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

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

| | | | |
|---|---|---|---|
| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: | 5/25/2025 3:29 pm |
| | From: 01/01/2024 | MCRIF32 | **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: | 11.1.179.1 |

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

**Worksheet S**
**Parts I, II & III**

## PART I - COST REPORT STATUS

Provider use only

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

Contractor use only:

4. [ 1 ] Cost Report Status
( 1 ) As Submitted
( 2 ) Settled without audit
( 3 ) Settled with audit
( 4 ) Reopened
( 5 ) Amended
5. Date Received: _____
6. Contractor No.: _____
7. [ ] First Cost Report for this Provider CCN
8. [ ] Last Cost Report for this Provider CCN
9. NPR Date: _____
10. If line 4, column 1 is "4": Enter number of times reopened 0
11. Contractor Vendor Code: 4
12. [ F ] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BROOKHAVEN HEALTH CARE CENTER, {Provider Name(s) and CCN(s)}for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

| | SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR | | CHECKBOX | ELECTRONIC SIGNATURE STATEMENT | |
|---|---|---|---|---|---|
| | 1 | | 2 | | |
| 1 | *Yehuda Green* | | Y | I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature. | 1 |
| 2 | Signatory Printed Name | YEHUDA GREEN | | | 2 |
| 3 | Signatory Title | ADMINISTRATOR | | | 3 |
| 4 | Signature Date | (Dated when report is electronically signed.) | | | 4 |

## PART III - SETTLEMENT SUMMARY

| | Cost Center Description | | Title XVIII | | | |
|---|---|---|---|---|---|---|
| | | Title V | Part A | Part B | Title XIX | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | SKILLED NURSING FACILITY | 0 | 106,041 | 2,760 | 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** | **106,041** | **2,760** | **0** | 100.00 |

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated 202 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

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

**Worksheet S-2**
**Part I**
PPS

**Skilled Nursing Facility and Skilled Nursing Facility Complex Address:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1.00 | Street: | 120 PARK END PLACE | P.O. Box: | | | | | 1.00 |
| 2.00 | City: | EAST ORANGE | State: | NJ | ZIP Code: | 07018 | | 2.00 |
| 3.00 | County: | ESSEX | CBSA Code: | 35084 | Urban / Rural: | U | | 3.00 |
| 3.01 | CBSA on/after October 1 of the Cost Reporting Period (if applicable) | | | | | | | 3.01 |

**SNF and SNF-Based Component Identification:**

| | | | | | Payment System (P, O, or N) | | | |
|---|---|---|---|---|---|---|---|---|
| | Component | Component Name | Provider CCN | Date Certified | V | XVIII | XIX | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 4.00 | SNF | BROOKHAVEN HEALTH CARE CENTER | 315268 | 10/24/1998 | N | P | N | 4.00 |
| 5.00 | Nursing Facility | | | | | | | 5.00 |
| 6.00 | ICF/IID | | | | | | | 6.00 |
| 7.00 | SNF-Based HHA | | | | | | | 7.00 |
| 8.00 | SNF-Based RHC | | | | | | | 8.00 |
| 9.00 | SNF-Based FQHC | | | | | | | 9.00 |
| 10.00 | SNF-Based CMHC | | | | | | | 10.00 |
| 11.00 | SNF-Based OLTC | | | | | | | 11.00 |
| 12.00 | SNF-Based HOSPICE | | | | | | | 12.00 |
| 13.00 | SNF-Based CORF | | | | | | | 13.00 |

| | | From: | To: | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| 14.00 | Cost Reporting Period (mm/dd/yyyy) | 01/01/2024 | 12/31/2024 | 14.00 |
| 15.00 | Type of Control (See Instructions) | 4 - Proprietary, Corporation | | 15.00 |

| | | Y/N | |
|---|---|---|---|
| | | 1.00 | |
| **Type of Freestanding Skilled Nursing Facility** | | | |
| 16.00 | Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5? | N | 16.00 |
| 17.00 | Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5? | N | 17.00 |
| 18.00 | Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1. | Y | 18.00 |
| **Miscellaneous Cost Reporting Information** | | | |
| 19.00 | If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no. | N | 19.00 |
| 19.01 | If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no. | N | 19.01 |
| **Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.** | | | |
| 20.00 | Straight Line | 27,841 | 20.00 |
| 21.00 | Declining Balance | 0 | 21.00 |
| 22.00 | Sum of the Year's Digits | 0 | 22.00 |
| 23.00 | Sum of line 20 through 22 | 27,841 | 23.00 |
| 24.00 | If depreciation is funded, enter the balance as of the end of the period. | 0 | 24.00 |
| 25.00 | Were there any disposal of capital assets during the cost reporting period? (Y/N) | N | 25.00 |
| 26.00 | Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N) | N | 26.00 |
| 27.00 | Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N) | N | 27.00 |
| 28.00 | Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N) | N | 28.00 |

| | | Part A | Part B | Other | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| **If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.** | | | | | |
| 29.00 | Skilled Nursing Facility | N | N | | 29.00 |
| 30.00 | Nursing Facility | | | N | 30.00 |
| 31.00 | ICF/IID | | | | 31.00 |
| 32.00 | SNF-Based HHA | N | N | | 32.00 |
| 33.00 | SNF-Based RHC | | | | 33.00 |
| 34.00 | SNF-Based FQHC | | | | 34.00 |
| 35.00 | SNF-Based CMHC | | N | | 35.00 |
| 36.00 | SNF-Based OLTC | | | | 36.00 |

| | | Y/N | | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| 37.00 | Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N) | Y | | 37.00 |
| 38.00 | Are you legally-required to carry malpractice insurance? (Y/N) | N | | 38.00 |

| | | | |
|---|---|---|---|
| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: | 5/25/2025 3:29 pm |
| | From: 01/01/2024 | MCRIF32 | **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: | 11.1.179.1 |

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

**Worksheet S-2**
**Part I**
PPS

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

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

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

| | | | |
|---|---|---|---|
| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: | 5/25/2025 3:29 pm |
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| Provider CCN: 315268 | To: 12/31/2024 | Version: | 11.1.179.1 |

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

**Worksheet S-2**
**Part II**
PPS

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

**Completed by All Skilled Nursing Facilites**

**Provider Organization and Operation**

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

**Financial Data and Reports**

| | | | | | |
|---|---|---|---|---|---|
| 4.00 | Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. | Y | A | 06/15/2025 | 4.00 |
| 5.00 | Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation. | N | | | 5.00 |
| | | | Y/N | Legal Oper. | |
| | | | 1.00 | 2.00 | |

**Approved Educational Activities**

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

**Bad Debts**

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

**Bed Complement**

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

| | | | Part A | | Part B | | |
|---|---|---|---|---|---|---|---|
| | | Description | Y/N | Date | Y/N | Date | |
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | |

**PS&R Data**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13.00 | Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.) | | Y | 05/19/2025 | Y | 05/19/2025 | 13.00 |
| 14.00 | Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4. | | N | | N | | 14.00 |
| 15.00 | If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions. | | N | | N | | 15.00 |
| 16.00 | If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions. | | N | | N | | 16.00 |
| 17.00 | If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments: | | N | | N | | 17.00 |
| 18.00 | Was the cost report prepared only using the provider's records? If "Y" see Instructions. | | N | | N | | 18.00 |

| | | 1.00 | 2.00 | 3.00 | |
|---|---|---|---|---|---|
| **Cost Report Preparer Contact Information** | | | | | |
| 19.00 | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. | KITTY | BLISSIT | PREPARER | 19.00 |
| 20.00 | Enter the employer/company name of the cost report preparer. | HEALTH CARE RESOURCES | | | 20.00 |
| 21.00 | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively. | 609-987-1440 | KITTY.BLISSIT@HCRNJ.NET | | 21.00 |

| | | | |
|---|---|---|---|
| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: | 5/25/2025 3:29 pm |
| | From: 01/01/2024 | MCRIF32 | **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: | 11.1.179.1 |

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

**Worksheet S-3**
**Part I**
PPS

| | | | | Inpatient Days/Visits | | | | | Discharges | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Component | Number of Beds | Bed Days Available | Title V | Title XVIII | Title XIX | Other | Total | Title V | Title XVIII | Title XIX | Other | Total | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | 12.00 | |
| 1.00 | SKILLED NURSING FACILITY | 122 | 44,652 | 0 | 7,008 | 30,969 | 4,192 | **42,169** | 0 | 123 | 189 | 43 | **355** | 1.00 |
| 2.00 | NURSING FACILITY | 0 | 0 | 0 | | 0 | 0 | **0** | 0 | | 0 | 0 | **0** | 2.00 |
| 3.00 | ICF/IID | 0 | 0 | | | 0 | 0 | **0** | | | 0 | 0 | **0** | 3.00 |
| 4.00 | HOME HEALTH AGENCY COST | | | | | | | | | | | | | 4.00 |
| 5.00 | Other Long Term Care | 0 | 0 | | | | 0 | **0** | | | | 0 | **0** | 5.00 |
| 6.00 | SNF-Based CMHC | | | | | | | | | | | | | 6.00 |
| 7.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** | 7.00 |
| 8.00 | Total (Sum of lines 1-7) | **122** | **44,652** | **0** | **7,008** | **30,969** | **4,192** | **42,169** | **0** | **123** | **189** | **43** | **355** | 8.00 |

| | | Average Length of Stay | | | | Admissions | | | | | Full Time Equivalent | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Component | Title V | Title XVIII | Title XIX | Total | Title V | Title XVIII | Title XIX | Other | Total | Employees on Payroll | Nonpaid Workers | | |
| | | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | | |
| 1.00 | SKILLED NURSING FACILITY | 0.00 | 56.98 | 163.86 | **118.79** | 0 | 117 | 186 | 62 | **365** | 142.20 | 0.00 | | 1.00 |
| 2.00 | NURSING FACILITY | 0.00 | | 0.00 | **0.00** | 0 | | 0 | 0 | **0** | 0.00 | 0.00 | | 2.00 |
| 3.00 | ICF/IID | | | 0.00 | **0.00** | | | 0 | 0 | **0** | 0.00 | 0.00 | | 3.00 |
| 4.00 | HOME HEALTH AGENCY COST | | | | | | | | | | | | | 4.00 |
| 5.00 | Other Long Term Care | | | | **0.00** | | | | 0 | **0** | 0.00 | 0.00 | | 5.00 |
| 6.00 | SNF-Based CMHC | | | | | | | | | | 0.00 | 0.00 | | 6.00 |
| 7.00 | HOSPICE | 0.00 | 0.00 | 0.00 | **0.00** | 0 | 0 | 0 | 0 | **0** | 0.00 | 0.00 | | 7.00 |
| 8.00 | Total (Sum of lines 1-7) | **0.00** | **56.98** | **163.86** | **118.79** | **0** | **117** | **186** | **62** | **365** | **142.20** | **0.00** | | 8.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

