Health I	Financial Systems						In I	Lieu of Form CMS	-2540-10
		r (42 USC 1395g; 42 CFR 413.20(b)). Failu rments (42 USC 1395g).	re to report can result in all interin	m payments made since th	e beginning of the	cost reportin	OMB NO.		
HEA'	TH VILLAGE			Period: From: 01/01/2024	Run Date Tin MCRIF32		6/2025 12:41 pr 0-10		
Provid	ler CCN: 3	5072		To: 12/31/2024	Version:	10.2	23.179.0		
		FACILITY AND SKILLED N EPORT CERTIFICATION ANI						Works Parts I, Il	
PART	- COST REPORT	STATUS							
Provide	r 1. []	[] Electronically prepared cost report		Date:		Time:			
use only	2. [	] Manually prepared cost report							
	3. [	0 ] If this is an amended report enter the r		bmitted this cost report.					
	3.01. [	] No Medicare Utilization. Enter "Y" fo	r yes or leave blank for no.	1					
Contrac	L.	1 ] Cost Report Status		6. Contractor					
use only		(1) As Submitted			Cost Report for th				
		(2) Settled without audit			Cost Report for th	is Provider (	CCN		
		(3) Settled with audit		9. NPR Date					
		(4) Reopened (5) Amended					of times reopened _	0	
	5 Date	Received:			or Vendor Code:		C 11 WT W C 1	"NTIL C	
DADT		ON OF CHIEF FINANCIAL OFFICE	-	12. [F] Med	licare Utilization.	Enter "F" for	r full, "L" for low, or	"N" for no utilizat	ion.
	ADMINISTRAT C I HEREBY CER Sheet and Stateme beginning0 prepared from the the provision of h	ROUGH THE PAYMENT DIRECTLY C VE ACTION, FINES AND/OR IMPRIS ERTIFICATION BY CHIEF FINANCIA TFY that I have read the above certificatio nt of Revenue and Expenses prepared by 1/01/2024 and ending 12/31/2 books and records of the provider in acco ealth care services, and that the services ide TURE OF CHIEF FINANCIAL OFFIC	ONMENT MAY RESULT. L OFFICER OR ADMINISTRA n statement and that I have exami <u>HEATH VILLA</u> 2024 and that to the best o rdance with applicable instruction ntified in this cost report were pre-	TOR OF FACILITY ined the accompanying ele <u>GE, 315072</u> f my knowledge and belief s, except as noted. I furth	tronically filed or {Provider Name(s) , this report and sta er certify that I am such laws and regu	manually sub and CCN(s) atement are t familiar with lations.	pmitted cost report ar )} for the cost reporti rue, correct, complet	ng period te and	
ŀ	SIGIN	1	ER OK ADMINISTRATOK	2			TURE STATEMEN	T	
1		Anthony Fi	ıccio	Y	certify that I	intend my el	th the above certifica lectronic signature of livalent of my origina	n this certification	1
-	Signatory Printed Na								2
-	Signatory Title	CFO	. 1)						3
	Signature Date	(Dated when report is electronically s	igned.)						4
PARI	III - SEI ILEMEN	I SUMMARY				Title X	VIII		
		Cost Center Descrip	ion	Title	V Day	t A	Part B	Title XIX	
		Cost Center Descrip	loli	1.00		00	3.00	4.00	
1.00				1.00					0 1.00
	SKILLED NURSIN				0	28,801	5,974		0 1.00
	NURSING FACILI	lΥ			0				0 2.00
	ICF/IID								0 3.00
	SNF - BASED HHA				0	0	0		4.00
	SNF - BASED RHC				0		0		5.00
	SNF - BASED FQF				0		0		6.00
7.00	SNF - BASED CMF	IC I			0		0		7.00
100.00	TOTAL				0	28,801	5,974		<b>0</b> 100.00
The abo	we amounts represen	t "due to" or "due from" the applicable Pro-	ogram for the element of the above	re 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.

HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

#### COMPLEX INDENTIFICATION DATA

1.00 Street:

County: MORRIS

2.00 City:

3.00

3.01

4.00

5.00

6.00

7.00

8.00

9.00

12.00

13.00

SNF

ICF/IID

11.00 SNF-Based OLTC

Nursing Facility

SNF-Based HHA

SNF-Based RHC

SNF-Based FQHC 10.00 SNF-Based CMHC

SNF-Based HOSPICE

SNF-Based CORF

Skilled Nursing Facility and Skilled Nursing Facility Complex Address: SCHOOLEYS MOUNTAIN ROAD P.O. Box: 1.00 HACKETTSTOWN State: NJ ZIP Code: 07840 2.00 CBSA Code: 35084 Urban / Rural: 3.00 U 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) Provider CCN Date Certified V XVIII XIX Component Component Name 1.00 2.00 3.00 4.00 5.00 6.00 HEATH VILLAGE 315072 07/31/1967 Ν р Ο 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 To: From: 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) 2 - Voluntary Nonprofit, Other LLC 15.00 Y/N

		1.00	
Type of	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?	Ν	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?	Ν	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	N	18.00
Miscel	laneous Cost Reporting Information		
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	Ν	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	Ν	19.01
Depree	ciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.		
20.00	Straight Line	4,994,974	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	4,994,974	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00

24.00	10 In depreciation is funded, effet the balance as of the effort.					
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)					
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)					
27.00	0 Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)					
28.00	0 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)					
		Part A	Part B	Other		
		1.00	2.00	3.00		

#### If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.

Skilled Nursing Facility	N	N		29.00			
Nursing Facility			N	30.00			
ICF/IID				31.00			
SNF-Based HHA	N	N		32.00			
SNF-Based RHC				33.00			
SNF-Based FQHC				34.00			
SNF-Based CMHC		N		35.00			
SNF-Based OLTC				36.00			
		Y/N					
		1.00	2.00				
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			
Are you legally-required to carry malpractice insurance? (Y/N)							
	Skilled Nursing Facility Nursing Facility ICF/IID SNF-Based HHA SNF-Based RHC SNF-Based FQHC SNF-Based CMHC SNF-Based OLTC 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? ( Are you legally-required to carry malpractice insurance? (Y/N)	Nursing Facility       Image: Constraint of the state of	Nursing Facility       Image: Constraint of the state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)       Image: Constraint of the state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	Nursing Facility       Image: Market M			

## Part I

Health Financial Systems			In Lieu of Form CM	IS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

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

## Worksheet S-2

								110	
						Y/N			
						1.00	2.00		
39.00	Is the mal	ractice a "claims-made" or "occurrence" policy? If the policy is "cl	aims-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 malpr	ctice 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.								
43.00	Are there	ny home office costs as defined in CMS Pub. 15-1, Chapter 10?					N	43.00	
		· · · · · · · · · · · · · · · · · · ·					Provider CCN		
							1.00		
44.00	If line 43 i	yes, enter the home office chain number and enter the name and	address of th	e home office on lines 45, 46 and 47.				44.00	
If this	facility is p	art of a chain organization, enter the name and address of the	e home offic	e on the lines below.			•		
45.00	Name:	Contrac	tor Name:	Contractor Nu	imber:			45.00	
46.00	Street:	Р.О. Во	x:		•			46.00	
47.00	City:	State:		ZIP Code:				47.00	

Health Financial Systems			In Lieu of Form CMS-	-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
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# SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2

Part II PPS

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

Comp	leted by All Skilled Nursing Facilites			•							
Provid	er Organization and Operation										
							Y/N	Date			
							1.00	2.00			
1.00	Has the provider changed ownership immediately prior to the begin 2. (see instructions)	ning of the cost report	ing period? If colun	nn 1 is "Y", enter the d	ate of the char	nge in column	Ν		1.00		
						Y/N	Date	V/I			
						1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program, 3, "V" for voluntary or "I" for involuntary.	If column 1 is yes, ent	ter in column 2 the o	date of termination and	l in column	N			2.00		
3.00	Is the provider involved in business transactions, including manager medical supply companies) that are related to the provider or its off directors through ownership, control, or family and other similar rel	icers, medical staff, ma	nagement personnel			N			3.00		
						Y/N	Туре	Date			
						1.00	2.00	3.00			
Finan	cial Data and Reports										
4.00	Column 1: Were the financial statements prepared by a Certified Pu Compiled, or "R" for Reviewed. Submit complete copy or enter dat				"C" for	Y	С		4.00		
5.00	Are the cost report total expenses and total revenues different from reconciliation.	those on the filed finan	ncial statements? If	column 1 is "Y", subm	it	N			5.00		
							Y/N	Legal Oper.			
							1.00	2.00			
Appro	ved Educational Activities							I	1		
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.								7.00		
8.00	Were approvals and/or renewals obtained during the cost reporting	ons.	N		8.00						
		1 0		0 ( )	,			Y/N			
				1.00							
Bad D	ebts								1		
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see ins	structions.						Y	9.00		
10.00	If line 9 is "Y", did the provider's bad debt collection policy change		ing period? If "Y", s	ubmit copy.				N	10.00		
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived?			17				N	11.00		
	omplement										
12.00	Have total beds available changed from prior cost reporting period?	If "Y", see instruction	s.					N	12.00		
					Pa	urt A	]	Part B			
			Desc	ription	Y/N	Date	Y/N	Date			
				0	1.00	2.00	3.00	4.00			
PS&R	Data	I		I				I	1		
13.00	Was the cost report prepared using the PS&R only? If either col. 1 c paid through date of the PS&R used to prepare this cost report in co Instructions.)				Y	03/31/2025	Y	03/31/2025	13.00		
14.00	Was the cost report prepared using the PS&R for total and the prov allocation? If either col. 1 or 3 is "Y" enter the paid through date of prepare this cost report in columns 2 and 4.				Ν		Ν		14.00		
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for add have been billed but are not included on the PS&R used to file this see Instructions.				Ν		Ν		15.00		
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for other PS&R Report information? If yes, see instructions.	or corrections of			Ν		Ν		16.00		
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for the other adjustments:	or Other? Describe			Ν		Ν		17.00		
18.00	Was the cost report prepared only using the provider's records? If "	Y" see Instructions.			Ν		Ν		18.00		
		1.0	0	2.0	0		3.00				
									-		
Cost F	Report Preparer Contact Information										
Cost F 19.00	Enter the first name, last name and the title/position held by the	CHRIS		GUILBAULT		PREPARI	ΞR		19.00		
	1	CHRIS HEALTH CARE RE	SOURCES	GUILBAULT		PREPARI	ER		19.00 20.00		

Health Financial Systems		-	In Lieu of Form CM	IS-2540-10
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Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

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

## Worksheet S-3

					Inpa	tient Days/V	isits			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	108	39,528	0	8,127	5,237	21,295	34,659	0	324	7	183	514	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	40	14,640				11,931	11,931				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)	148	54,168	0	8,127	5,237	33,226	46,590	0	324	7	183	514	8.00
			Average Lei	ngth 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	25.08	748.14	67.43	0	346	0	177	523	219.20	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										0.00	0.00		4.00
5.00	Other Long Term Care				0.00				0	0	43.60	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	25.08	748.14	90.64	0	346	0	177	523	262.80	0.00		8.00

Health Financial Systems			In Lieu of F	orm CMS-2540-10	
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Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0		

## SNF WAGE INDEX INFORMATION

Worksheet S-3

PAR'T	II - DIRECT SALARIES						
			Reclass. of Salaries from	Adjusted Salaries (col. 1	Paid Hours Related to	Average Hourly Wage	
		Amount Reported	Worksheet A-6	± col. 2)	Salary in col. 3	(col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALA	RIES	-		1			
1.00	Total salaries (See Instructions)	15,711,010	0	15,711,010	548,353.00	28.65	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)	15,711,010	0	15,711,010	548,353.00	28.65	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	1,136,047	0	1,136,047	34,570.00	32.86	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	1,136,047	0	1,136,047	34,570.00	32.86	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	14,574,963	0	14,574,963	513,783.00	28.37	13.00
OTH	ER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	634,516	0	634,516	15,612.00	40.64	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
WAG	E-RELATED COSTS		•				
17.00	Wage-related costs core (See Part IV)	3,570,069	0	3,570,069			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	259,360	0	259,360			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)	3,310,709	0	3,310,709			22.00

Health Financial Systems			In Lieu of Fe	orm CMS-2540-10
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#### SNF WAGE INDEX INFORMATION

Worksheet S-3

Part III PPS

PART III - OVERHEAD COST - DIRECT SALARIES									
			Reclass. of Salaries from	Adjusted Salaries (col. 1	Paid Hours Related to	Average Hourly Wage			
		Amount Reported	Worksheet A-6	± col. 2)	Salary in col. 3	(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	1,780,779	0	1,780,779	37,229.00	47.83	2.00		
3.00	Plant Operation, Maintenance & Repairs	1,392,957	0	1,392,957	59,753.00	23.31	3.00		
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00		
5.00	Housekeeping	1,202,205	0	1,202,205	67,562.00	17.79	5.00		
6.00	Dietary	1,934,644	0	1,934,644	102,773.00	18.82	6.00		
7.00	Nursing Administration	0	0	0	0.00	0.00	7.00		
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00		
9.00	Pharmacy	0	0	0	0.00	0.00	9.00		
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00		
11.00	Social Service	291,245	0	291,245	9,354.00	31.14	11.00		
12.00	Nursing and Allied Health Ed. Act.						12.00		
13.00	Other General Service	444,996	0	444,996	20,313.00	21.91	13.00		
14.00	Total (sum lines 1 thru 13)	7,046,826	0	7,046,826	296,984.00	23.73	14.00		

