonstration payment adjustment amount before sequestration			0	14.50
14.55				0	14.55
14.75				2,080	
14.99				78,862	14.99
	Balance due provider/program (see Instructions)	with our pub. 15 3	115 2	15,289	
16.00	Protested amounts (Nonallowable cost report items in accordance			0	16.00
17 00	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER	OF COST OR CHARGES -	TITLE XVIII ONLY	0	17.00
18.00	Ancillary services Part B Vaccine cost (From Wkst D, Part II, line 3)			0	18.00
19.00				0	19.00
	Medicare Part B ancillary charges (See instructions)			0	20.00
21.00				0	21.00
22.00	Cost of covered services (Lesser of line 19 or line 20) Primary payor amounts			0	22.00
23.00				0	23.00
24.00	Allowable bad debts (From your records)			0	24.00
	Allowable Bad debts for dual eligible beneficiaries (see instru	ctions)		0	24.00
24.01	,	ccrons)		0	24.01
25.00				0	25.00
26.00				0	26.00
27.00				0	27.00
28.00	Other Adjustments (See instructions) Specify			0	28.00
28.50				0	28.50
28.55				0	28.55
28.99	Sequestration amount (see instructions)			0	28.99
	Balance due provider/program (see instructions)			0	29.00
	Protested amounts (Nonallowable cost report items) in accordance	e with CMS Pub 15-2	section 115 2	0	
50.00	1. To cost car amounts (nonariomable cost report recilis) in accordance	C MICH CHO TUBILD Z,	3000.011 113.2	١	50.00

Title XVIII

			3	Facility		
		Inpatien	t Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,057,416		0	
2.00	Interim payments payable on individual bills, either		0		0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
3.00	enter zero					3.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate					3.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3 02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program		•			
3.50	ADJUSTMENTS TO PROGRAM	07/21/2023	27,647		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50   - 3.98)		-27,647		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		4,029,769		0	4.00
	(Transfer to Wkst. E, Part I line 12 for Part A, and line					
	26 for Part B)					
F 00	TO BE COMPLETED BY CONTRACTOR					F 00
5.00	List separately each tentative settlement payment after					5.00
	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02	TENTATIVE TO TROVIDER		Ö		0	5.02
5.03			ا م		0	
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50   - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		15,289		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,045,058		0	7.00
			Contract	tor Name	Contractor Number	
			1.	00	2.00	
8.00	Name of Contractor					8.00

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

Health Financial Systems PEACE CARE AT ST. ANNS In Lieu of Form CMS-2540-10

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

Provider No.: 315413 | Period: From 01/01/2

Period: From 01/01/2023 To 12/31/2023 Date/Time Prepared: 5/13/2024 3:58 pm

шуу					5/13/2024 3:5	8 pm
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	Assets					
	CURRENT ASSETS  Cash on hand and in banks	1,002,651	. 0	0	0	1.0
	Temporary investments	15,061,403		_		
	Notes receivable	0	0	0	Ō	
.00	Accounts receivable	2,663,690	0	0	0	
	Other receivables	163,177		0	0	4
	Less: allowances for uncollectible notes and accounts receivable	-770,487	0	0	0	6.0
	Inventory	49,037		0	0	
	Prepaid expenses	215,659		0	0	
	Other current assets Due from other funds	9,803 51,547		0	0	
	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	18,446,480		_		
-	FIXED ASSETS					
2.00	Land	2,997,898	0	0	0	12.0
	Land improvements	0	0			1
	Less: Accumulated depreciation	-3,591		-	-	
	Buildings	26,045,955		0		
	Less Accumulated depreciation Leasehold improvements	-20,896,880		0	0	
- 1	Less: Accumulated Amortization	29,300	0	0		1
- 1	Fixed equipment	0	0	0	0	-
	Less: Accumulated depreciation	o o	Ö	Ö		4
1.00	Automobiles and trucks	0	0	0	0	1
2.00	Less: Accumulated depreciation	0	0	0	0	22.
	Major movable equipment	3,033,363		0	0	
	Less: Accumulated depreciation	-251,013	0	0	0	
	Minor equipment - Depreciable	0	0	0	0	
	Minor equipment nondepreciable Other fixed assets	0		0		
	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	10,955,032	-		•	4
-	OTHER ASSETS	10,333,032				201
	Investments	0	0	0	0	29.0
0.00	Deposits on leases	0	0	0	0	30.
	Due from owners/officers	878,778		0	0	
- 1	Other assets	156,051		0		
	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1,034,829		_	-	
	TOTAL ASSETS (Sum of lines 11, 28, and 33) Liabilities and Fund Balances	30,436,341	0		0	34.
	CURRENT LIABILITIES					
	Accounts payable	820,986	0	0	0	35.
6.00	Salaries, wages, and fees payable	860,738	0	0	0	
	Payroll taxes payable	141,785		0		4
	Notes & loans payable (Short term)	339,110	0	0	0	
	Deferred income Accelerated payments	0	0	0	0	39. 40.
	Due to other funds		0	0	0	1
	Other current liabilities	1,739,369	Ö	ő		
	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	3,901,988				
-	LONG TERM LIABILITIES					
	Mortgage payable	0	0	_		1
	Notes payable	8,444,419				4
	Unsecured loans	0	0	0	-	
- 1	Loans from owners: Other long term liabilities	0	0	0	-	4
- 1	OTHER (SPECIFY)			0	-	4
- 1	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	8,444,419	Ö	-		1
	TOTAL LIABILITIES (Sum of lines 43 and 50)	12,346,407		-		
	CAPITAL ACCOUNTS					
	General fund balance	18,089,934				52.
	Specific purpose fund		0			53.
	Donor created - endowment fund balance - restricted			0		54.
	Donor created - endowment fund balance - unrestricted Governing body created - endowment fund balance			0		55. 56.
7.00	Plant fund balance - invested in plant			0	0	
	Plant fund balance - reserve for plant improvement,				0	
	replacement, and expansion				ĺ	50.
9.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	18,089,934		0	0	4
	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and	30,436,341	0	0	0	60.
	59)	1	I	İ	I	1