SNF WAGE INDEX INFORMATION

**Worksheet S-3**
**Part II**
PPS

**PART II - DIRECT SALARIES**

| | | Amount Reported | Reclass. of Salaries from Worksheet A-6 | Adjusted Salaries (col. 1 ± col. 2) | Paid Hours Related to Salary in col. 3 | Average Hourly Wage (col. 3 ÷ col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| **SALARIES** | | | | | | | |
| 1.00 | Total salaries (See Instructions) | 7,690,605 | 0 | **7,690,605** | 296,611.00 | 25.93 | 1.00 |
| 2.00 | Physician salaries-Part A | 0 | 0 | **0** | 0.00 | 0.00 | 2.00 |
| 3.00 | Physician salaries-Part B | 0 | 0 | **0** | 0.00 | 0.00 | 3.00 |
| 4.00 | Home office personnel | 0 | 0 | **0** | 0.00 | 0.00 | 4.00 |
| 5.00 | Sum of lines 2 through 4 | **0** | **0** | **0** | **0.00** | 0.00 | 5.00 |
| 6.00 | Revised wages (line 1 minus line 5) | 7,690,605 | 0 | **7,690,605** | 296,611.00 | 25.93 | 6.00 |
| 7.00 | Other Long Term Care | 0 | 0 | **0** | 0.00 | 0.00 | 7.00 |
| 8.00 | HOME HEALTH AGENCY COST | | | | | | 8.00 |
| 9.00 | CMHC | 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 through 11) | **0** | **0** | **0** | **0.00** | 0.00 | 12.00 |
| 13.00 | Total Adjusted Salaries (line 6 minus line 12) | **7,690,605** | **0** | **7,690,605** | **296,611.00** | 25.93 | 13.00 |
| **OTHER WAGES & RELATED COSTS** | | | | | | | |
| 14.00 | Contract Labor: Patient Related & Mgmt | 0 | 0 | **0** | 0.00 | 0.00 | 14.00 |
| 15.00 | Contract Labor: Physician services-Part A | 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) | 1,884,118 | 0 | **1,884,118** | | | 17.00 |
| 18.00 | Wage-related costs other (See Part IV) | 0 | 0 | **0** | | | 18.00 |
| 19.00 | Wage related costs (excluded units) | 0 | 0 | **0** | | | 19.00 |
| 20.00 | Physician Part A - WRC | 0 | 0 | **0** | | | 20.00 |
| 21.00 | Physician Part B - WRC | 0 | 0 | **0** | | | 21.00 |
| 22.00 | Total Adjusted Wage Related cost (see instructions) | **1,884,118** | **0** | **1,884,118** | | | 22.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

SNF WAGE INDEX INFORMATION

**Worksheet S-3**
**Part III**
PPS

**PART III - OVERHEAD COST - DIRECT SALARIES**

| | | Amount Reported | Reclass. of Salaries from Worksheet A-6 | Adjusted Salaries (col. 1 ± col. 2) | Paid Hours Related to Salary in col. 3 | Average Hourly Wage (col. 3 ÷ col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 1.00 | Employee Benefits | 0 | 0 | **0** | 0.00 | 0.00 | 1.00 |
| 2.00 | Administrative & General | 428,125 | 0 | **428,125** | 11,914.00 | 35.93 | 2.00 |
| 3.00 | Plant Operation, Maintenance & Repairs | 260,104 | 0 | **260,104** | 12,130.00 | 21.44 | 3.00 |
| 4.00 | Laundry & Linen Service | 0 | 0 | **0** | 0.00 | 0.00 | 4.00 |
| 5.00 | Housekeeping | 441,009 | 0 | **441,009** | 28,622.00 | 15.41 | 5.00 |
| 6.00 | Dietary | 582,714 | 0 | **582,714** | 33,111.00 | 17.60 | 6.00 |
| 7.00 | Nursing Administration | 663,407 | 0 | **663,407** | 13,726.00 | 48.33 | 7.00 |
| 8.00 | Central Services and Supply | 0 | 0 | **0** | 0.00 | 0.00 | 8.00 |
| 9.00 | Pharmacy | 0 | 0 | **0** | 0.00 | 0.00 | 9.00 |
| 10.00 | Medical Records & Medical Records Library | 0 | 0 | **0** | 0.00 | 0.00 | 10.00 |
| 11.00 | Social Service | 250,483 | 0 | **250,483** | 6,476.00 | 38.68 | 11.00 |
| 12.00 | Nursing and Allied Health Ed. Act. | | | | | | 12.00 |
| 13.00 | Other General Service | 239,316 | 0 | **239,316** | 13,885.00 | 17.24 | 13.00 |
| 14.00 | Total (sum lines 1 thru 13) | **2,865,158** | **0** | **2,865,158** | **119,864.00** | 23.90 | 14.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

SNF WAGE RELATED COSTS

**Worksheet S-3**
**Part IV**
PPS

| | | | |
|---|---|---|---|
| **PART IV - WAGE RELATED COSTS** | | | |
| | | Amount Reported | |
| | | 1.00 | |
| **Part A - Core List** | | | |
| **RETIREMENT COST** | | | |
| 1.00 | 401K Employer Contributions | 4,778 | 1.00 |
| 2.00 | Tax Sheltered Annuity (TSA) Employer Contribution | 0 | 2.00 |
| 3.00 | Qualified and Non-Qualified Pension Plan Cost | 0 | 3.00 |
| 4.00 | Prior Year Pension Service Cost | 0 | 4.00 |
| **PLAN ADMINISTRATIVE COSTS (Paid to External Organization)** | | | |
| 5.00 | 401K/TSA Plan Administration fees | 0 | 5.00 |
| 6.00 | Legal/Accounting/Management Fees-Pension Plan | 0 | 6.00 |
| 7.00 | Employee Managed Care Program Administration Fees | 0 | 7.00 |
| **HEALTH AND INSURANCE COST** | | | |
| 8.00 | Health Insurance (Purchased or Self Funded) | 125,932 | 8.00 |
| 9.00 | Prescription Drug Plan | 0 | 9.00 |
| 10.00 | Dental, Hearing and Vision Plan | 14,025 | 10.00 |
| 11.00 | Life Insurance (If employee is owner or beneficiary) | 0 | 11.00 |
| 12.00 | Accident Insurance (If employee is owner or beneficiary) | 0 | 12.00 |
| 13.00 | Disability Insurance (If employee is owner or beneficiary) | 550,000 | 13.00 |
| 14.00 | Long-Term Care Insurance (If employee is owner or beneficiary) | 0 | 14.00 |
| 15.00 | Workers' Compensation Insurance | 362,570 | 15.00 |
| 16.00 | Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) | 0 | 16.00 |
| **TAXES** | | | |
| 17.00 | FICA-Employers Portion Only | 589,548 | 17.00 |
| 18.00 | Medicare Taxes - Employers Portion Only | 0 | 18.00 |
| 19.00 | Unemployment Insurance | 0 | 19.00 |
| 20.00 | State or Federal Unemployment Taxes | 234,696 | 20.00 |
| **OTHER** | | | |
| 21.00 | Executive Deferred Compensation | 0 | 21.00 |
| 22.00 | Day Care Cost and Allowances | 0 | 22.00 |
| 23.00 | Tuition Reimbursement | 2,569 | 23.00 |
| 24.00 | Total Wage Related cost (Sum of lines 1 - 23) | **1,884,118** | 24.00 |
| | | Amount Reported | |
| | | 1.00 | |
| **Part B - Other than Core Related Cost** | | | |
| 25.00 | OTHER WAGE RELATED COSTS (SPECIFY) | 0 | 25.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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SNF REPORTING OF DIRECT CARE EXPENDITURES

**Worksheet S-3**
**Part V**
PPS

| | OCCUPATIONAL CATEGORY | Amount Reported | Fringe Benefits | Adjusted Salaries (col. 1 + col. 2) | Paid Hours Related to Salary in col. 3 | Average Hourly Wage (col. 3 ÷ col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| **Direct Salaries** | | | | | | | |
| **Nursing Occupations** | | | | | | | |
| 1.00 | Registered Nurses (RNs) | 894,679 | 219,187 | **1,113,866** | 20,778.00 | 53.61 | 1.00 |
| 2.00 | Licensed Practical Nurses (LPNs) | 1,203,654 | 294,883 | **1,498,537** | 37,118.00 | 40.37 | 2.00 |
| 3.00 | Certified Nursing Assistant/Nursing Assistants/Aides | 1,619,833 | 396,843 | **2,016,676** | 94,891.00 | 21.25 | 3.00 |
| 4.00 | Total Nursing (sum of lines 1 through 3) | **3,718,166** | **910,913** | **4,629,079** | **152,787.00** | 30.30 | 4.00 |
| 5.00 | Physical Therapists | 347,363 | 85,100 | **432,463** | 7,337.00 | 58.94 | 5.00 |
| 6.00 | Physical Therapy Assistants | 163,512 | 40,059 | **203,571** | 5,148.00 | 39.54 | 6.00 |
| 7.00 | Physical Therapy Aides | 0 | 0 | **0** | 0.00 | 0.00 | 7.00 |
| 8.00 | Occupational Therapists | 115,601 | 28,321 | **143,922** | 2,583.00 | 55.72 | 8.00 |
| 9.00 | Occupational Therapy Assistants | 261,964 | 64,179 | **326,143** | 6,916.00 | 47.16 | 9.00 |
| 10.00 | Occupational Therapy Aides | 0 | 0 | **0** | 0.00 | 0.00 | 10.00 |
| 11.00 | Speech Therapists | 96,944 | 23,750 | **120,694** | 1,977.00 | 61.05 | 11.00 |
| 12.00 | Respiratory Therapists | 0 | 0 | **0** | 0.00 | 0.00 | 12.00 |
| 13.00 | Other Medical Staff | 0 | 0 | **0** | 0.00 | 0.00 | 13.00 |
| **Contract Labor** | | | | | | | |
| **Nursing Occupations** | | | | | | | |
| 14.00 | Registered Nurses (RNs) | 0 | | **0** | 0.00 | 0.00 | 14.00 |
| 15.00 | Licensed Practical Nurses (LPNs) | 0 | | **0** | 0.00 | 0.00 | 15.00 |
| 16.00 | Certified Nursing Assistant/Nursing Assistants/Aides | 0 | | **0** | 0.00 | 0.00 | 16.00 |
| 17.00 | Total Nursing (sum of lines 14 through 16) | **0** | | **0** | **0.00** | 0.00 | 17.00 |
| 18.00 | Physical Therapists | 0 | | **0** | 0.00 | 0.00 | 18.00 |
| 19.00 | Physical Therapy Assistants | 0 | | **0** | 0.00 | 0.00 | 19.00 |
| 20.00 | Physical Therapy Aides | 0 | | **0** | 0.00 | 0.00 | 20.00 |
| 21.00 | Occupational Therapists | 0 | | **0** | 0.00 | 0.00 | 21.00 |
| 22.00 | Occupational Therapy Assistants | 0 | | **0** | 0.00 | 0.00 | 22.00 |
| 23.00 | Occupational Therapy Aides | 0 | | **0** | 0.00 | 0.00 | 23.00 |
| 24.00 | Speech Therapists | 0 | | **0** | 0.00 | 0.00 | 24.00 |
| 25.00 | Respiratory Therapists | 0 | | **0** | 0.00 | 0.00 | 25.00 |
| 26.00 | Other Medical Staff | 0 | | **0** | 0.00 | 0.00 | 26.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA **Worksheet S-7**

PPS

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

| | | | |
|---|---|---|---|
| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: | 5/25/2025 3:29 pm |
| | From: 01/01/2024 | MCRIF32 | **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: | 11.1.179.1 |