Health Financial Systems			In Lieu of Form	n CMS-2540-10
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## SNF WAGE RELATED COSTS

Worksheet S-3

	Amount Reported	
	1.00	
Part A - Core List	1.00	L
RETIREMENT COST		
1.00 401K Employer Contributions	0	1.00
2.00 Tax Sheltered Annuity (TSA) Employer Contribution	0	
3.00 Qualified and Non-Qualified Pension Plan Cost	32,776	-
Auto Prior Year Pension Service Cost	0	
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)	1,966,535	8.00
9.00 Prescription Drug Plan	13,718	9.00
10.00 Dental, Hearing and Vision Plan	88,987	10.00
11.00 Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00 Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00 Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00 Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00 Workers' Compensation Insurance	265,562	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	1,202,492	17.00
18.00 Medicare Taxes - Employers Portion Only	0	18.00
19.00 Unemployment Insurance	0	19.00
20.00 State or Federal Unemployment Taxes	0	20.00
OTHER		
21.00 Executive Deferred Compensation	0	21.00
22.00 Day Care Cost and Allowances	0	22.00
23.00 Tuition Reimbursement	0	23.00
24.00 Total Wage Related cost (Sum of lines 1 - 23)	3,570,070	24.00
	Amount Reported	
	1.00	
Part B - Other than Core Related Cost		
25.00 OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

Health Financial Systems			In Lieu of For	n CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

## SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3

Part V PPS

							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						
Nursi	ng Occupations						
1.00	Registered Nurses (RNs)	2,488,238	524,334	3,012,572	47,039.00	64.04	1.00
2.00	Licensed Practical Nurses (LPNs)	1,132,611	238,669	1,371,280	39,925.00	34.35	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,653,590	559,178	3,212,768	106,453.00	30.18	3.00
4.00	Total Nursing (sum of lines 1 through 3)	6,274,439	1,322,181	7,596,620	193,417.00	39.28	4.00
5.00	Physical Therapists	619,322	130,507	749,829	12,149.00	61.72	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	563,743	118,795	682,538	10,277.00	66.41	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	70,634	14,884	85,518	956.00	89.45	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
Contra	act Labor						
Nursi	ng Occupations						
14.00	Registered Nurses (RNs)	2,665		2,665	47.00	56.70	14.00
15.00	Licensed Practical Nurses (LPNs)	211,207		211,207	3,818.00	55.32	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	420,644		420,644	11,747.00	35.81	16.00
17.00	Total Nursing (sum of lines 14 through 16)	634,516		634,516	15,612.00	40.64	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

Health Financial Systems			In Lieu of Form CM	IS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

#### PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

## Worksheet S-7

ImageCompDay10NA2.010 </th <th></th> <th>PPS</th>		PPS
100NNNN101NNNN102NNNN103NNNN103NNNN104NNNN105NNNN105NNNN106NNNN107NNNN108NNNN109NNNN109NNNN109NNNN100NNNN100NNNN101NNNN101NNNN102NNNN103NNNN104NNNN105NNNN106NNNN107NNNN108NNNN109NNNN100NNNN101NNNN102NNNN103NNNN104NNNN105NNNN105NNNN106NNNN107NNNN108NNNN109NNNN101NNNN102NNNN103NNNN104NNNN105NNNN105NNNN106NNNN107NNNN108NNNN109NNNN101<	 	
200         UL         UL           201         VU         SU           400         VU         SU           401         VU         SU           402         VU         SU           403         VU         SU           404         VU         SU           405         VU         SU           406         VU         SU           407         VU         SU           408         VU         SU           409         VU         SU           400         VU         SU           401         VU         SU           402         VU         SU           403         VU         SU           404         VU         SU           405         VU         SU           404         VU         SU           404         SU         SU           401         SU         SU           402         SU         SU           403         SU         SU           404         SU         SU           401         SU         SU           402         SU		1.00
100NX101NX102NX103NX104NX105NX105NX106NX107NX108NX109NX100NX1010NX1020NX1031NX1040NX1051NX1051NX1061NX1071NX1081NX1091NX		2.00
100N/N/101N/N/102N/N/103N/N/104N/N/105N/N/106N/N/107N/N/108N/N/109N/N/100N/N/101N/N/102N/N/103N/N/104N/N/105N/N/106N/N/107N/N/108N/N/109N/N/101N/N/102N/N/103N/N/104N/N/105N/N/105N/N/106N/N/107N/N/108N/N/109N/N/109N/N/101N/N/101N/N/101N/N/102N/N/103N/N/104N/N/105N/N/105N/N/106N/N/107N/N/108N/N/109N/N/101N/N/101N/N/102N/N/103N/N/103<		3.00
Sum         NNA           00         NUM         NUM           01         NUM         NUM           020         NUM         NUM           020         NUM         NUM           020         NUM         NUM           021         NUM         NUM           0222         NUM         NUM           0233         NUM         NUM           0340         NUM         NUM           0341         NUM         NUM           0342         NUM         NUM           0343         NUM         NUM		4.00
600HLImage: state st		5.00
700NK701NK802NA803NA804NA804NA805NA806NA807NA808NA809NA800NA800NA801NA801NA802NA803NA804NA804NA805NA806NA807NA808NA808NA809NA800NA800NA801NA801NA802NA803NA804NA804NA805SA805NA806NA807NA808NA809NA800NA800NA801NA801NA802NA803NA804NA804NA805NA805NA806NA807NA808NA809NA809NA800NA801NA802NA803NA804NA804NA805NA805NA806NA806NA		6.00
800MAInterfact801MAMA802MAMA803MAMA804MAMA804MAMA805MAMA806MAMA807MAMA808MAMA809MAMA800MAMA801MAMA802MAMA803MAMA804MAMA804MAMA804MAMA805MAMA806MAMA807MAMA808MAMA809MAMA800MAMA801MAMA802MAMA803MAMA804MAMA804MAMA805MAMA806MAMA807MAMA808MAMA809MAMA809MAMA800MAMA801MAMA802MAMA803MAMA804MAMA804MAMA805MAMA804MAMA805MAMA806MAMA807MAMA808MAMA80		7.00
900NA901NA1000NA1010NA1010NA1010NA1010NA1010NA1010NA1010NA1010NA1011NA <td></td> <td>8.00</td>		8.00
1000NIC1001NIG <td></td> <td>9.00</td>		9.00
11.0NB12.0NA-G13.0NC-G13.0NC-G13.0NA-G14		10.00
120IAIA12112212312412512612712712812912012012112212312412412512612712812912012012112112212212312412412512512612712812912012012112212312412412512512612712812912912012012112212312412412512512612712812912912011201121112121213121412141215121512151216121712181219121912101211121112121213121412151215121512151216121612171218<		11.00
1500NC1503NC1504NA1505NA1506NA1507NB1508NA1509NA1509NA1500NA1501NA1502NA1503NA1504NA1505NA1506NA1507NA1508NA1509NA1500NA1500NA1501NA </td <td></td> <td>12.00</td>		12.00
140NR140140140140141142143143144144145145146147148149141141143144144145145145146146147146147148149141144144145145145146146147148149141141141142143144144145145146146146147148149141144144145145146146146147148149141141141142143144144145145146146147148149141141141142143144144145145146146146147 <t< td=""><td></td><td>13.00</td></t<>		13.00
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17.9RBB17.9RBG17.9RBG17.9RBG17.0RBG <td></td> <td>16.00</td>		16.00
INDRIA100RIA200RAB200RAB2010RAA2010RAA2010RAA2010RAA2010RAA2010RAA2011RAA2012RAA2013RAA2014RAA2015RAA2016RAA2017RAA2018RAA2019RAA2010RAA2010RAA2011RAA2011RAA2011RAA2011RAA2011RAA2011RAA2011RAA2011RAA2011RAA2011RAA2011RAA2011RAA2012RAA2013RAA2014RAA2014RAA2015RAA2016RAA2016RAA2017RAA2018RAA2019RAA2014RAA2014RAA2015RAA2016RAA2016RAA2017RAA2018RAA2019RAA2010RAA2010RAA2010RAA2011RAA2011RAA2012RAA2013RAA2014RAA2014RAA <t< td=""><td></td><td>17.00</td></t<>		17.00
1909Racio1909Racio2100Radio2101Radio2102Radio2103Radio2104Sis2105Sis2106Sis2107Radio2108Sis2109Radio2109Sis2101Radio2102Radio2103Radio2104Radio2105Radio2105Radio2105Radio2105Radio2105Radio2105Radio2105Radio2105Radio2105Radio2105Radio2105Radio<		18.00
200RMB2010RAG2020RIA2030RIA2040RIA2040RS2040RS2040RS2041RIA2041RIA2042RIA2043RIA2044RIA2044RIA2045RIA2046RIA2047RIA2048RIA2049RIA2040RIA2041RIA2041RIA2042RIA2043RIA2044RIA2044RIA2044RIA2044RIA2045RIA2045RIA2046RIA2047RIA2048RIA2049RIA2040RIA2041RIA2041RIA2041RIA2042RIA2043RIA2044RIA2044RIA2044RIA2044RIA2045RIA2044RIA2044RIA2045RIA2044RIA2044RIA2045RIA2044RIA2045RIA2045RIA2046RIA2046RIA2047RIA2048RIA2044RIA2044RIA <t< td=""><td></td><td>19.00</td></t<>		19.00
10.0NAA2100RAA2101RAA2102RAA2103RAA2104RSA2105RS22106RSI2107H122108H132109H132100H102101H122101H122102H132103H142104H142105H152106H152107H122108H162109H122109H122101H122111H152112H152111H162111H162112H162111H172111H172112H172111H172112H172113H172114H172114H172115H172115H172115H172116H172116H172117H172118H172119H172111H172111H172111H172111H172111H172112H172113H172114H172115H172116H172116H172117H172118H172119H172110H17 <td></td> <td>20.00</td>		20.00
20.8RIA921.0RIA123.0RS123.0RS123.0RS123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA123.0RIA124.0RIA125.0RIA126.0RIA127.0RIA128.0RIA129.0RIA129.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0RIA120.0		21.00
33.08.A24.00ES325.01ES225.02ES126.01ES127.01HE228.00HE120.01HD220.01HD320.02HD320.03HD32		22.00
1400ISSISS2500IS2ISA2700IS3ISA2700IS3ISA2700IS2ISA2700ID2ISA2700ID2ISA2700ID2ISA2700ID2ISA2700ID2ISA2700ID2ISA2700ID2ISA2701ISAISA2702ISAISA2703ISAISA2704ISAISA2705ISAISA2705ISAISA2706ISAISA2707ISAISA2708ISAISA2709ISAISA2709ISAISA2700ISAISA2701ISAISA2702ISAISA2703ISAISA2704ISAISA2704ISAISA2705ISAISA2705ISAISA2706ISAISA2707ISAISA2708ISAISA2709ISAISA2709ISAISA2709ISAISA2709ISAISA2709ISAISA2709ISAISA2709ISAISA2709ISAISA2709ISAISA2709ISAISA2709 </td <td></td> <td>23.00</td>		23.00
550525515266051700H52700H51700H51700H51700H51701H62702H61703H82704H81705H82705H82706H81707J20708H81709J20700L2701J20702J11703J21704J22705J22705J23706J24707J20708L12709J24700L2701J24701L2702L2703L2704L34705L34705L34706L34707L34708L34709L34700L34701L34701L34703L34704L34705L34705L34706L34707L34708L34709L34709L34700L34701L34705L34705L34706L34707L34708L34709L34709L34		24.00
560IslIsl27.0HB2Isl29.0HB2Isl30.0ID1Isl30.0ID1Isl30.1HC2Isl30.1HB2Isl30.1IB2Isl30.1IslIsl30.1 <td></td> <td>25.00</td>		25.00
770     HE2       2800     HE1       2800     HE1       3000     ID2       3000     ID1       3000     HC1       3000     HE2       3000     HE2       3000     IB2       3000     IE2       3000     ID2       3000     IC2       3000     IE3       3000     IE2       3000     ID2       3000     IC2       3000     IC3       3000     IC3       3000     IC3       3000     IC3   <		26.00
B80HEIIstel200HD2Istel300HD1Istel310HC2Istel320HG1Istel340HB2Istel340IstelIstel350IstelIstel360IstelIstel370IstelIstel370IstelIstel370IstelIstel370IstelIstel371IstelIstel372IstelIstel373IstelIstel374IstelIstel375IstelIstel376IstelIstel377IstelIstel378IstelIstel379IstelIstel </td <td></td> <td>27.00</td>		27.00
2900HD2Image: state		28.00
900ID1ID131.0IR2IC133.0IR2IC134.0IR1IC135.0IR2IC136.0IR2IC137.0IR2IC137.0ID2IC137.0ID2IC137.0ID2IC137.0ID2IC237.0IC2IC237.0IC2IC137.0IR2IC137.0IC1IC137.0IC2IC137.0IC2IC137.0IC2IC137.0IC2IC137.0IC2IC137.0IC2IC137.0IC2IC137.0IC2IC137.0IC2IC137.0IC2IC137.0 <td></td> <td>29.00</td>		29.00
51.00IC2IC332.00IR4IC433.00IR4IC434.00IR4IC435.00IE2IC436.00IE1IC437.00ID2IC438.00IC1IC439.00IC2IC441.00IC2IC441.00IC2IC441.00IC4IC442.00IC4IC443.00IC2IC444.00IC4IC445.00IC2IC446.00IC4IC447.00IC4IC447.00IC4IC448.00IC4IC449.00 <td></td> <td>30.00</td>		30.00
1200HCI3300HB23400HB43500LE23600LE13600LD13700LD23600LC13600LC24000LG14000LG24000LG24000LG14000LB14000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24000LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24100LG24110LG24110LG24111LG24111LG24111LG24111LG24111LG24111LG24111LG24111LG24111LG24111LG24111LG24111LG2 <td></td> <td>31.00</td>		31.00
33.00HB2Image: state		32.00
35.00LE236.00LE137.00LD238.00LD139.00LC240.00LC141.00LB242.00LB143.00CE244.00CE145.00CD245.00CD246.00CC147.00CC247.00CC248.00CC148.00CC148.00CC148.00CC149.00CB249.00CB249.00CB249.00CB249.00CA259.00CA259.00SB359.00SBC		33.00
36.00IE137.00ID238.00ID138.00IC240.00IC140.00IC141.00IB242.00CE243.00CE244.00CE145.00CD246.00CD147.00CC248.00CC148.00CC148.00CC148.00CC148.00CC148.00CC148.00CC148.00CA59.00CB259.00CB359.00CA159.00SI359.00SE259.00SEC	3	34.00
36.00IE137.00ID238.00ID138.00IC240.00IC140.00IC141.00IB242.00CE243.00CE244.00CE145.00CD246.00CD147.00CC248.00CC148.00CC148.00CC148.00CC148.00CC148.00CC148.00CC148.00CA59.00CB259.00CB359.00CA159.00SI359.00SE259.00SEC		35.00
38.00LD139.00LC240.00LC140.00LC141.00LB243.00CE244.00CE145.00CD246.00CD147.00CC267.00CC148.00CD149.00CB250.00CB250.00CB151.00CB251.00CB251.00CB151.00CB251.00CB151.00CB251.00CB251.00CB351.00CB351.00CB351.00CB351.00CB351.00CB4		36.00
38.00LD139.00LC240.00LC140.00LB142.00LB143.00CE244.00CE145.00CD246.00CD147.00CC267.00CC148.00CD149.00CB250.00CB250.00CB151.00CB252.00CA153.00SE353.00SE353.00SE153.00SE153.00SE153.00SE153.00SE2	3	37.00
40.00IC141.00IB242.00IB143.00CE243.00CE144.00CE145.00CD247.00CD147.00CC248.00CC148.00CB149.00CB250.00CB150.00CB151.00CA153.00SE354.00SE355.00SE156.00SE156.00SE1		38.00
41.00IB242.00IB143.00CE244.00CE145.00CD246.00CD147.00CC248.00CC148.00CB250.00CB250.00CB151.00CA252.00CA153.00SE254.00SE254.00SE254.00SE254.00SE254.00SE254.00SE254.00SE254.00SE154.00SE2	3	39.00
42.00IB143.00CE244.00CE145.00CD246.00CD147.00CC247.00CC248.00CC149.00CB250.00CB150.00CB150.00CB151.00CA251.00SE355.00SE156.00SSC	4	40.00
43.00CE244.00CE145.00CD246.00CD147.00CC248.00CC149.00CB250.00CB151.00CA251.00CA252.00SL353.00SE255.00SE155.00SSC	4	41.00
44.00CE145.00CD246.00CD147.00CC248.00CC149.00CB250.00CB151.00CA252.00CA153.00SE354.00SE255.00SE156.00SSC		42.00
45.00CD246.00CD147.00CC248.00CC149.00CB250.00CB151.00CA252.00CA153.00SE354.00SE255.00SE156.00SSC	4	43.00
46.00CD147.00CC248.00CC149.00CB250.00CB151.00CA252.00CA153.00SE354.00SE255.00SE155.00SSC	4	44.00
47.00       CC2         48.00       CC1         49.00       CB2         50.00       CB1         51.00       CA2         52.00       CA1         53.00       SE3         54.00       SE2         55.00       SE1         56.00       SSC		45.00
48.00CC1CC149.00CB2C50.00CB1C51.00CA2C52.00CA1C53.00SE3C54.00SE2C55.00SE1C56.00SSCC		46.00
49.00         CB2           50.00         CB1           51.00         CA2           52.00         CA1           53.00         SE3           54.00         SE2           55.00         SE1           55.00         SSC		47.00
50.00         CB1           51.00         CA2           52.00         CA1           53.00         SE3           54.00         SE2           55.00         SE1           56.00         SSC		48.00
51.00       CA2         52.00       CA1         53.00       SE3         54.00       SE2         55.00       SE1         56.00       SSC		49.00
52.00       CA1         53.00       SE3         54.00       SE2         55.00       SE1         56.00       SSC		50.00
53.00     SE3       54.00     SE2       55.00     SE1       56.00     SSC		51.00
54.00         SE2           55.00         SE1           56.00         SSC		52.00
55.00         SE1           56.00         SSC		53.00
56.00 SSC	5	54.00
	5	55.00
57.00 SSB		56.00
	 5	57.00