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES In Lieu of Form CMS-2540-10 PEACE CARE AT ST. ANNS

Provider No.: 315413 | Period: | Worksheet G-1 | From 01/01/2023 | Period: | From 01/01/2023 | Period: | P

					To 12/31/2023	Date/Time Prep 5/13/2024 3:58	
		Genera	Fund	Special	Purpose Fund	Endowment Fund	•
		1,00	2.00	3.00	4.00	5.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments)	0 0 0	16,732,288 1,357,646 18,089,934		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00	Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments)  Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance sheet (Line 11 - line 18)	0 0 0 0 0	0 18,089,934 0 18,089,934		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00
		Endowment Fund	Plant	Fund			
		6.00	7.00	8.00			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments)	0	0 0 0		0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00
9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00	Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments)  Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance sheet (Line 11 - line 18)	0 0	0 0 0 0		0 0 0		9.00 10.00 11.00 12.00 13.00 14.00 15.00 17.00 18.00 19.00

Health Financial Systems	PEACE CARE AT ST.	ANNS	In Lie	u of Form CMS-2540-10
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider No.: 315413	From 01/01/2023	Worksheet G-2 Parts I-II Date/Time Prepared:

STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider	No.: 315413	Period: From 01/01/2023 To 12/31/2023		pared:
	Cost Center Description		Inpatient	Outpatient	Total	
			1.00	2.00	3.00	
	PART I - PATIENT REVENUES					
	General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY		19,578,22	1	19,578,221	1.00
2.00	NURSING FACILITY			0	0	2.00
3.00	ICF/IID			0	0	3.00
4.00	OTHER LONG TERM CARE		659,06	53	659,063	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)		20,237,28	34	20,237,284	5.00
	All Other Care Services					
6.00	ANCILLARY SERVICES		1,506,73	32 0	1,506,732	6.00
7.00	CLINIC			0	0	7.00
8.00	HOME HEALTH AGENCY COST			0	0	8.00
9.00	AMBULANCE			0	0	9.00
10.00	RURAL HEALTH CLINIC			0	0	10.00
10.10	FQHC			0	0	10.10
11.00	CMHC			0	0	11.00
12.00	HOSPICE			0 0	0	12.00
13.00	ROUTINE CHARGES / BED HOLD		-65,90	0 0	-65,900	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3	to	21,678,11	.6 0	21,678,116	14.00
	Worksheet G-3, Line 1)					
	Cost Center Description					
				1.00	2.00	
	PART II - OPERATING EXPENSES					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)				17,770,350	1.00
2.00	Add (Specify)			0		2.00
3.00				0		3.00
4.00				0		4.00
5.00				0		5.00
6.00				0		6.00
7.00				0		7.00
8.00	Total Additions (Sum of lines 2 - 7)				0	8.00
9.00	Deduct (Specify)			0		9.00
10.00				0		10.00
11.00				0		11.00
12.00				0		12.00
13.00				0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)				0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)				17,770,350	15.00

Health Financial Systems	PEACE CARE AT ST. ANNS	In Lie	In Lieu of Form CMS-2540-10		
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider No.: 315	Period: From 01/01/2023	Worksheet G-3		

TICA I CII	THIGHETAT SYSTEMS	11 /11115		u or rorm cho z	3 10 20
STATEM	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider No.: 315413	Period: From 01/01/2023	Worksheet G-3	
			To 12/31/2023	Date/Time Pre	oared:
			, , , , , , , , , , , , , , , , , , , ,	5/13/2024 3:58	
				1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line	-		21,678,116	1.00
2.00	00 Less: contractual allowances and discounts on patients accounts			5,075,413	
3.00	.00 Net patient revenues (Line 1 minus line 2)			16,602,703	3.00
4.00	1.00 Less: total operating expenses (From Worksheet G-2, Part II, line 15)			17,770,350	
5.00	Net income from service to patients (Line 3 minus 4)			-1,167,647	5.00
	Other income:				
6.00	Contributions, donations, bequests, etc			371,941	6.00
7.00	Income from investments			342,665	7.00
8.00	Revenues from communications (Telephone and Internet service)			0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase discounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from laundry and linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14.00
15.00				0	15.00
16.00	6.00 Revenue from sale of medical and surgical supplies to other than patients			0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00	Revenue from sale of medical records and abstracts			0	18.00
19.00				0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen			0	20.00
21.00				6,109	
22.00	Rental of skilled nursing space			0	22.00
23.00	Governmental appropriations			0	23.00
24.00	NON PATIENT REVENUE			1,804,578	
24.50	COVID-19 PHE Funding			0	24.50
25.00	Total other income (Sum of lines 6 - 24)			2,525,293	
26.00	Total (Line 5 plus line 25)			1,357,646	
27.00	Other expenses (specify)			0	27.00
28.00				0	28.00
29.00				0	29.00
	Total other expenses (Sum of lines 27 - 29)			0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)			1,357,646	31.00