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

**Worksheet S-7**

PPS

| | Group | Days | |
|---|---|---|---|
| | 1.00 | 2.00 | |
| 58.00 | SSA | | 58.00 |
| 59.00 | IB2 | | 59.00 |
| 60.00 | IB1 | | 60.00 |
| 61.00 | IA2 | | 61.00 |
| 62.00 | IA1 | | 62.00 |
| 63.00 | BB2 | | 63.00 |
| 64.00 | BB1 | | 64.00 |
| 65.00 | BA2 | | 65.00 |
| 66.00 | BA1 | | 66.00 |
| 67.00 | PE2 | | 67.00 |
| 68.00 | PE1 | | 68.00 |
| 69.00 | PD2 | | 69.00 |
| 70.00 | PD1 | | 70.00 |
| 71.00 | PC2 | | 71.00 |
| 72.00 | PC1 | | 72.00 |
| 73.00 | PB2 | | 73.00 |
| 74.00 | PB1 | | 74.00 |
| 75.00 | PA2 | | 75.00 |
| 76.00 | PA1 | | 76.00 |
| 99.00 | AAA | | 99.00 |
| 100.00 | | | 100.00 |

| | | Expenses | Percentage | Y/N | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| **A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)** | | | | | |
| 101.00 | Staffing | | | | 101.00 |
| 102.00 | Recruitment | | | | 102.00 |
| 103.00 | Retention of employees | | | | 103.00 |
| 104.00 | Training | | | | 104.00 |
| 105.00 | OTHER (SPECIFY) | | | | 105.00 |
| 106.00 | Total SNF revenue (Worksheet G-2, Part I, line 1, column 3) | | | | 106.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

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

PPS

| | | Cost Center Description | Salaries | Other | Total (col. 1 + col. 2) | Reclassifications Increase/Decrease (Fr Wkst A-6) | Reclassified Trial Balance (col. 3 +- col. 4) | Adjustments to Expenses (Fr Wkst A-8) | Net Expenses For Allocation (col. 5 +- col. 6) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | 00100 | CAP REL COSTS - BLDGS & FIXTURES | | 2,110,061 | **2,110,061** | 0 | 2,110,061 | -421 | **2,109,640** | 1.00 |
| 3.00 | 00300 | EMPLOYEE BENEFITS | 0 | 1,937,823 | **1,937,823** | 0 | 1,937,823 | 0 | **1,937,823** | 3.00 |
| 4.00 | 00400 | ADMINISTRATIVE & GENERAL | 428,125 | 2,048,987 | **2,477,112** | 0 | 2,477,112 | -522,057 | **1,955,055** | 4.00 |
| 5.00 | 00500 | PLANT OPERATION, MAINT. & REPAIRS | 260,104 | 335,809 | **595,913** | 0 | 595,913 | 0 | **595,913** | 5.00 |
| 6.00 | 00600 | LAUNDRY & LINEN SERVICE | 0 | 290,484 | **290,484** | 0 | 290,484 | 0 | **290,484** | 6.00 |
| 7.00 | 00700 | HOUSEKEEPING | 441,009 | 60,224 | **501,233** | 0 | 501,233 | 0 | **501,233** | 7.00 |
| 8.00 | 00800 | DIETARY | 582,714 | 518,717 | **1,101,431** | 0 | 1,101,431 | 0 | **1,101,431** | 8.00 |
| 9.00 | 00900 | NURSING ADMINISTRATION | 663,407 | 0 | **663,407** | 0 | 663,407 | 0 | **663,407** | 9.00 |
| 10.00 | 01000 | CENTRAL SERVICES & SUPPLY | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 10.00 |
| 12.00 | 01200 | MEDICAL RECORDS & LIBRARY | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 12.00 |
| 13.00 | 01300 | SOCIAL SERVICE | 250,483 | 0 | **250,483** | 0 | 250,483 | 0 | **250,483** | 13.00 |
| 15.00 | 01500 | RECREATION | 239,316 | 14,683 | **253,999** | 0 | 253,999 | 0 | **253,999** | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | 03000 | SKILLED NURSING FACILITY | 3,840,063 | 314,782 | **4,154,845** | 0 | 4,154,845 | -6,500 | **4,148,345** | 30.00 |
| 31.00 | 03100 | NURSING FACILITY | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 31.00 |
| 32.00 | 03200 | ICF/IID | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 32.00 |
| 33.00 | 03300 | OTHER LONG TERM CARE | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 40.00 | 04000 | RADIOLOGY | 0 | 16,599 | **16,599** | 0 | 16,599 | 0 | **16,599** | 40.00 |
| 41.00 | 04100 | LABORATORY | 0 | 19,138 | **19,138** | 0 | 19,138 | 0 | **19,138** | 41.00 |
| 42.00 | 04200 | INTRAVENOUS THERAPY | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 42.00 |
| 43.00 | 04300 | OXYGEN (INHALATION) THERAPY | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 43.00 |
| 44.00 | 04400 | PHYSICAL THERAPY | 510,875 | 0 | **510,875** | 0 | 510,875 | 0 | **510,875** | 44.00 |
| 45.00 | 04500 | OCCUPATIONAL THERAPY | 377,565 | 0 | **377,565** | 0 | 377,565 | 0 | **377,565** | 45.00 |
| 46.00 | 04600 | SPEECH PATHOLOGY | 96,944 | 0 | **96,944** | 0 | 96,944 | 0 | **96,944** | 46.00 |
| 47.00 | 04700 | ELECTROCARDIOLOGY | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 47.00 |
| 48.00 | 04800 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 48.00 |
| 49.00 | 04900 | DRUGS CHARGED TO PATIENTS | 0 | 274,234 | **274,234** | 0 | 274,234 | 0 | **274,234** | 49.00 |
| 51.00 | 05100 | SUPPORT SURFACES | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 71.00 | 07100 | AMBULANCE | 0 | 73,825 | **73,825** | 0 | 73,825 | 0 | **73,825** | 71.00 |
| 73.00 | 07300 | CMHC | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | | | | | | | |
| 80.00 | 08000 | MALPRACTICE PREMIUMS & PAID LOSSES | | 0 | **0** | 0 | 0 | 0 | **0** | 80.00 |
| 81.00 | 08100 | INTEREST EXPENSE | | 0 | **0** | 0 | 0 | 0 | **0** | 81.00 |
| 82.00 | 08200 | UTILIZATION REVIEW - SNF | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 82.00 |
| 83.00 | 08300 | HOSPICE | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 83.00 |
| 89.00 | | SUBTOTALS (sum of lines 1-84) | 7,690,605 | 8,015,366 | **15,705,971** | 0 | 15,705,971 | -528,978 | **15,176,993** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | 09000 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 90.00 |
| 91.00 | 09100 | BARBER AND BEAUTY SHOP | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 91.00 |
| 92.00 | 09200 | PHYSICIANS PRIVATE OFFICES | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 92.00 |
| 93.00 | 09300 | NONPAID WORKERS | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 93.00 |
| 94.00 | 09400 | PATIENTS LAUNDRY | 0 | 0 | **0** | 0 | 0 | 0 | **0** | 94.00 |
| 100.00 | | TOTAL | **7,690,605** | **8,015,366** | **15,705,971** | **0** | **15,705,971** | **-528,978** | **15,176,993** | 100.00 |

| | | | |
|---|---|---|---|
| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: | 5/25/2025 3:29 pm |
| | From: 01/01/2024 | MCRIF32 | **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: | 11.1.179.1 |

RECLASSIFICATIONS

**Worksheet A-6**

PPS

| | Increases | | | | Decreases | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Non Salary | Cost Center | Line # | Salary | Non Salary | |
| | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | |
| 100.00 | **TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2)** | | **0** | **0** | | | **0** | **0** | 100.00 |

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

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: | 5/25/2025 3:29 pm |
|---|---|---|---|
| | From: 01/01/2024 | MCRIF32 | **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: | 11.1.179.1 |

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

PPS

| | | | Acquisitions | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Beginning Balances | Purchases | Donation | Total | Disposals and Retirements | Ending Balance | Fully Depreciated Assets | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| **ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES** | | | | | | | | | |
| 1.00 | Land | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 1.00 |
| 2.00 | Land Improvements | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 2.00 |
| 3.00 | Buildings and Fixtures | 123,298 | 17,627 | 0 | **17,627** | 0 | 140,925 | 0 | 3.00 |
| 4.00 | Building Improvements | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 4.00 |
| 5.00 | Fixed Equipment | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 5.00 |
| 6.00 | Movable Equipment | 62,137 | 22,024 | 0 | **22,024** | 0 | 84,161 | 0 | 6.00 |
| 7.00 | Subtotal (sum of lines 1-6) | **185,435** | **39,651** | **0** | **39,651** | **0** | **225,086** | **0** | 7.00 |
| 8.00 | Reconciling Items | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 8.00 |
| 9.00 | Total (line 7 minus line 8) | **185,435** | **39,651** | **0** | **39,651** | **0** | **225,086** | **0** | 9.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
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ADJUSTMENTS TO EXPENSES **Worksheet A-8**

PPS

| | Description (1) | (2) Basis For Adjustment | Amount | Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center | Line No. | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Investment income on restricted funds (chapter 2) | B | -421 | CAP REL COSTS - BLDGS & FIXTURES | 1.00 | 1.00 |
| 2.00 | Trade, quantity, and time discounts (chapter 8) | | 0 | | 0.00 | 2.00 |
| 3.00 | Refunds and rebates of expenses (chapter 8) | | 0 | | 0.00 | 3.00 |
| 4.00 | Rental of provider space by suppliers (chapter 8) | | 0 | | 0.00 | 4.00 |
| 5.00 | Telephone services (pay stations excluded) (chapter 21) | | 0 | | 0.00 | 5.00 |
| 6.00 | Television and radio service (chapter 21) | | 0 | | 0.00 | 6.00 |
| 7.00 | Parking lot (chapter 21) | | 0 | | 0.00 | 7.00 |
| 8.00 | Remuneration applicable to provider-based physician adjustment | A-8-2 | 0 | | | 8.00 |
| 9.00 | Home office cost (chapter 21) | | 0 | | 0.00 | 9.00 |
| 10.00 | Sale of scrap, waste, etc. (chapter 23) | | 0 | | 0.00 | 10.00 |
| 11.00 | Nonallowable costs related to certain Capital expenditures (chapter 24) | | 0 | | 0.00 | 11.00 |
| 12.00 | Adjustment resulting from transactions with related organizations (chapter 10) | A-8-1 | -27,151 | | | 12.00 |
| 13.00 | Laundry and linen service | | 0 | | 0.00 | 13.00 |
| 14.00 | Revenue - Employee meals | | 0 | | 0.00 | 14.00 |
| 15.00 | Cost of meals - Guests | | 0 | | 0.00 | 15.00 |
| 16.00 | Sale of medical supplies to other than patients | | 0 | | 0.00 | 16.00 |
| 17.00 | Sale of drugs to other than patients | | 0 | | 0.00 | 17.00 |
| 18.00 | Sale of medical records and abstracts | | 0 | | 0.00 | 18.00 |
| 19.00 | Vending machines | | 0 | | 0.00 | 19.00 |
| 20.00 | Income from imposition of interest, finance or penalty charges (chapter 21) | | 0 | | 0.00 | 20.00 |
| 21.00 | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments | | 0 | | 0.00 | 21.00 |
| 22.00 | Utilization review--physicians' compensation (chapter 21) | | 0 | UTILIZATION REVIEW - SNF | 82.00 | 22.00 |
| 23.00 | Depreciation--buildings and fixtures | | 0 | CAP REL COSTS - BLDGS & FIXTURES | 1.00 | 23.00 |
| 24.00 | Depreciation--movable equipment | | 0 | *** Cost Center Deleted *** | 2.00 | 24.00 |
| 25.00 | OTHER INCOME | B | -743 | ADMINISTRATIVE & GENERAL | 4.00 | 25.00 |
| 25.01 | RESIDENT EXP - LOST ITEMS | A | -642 | ADMINISTRATIVE & GENERAL | 4.00 | 25.01 |
| 25.02 | PHYSICIAN SVC FEE | A | -6,500 | SKILLED NURSING FACILITY | 30.00 | 25.02 |
| 25.04 | ADVERTISING | A | -103,404 | ADMINISTRATIVE & GENERAL | 4.00 | 25.04 |
| 25.05 | BAD DEBT EXPENSE | A | -375,117 | ADMINISTRATIVE & GENERAL | 4.00 | 25.05 |
| 25.06 | DONATION | A | -15,000 | ADMINISTRATIVE & GENERAL | 4.00 | 25.06 |
| 100.00 | Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100) | | **-528,978** | | | 100.00 |