Health Financial Systems			In Lieu of Form CM	S-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

#### Worksheet S-7

PPS

					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	ААА				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

Health Financial Systems			In Lieu of Form CM	AS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

#### Worksheet A

						Reclassifications	Reclassified Trial	Adjustments to	Net Expenses	
		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Increase/Decrease (Fr Wkst A-6)	Balance (col. 3 +- col. 4)	Expenses (Fr Wkst A-8)	For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENE	RALS	ERVICE COST CENTERS	1.00	2.00	5.00	1.00	5.00	0.00	7.00	
1.00		CAP REL COSTS - BLDGS & FIXTURES		7,338,180	7,338,180	0	7,338,180	-2,148,900	5,189,280	1.00
1.01		CAP REL COSTS-BLDG & FIXT		0				0		1.01
2.00		CAP REL COSTS - MOVABLE EQUIPMENT		0	0	0	0	0	0	2.00
3.00		EMPLOYEE BENEFITS	0	3,587,117	3,587,117	0	3,587,117	0	3,587,117	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,780,779	2,946,758	4,727,537	0	4,727,537	-556,317	4,171,220	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	1,392,957	1,989,955	3,382,912	0	3,382,912	-8,536	3,374,376	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	33,851	33,851	0	33,851	0	33,851	6.00
7.00	00700	HOUSEKEEPING	1,202,205	136,316	1,338,521	0	1,338,521	0	1,338,521	7.00
8.00	00800	DIETARY	1,934,644	2,089,336	4,023,980	0	4,023,980	-248,737	3,775,243	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	0	0	0	9.00
10.00		CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	0	0	11.00
12.00		MEDICAL RECORDS & LIBRARY	0	0	-	· · · · · · · · · · · · · · · · · · ·	0	0	0	12.00
13.00		SOCIAL SERVICE	291,245	54	291,299	0	291,299	0	291,299	13.00
14.00		NURSING AND ALLIED HEALTH EDUCATION	0	0	-	· · · · · · · · · · · · · · · · · · ·	0	0	0	14.00
15.00		PATIENT ACTIVITIES	444,996	341,618	786,614	0	786,614	-134,341	652,273	15.00
		ROUTINE SERVICE COST CENTERS			1	1				
30.00		SKILLED NURSING FACILITY	6,274,438	1,287,913	7,562,351	0	, ,	0		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	0	0	33.00
		SERVICE COST CENTERS								10.00
40.00		RADIOLOGY	0	77,136	77,136		77,136	0	77,136	40.00
41.00		LABORATORY	0	83,462	83,462	0	83,462	0	83,462	41.00
42.00		INTRAVENOUS THERAPY	0	0	-	-	0	0	0	42.00
43.00		OXYGEN (INHALATION) THERAPY	~		-	0	0	0		43.00
44.00		PHYSICAL THERAPY	619,322	10,987	630,309	0	630,309	0	630,309	44.00
45.00 46.00		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	563,743 70,634	0	,	0	563,743 70,634	0	563,743 70,634	45.00 46.00
40.00		ELECTROCARDIOLOGY	0,034	0	-	· · · · · · · · · · · · · · · · · · ·	/0,034	0	70,034	40.00
48.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	-	· · · · · · · · · · · · · · · · · · ·	0	0	0	48.00
49.00		DRUGS CHARGED TO PATIENTS	0	434,065	434,065	0	434,065	0	434,065	49.00
50.00		DENTAL CARE - TITLE XIX ONLY	0	0	-	~	0			50.00
51.00		SUPPORT SURFACES	0	0	-	-	0	0	0	51.00
		JT SERVICE COST CENTERS					,			51.00
60.00		CLINIC	0	0	0	0	0	0	0	60.00
61.00		RURAL HEALTH CLINIC	0	0			-		0	61.00
62.00		FQHC								62.00
		MBURSABLE COST CENTERS	11							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	0	0	71.00
		СМНС	0	0	0	0	0	0	0	73.00
SPECI	AL PU	RPOSE 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)	14,574,963	20,356,748	34,931,711	0	34,931,711	-3,096,831	31,834,880	89.00
NONE	REIMB	URSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	10,263	10,263	0	10,263	0	10,263	90.00
91.00	09100	BARBER AND BEAUTY SHOP	67,177	974	68,151	0	68,151	0	68,151	91.00
92.00		PHYSICIANS PRIVATE OFFICES	0	0	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
95.00		BLANK	0	0		· · · · · · · · · · · · · · · · · · ·	0	0	0	95.00
95.10	09510	INDEPENDENT LIVING, HOUSING, ETC.	1,068,870	104,177	1,173,047		1,173,047	0	1,173,047	95.10
100.00		TOTAL	15,711,010	20,472,162	36,183,172	0	36,183,172	-3,096,831	33,086,341	100.00

Health Financial Systems			In Lieu of Form CMS-25	640-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

#### RECLASSIFICATIONS

## Worksheet A-6

PPS
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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	0	0			0	0	100.00
	must equal sum of columns 8 and 9 (2)								
(1) A l	etter (A B etc.) must be entered on each line to identify ea	ch reclas	sification entry						

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

Health Financial Systems			In Lieu of Form CMS-25	540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

## RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

			Acquisitions						
								Fully	
		Beginning				Disposals and	Ending	Depreciated	
		Balances	Purchases	Donation	Total	Retirements	Balance	Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANAL	YSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	4,592,220	0	0	0	0	4,592,220	0	1.00
2.00	Land Improvements	6,914,390	82,215	0	82,215	43,736	6,952,869	0	2.00
3.00	Buildings and Fixtures	47,612,929	10,515	0	10,515	33,370	47,590,074	0	3.00
4.00	Building Improvements	43,781,537	644,185	0	644,185	117,133	44,308,589	0	4.00
5.00	Fixed Equipment	11,764,212	347,419	0	347,419	46,303	12,065,328	0	5.00
6.00	Movable Equipment	4,615,366	142,706	0	142,706	185,115	4,572,957	0	6.00
7.00	Subtotal (sum of lines 1-6)	119,280,654	1,227,040	0	1,227,040	425,657	120,082,037	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	119,280,654	1,227,040	0	1,227,040	425,657	120,082,037	0	9.00

Health Financial Systems			In Lieu of Form	n CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

## ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

Description (1)         Of 20 (2)         Amount Solution         Cost Center (100         Line No.           100         200         3.00         400         1.00           200         Trade, quantity, and time discounts (chapter 8).         6.00         1.00         3.00         4000         3.00           200         Refinits on elabetis of expenses (chapter 8).         6.00         1.00         3.00         4.00         3.00           300         Refinits on elabetis of expenses (chapter 8).         6.00         1.00         4.00         5.00         1.00         4.00         5.00         1.00         4.00         5.00         1.00         4.00         5.00         1.00         4.00         5.00         1.00         4.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         5.00         1.00         5.00         1.00         5.00         1.00         5.00         5.00         5.					Expense Classification on Worksheet A To/From Amount is to be Adjusted	Which the	
100         Investment income on centricted funds (chapter 2)         0         0         0.00         1.00           200         Trade, quantity, and time discounts (chapter 8)         0         0         0.00         3.00           200         Refinds and beats of caperase by supplies (chapter 8)         0         0         0.00         3.00           200         Techpons exclude() (chapter 2)         B         -33.430         ADMINSTRATIVE & GENERAL         4.00         5.00           200         Packing bit (chapter 2)         B         -35.430         ADMINSTRATIVE & GENERAL         4.00         5.00           200         Packing bit (chapter 2)         B         -55.57         PATLET ACITIVITIES         0.00         7.00           200         Home office cost (chapter 2)         -0         -0         0.00         1.00           200         Indem office cost (chapter 2)         -0         -0         0.00         1.00           200         Indem office cost (chapter 2)         -0         -0         0.00         1.00           200         Indem office cost (chapter 2)         -0         -0         0.00         1.00           200         Astimation resulting from transcions with related organinzatons (chapter 2)         -0         0.00 </th <th></th> <th>Description (1)</th> <th></th> <th>Amount</th> <th>Cost Center</th> <th>Line No.</th> <th></th>		Description (1)		Amount	Cost Center	Line No.	
200         Trade, quantity, and time discounts (chapter 8)         0         0         2.00         Refunds and robust of copenses (chapter 8)         0         0         0.000         3.00           300         Refunds and robust of copenses (chapter 8)         0         0         0         0.000         3.00           500         Telephone services (tay stations excluded) (chapter 21)         B         -75.557         PATIENT ACTIVITES         4.00         5.00         7.00           700         Parking lot (chapter 21)         B         -75.557         PATIENT ACTIVITES         8.00         9.00         7.00           800         Bound office cost (chapter 21)         -0         0         0.000         10.00 <td< td=""><td></td><td></td><td>1.00</td><td>2.00</td><td>3.00</td><td>4.00</td><td></td></td<>			1.00	2.00	3.00	4.00	
300     Refunds and rebars of express (chapter 8)     00     300       400     Renula of provider space by suppliers (chapter 2)     B     -33,440     ADMINISTRATIVE, & GENERAL     400     500       0.00     Telephose services (pay stations excluded) (chapter 21)     B     -35,557     PATIENT ACTIVITIES     15.00     6.00       0.00     Factorization applicable to provider-based physician adjustment     A-8-2     0     0     800       8.00     Remunention applicable to provider-based physician adjustment     A-8-2     0     0     000     10.00       10.00     Sale of scrap, waste, etc. (chapter 23)     0     0     0.00     10.00       10.00     Sale of scrap, waste, etc. (chapter 23)     0     0     0.00     10.00       10.00     Adjustment resulting from transactions with related organizations (chapter 24)     0     0     0.00     10.00       10.00     Adjustment resulting from transactions with related organizations (chapter 10)     A-8-1     0     10.00     10.00       10.00     Adjustment resulting from transactions with related organizations (chapter 24)     0     0     10.00       10.01     Adjustment resulting from transactions with related organizations (chapter 24)     0     0     10.00       10.00     Korin medical supplies to other than patients     0<	1.00	Investment income on restricted funds (chapter 2)		0		0.00	1.00
400         Ronal of provider space by suppliers (chapter 3)         0         0         0.00         4.00           500         Telephone services (pay stations excluded) (chapter 21)         B         -33,431         ADMINISTRATIVE & GEINERAL         4.00         5.00           7.00         Parking for (chapter 21)         B         -75,557         PATIENT ACTIVITIES         15.00         6.00           7.00         Parking for (chapter 21)         C         0         0         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         8.00         9.00         1.00         8.00         9.00         1.00         8.00         9.00         1.00         8.00         9.00         1.00         1.00         1.00         0.00         1.00         1.00         1.00         1.00         0.00         1.00 <td>2.00</td> <td>Trade, quantity, and time discounts (chapter 8)</td> <td></td> <td>0</td> <td></td> <td>0.00</td> <td>2.00</td>	2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
500         Telephone service (pay stations excluded) (chapter 21)         B         -33,490         ADMINISTRATIVE & GENERAL         44.00         5.00           600         Television and adio service (tapter 21)         B         -75,570         PATIENT ACTIVITIES         15.00         6.000           700         Pacing (bc/hapter 21)         -0         0         0.00         7.00           800         Remuneration applicable to provide-based physician adjustment         A-8-2         0         0         0.00         9.00           1000         Sale of scrap, varse, etc. (chapter 23)         -0         0         0.00         10.00           1100         Nonallovable costs related to certain Capital espenditures (chapter 24)         -0         0         0.00         13.00           1200         Adjustment resulting from transactions with related organizations (chapter 10)         A-8-1         0         0         0.00         13.00           1301         Laundy and lines service         B         -248,737         DIETARY         8.00         14.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00 </td <td>3.00</td> <td>Refunds and rebates of expenses (chapter 8)</td> <td></td> <td>0</td> <td></td> <td>0.00</td> <td>3.00</td>	3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
600         Television and radio service (chapter 21)         B         -75,557         PATHENT ACTIVITHES         15.00         6.00           7.00         Parking for (chapter 21)         0         0.00         7.00         Parking for (chapter 21)         0.00         7.00           0.00         Remuneration applicable to provider-based physician adjustment         A-8-2         0         6.00         7.00           0.00         Remover file cost (chapter 21)         0         0.00         9.00         10.00         9.00         10.00         9.00         10.00	4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
7.00         Parking for (chapter 21)         0.00         7.00           8.00         Remunctation applicable to provider-based physician adjustment         A-8-2         0         0.00         9.00           9.00         Home office cost (chapter 21)         0         0.00         9.00         10.00         53.00         10.00         53.00         10.00         9.00         10.00	5.00	Telephone services (pay stations excluded) (chapter 21)	В	-33,430	ADMINISTRATIVE & GENERAL	4.00	5.00
800         Remneration applicable to provider-based physician adjustment         A-8-2         0         800           900         Home office cost (chapter 21)         0         000         1100         Adjustment resulting from transactions with related organizations (chapter 24)         0         0         000         1500         000         1500         000         1500         1	6.00	Television and radio service (chapter 21)	В	-75,557	PATIENT ACTIVITIES	15.00	6.00
9.00         Home office cost (chapter 2)         0         0.00         9.00           1000         Sale of serap, waste, etc. (chapter 23)         0         0.00         10.00           1000         Sale of serap, waste, etc. (chapter 23)         0         0.00         10.00           1000         Adjustment resulting from transactions with related organizations (chapter 10)         A-8-1         0         12.00           1300         Laundy and linen service         0         0         13.00           1300         Cost of meals - Cosests         0         0         0.00         15.00           1500         Cost of media- Supplies to other than patients         0         0         0.00         16.00           1600         Sale of drugs to other than patients         0         0         0.00         16.00           17.00         Sale of drugs to other than patients         0         0         0.00         16.00           1800         Sale of medical supplies to other than patients         0         0         0.00         16.00           2000         Income from imposition of interest, finance or penalty charges (chapter 21)         0         0         0.00         10.00           2100         Depreciation-buildings and fixtures         0	7.00	Parking lot (chapter 21)		0		0.00	7.00
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         0.00         11.00           12.01         Adjustment resulting from transactions with related organizations (chapter 10)         A-8-1         0         12.00           13.00         Laundry and linen service         0         0         13.00           14.00         Revenue - Employce meals         B         -248,73         DIETARY         8.00         14.00           15.00         Cost of medical supplies to other than patients         0         0         0.000         15.00           15.00         Sale of medical scota ad abstracts         0         0         0.000         16.00           17.00         Sale of drugs to other than patients         0         0         0.000         18.00           19.00         Vending machines         0         0         0.000         18.00           10.01         Interset sepanse on Medicare overpayments and borrowings to repay Medicare overpayments and borrowings to repay Medicare overpayments         0         0.000         21.00           20.00         Depreciationmovable equipment         0         CAP REL COSTS - MUASA & FINTURES	8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
11.00Nonallowable costs related to certain Capital expenditures (chapter 24)0010012.00Adjustment resulting from transactions with related organizations (chapter 10) $\Lambda$ -8-1010013.00Laundy and linen service00.0013.0014.00Revenue - Employee mealsB-248,737DIETARY8.0014.0015.00Cost of meals - Guests00.0015.000.0015.0016.00Sale of medical supplies to other than patients00.0016.0017.0018.00Sale of medical records and abstracts000.0018.0019.00Vending machines00.0019.000.0019.0010.00Income from imposition of interest, finance or penalty charges (chapter 21)000.0020.0010.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments00.04 REL COSTS - BLDGS & FIXTURES1.0025.0020.00Uifization reviewphysicians' compensation (chapter 21)00CAP REL COSTS - BLDGS & FIXTURES1.0025.0023.00Depreciationmovable equipment0CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-12.007CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01NITEREST EXPENSI-BONDA-12.0177CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01NITEREST EXPENSI-BONDA-12.0177CAP REL COSTS - BLDGS & FI	9.00	Home office cost (chapter 21)		0		0.00	9.00
12.00         Adjustment resulting from transactions with related organizations (chapter 10)         A-8-1         0         12.00           13.00         Laundry and linen service         0         0         0.00         13.00           14.00         Revenue - Employce meals         B         -248,737         DIETARY         8.80         14.00           15.00         Cost of media - Guests         0         0.000         15.00         15.00           16.00         Sale of medical supplies to other than patients         0         0         0.000         16.00           17.00         Sale of medical records and abstracts         0         0         0.000         18.00           19.00         Vending machines         0         0         0.000         18.00           19.00         Income from imposition of interest, finance or penally charges (chapter 21)         0         0         0.000         10.00           10.00         Income from imposition review-physicians' compensation (chapter 21)         0         0         UTILIZATION REVIEW - SNF         82.00         22.00           23.00         Depreciationuoublings and fixtures         0         CAP REL COSTS - BLOGS & FIXTURES         1.00         25.00           24.01         Diztron reviewie site constrained chapter 21)	10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
13.00Laundry and linen service00.0013.0014.00Revenue - Employce mealsB $-248,737$ DIETARY8.0013.0015.00Cost of meals - Guests000.0015.0016.00Sale of medical supplies to other than patients000.0016.0017.00Sale of drugs to other than patients000.0017.0018.00Sale of addition control of interest, finance or penalty charges (chapter 21)000.0018.0020.00Income from imposition of interest, finance or penalty charges (chapter 21)000.0010.0021.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments000.0020.0021.00Utilization review -physicians' compensation (chapter 21)00UTILIZATION REVIEW - SNF82.0022.0023.00Depreciationbuildings and fixtures00CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.00REAL ESTATE TAXESA-938,163CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-13.077ADMINISTRATIVE & GENERAL4.0025.0125.03INTEREST EXPENSE-BONDA-12.0737CAP REL COSTS - BLDGS & FIXTURES1.0025.0125.04INTEREST EXPENSE-BONDA-12.0737CAP REL COSTS - BLDGS & FIXTURES1.0025.0125.05NON-RESIDENT MISC REVIENUEB-35.07ADMINISTRATIVE & GEN	11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
14.00Revenue - Employee mealsB $-248,737$ DIETARY8.0014.0015.00Cost of meals - Guests00.0015.0016.00Sale of medical supplies to other than patients000.0017.00Sale of drags to other than patients00.0016.0018.00Sale of medical records and abstracts00.0017.0019.00Vending machines00.0018.0020.00Income from imposition of interest, finance or penalty charges (chapter 21)000.0021.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments0UTILIZATION REVIEW - SNF82.0022.00Utilization reviewphysicians' compensation (chapter 21)00UTILIZATION REVIEW - SNF82.0023.00Depreciationbuildings and fixtures0CAP REL COSTS - BLDGS & FIXTURES1.0023.0024.00Depreciationbuildings and fixtures0CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-13,077ADMINISTRATIVE & GENERAL4.0025.0125.02DFFICE/POSTAGEB-40ADMINISTRATIVE & GENERAL4.0025.0225.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.04INTERNETB-58,784PATIENT ACTIVITIES1.0025.0525.05NON-RESIDENT MISC REVENUEB-7,424ADMINISTRATIVE & GENERAL4	12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0			12.00