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

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

**Worksheet A-8-1**
**Parts I & II**
PPS

**PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

| | Line No. | Cost Center | Expense Items | Amount Allowable In Cost | Amount Included in Wkst. A, col. 5 | Adjustments (col. 4 minus col. 5) | |
|---|---|---|---|---|---|---|---|
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 1.00 | 4.00 | ADMINISTRATIVE & GENERAL | OFFICE SUPPORT | 442,587 | 469,738 | **-27,151** | 1.00 |
| 2.00 | 0.00 | | | 0 | 0 | **0** | 2.00 |
| 3.00 | 0.00 | | | 0 | 0 | **0** | 3.00 |
| 4.00 | 0.00 | | | 0 | 0 | **0** | 4.00 |
| 5.00 | 0.00 | | | 0 | 0 | **0** | 5.00 |
| 6.00 | 0.00 | | | 0 | 0 | **0** | 6.00 |
| 7.00 | 0.00 | | | 0 | 0 | **0** | 7.00 |
| 8.00 | 0.00 | | | 0 | 0 | **0** | 8.00 |
| 9.00 | 0.00 | | | 0 | 0 | **0** | 9.00 |
| 10.00 | **TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.** | | | **442,587** | **469,738** | **-27,151** | 10.00 |

**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 II 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

| | | | | Related Organization(s) and/or Home Office | | | |
|---|---|---|---|---|---|---|---|
| | Symbol (1) | Name | Percentage of Ownership | Name | Percentage of Ownership | Type of Business | |
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 1.00 | A | A KRAUS | 88.00 | PARAMOUNT CONSULTING SERVICES | 100.00 | OFFICE SUPPORT | 1.00 |
| 2.00 | | | 0.00 | | 0.00 | | 2.00 |
| 3.00 | | | 0.00 | | 0.00 | | 3.00 |
| 4.00 | | | 0.00 | | 0.00 | | 4.00 |
| 5.00 | | | 0.00 | | 0.00 | | 5.00 |
| 6.00 | | | 0.00 | | 0.00 | | 6.00 |
| 7.00 | | | 0.00 | | 0.00 | | 7.00 |
| 8.00 | | | 0.00 | | 0.00 | | 8.00 |
| 9.00 | | | 0.00 | | 0.00 | | 9.00 |
| 10.00 | | | 0.00 | | 0.00 | | 10.00 |

(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 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.
G. Other (financial or non-financial) specify:

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**
**Part I**
PPS

| | Cost Center Description | Net Expenses for Cost Allocation (from Wkst A col. 7) | BLDGS & FIXTURES | EMPLOYEE BENEFITS | Subtotal | ADMINISTRATIVE & GENERAL | PLANT OPERATION, MAINT. & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 3.00 | 3A | 4.00 | 5.00 | 6.00 | 7.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAP REL COSTS - BLDGS & FIXTURES | 2,109,640 | 2,109,640 | | | | | | | 1.00 |
| 3.00 | EMPLOYEE BENEFITS | 1,937,823 | 0 | 1,937,823 | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE & GENERAL | 1,955,055 | 339,342 | 107,876 | **2,402,273** | 2,402,273 | | | | 4.00 |
| 5.00 | PLANT OPERATION, MAINT. & REPAIRS | 595,913 | 32,974 | 65,539 | **694,426** | 130,586 | 825,012 | | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | 290,484 | 35,386 | 0 | **325,870** | 61,280 | 16,804 | 403,954 | | 6.00 |
| 7.00 | HOUSEKEEPING | 501,233 | 9,249 | 111,122 | **621,604** | 116,892 | 4,392 | 0 | 742,888 | 7.00 |
| 8.00 | DIETARY | 1,101,431 | 143,422 | 146,828 | **1,391,681** | 261,704 | 68,107 | 0 | 62,945 | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 663,407 | 11,215 | 167,161 | **841,783** | 158,296 | 5,326 | 0 | 4,922 | 9.00 |
| 10.00 | CENTRAL SERVICES & SUPPLY | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 10.00 |
| 12.00 | MEDICAL RECORDS & LIBRARY | 0 | 11,259 | 0 | **11,259** | 2,117 | 5,347 | 0 | 4,941 | 12.00 |
| 13.00 | SOCIAL SERVICE | 250,483 | 5,228 | 63,115 | **318,826** | 59,955 | 2,482 | 0 | 2,294 | 13.00 |
| 15.00 | RECREATION | 253,999 | 24,618 | 60,301 | **338,918** | 63,733 | 11,691 | 0 | 10,805 | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | SKILLED NURSING FACILITY | 4,148,345 | 1,436,093 | 967,591 | **6,552,029** | 1,232,103 | 681,965 | 403,954 | 630,273 | 30.00 |
| 31.00 | NURSING FACILITY | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | ICF/IID | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | OTHER LONG TERM CARE | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 40.00 | RADIOLOGY | 16,599 | 0 | 0 | **16,599** | 3,121 | 0 | 0 | 0 | 40.00 |
| 41.00 | LABORATORY | 19,138 | 0 | 0 | **19,138** | 3,599 | 0 | 0 | 0 | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | PHYSICAL THERAPY | 510,875 | 41,686 | 128,727 | **681,288** | 128,116 | 19,796 | 0 | 18,295 | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 377,565 | 8,713 | 95,136 | **481,414** | 90,529 | 4,137 | 0 | 3,824 | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 96,944 | 0 | 24,427 | **121,371** | 22,824 | 0 | 0 | 0 | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 274,234 | 0 | 0 | **274,234** | 51,569 | 0 | 0 | 0 | 49.00 |
| 51.00 | SUPPORT SURFACES | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 71.00 | AMBULANCE | 73,825 | 0 | 0 | **73,825** | 13,883 | 0 | 0 | 0 | 71.00 |
| 73.00 | CMHC | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | | | | | | | |
| 80.00 | MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | | | | 80.00 |
| 81.00 | INTEREST EXPENSE | | | | | | | | | 81.00 |
| 82.00 | UTILIZATION REVIEW - SNF | | | | | | | | | 82.00 |
| 83.00 | HOSPICE | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | **15,176,993** | **2,099,185** | **1,937,823** | **15,166,538** | **2,400,307** | **820,047** | **403,954** | **738,299** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 90.00 |
| 91.00 | BARBER AND BEAUTY SHOP | 0 | 10,455 | 0 | **10,455** | 1,966 | 4,965 | 0 | 4,589 | 91.00 |
| 92.00 | PHYSICIANS PRIVATE OFFICES | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | NONPAID WORKERS | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 93.00 |
| 94.00 | PATIENTS LAUNDRY | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 94.00 |
| 98.00 | Cross Foot Adjustments | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 98.00 |
| 99.00 | Negative Cost Centers | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 99.00 |
| 100.00 | TOTAL | **15,176,993** | **2,109,640** | **1,937,823** | **15,176,993** | **2,402,273** | **825,012** | **403,954** | **742,888** | 100.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**
**Part I**
PPS

| | Cost Center Description | DIETARY | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | RECREATION | Subtotal | Post Stepdown Adjustments | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 8.00 | 9.00 | 10.00 | 12.00 | 13.00 | 15.00 | 16.00 | 17.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAP REL COSTS - BLDGS & FIXTURES | | | | | | | | | 1.00 |
| 3.00 | EMPLOYEE BENEFITS | | | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE & GENERAL | | | | | | | | | 4.00 |
| 5.00 | PLANT OPERATION, MAINT. & REPAIRS | | | | | | | | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | | | | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | | | | | | | 7.00 |
| 8.00 | DIETARY | 1,784,437 | | | | | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 0 | 1,010,327 | | | | | | | 9.00 |
| 10.00 | CENTRAL SERVICES & SUPPLY | 0 | 0 | 0 | | | | | | 10.00 |
| 12.00 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 0 | 23,664 | | | | | 12.00 |
| 13.00 | SOCIAL SERVICE | 0 | 0 | 0 | 0 | 383,557 | | | | 13.00 |
| 15.00 | RECREATION | 0 | 0 | 0 | 0 | 0 | 425,147 | | | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | SKILLED NURSING FACILITY | 1,784,437 | 1,010,327 | 0 | 23,664 | 383,557 | 425,147 | **13,127,456** | 0 | 30.00 |
| 31.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 31.00 |
| 32.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 32.00 |
| 33.00 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 40.00 | RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **19,720** | 0 | 40.00 |
| 41.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | **22,737** | 0 | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 43.00 |
| 44.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **847,495** | 0 | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **579,904** | 0 | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **144,195** | 0 | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | **325,803** | 0 | 49.00 |
| 51.00 | SUPPORT SURFACES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | **87,708** | 0 | 71.00 |
| 73.00 | CMHC | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | | | | | | | |
| 80.00 | MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | | | | 80.00 |
| 81.00 | INTEREST EXPENSE | | | | | | | | | 81.00 |
| 82.00 | UTILIZATION REVIEW - SNF | | | | | | | | | 82.00 |
| 83.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | **1,784,437** | **1,010,327** | **0** | **23,664** | **383,557** | **425,147** | **15,155,018** | **0** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 90.00 |
| 91.00 | BARBER AND BEAUTY SHOP | 0 | 0 | 0 | 0 | 0 | 0 | **21,975** | 0 | 91.00 |
| 92.00 | PHYSICIANS PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 92.00 |
| 93.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 93.00 |
| 94.00 | PATIENTS LAUNDRY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 94.00 |
| 98.00 | Cross Foot Adjustments | 0 | 0 | 0 | | | 0 | **0** | 0 | 98.00 |
| 99.00 | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 99.00 |
| 100.00 | TOTAL | **1,784,437** | **1,010,327** | **0** | **23,664** | **383,557** | **425,147** | **15,176,993** | **0** | 100.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**
**Part I**
PPS

| | Cost Center Description | Total | | |
|---|---|---|---|---|
| | | 18.00 | | |
| **GENERAL SERVICE COST CENTERS** | | | | |
| 1.00 | CAP REL COSTS - BLDGS & FIXTURES | | | 1.00 |
| 3.00 | EMPLOYEE BENEFITS | | | 3.00 |
| 4.00 | ADMINISTRATIVE & GENERAL | | | 4.00 |
| 5.00 | PLANT OPERATION, MAINT. & REPAIRS | | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | 7.00 |
| 8.00 | DIETARY | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | | | 9.00 |
| 10.00 | CENTRAL SERVICES & SUPPLY | | | 10.00 |
| 12.00 | MEDICAL RECORDS & LIBRARY | | | 12.00 |
| 13.00 | SOCIAL SERVICE | | | 13.00 |
| 15.00 | RECREATION | | | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | |
| 30.00 | SKILLED NURSING FACILITY | **13,127,456** | | 30.00 |
| 31.00 | NURSING FACILITY | **0** | | 31.00 |
| 32.00 | ICF/IID | **0** | | 32.00 |
| 33.00 | OTHER LONG TERM CARE | **0** | | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | |
| 40.00 | RADIOLOGY | **19,720** | | 40.00 |
| 41.00 | LABORATORY | **22,737** | | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | **0** | | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | **0** | | 43.00 |
| 44.00 | PHYSICAL THERAPY | **847,495** | | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | **579,904** | | 45.00 |
| 46.00 | SPEECH PATHOLOGY | **144,195** | | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | **0** | | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | **0** | | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | **325,803** | | 49.00 |
| 51.00 | SUPPORT SURFACES | **0** | | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | |
| 71.00 | AMBULANCE | **87,708** | | 71.00 |
| 73.00 | CMHC | **0** | | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | |
| 80.00 | MALPRACTICE PREMIUMS & PAID LOSSES | | | 80.00 |
| 81.00 | INTEREST EXPENSE | | | 81.00 |
| 82.00 | UTILIZATION REVIEW - SNF | | | 82.00 |
| 83.00 | HOSPICE | **0** | | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | **15,155,018** | | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | **0** | | 90.00 |
| 91.00 | BARBER AND BEAUTY SHOP | **21,975** | | 91.00 |
| 92.00 | PHYSICIANS PRIVATE OFFICES | **0** | | 92.00 |
| 93.00 | NONPAID WORKERS | **0** | | 93.00 |
| 94.00 | PATIENTS LAUNDRY | **0** | | 94.00 |
| 98.00 | Cross Foot Adjustments | **0** | | 98.00 |
| 99.00 | Negative Cost Centers | **0** | | 99.00 |
| 100.00 | TOTAL | **15,176,993** | | 100.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**
PPS

| | Cost Center Description | Directly Assigned New Capital Related Costs | BLDGS & FIXTURES | Subtotal | EMPLOYEE BENEFITS | ADMINISTRATIVE & GENERAL | PLANT OPERATION, MAINT. & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2A | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAP REL COSTS - BLDGS & FIXTURES | | | | | | | | | 1.00 |
| 3.00 | EMPLOYEE BENEFITS | 0 | 0 | **0** | 0 | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE & GENERAL | 0 | 339,342 | **339,342** | 0 | 339,342 | | | | 4.00 |
| 5.00 | PLANT OPERATION, MAINT. & REPAIRS | 0 | 32,974 | **32,974** | 0 | 18,447 | 51,421 | | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | 0 | 35,386 | **35,386** | 0 | 8,656 | 1,047 | 45,089 | | 6.00 |
| 7.00 | HOUSEKEEPING | 0 | 9,249 | **9,249** | 0 | 16,512 | 274 | 0 | 26,035 | 7.00 |
| 8.00 | DIETARY | 0 | 143,422 | **143,422** | 0 | 36,969 | 4,245 | 0 | 2,206 | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 0 | 11,215 | **11,215** | 0 | 22,361 | 332 | 0 | 172 | 9.00 |
| 10.00 | CENTRAL SERVICES & SUPPLY | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 12.00 | MEDICAL RECORDS & LIBRARY | 0 | 11,259 | **11,259** | 0 | 299 | 333 | 0 | 173 | 12.00 |
| 13.00 | SOCIAL SERVICE | 0 | 5,228 | **5,228** | 0 | 8,469 | 155 | 0 | 80 | 13.00 |
| 15.00 | RECREATION | 0 | 24,618 | **24,618** | 0 | 9,003 | 729 | 0 | 379 | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | SKILLED NURSING FACILITY | 0 | 1,436,093 | **1,436,093** | 0 | 174,043 | 42,505 | 45,089 | 22,089 | 30.00 |
| 31.00 | NURSING FACILITY | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | ICF/IID | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | OTHER LONG TERM CARE | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 40.00 | RADIOLOGY | 0 | 0 | **0** | 0 | 441 | 0 | 0 | 0 | 40.00 |
| 41.00 | LABORATORY | 0 | 0 | **0** | 0 | 508 | 0 | 0 | 0 | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | PHYSICAL THERAPY | 0 | 41,686 | **41,686** | 0 | 18,098 | 1,234 | 0 | 641 | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 0 | 8,713 | **8,713** | 0 | 12,788 | 258 | 0 | 134 | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 0 | 0 | **0** | 0 | 3,224 | 0 | 0 | 0 | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 0 | 0 | **0** | 0 | 7,285 | 0 | 0 | 0 | 49.00 |
| 51.00 | SUPPORT SURFACES | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 71.00 | AMBULANCE | 0 | 0 | **0** | 0 | 1,961 | 0 | 0 | 0 | 71.00 |
| 73.00 | CMHC | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | | | | | | | |
| 80.00 | MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | | | | 80.00 |
| 81.00 | INTEREST EXPENSE | | | | | | | | | 81.00 |
| 82.00 | UTILIZATION REVIEW - SNF | | | | | | | | | 82.00 |
| 83.00 | HOSPICE | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | **0** | **2,099,185** | **2,099,185** | **0** | **339,064** | **51,112** | **45,089** | **25,874** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 91.00 | BARBER AND BEAUTY SHOP | 0 | 10,455 | **10,455** | 0 | 278 | 309 | 0 | 161 | 91.00 |
| 92.00 | PHYSICIANS PRIVATE OFFICES | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | NONPAID WORKERS | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 93.00 |
| 94.00 | PATIENTS LAUNDRY | 0 | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 98.00 | Cross Foot Adjustments | | | | | | | 0 | 0 | 98.00 |
| 99.00 | Negative Cost Centers | | 0 | **0** | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 100.00 | TOTAL | **0** | **2,109,640** | **2,109,640** | **0** | **339,342** | **51,421** | **45,089** | **26,035** | 100.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**
PPS

| | Cost Center Description | DIETARY | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | RECREATION | Subtotal | Post Step-Down Adjustments | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 8.00 | 9.00 | 10.00 | 12.00 | 13.00 | 15.00 | 16.00 | 17.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAP REL COSTS - BLDGS & FIXTURES | | | | | | | | | 1.00 |
| 3.00 | EMPLOYEE BENEFITS | | | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE & GENERAL | | | | | | | | | 4.00 |
| 5.00 | PLANT OPERATION, MAINT. & REPAIRS | | | | | | | | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | | | | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | | | | | | | 7.00 |
| 8.00 | DIETARY | 186,842 | | | | | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 0 | 34,080 | | | | | | | 9.00 |
| 10.00 | CENTRAL SERVICES & SUPPLY | 0 | 0 | 0 | | | | | | 10.00 |
| 12.00 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 0 | 12,064 | | | | | 12.00 |
| 13.00 | SOCIAL SERVICE | 0 | 0 | 0 | 0 | 13,932 | | | | 13.00 |
| 15.00 | RECREATION | 0 | 0 | 0 | 0 | 0 | 34,729 | | | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | SKILLED NURSING FACILITY | 186,842 | 34,080 | 0 | 12,064 | 13,932 | 34,729 | **2,001,466** | 0 | 30.00 |
| 31.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 31.00 |
| 32.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 32.00 |
| 33.00 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 40.00 | RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **441** | 0 | 40.00 |
| 41.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | **508** | 0 | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 43.00 |
| 44.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **61,659** | 0 | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **21,893** | 0 | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **3,224** | 0 | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | **7,285** | 0 | 49.00 |
| 51.00 | SUPPORT SURFACES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | **1,961** | 0 | 71.00 |
| 73.00 | CMHC | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | | | | | | | |
| 80.00 | MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | | | | 80.00 |
| 81.00 | INTEREST EXPENSE | | | | | | | | | 81.00 |
| 82.00 | UTILIZATION REVIEW - SNF | | | | | | | | | 82.00 |
| 83.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | **186,842** | **34,080** | **0** | **12,064** | **13,932** | **34,729** | **2,098,437** | **0** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 90.00 |
| 91.00 | BARBER AND BEAUTY SHOP | 0 | 0 | 0 | 0 | 0 | 0 | **11,203** | 0 | 91.00 |
| 92.00 | PHYSICIANS PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 92.00 |
| 93.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 93.00 |
| 94.00 | PATIENTS LAUNDRY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 94.00 |
| 98.00 | Cross Foot Adjustments | 0 | 0 | 0 | | | 0 | **0** | 0 | 98.00 |
| 99.00 | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 99.00 |
| 100.00 | TOTAL | **186,842** | **34,080** | **0** | **12,064** | **13,932** | **34,729** | **2,109,640** | **0** | 100.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**
PPS

| | Cost Center Description | Total | | |
|---|---|---|---|---|
| | | 18.00 | | |
| **GENERAL SERVICE COST CENTERS** | | | | |
| 1.00 | CAP REL COSTS - BLDGS & FIXTURES | | | 1.00 |
| 3.00 | EMPLOYEE BENEFITS | | | 3.00 |
| 4.00 | ADMINISTRATIVE & GENERAL | | | 4.00 |
| 5.00 | PLANT OPERATION, MAINT. & REPAIRS | | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | 7.00 |
| 8.00 | DIETARY | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | | | 9.00 |
| 10.00 | CENTRAL SERVICES & SUPPLY | | | 10.00 |
| 12.00 | MEDICAL RECORDS & LIBRARY | | | 12.00 |
| 13.00 | SOCIAL SERVICE | | | 13.00 |
| 15.00 | RECREATION | | | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | |
| 30.00 | SKILLED NURSING FACILITY | **2,001,466** | | 30.00 |
| 31.00 | NURSING FACILITY | **0** | | 31.00 |
| 32.00 | ICF/IID | **0** | | 32.00 |
| 33.00 | OTHER LONG TERM CARE | **0** | | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | |
| 40.00 | RADIOLOGY | **441** | | 40.00 |
| 41.00 | LABORATORY | **508** | | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | **0** | | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | **0** | | 43.00 |
| 44.00 | PHYSICAL THERAPY | **61,659** | | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | **21,893** | | 45.00 |
| 46.00 | SPEECH PATHOLOGY | **3,224** | | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | **0** | | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | **0** | | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | **7,285** | | 49.00 |
| 51.00 | SUPPORT SURFACES | **0** | | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | |
| 71.00 | AMBULANCE | **1,961** | | 71.00 |
| 73.00 | CMHC | **0** | | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | |
| 80.00 | MALPRACTICE PREMIUMS & PAID LOSSES | | | 80.00 |
| 81.00 | INTEREST EXPENSE | | | 81.00 |
| 82.00 | UTILIZATION REVIEW - SNF | | | 82.00 |
| 83.00 | HOSPICE | **0** | | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | **2,098,437** | | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | **0** | | 90.00 |
| 91.00 | BARBER AND BEAUTY SHOP | **11,203** | | 91.00 |
| 92.00 | PHYSICIANS PRIVATE OFFICES | **0** | | 92.00 |
| 93.00 | NONPAID WORKERS | **0** | | 93.00 |
| 94.00 | PATIENTS LAUNDRY | **0** | | 94.00 |
| 98.00 | Cross Foot Adjustments | **0** | | 98.00 |
| 99.00 | Negative Cost Centers | **0** | | 99.00 |
| 100.00 | TOTAL | **2,109,640** | | 100.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