15.00         Cost of meals - Guests         0         15.00         0         15.00           15.00         Sale of medial supplies to other than patients         0         0         15.00           16.00         Sale of medical supplies to other than patients         0         0         0.00         15.00           17.00         Sale of medical records and abstracts         0         0         0.00         17.00           18.00         Sale of medical records and abstracts         0         0         0.00         19.00           19.00         Vending machines         0         0         0.00         19.00           20.00         Income from imposition of interest, finance or penalty charges (chapter 21)         0         0         0.000         20.00           21.00         Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments         0         CAP REL COSTS - BLOGS & FIXTURES         1.00         23.00           22.00         Utilization review-physicians' compensation (chapter 21)         0         UTTLIZATION REVIEW - SNF         82.00         22.00           23.00         Depreciationmovable equipment         0         CAP REL COSTS - BLOGS & FIXTURES         1.00         23.00           25.00         REAL ESTATE TAXES         A	13.00	Laundry and linen service		0		0.00	13.00
16.00Sale of medical supplies to other than patients0016.0017.00Sale of drugs to other than patients0017.0018.00Sale of medical records and abstracts000.0018.00Vending machines00.0018.0020.00Income from imposition of interest, finance or penalty charges (chapter 21)000.0021.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments00.0021.0020.00Uilization review-physicians' compensation (chapter 21)00UTILIZATION REVIEW - SNF82.0022.0023.00Depreciation-movable equipment0CAP REL COSTS - BLDGS & FIXTURES1.0023.0024.00Depreciation-movable equipment0CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-13.07AMINISTRATIVE & GENERAL4.0025.0125.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0125.03INTEREST EXPENSE-BONDA-1210,37CAP REL COSTS - BLDGS & FIXTURES1.0025.0425.04INTEREST EXPENSE-BONDA-1210,37CAP REL COSTS - BLDGS & FIXTURES1.0025.0425.05NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0525.06NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0525.07NON-RESIDENT MISC REVENUEB	14.00	Revenue - Employee meals	В	-248,737	DIETARY	8.00	14.00
17.00Sale of drugs to other than patients0017.0018.00Sale of medical records and abstracts00018.0019.00Vending machines00019.0019.0010.00Income from imposition of interest, finance or penalty charges (chapter 21)0000.0019.0021.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments0000.0020.0022.00Utilization reviewphysicians' compensation (chapter 21)00UTILIZATION REVIEW - SNF82.0022.0023.00Depreciationbuildings and fixtures00CAP REL COSTS - BLOGS & FIXTURES1.0023.0024.00Depreciationmovable equipment0CAP REL COSTS - MOVABLE EQUIPMENT2.0024.0025.01MISC INCOMEB-13.077ADMINISTRATIVE & GENERAL4.0025.0225.03INTERST EXPENSE-BONDA-21.2073CAP REL COSTS - BLOGS & FIXTURES1.0025.0225.04INTERNETB-13.077ADMINISTRATIVE & GENERAL4.0025.0225.05NON-RESIDENT SERVICESB-4.053ADMINISTRATIVE & GENERAL4.0025.0225.04INTERNETB-58.784PATIENT ACTIVITIES15.0025.0425.05NON-RESIDENT MISC REVENUEB-4.053ADMINISTRATIVE & GENERAL4.0025.0225.07NON-RESIDENT MISC REVENUEA-8.536PLANT OPERATION, MAIN	15.00	Cost of meals - Guests		0		0.00	15.00
17.00Sale of drugs to other than patients0017.0018.00Sale of medical records and abstracts00018.0019.00Vending machines00019.0019.0010.00Income from imposition of interest, finance or penalty charges (chapter 21)0000.0019.0021.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments0000.0020.0022.00Utilization reviewphysicians' compensation (chapter 21)00UTILIZATION REVIEW - SNF82.0022.0023.00Depreciationbuildings and fixtures00CAP REL COSTS - BLOGS & FIXTURES1.0023.0024.00Depreciationmovable equipment0CAP REL COSTS - MOVABLE EQUIPMENT2.0024.0025.01MISC INCOMEB-13.077ADMINISTRATIVE & GENERAL4.0025.0225.03INTERST EXPENSE-BONDA-21.2073CAP REL COSTS - BLOGS & FIXTURES1.0025.0225.04INTERNETB-13.077ADMINISTRATIVE & GENERAL4.0025.0225.05NON-RESIDENT SERVICESB-4.053ADMINISTRATIVE & GENERAL4.0025.0225.04INTERNETB-58.784PATIENT ACTIVITIES15.0025.0425.05NON-RESIDENT MISC REVENUEB-4.053ADMINISTRATIVE & GENERAL4.0025.0225.07NON-RESIDENT MISC REVENUEA-8.536PLANT OPERATION, MAIN	16.00	Sale of medical supplies to other than patients		0		0.00	16.00
19.00Vending machines00019.0020.00Income from imposition of interest, finance or penalty charges (chapter 21)000.0020.0021.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments000.0021.0022.00Utilization reviewphysicians' compensation (chapter 21)00UTILIZATION REVIEW - SNF82.0022.0023.00Depreciationbuildings and fixtures00CAP REL COSTS - BLDGS & FIXTURES1.0023.0024.00Depreciationmovable equipment00CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-13.077ADMINISTRATIVE & GENERAL4.0025.0225.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0225.04INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0225.05NON-RESIDENT SERVICESB-54,784PATIENT ACTIVITIES15.0025.0425.05NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-8,536PLANT ORPEATION, MAINT. & REPAIRS5.0025.1025.11INTEREST EXPENSEA-22,524ADMINISTRATIVE & GENERAL4.0025.0225.12SPONSORSHIP/DONATIONSA-22,524ADMINISTRATIVE & GENERAL4.0025.0225.12INTEREST EXPENSE <td>17.00</td> <td></td> <td></td> <td>0</td> <td></td> <td>0.00</td> <td>17.00</td>	17.00			0		0.00	17.00
20.00Income from imposition of interest, finance or penalty charges (chapter 21)000.0020.0021.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments0000.0021.0022.00Utilization reviewphysicians' compensation (chapter 21)0000023.0023.00Depreciationbuildings and fixtures00CAP REL COSTS - BLDGS & FIXTURES1.0023.0024.00Depreciationmovable equipment0CAP REL COSTS - BLDGS & FIXTURES1.0023.0025.01MISC INCOMEB-938,163CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0125.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.04INTERNETB-60ADMINISTRATIVE & GENERAL4.0025.0225.05NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0225.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-8,536PLATI OPERATION, MAINT, & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.0225.20BAD DEDT EXPENSEA-2,728ADMINISTRATIVE & GENERAL4.0025.0225.11<	18.00	Sale of medical records and abstracts		0		0.00	18.00
21.00Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments00000022.00Utilization reviewphysicians' compensation (chapter 21)00UTILIZATION REVIEW - SNF82.0022.0023.00Depreciationbuildings and fixtures00CAP REL COSTS - BLOGS & FIXTURES1.0023.0024.00Depreciationmovable equipment0CAP REL COSTS - MOVABLE EQUIPMENT2.0024.0025.00REAL ESTATE TAXESA-938,163CAP REL COSTS - MOVABLE EQUIPMENT2.0024.0025.01MISC INCOMEB13,077ADMINISTRATIVE & GENERAL4.0025.0025.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0225.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLOGS & FIXTURES1.0025.0325.04INTERNETB-58,784PATIENT ACTIVITIES1.0025.0325.05NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0525.07NON-RESIDENT MISC REVENUEB-74,24ADMINISTRATIVE & GENERAL4.0025.0025.10SPONSORSHIP/DONATIONSA-8,56PAATTON, MAINT, & REPAIRS5.0025.1025.12INTEREST EXP-MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.12BAD DEBT EXPENSEA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.12SPONSORS	19.00	Vending machines		0		0.00	19.00
overpaymentsCharacteristicControlControl22.00Utilization reviewphysicians' compensation (chapter 21)0UTILIZATION REVIEW - SNF82.0022.0023.00Depreciationbuildings and fixtures0CAP REL COSTS - BLDGS & FIXTURES1.0023.0024.00Depreciationmovable equipment0CAP REL COSTS - MOVABLE EQUIPMENT2.0024.0025.00REAL ESTATE TAXESA-938,163CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-13,077ADMINISTRATIVE & GENERAL4.0025.0125.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0225.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.04INTERNETB-68,784PATIENT ACTIVITIES15.0025.0425.05NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0725.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-85,36PLANT OPERATION, MAINT, & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2728ADMINISTRATIVE & GENERAL4.0025.0225.20BAD DEBT EXPENSEA-222,524ADMINISTRATIVE & GENERAL4.0025.0225.20BAD DEBT EXPENSEA-225,303ADMINISTRATIVE & GENERAL4.0025.02	20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
23.00Depreciationbuildings and fixtures1.0023.0024.00Depreciationmovable equipment0CAP REL COSTS - MOVABLE EQUIPMENT2.0025.00REAL ESTATE TAXESA-938,163CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-13,077ADMINISTRATIVE & GENERAL4.0025.0125.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0225.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.04INTERNETB-60ADMINISTRATIVE & GENERAL4.0025.0125.05NON-RESIDENT SERVICESB-58,784PATIENT ACTIVITIES15.0025.0125.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0125.10SPONSORSHIP/DONATIONSA-8,536PLANT OPERATION, MAINT & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.20BAD DEBT EXPENSEA-225,24ADMINISTRATIVE & GENERAL4.0025.1225.21BANK/INVESTMENT FEESA-225,303ADMINISTRATIVE & GENERAL4.0025.12	21.00	1 1, 0 1,		0		0.00	21.00
24.00Depreciationmovable equipment0CAP REL COSTS - MOVABLE EQUIPMENT2.0024.0025.00REAL ESTATE TAXESA-938,163CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-13,077ADMINISTRATIVE & GENERAL4.0025.0125.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0225.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.04INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.05NON-RESIDENT SERVICESB-58,784PATIENT ACTIVITIES15.0025.0425.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-8,536PLANT OPERATION, MAINT. & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.20BAD DEBT EXPENSEA-222,524ADMINISTRATIVE & GENERAL4.0025.0225.30BANK/INVESTMENT FEESA-223,303ADMINISTRATIVE & GENERAL4.0025.20	22.00	Utilization reviewphysicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
25.00REAL ESTATE TAXESA-938,163CAP REL COSTS - BLDGS & FIXTURES1.0025.0025.01MISC INCOMEB-13,077ADMINISTRATIVE & GENERAL4.0025.0125.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0225.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.04INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.05NON-RESIDENT SERVICESB-58,784PATIENT ACTIVITIES15.0025.0425.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-8,536PLANT OPERATION, MAINT. & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.20BAD DEBT EXPENSEA-222,524ADMINISTRATIVE & GENERAL4.0025.0225.50BANK/INVESTMENT FEESA-253,303ADMINISTRATIVE & GENERAL4.0025.02	23.00			0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
25.01MISC INCOMEB-13,077ADMINISTRATIVE & GENERAL4.0025.0125.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0225.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.04INTERNETB-58,784PATIENT ACTIVITIES15.0025.0425.05NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0525.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-8,536PLANT OPERATION, MAINT. & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.20BAD DEBT EXPENSEA-222,524ADMINISTRATIVE & GENERAL4.0025.0225.50BANK/INVESTMENT FEESA-253,303ADMINISTRATIVE & GENERAL4.0025.02	24.00	Depreciationmovable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.02OFFICE/POSTAGEB-60ADMINISTRATIVE & GENERAL4.0025.0225.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.04INTERNETB-58,784PATIENT ACTIVITIES15.0025.0425.05NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0525.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-8,536PLANT OPERATION, MAINT. & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.20BAD DEBT EXPENSEA-222,524ADMINISTRATIVE & GENERAL4.0025.0225.50BANK/INVESTMENT FEESA-253,303ADMINISTRATIVE & GENERAL4.0025.02	25.00	REAL ESTATE TAXES	А	-938,163	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.00
25.03INTEREST EXPENSE-BONDA-1,210,737CAP REL COSTS - BLDGS & FIXTURES1.0025.0325.04INTERNETB-58,784PATIENT ACTIVITIES15.0025.0425.05NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0525.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-8,536PLANT OPERATION, MAINT. & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.20BAD DEBT EXPENSEA-222,524ADMINISTRATIVE & GENERAL4.0025.0225.50BANK/INVESTMENT FEESA-253,303ADMINISTRATIVE & GENERAL4.0025.02	25.01	MISC INCOME	В	-13,077	ADMINISTRATIVE & GENERAL	4.00	25.01
25.04INTERNETB-58,784PATIENT ACTIVITIES15.0025.0425.05NON-RESIDENT SERVICESB-24,053ADMINISTRATIVE & GENERAL4.0025.0525.07NON-RESIDENT MISC REVENUEB-7,142ADMINISTRATIVE & GENERAL4.0025.0725.10SPONSORSHIP/DONATIONSA-8,536PLANT OPERATION, MAINT. & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.20BAD DEBT EXPENSEA-222,524ADMINISTRATIVE & GENERAL4.0025.2025.50BANK/INVESTMENT FEESA-253,303ADMINISTRATIVE & GENERAL4.0025.50	25.02	OFFICE/POSTAGE	В	-60	ADMINISTRATIVE & GENERAL	4.00	25.02
25.05         NON-RESIDENT SERVICES         B         -24,053         ADMINISTRATIVE & GENERAL         4.00         25.05           25.07         NON-RESIDENT MISC REVENUE         B         -7,142         ADMINISTRATIVE & GENERAL         4.00         25.07           25.01         SPONSORSHIP/DONATIONS         A         -8,536         PLANT OPERATION, MAINT. & REPAIRS         5.00         25.10           25.12         INTEREST EXP - MISC         A         -2,728         ADMINISTRATIVE & GENERAL         4.00         25.12           25.20         BAD DEBT EXPENSE         A         -222,524         ADMINISTRATIVE & GENERAL         4.00         25.01           25.50         BANK/INVESTMENT FEES         A         -253,303         ADMINISTRATIVE & GENERAL         4.00         25.01	25.03	INTEREST EXPENSE-BOND	А	-1,210,737	CAP REL COSTS - BLDGS & FIXTURES	1.00	25.03
25.07         NON-RESIDENT MISC REVENUE         B         -7,142         ADMINISTRATIVE & GENERAL         4.00         25.07           25.10         SPONSORSHIP/DONATIONS         A         -8,536         PLANT OPERATION, MAINT, & REPAIRS         5.00         25.10           25.12         INTEREST EXP - MISC         A         -2,728         ADMINISTRATIVE & GENERAL         4.00         25.12           25.20         BAD DEBT EXPENSE         A         -222,524         ADMINISTRATIVE & GENERAL         4.00         25.00           25.50         BANK/INVESTMENT FEES         A         -253,303         ADMINISTRATIVE & GENERAL         4.00         25.50	25.04	INTERNET	В	-58,784	PATIENT ACTIVITIES	15.00	25.04
25.10SPONSORSHIP/DONATIONSA-8,536PLANT OPERATION, MAINT. & REPAIRS5.0025.1025.12INTEREST EXP - MISCA-2,728ADMINISTRATIVE & GENERAL4.0025.1225.20BAD DEBT EXPENSEA-222,524ADMINISTRATIVE & GENERAL4.0025.2025.50BANK/INVESTMENT FEESA-253,303ADMINISTRATIVE & GENERAL4.0025.50	25.05	NON-RESIDENT SERVICES	В	-24,053	ADMINISTRATIVE & GENERAL	4.00	25.05
25.12         INTEREST EXP - MISC         A         -2,728         ADMINISTRATIVE & GENERAL         4.00         25.12           25.00         BAD DEBT EXPENSE         A         -222,524         ADMINISTRATIVE & GENERAL         4.00         25.20           25.00         BANK/INVESTMENT FEES         A         -223,303         ADMINISTRATIVE & GENERAL         4.00         25.20	25.07	NON-RESIDENT MISC REVENUE	В	-7,142	ADMINISTRATIVE & GENERAL	4.00	25.07
25.20         BAD DEBT EXPENSE         A         -222,524         ADMINISTRATIVE & GENERAL         4.00         25.20           25.50         BANK/INVESTMENT FEES         A         -253,303         ADMINISTRATIVE & GENERAL         4.00         25.50	25.10	SPONSORSHIP/DONATIONS	А	-8,536	PLANT OPERATION, MAINT. & REPAIRS	5.00	25.10
25.0         BANK/INVESTMENT FEES         A         -253,303         ADMINISTRATIVE & GENERAL         4.00         25.50	25.12	INTEREST EXP - MISC	А	-2,728	ADMINISTRATIVE & GENERAL	4.00	25.12
	25.20	BAD DEBT EXPENSE	А	-222,524	ADMINISTRATIVE & GENERAL	4.00	25.20
100.00 Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100) -3,096,831 100.00	25.50	BANK/INVESTMENT FEES	А	-253,303	ADMINISTRATIVE & GENERAL	4.00	25.50
	100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-3,096,831			100.00