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

PPS

| | Cost Center Description | BLDGS & FIXTURES (SQUARE FEET) | EMPLOYEE BENEFITS (GROSS SALARIES) | Reconciliation | ADMINISTRATIVE & GENERAL (ACCUM COST) | PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET) | LAUNDRY & LINEN SERVICE (PATIENT CENSUS) | HOUSEKEEPING (SQUARE FEET) | DIETARY (MEALS SERVED) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 3.00 | 4A | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAP REL COSTS - BLDGS & FIXTURES | 47,217 | | | | | | | | 1.00 |
| 3.00 | EMPLOYEE BENEFITS | 0 | 7,690,605 | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE & GENERAL | 7,595 | 428,125 | -2,402,273 | 12,774,720 | | | | | 4.00 |
| 5.00 | PLANT OPERATION, MAINT. & REPAIRS | 738 | 260,104 | 0 | 694,426 | 38,884 | | | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | 792 | 0 | 0 | 325,870 | 792 | 42,169 | | | 6.00 |
| 7.00 | HOUSEKEEPING | 207 | 441,009 | 0 | 621,604 | 207 | 0 | 37,885 | | 7.00 |
| 8.00 | DIETARY | 3,210 | 582,714 | 0 | 1,391,681 | 3,210 | 0 | 3,210 | 126,507 | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 251 | 663,407 | 0 | 841,783 | 251 | 0 | 251 | 0 | 9.00 |
| 10.00 | CENTRAL SERVICES & SUPPLY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 12.00 | MEDICAL RECORDS & LIBRARY | 252 | 0 | 0 | 11,259 | 252 | 0 | 252 | 0 | 12.00 |
| 13.00 | SOCIAL SERVICE | 117 | 250,483 | 0 | 318,826 | 117 | 0 | 117 | 0 | 13.00 |
| 15.00 | RECREATION | 551 | 239,316 | 0 | 338,918 | 551 | 0 | 551 | 0 | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | SKILLED NURSING FACILITY | 32,142 | 3,840,063 | 0 | 6,552,029 | 32,142 | 42,169 | 32,142 | 126,507 | 30.00 |
| 31.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 40.00 | RADIOLOGY | 0 | 0 | 0 | 16,599 | 0 | 0 | 0 | 0 | 40.00 |
| 41.00 | LABORATORY | 0 | 0 | 0 | 19,138 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | PHYSICAL THERAPY | 933 | 510,875 | 0 | 681,288 | 933 | 0 | 933 | 0 | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 195 | 377,565 | 0 | 481,414 | 195 | 0 | 195 | 0 | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 0 | 96,944 | 0 | 121,371 | 0 | 0 | 0 | 0 | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 274,234 | 0 | 0 | 0 | 0 | 49.00 |
| 51.00 | SUPPORT SURFACES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 73,825 | 0 | 0 | 0 | 0 | 71.00 |
| 73.00 | CMHC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | | | | | | | |
| 80.00 | MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | | | | 80.00 |
| 81.00 | INTEREST EXPENSE | | | | | | | | | 81.00 |
| 82.00 | UTILIZATION REVIEW - SNF | | | | | | | | | 82.00 |
| 83.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 83.00 |
| 89.00 | SUBTOTALS (sum of lines 1-84) | **46,983** | **7,690,605** | **-2,402,273** | **12,764,265** | **38,650** | **42,169** | **37,651** | **126,507** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 91.00 | BARBER AND BEAUTY SHOP | 234 | 0 | 0 | 10,455 | 234 | 0 | 234 | 0 | 91.00 |
| 92.00 | PHYSICIANS PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 93.00 |
| 94.00 | PATIENTS LAUNDRY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 98.00 | Cross Foot Adjustments | | | | | | | | | 98.00 |
| 99.00 | Negative Cost Centers | | | | | | | | | 99.00 |
| 102.00 | Cost to be allocated (per Wkst. B, Part I) | 2,109,640 | 1,937,823 | | 2,402,273 | 825,012 | 403,954 | 742,888 | 1,784,437 | 102.00 |
| 103.00 | Unit cost multiplier (Wkst. B, Part I) | 44.679670 | 0.251973 | | 0.188049 | 21.217262 | 9.579407 | 19.609027 | 14.105441 | 103.00 |
| 104.00 | Cost to be allocated (per Wkst. B, Part II) | | 0 | | 339,342 | 51,421 | 45,089 | 26,035 | 186,842 | 104.00 |
| 105.00 | Unit cost multiplier (Wkst. B, Part II) | | 0.000000 | | 0.026564 | 1.322421 | 1.069245 | 0.687211 | 1.476930 | 105.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

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

PPS

| | Cost Center Description | NURSING ADMINISTRATION (DIRECT NURSING) | CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (PATIENT CENSUS) | SOCIAL SERVICE (PATIENT CENSUS) | RECREATION (PATIENT CENSUS) | | |
|---|---|---|---|---|---|---|---|---|
| | | 9.00 | 10.00 | 12.00 | 13.00 | 15.00 | | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | |
| 1.00 | CAP REL COSTS - BLDGS & FIXTURES | | | | | | | 1.00 |
| 3.00 | EMPLOYEE BENEFITS | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE & GENERAL | | | | | | | 4.00 |
| 5.00 | PLANT OPERATION, MAINT. & REPAIRS | | | | | | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | | | | | 7.00 |
| 8.00 | DIETARY | | | | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 152,786 | | | | | | 9.00 |
| 10.00 | CENTRAL SERVICES & SUPPLY | 0 | 421,339 | | | | | 10.00 |
| 12.00 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 42,169 | | | | 12.00 |
| 13.00 | SOCIAL SERVICE | 0 | 0 | 0 | 42,169 | | | 13.00 |
| 15.00 | RECREATION | 0 | 0 | 0 | 0 | 42,169 | | 15.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | |
| 30.00 | SKILLED NURSING FACILITY | 152,786 | 147,105 | 42,169 | 42,169 | 42,169 | | 30.00 |
| 31.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | | 31.00 |
| 32.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | | 32.00 |
| 33.00 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | | 33.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | |
| 40.00 | RADIOLOGY | 0 | 0 | 0 | 0 | 0 | | 40.00 |
| 41.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0 | 0 | 0 | 0 | 0 | | 43.00 |
| 44.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 0 | 0 | 0 | 0 | 0 | | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 0 | 274,234 | 0 | 0 | 0 | | 49.00 |
| 51.00 | SUPPORT SURFACES | 0 | 0 | 0 | 0 | 0 | | 51.00 |
| **OTHER REIMBURSABLE COST CENTERS** | | | | | | | | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | | 71.00 |
| 73.00 | CMHC | 0 | 0 | 0 | 0 | 0 | | 73.00 |
| **SPECIAL PURPOSE COST CENTERS** | | | | | | | | |
| 80.00 | MALPRACTICE PREMIUMS & PAID LOSSES | | | | | | | 80.00 |
| 81.00 | INTEREST EXPENSE | | | | | | | 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) | **152,786** | **421,339** | **42,169** | **42,169** | **42,169** | | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | | 90.00 |
| 91.00 | BARBER AND BEAUTY SHOP | 0 | 0 | 0 | 0 | 0 | | 91.00 |
| 92.00 | PHYSICIANS PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | | 92.00 |
| 93.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | | 93.00 |
| 94.00 | PATIENTS LAUNDRY | 0 | 0 | 0 | 0 | 0 | | 94.00 |
| 98.00 | Cross Foot Adjustments | | | | | | | 98.00 |
| 99.00 | Negative Cost Centers | | | | | | | 99.00 |
| 102.00 | Cost to be allocated (per Wkst. B, Part I) | 1,010,327 | 0 | 23,664 | 383,557 | 425,147 | | 102.00 |
| 103.00 | Unit cost multiplier (Wkst. B, Part I) | 6.612694 | 0.000000 | 0.561171 | 9.095710 | 10.081980 | | 103.00 |
| 104.00 | Cost to be allocated (per Wkst. B, Part II) | 34,080 | 0 | 12,064 | 13,932 | 34,729 | | 104.00 |
| 105.00 | Unit cost multiplier (Wkst. B, Part II) | 0.223057 | 0.000000 | 0.286087 | 0.330385 | 0.823567 | | 105.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

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

PPS

| | Cost Center Description | Total (from Wkst. B, Pt I, col. 18) | Total Charges | Ratio (col. 1 divided by col. 2 | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| **ANCILLARY SERVICE COST CENTERS** | | | | | |
| 40.00 | RADIOLOGY | 19,720 | 0 | 0.000000 | 40.00 |
| 41.00 | LABORATORY | 22,737 | 0 | 0.000000 | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0 | 0 | 0.000000 | 43.00 |
| 44.00 | PHYSICAL THERAPY | 847,495 | 1,005,526 | 0.842837 | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 579,904 | 614,711 | 0.943377 | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 144,195 | 147,726 | 0.976098 | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0 | 0 | 0.000000 | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0.000000 | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 325,803 | 274,234 | 1.188047 | 49.00 |
| 51.00 | SUPPORT SURFACES | 0 | 0 | 0.000000 | 51.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | |
| 71.00 | AMBULANCE | 87,708 | 0 | 0.000000 | 71.00 |
| 100.00 | Total | **2,027,562** | **2,042,197** | | 100.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

**Worksheet D**
**Part I**

Title XVIII | Skilled Nursing Facility | PPS

**PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST**

| | | | Health Care Program Charges | | Health Care Program Cost | | |
|---|---|---|---|---|---|---|---|
| | | Ratio of Cost to Charges (Fr. Wkst. C Column 3) | Part A | Part B | Part A (col. 1 x col. 2) | Part B (col. 1 x col. 3) | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | |
| 40.00 | RADIOLOGY | 0.000000 | 0 | 0 | 0 | 0 | 40.00 |
| 41.00 | LABORATORY | 0.000000 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0.000000 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | PHYSICAL THERAPY | 0.842837 | 261,775 | 0 | 220,634 | 0 | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 0.943377 | 263,642 | 0 | 248,714 | 0 | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 0.976098 | 108,570 | 0 | 105,975 | 0 | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0.000000 | 0 | 0 | 0 | 0 | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.000000 | 0 | 0 | 0 | 0 | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 1.188047 | 174,170 | 0 | 206,922 | 0 | 49.00 |
| 51.00 | SUPPORT SURFACES | 0.000000 | 0 | 0 | 0 | 0 | 51.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | |
| 71.00 | AMBULANCE (2) | 0.000000 | | 0 | | 0 | 71.00 |
| 100.00 | Total (Sum of lines 40 - 71) | | **808,157** | **0** | **782,245** | **0** | 100.00 |