Description - All chapter references in this column pertain to CMS Pub. 15-1.
 Basis for adjustment (see instructions).

B. Amount Received - if cost, notable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.

Health Financial Systems			In Lieu of Form CMS-25-	40-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

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#### Worksheet B Part I

										PPS
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	CAP REL COSTS-BLDG & FIXT	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRA TIVE & GENERAL	MAINT. & REPAIRS	
		0	1.00	1.01	2.00	3.00	3A	4.00	5.00	L
	CRAL SERVICE COST CENTERS									
1.00	CAP REL COSTS - BLDGS & FIXTURES	5,189,280	5,189,280							1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0						1.01
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	0			0					2.00
3.00	EMPLOYEE BENEFITS	3,587,117	0	-		3,587,117				3.00
4.00	ADMINISTRATIVE & GENERAL	4,171,220	213,990	0		406,586	4,791,796	, ,		4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	3,374,376	141,413	0	0	318,039	3,833,828	649,274	4,483,102	5.00
6.00	LAUNDRY & LINEN SERVICE	33,851	0	0	0	0	33,851	5,733	0	6.00
7.00	HOUSEKEEPING	1,338,521	47,143	0		274,486	1,660,150	281,153	43,722	7.00
8.00	DIETARY	3,775,243	262,719	0		441,716	4,479,678	758,651	243,654	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0		0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	-	0	0	0	-	0	10.00
11.00	PHARMACY	0	0	-		0	0	-	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	~	0	0	0	×	0	12.00
13.00	SOCIAL SERVICE	291,299	3,740	0	0	66,497	361,536	61,228	3,469	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	652,273	0	0	0	101,601	753,874	127,672	0	15.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS							_		
30.00	SKILLED NURSING FACILITY	7,562,351	1,451,237	0	0	1,432,568	10,446,156	1,769,100	1,345,927	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
ANCI	LLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	77,136	0	0	0	0	77,136	13,063	0	40.00
41.00	LABORATORY	83,462	0	0	0	0	83,462	14,135	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	630,309	17,953	0	0	141,403	789,665	133,733	16,651	44.00
45.00	OCCUPATIONAL THERAPY	563,743	0	0	0	128,713	692,456	117,270	0	45.00
46.00	SPEECH PATHOLOGY	70,634	0	0	0	16,127	86,761	14,693	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	434,065	0	0	0	0	434,065	73,511	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0		0	50.00
51.00	SUPPORT SURFACES	0	0		0	0	0		0	51.00
OUTP	ATIENT SERVICE COST CENTERS			1	1			1	1	
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	-		0	0	-	0	61.00
	FQHC								-	62.00
	R REIMBURSABLE COST CENTERS									
	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
-	AMBULANCE	0	0			0	0			
	СМНС	0	0			0	0		0	73.00
	AL PURPOSE COST CENTERS	v		, v	· · · · ·	<sup>v</sup>		, v	· · · · ·	
	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
	INTEREST EXPENSE									81.00
-	UTILIZATION REVIEW - SNF									82.00
-	HOSPICE	0	0	0	0	0	0	0	0	83.00
-	SUBTOTALS (sum of lines 1-84)	31,834,880	2,138,195				28,524,414		1,653,423	89.00
	REIMBURSABLE COST CENTERS	51,001,000	_,130,173	0	0	0,027,700	20,021,117	.,017,210	1,000,120	-07100
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	10,263	3,740	0	0	0	14,003	2,371	3,469	90.00
	BARBER AND BEAUTY SHOP	68,151	0			15,338	83,489		0	
	PHYSICIANS PRIVATE OFFICES	0	0				0			92.00
22.00		0	0	0	0	0	0	0	0	12.00

Health Financial Systems			In Lieu of Form CMS-2540	)-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	
				_

#### Worksheet B

										110
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	CAP REL COSTS-BLDG & FIXT	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	
		0	1.00	1.01	2.00	3.00	3A	4.00	5.00	
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	BLANK	0	0	0	0	0	0	0	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	1,173,047	3,047,345	0	0	244,043	4,464,435	756,070	2,826,210	95.10
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	33,086,341	5,189,280	0	0	3,587,117	33,086,341	4,791,796	4,483,102	100.00

Health Financial Systems			In Lieu of Form C	CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B

		1			1	1	1	·		
		LAUNDRY &			NURSING	CENTRAL		MEDICAL	100711	1
	Cost Center Description	LINEN	HOUSEKEEPI	DICTION	ADMINISTRA		DUADAGA	RECORDS &	SOCIAL	
		SERVICE	NG	DIETARY	TION	SUPPLY	PHARMACY	LIBRARY	SERVICE	
		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	L
GENE	ERAL SERVICE COST CENTERS						1			
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
1.01	CAP REL COSTS-BLDG & FIXT									1.01
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE	39,584								6.00
7.00	HOUSEKEEPING	0	1,985,025							7.00
8.00	DIETARY	0	108,948	5,590,931						8.00
9.00	NURSING ADMINISTRATION	0	0	0	0					9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0				10.00
11.00	PHARMACY	0		0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	-	0	0	-				12.00
13.00	SOCIAL SERVICE	0		0	0		0		427,784	13.00
14.00	NURSING AND ALLIED HEALTH	0	1,551	0	0	0	0		127,704	14.00
14.00	EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00		0	0	0	0	0	0	0	0	15.00
15.00	PATIENT ACTIVITIES FIENT ROUTINE SERVICE COST CENTERS	0	0	0	0	0	0	0	0	15.00
		20.417	(01.010	4 4 50 4 55		-	· · · ·		210.255	20.00
30.00	SKILLED NURSING FACILITY	29,447	601,818	4,159,177	0				318,235	30.00
31.00	NURSING FACILITY	0		0	0	-			0	31.00
32.00	ICF/IID	0		0	0				0	32.00
33.00	OTHER LONG TERM CARE	10,137	0	1,431,754	0	0	0	0	109,549	33.00
ANCI	LLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	0	0	0			0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	7,445	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0				0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0		0	0				0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0		0					0	50.00
51.00	SUPPORT SURFACES	0		0	0		0	0	0	51.00
	ATIENT SERVICE COST CENTERS	0	0	0	0	0	0	0	0	51.00
				0						60.00
60.00	CLINIC	0		0					0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
	ER REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY COST	0		0	0					
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	СМНС	0	0	0	0	0	0	0	0	73.00
SPEC	IAL PURPOSE COST CENTERS									
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
	UTILIZATION REVIEW - SNF									82.00
	HOSPICE	0	0	0	0	0	0	0	0	83.00
	SUBTOTALS (sum of lines 1-84)	39,584		5,590,931	0					89.00
	REIMBURSABLE COST CENTERS	57,504	. 17,102	0,00,001	0	0	0		.27,704	07.00
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	1,551	0	0	0	0	0	0	90.00
90.00	BARBER AND BEAUTY SHOP	0		0					0	91.00
	PHYSICIANS PRIVATE OFFICES	0	-	0					0	
		0		-						
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00

Health Financial Systems			In Lieu of Form Cl	MS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024		2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B

		LAUNDRY &			NURSING	CENTRAL		MEDICAL		
	Cost Center Description	LINEN	HOUSEKEEPI		ADMINISTRA	SERVICES &		RECORDS &	SOCIAL	
		SERVICE	NG	DIETARY	TION	SUPPLY	PHARMACY	LIBRARY	SERVICE	
		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	BLANK	0	0	0	0	0	0	0	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	0	1,263,712	0	0	0	0	0	0	95.10
98.00	Cross Foot Adjustments	0	0	0	0	0				98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	39,584	1,985,025	5,590,931	0	0	0	0	427,784	100.00

Health Financial Systems			In Lieu of Form CMS-	2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B Part I

							PPS
		NURSING					
	Cost Center Description	AND ALLIED					
	Cost Center Description	HEALTH	PATIENT		Post Stepdown		
		EDUCATION	ACTIVITIES	Subtotal	Adjustments	Total	
		14.00	15.00	16.00	17.00	18.00	
GENE	ERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
1.01	CAP REL COSTS-BLDG & FIXT						1.01
2.00	CAP REL COSTS - MOVABLE EQUIPMENT						2.00
-	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
	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE						13.00
14.00	NURSING AND ALLIED HEALTH	0					14.00
	EDUCATION	Ť					
15.00	PATIENT ACTIVITIES	0	881,546				15.00
	TIENT ROUTINE SERVICE COST CENTERS	•	001,010				15.00
30.00	SKILLED NURSING FACILITY	0	655,795	19,325,655	0	19,325,655	30.00
		0				, ,	
31.00	NURSING FACILITY		0	0		0	31.00
	ICF/IID	0	0	0		0	32.00
33.00	OTHER LONG TERM CARE	0	225,751	1,777,191	0	1,777,191	33.00
ANCI	LLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	0	0	90,199	0	90,199	40.00
41.00	LABORATORY	0	0	97,597	0	97,597	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	947,494	0	947,494	44.00
45.00	OCCUPATIONAL THERAPY	0	0	809,726	0	809,726	45.00
46.00	SPEECH PATHOLOGY	0	0	101,454	0	101,454	46.00
-	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0		0		
-				507,576		507,576	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
	SUPPORT SURFACES	0	0	0	0	0	51.00
	ATIENT SERVICE COST CENTERS						
60.00	CLINIC	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	FQHC						62.00
OTHE	ER REIMBURSABLE COST CENTERS						
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	71.00
	СМНС	0	0	0	0	0	73.00
	IAL PURPOSE COST CENTERS				, v		
	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
-							
-	INTEREST EXPENSE						81.00
-	UTILIZATION REVIEW - SNF						82.00
83.00	HOSPICE	0	0	0		0	83.00
	ICLIDICYTATE (man of Long 1 04)	0	881,546	23,656,892	0	23,656,892	89.00
	SUBTOTALS (sum of lines 1-84)	, v	-				
	REIMBURSABLE COST CENTERS	,					
		0	0	21,394	0	21,394	90.00
<b>NONI</b> 90.00	REIMBURSABLE COST CENTERS		0	21,394 97,628	0	21,394 97,628	90.00 91.00
<b>NONI</b> 90.00 91.00	REIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0			0	-	

Health Financial Systems			In Lieu of Form C	CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B

	-	-					
		NURSING					
	Cost Center Description	AND ALLIED					
	Cost Center Description	HEALTH	PATIENT		Post Stepdown		
		EDUCATION	ACTIVITIES	Subtotal	Adjustments	Total	
		14.00	15.00	16.00	17.00	18.00	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	BLANK	0	0	0	0	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	0	0	9,310,427	0	9,310,427	95.10
98.00	Cross Foot Adjustments	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	0	881,546	33,086,341	0	33,086,341	100.00

		In Lieu of Form CMS-2	2540-10
Period:	Run Date Time:	4/16/2025 12:41 pm	
From: 01/01/2024	MCRIF32	2540-10	
To: 12/31/2024	Version:	10.23.179.0	
	From: 01/01/2024	Period:         Run Date Time:           From: 01/01/2024         MCRIF32           To:         12/31/2024         Version:	Period: Run Date Time: 4/16/2025 12:41 pm From: 01/01/2024 MCRIF32 2540-10

Worksheet B

	Cost Center Description	Directly Assigned New		CAP REL					PLANT OPERATION,	PPS
	Cost Center Description	Capital Related	BLDGS &	COSTS-BLDG	MOVABLE		EMPLOYEE	TIVE &	MAINT. &	
		Costs	FIXTURES	& FIXT	EQUIPMENT	Subtotal	BENEFITS	GENERAL	REPAIRS	
CENI	EDAL SEDVICE COST CENTERS	0	1.00	1.01	2.00	2A	3.00	4.00	5.00	
	ERAL SERVICE COST CENTERS									1.00
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
1.01	CAP REL COSTS-BLDG & FIXT									1.01
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS	0	0	0		0	-			3.00
4.00	ADMINISTRATIVE & GENERAL	0	213,990	0		213,990	0	213,990		4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	141,413	0		141,413	0	28,995	170,408	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0		0	0	256	0	6.00
7.00	HOUSEKEEPING	0	47,143	0	0	47,143	0	12,556	1,662	7.00
8.00	DIETARY	0	262,719	0		262,719	0	33,880	9,262	8.00
9.00	NURSING ADMINISTRATION	0	0	0		0	-	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	, , , , , , , , , , , , , , , , , , ,	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	3,740	0	0	3,740	0	2,734	132	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	5,702	0	15.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	0	1,451,237	0	0	1,451,237	0	79,003	51,160	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
ANCI	LLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	0	0	0	0	0	0	583	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	631	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	17,953	0	0	17,953	0	5,972	633	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	5,237	0	45.00
46.00	SPEECH PATHOLOGY	0	0			0	0	656	0	
47.00	ELECTROCARDIOLOGY	0	0			0		0	0	
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			0		0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		3,283	0	49.00
-		0	0			0				
50.00	DENTAL CARE - TITLE XIX ONLY	-						0	0	
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
	PATIENT SERVICE COST CENTERS					0				10.00
60.00	CLINIC	0	0			0		0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
	FQHC									62.00
	ER REIMBURSABLE COST CENTERS	,		1						
	HOME HEALTH AGENCY COST	0	0			0		0	0	
	AMBULANCE	0	0	-		0		0	0	
	CMHC	0	0	0	0	0	0	0	0	73.00
SPEC	IAL 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	2,138,195	0	0	2,138,195	0	179,488	62,849	89.00
NON	REIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	3,740	0	0	3,740	0	106	132	90.00
91.00	BARBER AND BEAUTY SHOP	0	0		0	0	0	631	0	
	PHYSICIANS PRIVATE OFFICES	0	0			0	0	0	0	
	NONPAID WORKERS	0	0			0		0		93.00
		ľ Š	0		Ŭ.	0	Ŭ	0	0	

Health Financial Systems			In Lieu of Form	CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B Part II

		Directly							PLANT	
	Cost Contor Description	Assigned New		CAP REL				ADMINISTRA	OPERATION,	
	Cost Center Description	Capital Related	BLDGS &	COSTS-BLDG	MOVABLE		EMPLOYEE	TIVE &	MAINT. &	
		Costs	FIXTURES	& FIXT	EQUIPMENT	Subtotal	BENEFITS	GENERAL	REPAIRS	
		0	1.00	1.01	2.00	2A	3.00	4.00	5.00	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	BLANK	0	0	0	0	0	0	0	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	0	3,047,345	0	0	3,047,345	0	33,765	107,427	95.10
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	5,189,280	0	0	5,189,280	0	213,990	170,408	100.00

Health Financial Systems			In Lieu of Fo	rm CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B

		LAUNDRY &			NURSING	CENTRAL		MEDICAL		110
	Cost Center Description	LINEN	HOUSEKEEPI		ADMINISTRA			RECORDS &	SOCIAL	
		SERVICE	NG 7.00	DIETARY	TION 9.00	SUPPLY 10.00	PHARMACY 11.00	LIBRARY	SERVICE	
GENE	ERAL SERVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	<u> </u>
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
1.00	CAP REL COSTS-BLDG & FIXT									1.01
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE	256								6.00
7.00	HOUSEKEEPING	0	61,361							7.00
8.00	DIETARY	0	3,368	309,229						8.00
9.00	NURSING ADMINISTRATION	0	0	0						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
11.00	PHARMACY	0	0	0			-			11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0			0	0		12.00
13.00	SOCIAL SERVICE	0	48	0	0	0	0	0	6,654	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0	15.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS				a					
30.00	SKILLED NURSING FACILITY	190	18,603	230,040	0	0	0	0	4,950	30.00
31.00	NURSING FACILITY	0	0	0		0		0	0	31.00
	ICF/IID	0	0	0					0	32.00
	OTHER LONG TERM CARE	66	0	79,189	0	0	0	0	1,704	33.00
	LLARY SERVICE COST CENTERS					1	1	,i		
	RADIOLOGY	0	0	0					0	40.00
41.00	LABORATORY	0	0	0			-	0	0	41.00
-	INTRAVENOUS THERAPY	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	230	0			0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0			0	0	0	45.00
46.00	SPEECH PATHOLOGY ELECTROCARDIOLOGY	0	0	0	~ ~ ~	0	0	0	0	46.00
47.00		0	0	0			0	0	0	47.00
48.00 49.00	MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0	0	0				0	0	48.00 49.00
	DENTAL CARE - TITLE XIX ONLY	0	0	0			0	0	0	50.00
	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
	ATIENT SERVICE COST CENTERS	0	0	0	0	0	0	0	0	51.00
	CLINIC	0	0	0	0	0	0	0	0	60.00
	RURAL HEALTH CLINIC	0	0	0				0	0	61.00
	FQHC									62.00
	ER REIMBURSABLE COST CENTERS									02100
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
-	AMBULANCE	0	0	0	0	0	0	0	0	
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECI	IAL 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)	256	22,249	309,229	0	0	0	0	6,654	89.00
	REIMBURSABLE COST CENTERS									
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	48	0			0	0	0	90.00
	BARBER AND BEAUTY SHOP	0	0	0					0	91.00
	PHYSICIANS PRIVATE OFFICES	0		0					0	
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00

Health Financial Systems			In Lieu of Form CMS-	2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B Part II

				1						
		LAUNDRY &			NURSING	CENTRAL		MEDICAL		
	Cost Center Description	LINEN	HOUSEKEEPI		ADMINISTRA	SERVICES &		RECORDS &	SOCIAL	
		SERVICE	NG	DIETARY	TION	SUPPLY	PHARMACY	LIBRARY	SERVICE	
		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	BLANK	0	0	0	0	0	0	0	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	0	39,064	0	0	0	0	0	0	95.10
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	256	61,361	309,229	0	0	0	0	6,654	100.00

Health Financial Systems			In Lieu of Form CM	MS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B

				,			PPS
		NURSING					
	Cost Center Description	AND ALLIED			Post		
	Cost Center Description	HEALTH	PATIENT		Step-Down		
		EDUCATION	ACTIVITIES	Subtotal	Adjustments	Total	
		14.00	15.00	16.00	17.00	18.00	
GENE	RAL SERVICE COST CENTERS						
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
1.01	CAP REL COSTS-BLDG & FIXT						1.01
2.00	CAP REL COSTS - MOVABLE EQUIPMENT						2.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
-							
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE						13.00
14.00	NURSING AND ALLIED HEALTH	0					14.00
	EDUCATION						
	PATIENT ACTIVITIES	0	5,702				15.00
	TIENT ROUTINE SERVICE COST CENTERS	1					
30.00	SKILLED NURSING FACILITY	0	4,242	1,839,425	0	1,839,425	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	1,460	82,419	0	82,419	33.00
ANCI	LLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	0	0	583	0	583	40.00
41.00	LABORATORY	0	0	631	0	631	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	24,788	0	24,788	44.00
45.00	OCCUPATIONAL THERAPY	0	0	5,237	0	5,237	45.00
46.00	SPEECH PATHOLOGY	0	0	656	0	656	46.00
47.00	ELECTROCARDIOLOGY	0	0	000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
	DRUGS CHARGED TO PATIENTS	0	0	3,283	0	3,283	49.00
		0	0			3,203	
50.00	DENTAL CARE - TITLE XIX ONLY	- · · ·		0	0	-	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	51.00
	ATIENT SERVICE COST CENTERS						
60.00	CLINIC	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
	FQHC						62.00
	R REIMBURSABLE COST CENTERS						
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	73.00
SPECI	AL PURPOSE COST CENTERS						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	INTEREST EXPENSE						81.00
82.00	UTILIZATION REVIEW - SNF						82.00
	HOSPICE	0	0	0	0	0	83.00
	SUBTOTALS (sum of lines 1-84)	0		1,957,022	0	1,957,022	89.00
	REIMBURSABLE COST CENTERS	0	5,702	1,757,022	0	1,757,022	89.00
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	4,026	0	4,026	90.00
	BARBER AND BEAUTY SHOP	0	0	4,020	0	4,020	90.00
	PHYSICIANS PRIVATE OFFICES	0	0	0	0	631	
		-					92.00
95.00	NONPAID WORKERS	0	0	0	0	0	93.00

Health Financial Systems			In Lieu of Form CM	MS-2540-10
HEATH VILLAGE	Period: Run I		4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	
		•		

Worksheet B

		NURSING					
	Cost Center Description	AND ALLIED			Post		
	Cost Center Description	HEALTH	PATIENT		Step-Down		
		EDUCATION	ACTIVITIES	Subtotal	Adjustments	Total	
		14.00	15.00	16.00	17.00	18.00	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	BLANK	0	0	0	0	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	0	0	3,227,601	0	3,227,601	95.10
98.00	Cross Foot Adjustments	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	0	5,702	5,189,280	0	5,189,280	100.00

Health Financial Systems			In Lieu of Form	n CMS-2540-10
HEATH VILLAGE	Period: R		4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B-1