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

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: 11.1.179.1 |

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

**Worksheet D**
**Parts II-III**

Title XVIII Skilled Nursing Facility PPS

**PART II - APPORTIONMENT OF VACCINE COST**

| | | 1.00 | |
|---|---|---|---|
| 1.00 | Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49) | 1.188047 | 1.00 |
| 2.00 | Program vaccine charges (From your records, or the PS&R) | 3,520 | 2.00 |
| 3.00 | Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18) | 4,182 | 3.00 |

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

| | Cost Center Description | Total Cost (From Wkst. B, Part I, Col. 18 | Nursing & Allied Health (From Wkst. B, Part I, Col. 14) | Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1) | Program Part A Cost (From Wkst. D Part I, Col. 4) | Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | |
| 40.00 | RADIOLOGY | 19,720 | 0 | 0.000000 | 0 | 0 | 40.00 |
| 41.00 | LABORATORY | 22,737 | 0 | 0.000000 | 0 | 0 | 41.00 |
| 42.00 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | 0 | 0 | 42.00 |
| 43.00 | OXYGEN (INHALATION) THERAPY | 0 | 0 | 0.000000 | 0 | 0 | 43.00 |
| 44.00 | PHYSICAL THERAPY | 847,495 | 0 | 0.000000 | 220,634 | 0 | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 579,904 | 0 | 0.000000 | 248,714 | 0 | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 144,195 | 0 | 0.000000 | 105,975 | 0 | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 0 | 0 | 0.000000 | 0 | 0 | 47.00 |
| 48.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0.000000 | 0 | 0 | 48.00 |
| 49.00 | DRUGS CHARGED TO PATIENTS | 325,803 | 0 | 0.000000 | 206,922 | 0 | 49.00 |
| 51.00 | SUPPORT SURFACES | 0 | 0 | 0.000000 | 0 | 0 | 51.00 |
| 100.00 | Total (Sum of lines 40 - 52) | **1,939,854** | **0** | | **782,245** | **0** | 100.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
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COMPUTATION OF INPATIENT ROUTINE COSTS

**Worksheet D-1**
**Part I**

Title XVIII Skilled Nursing Facility PPS

**PART I CALCULATION OF INPATIENT ROUTINE COSTS**

| | | 1.00 | |
|---|---|---|---|
| **INPATIENT DAYS** | | | |
| 1.00 | Inpatient days including private room days | 42,169 | 1.00 |
| 2.00 | Private room days | 0 | 2.00 |
| 3.00 | Inpatient days including private room days applicable to the Program | 7,008 | 3.00 |
| 4.00 | Medically necessary private room days applicable to the Program | 0 | 4.00 |
| 5.00 | Total general inpatient routine service cost | **13,127,456** | 5.00 |
| **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | | | |
| 6.00 | General inpatient routine service charges | 16,000,467 | 6.00 |
| 7.00 | General inpatient routine service cost/charge ratio (Line 5 divided by line 6) | 0.820442 | 7.00 |
| 8.00 | Enter private room charges from your records | 0 | 8.00 |
| 9.00 | Average private room per diem charge (Private room charges line 8 divided by private room days, line 2) | 0.00 | 9.00 |
| 10.00 | Enter semi-private room charges from your records | 0 | 10.00 |
| 11.00 | Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days) | 0.00 | 11.00 |
| 12.00 | Average per diem private room charge differential (Line 9 minus line 11) | 0.00 | 12.00 |
| 13.00 | Average per diem private room cost differential (Line 7 times line 12) | 0.00 | 13.00 |
| 14.00 | Private room cost differential adjustment (Line 2 times line 13) | 0 | 14.00 |
| 15.00 | General inpatient routine service cost net of private room cost differential (Line 5 minus line 14) | 13,127,456 | 15.00 |
| **PROGRAM INPATIENT ROUTINE SERVICE COSTS** | | | |
| 16.00 | Adjusted general inpatient service cost per diem (Line 15 divided by line 1) | 311.31 | 16.00 |
| 17.00 | Program routine service cost (Line 3 times line 16) | 2,181,660 | 17.00 |
| 18.00 | Medically necessary private room cost applicable to program (line 4 times line 13) | 0 | 18.00 |
| 19.00 | Total program general inpatient routine service cost (Line 17 plus line 18) | **2,181,660** | 19.00 |
| 20.00 | Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID) | 2,001,466 | 20.00 |
| 21.00 | Per diem capital related costs (Line 20 divided by line 1) | 47.46 | 21.00 |
| 22.00 | Program capital related cost (Line 3 times line 21) | 332,600 | 22.00 |
| 23.00 | Inpatient routine service cost (Line 19 minus line 22) | 1,849,060 | 23.00 |
| 24.00 | Aggregate charges to beneficiaries for excess costs (From provider records) | 0 | 24.00 |
| 25.00 | Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24) | **1,849,060** | 25.00 |
| 26.00 | Enter the per diem limitation (1) | | 26.00 |
| 27.00 | Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1) | | 27.00 |
| 28.00 | Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions) | | 28.00 |

**PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH**

| | | 1.00 | |
|---|---|---|---|
| 1.00 | Total SNF inpatient days | 42,169 | 1.00 |
| 2.00 | Program inpatient days (see instructions) | 7,008 | 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) | 0.166188 | 4.00 |
| 5.00 | Program nursing & allied health costs for pass-through. (line 3 times line 4) | 0 | 5.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

**Worksheet E**
**Part I**

Title XVIII Skilled Nursing Facility PPS

**PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT**

| | | 1.00 | |
|---|---|---|---|
| 1.00 | Inpatient PPS amount (See Instructions) | 5,465,388 | 1.00 |
| 2.00 | Nursing and Allied Health Education Activities (pass through payments) | 0 | 2.00 |
| 3.00 | Subtotal ( Sum of lines 1 and 2) | **5,465,388** | 3.00 |
| 4.00 | Primary payor amounts | 0 | 4.00 |
| 5.00 | Coinsurance | 1,084,464 | 5.00 |
| 6.00 | Allowable bad debts (From your records) | 525,283 | 6.00 |
| 7.00 | Allowable Bad debts for dual eligible beneficiaries (See instructions) | 0 | 7.00 |
| 8.00 | Adjusted reimbursable bad debts. (See instructions) | 341,434 | 8.00 |
| 9.00 | Recovery of bad debts - for statistical records only | 0 | 9.00 |
| 10.00 | Utilization review | 0 | 10.00 |
| 11.00 | Subtotal (See instructions) | **4,722,358** | 11.00 |
| 12.00 | Interim payments (See instructions) | 4,521,870 | 12.00 |
| 13.00 | Tentative adjustment | 0 | 13.00 |
| 14.00 | OTHER adjustment (See instructions) | 0 | 14.00 |
| 14.50 | Demonstration payment adjustment amount before sequestration | 0 | 14.50 |
| 14.55 | Demonstration payment adjustment amount after sequestration | 0 | 14.55 |
| 14.75 | Sequestration for non-claims based amounts (see instructions) | 6,829 | 14.75 |
| 14.99 | Sequestration amount (see instructions) | 87,618 | 14.99 |
| 15.00 | Balance due provider/program (see Instructions) | **106,041** | 15.00 |
| 16.00 | Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2) | 0 | 16.00 |
| **PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY** | | | |
| 17.00 | Ancillary services Part B | 0 | 17.00 |
| 18.00 | Vaccine cost (From Wkst D, Part II, line 3) | 4,182 | 18.00 |
| 19.00 | Total reasonable costs (Sum of lines 17 and 18) | **4,182** | 19.00 |
| 20.00 | Medicare Part B ancillary charges (See instructions) | 3,520 | 20.00 |
| 21.00 | Cost of covered services (Lesser of line 19 or line 20) | 3,520 | 21.00 |
| 22.00 | Primary payor amounts | 0 | 22.00 |
| 23.00 | Coinsurance and deductibles | 0 | 23.00 |
| 24.00 | Allowable bad debts (From your records) | 0 | 24.00 |
| 24.01 | Allowable Bad debts for dual eligible beneficiaries (see instructions) | 0 | 24.01 |
| 24.02 | Adjusted reimbursable bad debts (see instructions) | 0 | 24.02 |
| 25.00 | Subtotal (Sum of lines 21 and 24, minus lines 22 and 23) | **3,520** | 25.00 |
| 26.00 | Interim payments (See instructions) | 690 | 26.00 |
| 27.00 | Tentative adjustment | 0 | 27.00 |
| 28.00 | Other Adjustments (See instructions) Specify | 0 | 28.00 |
| 28.50 | Demonstration payment adjustment amount before sequestration | 0 | 28.50 |
| 28.55 | Demonstration payment adjustment amount after sequestration | 0 | 28.55 |
| 28.99 | Sequestration amount (see instructions) | 70 | 28.99 |
| 29.00 | Balance due provider/program (see instructions) | **2,760** | 29.00 |
| 30.00 | Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2 | 0 | 30.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **Worksheet E-1**

Title XVIII Skilled Nursing Facility PPS

| | DESCRIPTION | Inpatient Part A mm/dd/yyyy | Inpatient Part A Amount | Part B mm/dd/yyyy | Part B Amount | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Total interim payments paid to provider | | 4,643,453 | | 690 | 1.00 |
| 2.00 | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero | | 0 | | 0 | 2.00 |
| 3.00 | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | | | 3.00 |
| **Program to Provider** | | | | | | |
| 3.01 | ADJUSTMENTS TO PROVIDER | | 0 | | 0 | 3.01 |
| 3.02 | | | 0 | | 0 | 3.02 |
| 3.03 | | | 0 | | 0 | 3.03 |
| 3.04 | | | 0 | | 0 | 3.04 |
| 3.05 | | | 0 | | 0 | 3.05 |
| **Provider to Program** | | | | | | |
| 3.50 | ADJUSTMENTS TO PROGRAM | 06/25/2024 | 121,583 | | 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) | | **-121,583** | | **0** | 3.99 |
| 4.00 | Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B) | | **4,521,870** | | **690** | 4.00 |
| **TO BE COMPLETED BY CONTRACTOR** | | | | | | |
| 5.00 | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | | | 5.00 |
| **Program to Provider** | | | | | | |
| 5.01 | TENTATIVE TO PROVIDER | | 0 | | 0 | 5.01 |
| 5.02 | | | 0 | | 0 | 5.02 |
| 5.03 | | | 0 | | 0 | 5.03 |
| **Provider to Program** | | | | | | |
| 5.50 | TENTATIVE TO PROGRAM | | 0 | | 0 | 5.50 |
| 5.51 | | | 0 | | 0 | 5.51 |
| 5.52 | | | 0 | | 0 | 5.52 |
| 5.99 | Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98) | | **0** | | **0** | 5.99 |
| 6.00 | Determined net settlement amount (balance due) based on the cost report. (1) | | | | | 6.00 |
| 6.01 | PROGRAM TO PROVIDER | | 106,041 | | 2,760 | 6.01 |
| 6.02 | PROVIDER TO PROGRAM | | 0 | | 0 | 6.02 |
| 7.00 | Total Medicare program liability (see instructions) | | **4,627,911** | | **3,450** | 7.00 |

| | Contractor Name | Contractor Number | |
|---|---|---|---|
| | 1.00 | 2.00 | |
| 8.00 | | | 8.00 |

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

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
| | From: 01/01/2024 | MCRIF32 **2540-10** |
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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

**Worksheet G**

PPS

| | | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| **Assets** | | | | | | |
| **CURRENT ASSETS** | | | | | | |
| 1.00 | Cash on hand and in banks | 388,968 | 0 | 0 | 0 | 1.00 |
| 2.00 | Temporary investments | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Notes receivable | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Accounts receivable | 5,500,011 | 0 | 0 | 0 | 4.00 |
| 5.00 | Other receivables | 5,809 | 0 | 0 | 0 | 5.00 |
| 6.00 | Less: allowances for uncollectible notes and accounts receivable | -481,748 | 0 | 0 | 0 | 6.00 |
| 7.00 | Inventory | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Prepaid expenses | 29,037 | 0 | 0 | 0 | 8.00 |
| 9.00 | Other current assets | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Due from other funds | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | TOTAL CURRENT ASSETS (Sum of lines 1 - 10) | **5,442,077** | **0** | **0** | **0** | 11.00 |
| **FIXED ASSETS** | | | | | | |
| 12.00 | Land | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Land improvements | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Less: Accumulated depreciation | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Buildings | 140,925 | 0 | 0 | 0 | 15.00 |
| 16.00 | Less Accumulated depreciation | -23,280 | 0 | 0 | 0 | 16.00 |
| 17.00 | Leasehold improvements | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Less: Accumulated Amortization | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Fixed equipment | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Less: Accumulated depreciation | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Automobiles and trucks | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Less: Accumulated depreciation | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Major movable equipment | 84,161 | 0 | 0 | 0 | 23.00 |
| 24.00 | Less: Accumulated depreciation | -21,898 | 0 | 0 | 0 | 24.00 |
| 25.00 | Minor equipment - Depreciable | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Minor equipment nondepreciable | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Other fixed assets | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | TOTAL FIXED ASSETS (Sum of lines 12 - 27) | **179,908** | **0** | **0** | **0** | 28.00 |
| **OTHER ASSETS** | | | | | | |
| 29.00 | Investments | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Deposits on leases | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Due from owners/officers | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Other assets | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | TOTAL OTHER ASSETS (Sum of lines 29 - 32) | **0** | **0** | **0** | **0** | 33.00 |
| 34.00 | TOTAL ASSETS (Sum of lines 11, 28, and 33) | **5,621,985** | **0** | **0** | **0** | 34.00 |
| **Liabilities and Fund Balances** | | | | | | |
| **CURRENT LIABILITIES** | | | | | | |
| 35.00 | Accounts payable | 633,187 | 0 | 0 | 0 | 35.00 |
| 36.00 | Salaries, wages, and fees payable | 438,155 | 0 | 0 | 0 | 36.00 |
| 37.00 | Payroll taxes payable | 28,512 | 0 | 0 | 0 | 37.00 |
| 38.00 | Notes & loans payable (Short term) | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | Deferred income | -1,489 | 0 | 0 | 0 | 39.00 |
| 40.00 | Accelerated payments | 0 | | | | 40.00 |
| 41.00 | Due to other funds | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | Other current liabilities | 1,195,320 | 0 | 0 | 0 | 42.00 |
| 43.00 | TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42) | **2,293,685** | **0** | **0** | **0** | 43.00 |
| **LONG TERM LIABILITIES** | | | | | | |
| 44.00 | Mortgage payable | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | Notes payable | 0 | 0 | 0 | 0 | 45.00 |
| 46.00 | Unsecured loans | 0 | 0 | 0 | 0 | 46.00 |
| 47.00 | Loans from owners: | 0 | 0 | 0 | 0 | 47.00 |
| 48.00 | Other long term liabilities | 1,807,820 | 0 | 0 | 0 | 48.00 |
| 49.00 | OTHER (SPECIFY) | 0 | 0 | 0 | 0 | 49.00 |
| 50.00 | TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49 | **1,807,820** | **0** | **0** | **0** | 50.00 |

| | | | |
|---|---|---|---|
| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: | 5/25/2025 3:29 pm |
| | From: 01/01/2024 | MCRIF32 | **2540-10** |
| Provider CCN: 315268 | To: 12/31/2024 | Version: | 11.1.179.1 |

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

**Worksheet G**

PPS

| | | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 51.00 | TOTAL LIABILITIES (Sum of lines 43 and 50) | **4,101,505** | **0** | **0** | **0** | 51.00 |
| **CAPITAL ACCOUNTS** | | | | | | |
| 52.00 | General fund balance | 1,520,480 | | | | 52.00 |
| 53.00 | Specific purpose fund | | 0 | | | 53.00 |
| 54.00 | Donor created - endowment fund balance - restricted | | | 0 | | 54.00 |
| 55.00 | Donor created - endowment fund balance - unrestricted | | | 0 | | 55.00 |
| 56.00 | Governing body created - endowment fund balance | | | 0 | | 56.00 |
| 57.00 | Plant fund balance - invested in plant | | | | 0 | 57.00 |
| 58.00 | Plant fund balance - reserve for plant improvement, replacement, and expansion | | | | 0 | 58.00 |
| 59.00 | TOTAL FUND BALANCES (Sum of lines 52 thru 58) | **1,520,480** | **0** | **0** | **0** | 59.00 |
| 60.00 | TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59) | **5,621,985** | **0** | **0** | **0** | 60.00 |

( ) = contra amount

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
|---|---|---|
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STATEMENT OF CHANGES IN FUND BALANCES **Worksheet G-1**

PPS

| | | General Fund | | Special Purpose Fund | | Endowment Fund | | Plant Fund | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | |
| 1.00 | Fund balances at beginning of period | | 1,528,743 | | 0 | | 0 | | 0 | 1.00 |
| 2.00 | Net income (loss) (from Wkst. G-3, line 31) | | 694,066 | | | | | | | 2.00 |
| 3.00 | Total (sum of line 1 and line 2) | | **2,222,809** | | **0** | | **0** | | **0** | 3.00 |
| 4.00 | Additions (credit adjustments) | | | | | | | | | 4.00 |
| 5.00 | ROUNDING | 1 | | 0 | | 0 | | 0 | | 5.00 |
| 6.00 | | 0 | | 0 | | 0 | | 0 | | 6.00 |
| 7.00 | | 0 | | 0 | | 0 | | 0 | | 7.00 |
| 8.00 | | 0 | | 0 | | 0 | | 0 | | 8.00 |
| 9.00 | | 0 | | 0 | | 0 | | 0 | | 9.00 |
| 10.00 | Total additions (sum of line 5 - 9) | | **1** | | **0** | | **0** | | **0** | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10) | | **2,222,810** | | **0** | | **0** | | **0** | 11.00 |
| 12.00 | Deductions (debit adjustments) | | | | | | | | | 12.00 |
| 13.00 | | 0 | | 0 | | 0 | | 0 | | 13.00 |
| 14.00 | DIVIDENDS | 702,330 | | 0 | | 0 | | 0 | | 14.00 |
| 15.00 | | 0 | | 0 | | 0 | | 0 | | 15.00 |
| 16.00 | | 0 | | 0 | | 0 | | 0 | | 16.00 |
| 17.00 | | 0 | | 0 | | 0 | | 0 | | 17.00 |
| 18.00 | Total deductions (sum of lines 13 - 17) | | **702,330** | | **0** | | **0** | | **0** | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (Line 11 - line 18) | | **1,520,480** | | **0** | | **0** | | **0** | 19.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**Worksheet G-2**
**Part I**
PPS

**PART I - PATIENT REVENUES**

| | Cost Center Description | Inpatient | Outpatient | Total | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| **General Inpatient Routine Care Services** | | | | | |
| 1.00 | SKILLED NURSING FACILITY | 16,000,467 | | **16,000,467** | 1.00 |
| 2.00 | NURSING FACILITY | 0 | | **0** | 2.00 |
| 3.00 | ICF/IID | 0 | | **0** | 3.00 |
| 4.00 | OTHER LONG TERM CARE | 0 | | **0** | 4.00 |
| 5.00 | Total general inpatient care services (Sum of lines 1 - 4) | **16,000,467** | | **16,000,467** | 5.00 |
| **All Other Care Services** | | | | | |
| 6.00 | ANCILLARY SERVICES | 2,042,197 | 0 | **2,042,197** | 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 | OTHER (SPECIFY) | 0 | 0 | **0** | 13.00 |
| 14.00 | Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1) | **18,042,664** | **0** | **18,042,664** | 14.00 |

**PART II - OPERATING EXPENSES**

| | | 1.00 | 2.00 | |
|---|---|---|---|---|
| 1.00 | Operating Expenses (Per Worksheet A, Col. 3, Line 100) | | **15,705,971** | 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) | | **15,705,971** | 15.00 |

| BROOKHAVEN HEALTH CARE CENTER | Period: | Run Date Time: 5/25/2025 3:29 pm |
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES **Worksheet G-3**

PPS

| | | 1.00 | |
|---|---|---|---|
| 1.00 | Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14) | 18,042,664 | 1.00 |
| 2.00 | Less: contractual allowances and discounts on patients accounts | 1,647,753 | 2.00 |
| 3.00 | Net patient revenues (Line 1 minus line 2) | 16,394,911 | 3.00 |
| 4.00 | Less: total operating expenses (From Worksheet G-2, Part II, line 15) | 15,705,971 | 4.00 |
| 5.00 | Net income from service to patients (Line 3 minus 4) | **688,940** | 5.00 |
| **Other income:** | | | |
| 6.00 | Contributions, donations, bequests, etc | 0 | 6.00 |
| 7.00 | Income from investments | 4,383 | 7.00 |
| 8.00 | Revenues from communications ( Telephone and Internet service) | 0 | 8.00 |
| 9.00 | Revenue from television and radio service | 0 | 9.00 |
| 10.00 | Purchase discounts | 0 | 10.00 |
| 11.00 | Rebates and refunds of expenses | 0 | 11.00 |
| 12.00 | Parking lot receipts | 0 | 12.00 |
| 13.00 | Revenue from laundry and linen service | 0 | 13.00 |
| 14.00 | Revenue from meals sold to employees and guests | 0 | 14.00 |
| 15.00 | Revenue from rental of living quarters | 0 | 15.00 |
| 16.00 | Revenue from sale of medical and surgical supplies to other than patients | 0 | 16.00 |
| 17.00 | Revenue from sale of drugs to other than patients | 0 | 17.00 |
| 18.00 | Revenue from sale of medical records and abstracts | 0 | 18.00 |
| 19.00 | Tuition (fees, sale of textbooks, uniforms, etc.) | 0 | 19.00 |
| 20.00 | Revenue from gifts, flower, coffee shops, canteen | 0 | 20.00 |
| 21.00 | Rental of vending machines | 0 | 21.00 |
| 22.00 | Rental of skilled nursing space | 0 | 22.00 |
| 23.00 | Governmental appropriations | 0 | 23.00 |
| 24.00 | NON PATIENT REVENUE | 743 | 24.00 |
| 24.50 | COVID-19 PHE Funding | 0 | 24.50 |
| 25.00 | Total other income (Sum of lines 6 - 24) | **5,126** | 25.00 |
| 26.00 | Total (Line 5 plus line 25) | **694,066** | 26.00 |
| 27.00 | Other expenses (specify) | 0 | 27.00 |
| 28.00 | | 0 | 28.00 |
| 29.00 | | 0 | 29.00 |
| 30.00 | Total other expenses (Sum of lines 27 - 29) | **0** | 30.00 |
| 31.00 | Net income (or loss) for the period (Line 26 minus line 30) | **694,066** | 31.00 |