PPS
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101         CUP REL CASINS BALKS & HAT         0         0         0         0         0         0         1         1           200         CAP REL CASINS BALKS & HOLTMARN         0         0         0         15711200         -         -         7         3           300         DATUNYTER SCHERAL         14300         0         15721200         -         3         3353         -         3           300         TANT OPERATION, MADYL & REPAIRS         9.452         0         9.452         1.372.075         4.373.4768         7.560         6.550         0         6.550         0         6.550         0         6.550         0         6.550         0         6.550         0         6.550         0         6.550         0         7.550         1.331.444         0         1.502.051         0.014.0450         0.00         0											PP8
Instrume         Productions		Cost Center Description		COSTS-BLDG & FIXT				TIVE &	OPERATION, MAINT. &	LINEN	
Image: biology of the second			(SQUARE	DEPRECIATI	(SQUARE	(GROSS		(ACCUM	(SQUARE	(PATIENT	
CENERAL SERVICE COST CENTERS         Hoddet         Image: Control of the service of			,	,	/	/		· · · ·	,	/	
100         CAPREL COSTS - BLOGS A FUTURES         14-94           101         CAPREL COSTS - BLOGS A FUTURES         0         1           101         CAPREL COSTS - BLOGS A FUTURES         0         0         15.7110         2           101         CAPREL COSTS - BLOGS A FUTURES         0         0         15.7110         2         2           100         DAMINISTRATURE SCIENCEAL         14.930         0         15.7110         2         2           100         DAMINISTRATURE SCIENCEAL         14.930         0         15.791,790         4.792,796         22,295,55         4           1000         REALTON, MARTAR & REPARLS         9,552         0         10.405,503,513         0         4,550         6           1000         REALTON, MARTAR & REPARLS         17.560         0<	0.000		1.00	1.01	2.00	3.00	4A	4.00	5.00	6.00	
101         CARREL COSTS-UDG & INT         0         0         0         0         0         0         0         1         1           100         CARREL COSTS-UDGA ELQUPUNENT         0         0         0         0         1571110         -         1         1           100         CARREL COSTS-UDGA ELQUPUNENT         0         0         0         0         1571170         -         2         3           100         CARREL COSTS-UDGA ELQUPUNENT         41533         0         3         15727         4.701756         2.822455         -         4           500         DANS MARTURE SCINERAL         1535         0											
100         CAPREL COSTS - MOVABLE EQUIPMENT         0         346,49         0         557110         0 <td></td> <td>1.00</td>											1.00
300         DUPLOYME RENEATITY & GAPBAIA         14,00         15,72,100         15,72,100         15,72,70         4,727,78         32,7455         6         3           500         PLANT OPEA/TION, MAINT & RUBJARS         9,452         0         9,452         1,922,957         32,745,85         33,738,8         33,738,8         33,738,8         33,738,8         0         4,500         1,601,95         3,338,1         0         7,00         1,001,954         1,202,256         0         1,604,30         3,338,1         0         7,00         1,604,30         3,338,1         0         7,00         1,604,30         3,338,1         0         7,00         0 <td< td=""><td></td><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td>1.01</td></td<>			0	0							1.01
100         DADMINISTRATIVE & GENERAL         14,00         1,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         4,70,70         1,74,61         0			0		,	15 711 010					2.00
1000         LANTOPERATION, MAINT, & REDARDER         9,452         0         9,452         1,352,957         0         3,333,258         23,24,94         0         5,559         6         6,509         6         5,509         6         5,509         6         5,509         6         5,509         6         5,509         6         5,509         6         5,509         6         5,509         6 <th< td=""><td></td><td></td><td>-</td><td></td><td></td><td>- ,. ,</td><td>4 701 700</td><td>29.204.545</td><td></td><td></td><td>3.00</td></th<>			-			- ,. ,	4 701 700	29.204.545			3.00
0.00         LAUNDRY & LINNEN SHRVICE         0         0         0         0         3351         0         4559         0         7500         1060.159         1500         1060.159         1500         1060.159         1500         0         7500         0         7500         0         7500         0         7500         0			, ,		.,				222.004		4.00
19.00         Industrie         1.151         1.202.205         1.202.205         1.409.105         1.150         0.7500         1.7500         0.7500         1.7500         0.7500         1.7500         0.7500         1.7500         0.7500         1.7500         0.7500         1.7500         0.7500 <t< td=""><td></td><td></td><td>· · · · · ·</td><td></td><td></td><td></td><td></td><td>, ,</td><td></td><td>46 590</td><td>6.00</td></t<>			· · · · · ·					, ,		46 590	6.00
NO.         DIFTARY         17,50         0         17,50         0         4,7075         17,50         0 </td <td></td> <td></td> <td>~</td> <td></td> <td></td> <td></td> <td>-</td> <td>,</td> <td></td> <td>,</td> <td>7.00</td>			~				-	,		,	7.00
090         NURSING ADMINISTRATION         0 <td></td> <td></td> <td>· · · · · ·</td> <td></td> <td>,</td> <td></td> <td></td> <td>, ,</td> <td></td> <td></td> <td>8.00</td>			· · · · · ·		,			, ,			8.00
1000         CENTRAL SERVICE & SCEPTY         0<					,			, ,			9.00
11.00         PHARMARY         0 <t< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td>10.00</td></t<>			-						-		10.00
1210         MEDICAL RECORDS & LIBRARY         0							-				11.00
13.00         SOCIAL SERVICE         250         0         250         291,245         0         361,356         226         0         13           1400         NURRING ADLIED HEALTH         0         0         0         0         0         0         0         0         0         14           1500         PATIENT ACTIVITIES         0         0         0         0         0         0         753,674         0         0         15           1500         PATIENT ACTIVITIES         0         <	-		-								12.00
14400         NURSING AND ALLIED HEALTH         0         0         0         0         0         0         0         0         14           1500         PATIENT ACTIVITIES         0         0         0         0         444,95         0         0         15         0         0         15         0         0         15         0			~			291.245	-			~	13.00
INPARTENT ROUTINE SERVICE COST CENTERS           3000         SKILLED NURSING FACILITY         97,000         0         97,000         6,27,4438         0         10,446,156         97,000         34,653         30           31200         ILEF/IID         0		NURSING AND ALLIED HEALTH				-		,			14.00
90.00         SKILLED NURSING FACILITY         97,000         0         97,000         6,274,438         0         10,446,156         97,000         34,659         30           31.00         NURSING FACILITY         0	15.00	PATIENT ACTIVITIES	0	0	0	444,996	0	753,874	0	0	15.00
31.00         URSING FACILITY         0	INPAT	TIENT ROUTINE SERVICE COST CENTERS					i				
32.00         ICF/IID         0 <th< td=""><td>30.00</td><td>SKILLED NURSING FACILITY</td><td>97,000</td><td>0</td><td>97,000</td><td>6,274,438</td><td>0</td><td>10,446,156</td><td>97,000</td><td>34,659</td><td>30.00</td></th<>	30.00	SKILLED NURSING FACILITY	97,000	0	97,000	6,274,438	0	10,446,156	97,000	34,659	30.00
3300         OTHER LONG TERM CARE         0         0         0         0         11,931         33           ANCILLARY SERVICE COST CENTERS	31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
ANCILLARY SERVICE COST CENTERS         0 <th< td=""><td>32.00</td><td>ICF/IID</td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>32.00</td></th<>	32.00	ICF/IID		0	0	0	0	0	0	0	32.00
40.00       RADIOLOGY       0       <			0	0	0	0	0	0	0	11,931	33.00
41.00       LABORATORY       0       0       0       0       83,462       0       0       4         42.00       INTRAVENOUS THERAPY       0					1						
42.00       INTRAVENOUS THERAPY       0 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td>,</td> <td></td> <td></td> <td>40.00</td>			-				-	,			40.00
43.00       OXYGEN (INHALATION) THERAPY       0       0       0       0       0       0       44.00         94.00       PHYSICAL THERAPY       1,200       0       1,200       619,322       0       789,665       1,200       0       44.00         64.00       PERCEIP ATHOLOGY       0       0       0       0       789,665       1,200       0       45.00         64.00       SEECEIP ATHOLOGY       0       0       0       0       789,665       1,200       0       45.00         789,665       DELECTROCARDIOLOGY       0       0       0       0       0       0       0       0       47.00       86.761       0       0       47.00         84.00       DEECTROCARDIOLOGY       0	-							,			41.00
44.00         PHYSICAL THERAPY         1,200         0         1,200         619,322         0         789,665         1,200         0         44           45.00         OCCUPATIONAL THERAPY         0         0         0         0         563,743         0         692,456         0         0         45           46.00         SPEECH PATHOLOGY         0         0         0         0         0         783,665         1,200         0         45           46.00         SPEECH PATHOLOGY         0							-				42.00
45.00       OCCUPATIONAL THERAPY       0       0       563,743       0       692,456       0       0       45         46.00       SPEECH PATHOLOGY       0       0       0       70,634       0       86,761       0       0       46         47.00       ELECTROCARDIOLOGY       0       0       0       0       0       0       0       0       46         48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       0       0       0       0       0       0       0       0       0       0       0       49         90.00       DENGS CHARGED TO PATIENTS       0 <td< td=""><td>-</td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>43.00</td></td<>	-		-								43.00
46.00       SPEECH PATHOLOGY       0       0       0       70,634       0       86,761       0       0       46         47.00       ELECTROCARDIOLOGY       0	-		,		,			,	,		44.00
47.00       ELECTROCARDIOLOGY       0       0       0       0       0       0       0       0       0       0       48.00         48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       0	-		-					,			45.00
48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td>,</td> <td></td> <td>~</td> <td>46.00</td>						,		,		~	46.00
49.00       DRUGS CHARGED TO PATIENTS       0       0       0       0       434,065       0       9         50.00       DENTAL CARE - TITLE XIX ONLY       0											47.00 48.00
50.00         DENTAL CARE - TITLE XIX ONLY         0         0         0         0         0         0         0         50           SUPPORT SURFACES         0			-				-			-	49.00
51.00         SUPPORT SURFACES         0								,			50.00
OUTPATIENT SERVICE COST CENTERS           60.00         CLINIC         0							-			~	51.00
60.00         CLINIC         0		I	0	0	0	0	0	0	0	0	51.00
61.00         RURAL HEALTH CLINIC         0			0	0	0	0	0	0	0	0	60.00
G2.00         FQHC         Image: Constraint of the state of the sta			-								61.00
OTHER REIMBURSABLE COST CENTERS           70.00         HOME HEALTH AGENCY COST         0 <t< td=""><td></td><td></td><td>0</td><td></td><td>0</td><td></td><td>0</td><td>Ŭ</td><td>0</td><td>0</td><td>62.00</td></t<>			0		0		0	Ŭ	0	0	62.00
70.00         HOME HEALTH AGENCY COST         0<											02.00
71.00       AMBULANCE       0       0       0       0       0       0       0       71         73.00       CMHC       0       0       0       0       0       0       0       0       0       0       0       73         SPECIAL PURPOSE COST CENTERS         80.00       MALPRACTICE PREMIUMS & PAID LOSSES          80       80         81.00       INTEREST EXPENSE           80       80         81.00       INTEREST EXPENSE           80       80         81.00       UTILIZATION REVIEW - SNF           82       82       82       80       80       83.00       HOSPICE          82       83.00       100       0       0       0       0       82       83.00       SUBTOTALS (sum of lines 1-84)       142,916       0       142,916       145,974,963       -4,791,796       23,732,618       119,161       46,590       89         NONREIMBURSABLE COST CENTERS       90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       250       0       250       0       14,003	_		0	0	0	0	0	0	0	0	70.00
73.00       CMHC       0       0       0       0       0       0       73         SPECIAL PURPOSE COST CENTERS         80.00       MALPRACTICE PREMIUMS & PAID LOSSES          80<	-										71.00
SPECIAL PURPOSE COST CENTERS           80.00         MALPRACTICE PREMIUMS & PAID LOSSES										-	
80.00         MALPRACTICE PREMIUMS & PAID LOSSES         Image: Constraint of the system         Second State         Second St		I			· · · ·			Ŭ			75.00
81.00         INTEREST EXPENSE         Image: Constraint of the state of the stat											80.00
82.00         UTILIZATION REVIEW - SNF             82           83.00         HOSPICE         0         0         0         0         0         83           89.00         SUBTOTALS (sum of lines 1-84)         142,916         0         142,916         145,74,963         -44,791,796         23,732,618         119,161         46,590         89           NON-EIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         250         0         250         0         14,003         250         0         90											81.00
83.00         HOSPICE         0         0         0         0         0         83           89.00         SUBTOTALS (sum of lines 1-84)         142,916         0         142,916         145,74,963         -4,791,796         23,732,618         119,161         46,590         89           NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         250         0         250         0         14,003         250         0         90											82.00
89.00       SUBTOTALS (sum of lines 1-84)       142,916       0       142,916       145,74,963       -4,791,796       23,732,618       119,161       46,590       89         NONREIMBURSABLE COST CENTERS         90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       250       0       250       0       90			0	0	0	0	0	0	0	0	83.00
90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         250         0         250         0         0         14,003         250         0         90			142,916	0	142,916	14,574,963	-4,791,796	23,732,618	119,161	46,590	89.00
	NONE	REIMBURSABLE COST CENTERS									
	90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	250	0	250	0	0	14,003	250	0	90.00
91.00 BAKBER AND BEAULY SHOP 0 0 0 0 67,177 <b>0</b> 83,489 0 0 91	91.00	BARBER AND BEAUTY SHOP	0	0	0	67,177	0	83,489	0	0	91.00

Health Financial Systems			In Lieu of Form CMS-2540-10	)
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	
Provider CCN: 515072	10: 12/31/2024	version:	10.23.179.0	-

Worksheet B-1

			CAP REL					PLANT		
			COSTS-BLDG				ADMINISTRA	OPERATION,	LAUNDRY &	
	Cost Center Description	BLDGS &	& FIXT	MOVABLE	EMPLOYEE		TIVE &	MAINT. &	LINEN	
	Cost Center Description	FIXTURES	(ACTUAL	EQUIPMENT	BENEFITS		GENERAL	REPAIRS	SERVICE	
		(SQUARE	DEPRECIATI	(SQUARE	(GROSS		(ACCUM	(SQUARE	(PATIENT	
		FEET)	ON)	FEET)	SALARIES)	Reconciliation	COST)	FEET)	DAYS)	
		1.00	1.01	2.00	3.00	4A	4.00	5.00	6.00	
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	BLANK	0	0	0	0	0	0	0	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	203,683	0	203,683	1,068,870	0	4,464,435	203,683	0	95.10
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)	5,189,280	0	0	3,587,117		4,791,796	4,483,102	39,584	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	14.961208	0.000000	0.000000	0.228319		0.169354	13.875535	0.849624	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)				0		213,990	170,408	256	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)				0.000000		0.007563	0.527425	0.005495	105.00

Health Financial Systems			In Lieu of Form	CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B-1

	Cost Center Description	HOUSEKEEPI NG (SQUARE FEET) 7.00	DIETARY (MEALS SERVED)	NURSING ADMINISTRA TION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	
CENIE		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	<u> </u>
	CRAL SERVICE COST CENTERS									1.00
1.00	CAP REL COSTS - BLDGS & FIXTURES CAP REL COSTS-BLDG & FIXT									1.00
	CAP REL COSTS-BLDG & FIAT CAP REL COSTS - MOVABLE EQUIPMENT									2.00
	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
-	PLANT OPERATION, MAINT. & REPAIRS									5.00
-	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	319,943								7.00
	DIETARY	17,560	139,770							8.00
9.00	NURSING ADMINISTRATION	0	0	0						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0			12.00
13.00	SOCIAL SERVICE	250	0	0	0	0	0	46,590		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0	15.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	97,000	103,977	0	0	0	0	34,659	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	35,793	0	0	0	0	11,931	0	33.00
	LLARY SERVICE COST CENTERS									
	RADIOLOGY	0	0		0	0	0	0	0	40.00
	LABORATORY	0	0		0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	-	0	0	0	0	0	42.00
	OXYGEN (INHALATION) THERAPY	0	0	-	0	0	0	0	0	43.00
	PHYSICAL THERAPY	1,200	0	-	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0		0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	-	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	-	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	0	0	48.00
49.00 50.00	DRUGS CHARGED TO PATIENTS	0	0		~	~	0	0	0	49.00 50.00
	DENTAL CARE - TITLE XIX ONLY SUPPORT SURFACES	0	0		0	0	0	0	0	51.00
	ATIENT SERVICE COST CENTERS	0	0	0	0	0	0	0	0	51.00
	CLINIC	0		0	0		0	0	0	60.00
	RURAL HEALTH CLINIC	0	0		0	0	0	0	0	61.00
	FQHC		0	0	0		0	0	0	62.00
-	R REIMBURSABLE COST CENTERS									02.00
	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
	AMBULANCE	0	0	0	0	0	0	0	0	71.00
	СМНС	0	0	0	0	0	0	0	0	
SPECI	AL PURPOSE COST CENTERS				L					
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
	SUBTOTALS (sum of lines 1-84)	116,010	139,770	0	0	0	0	46,590	0	89.00
	REIMBURSABLE COST CENTERS									
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	250	0		0	0	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00

Health Financial Systems			In Lieu of Form CMS-254	40-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B-1

				NURSING	CENTRAL				NURSING AND ALLIED	
	Cost Center Description	HOUSEKEEPI		ADMINISTRA	SERVICES &		MEDICAL	SOCIAL	HEALTH	
	Cost Center Description	NG	DIETARY	TION	SUPPLY	PHARMACY	RECORDS &	SERVICE	EDUCATION	
		(SQUARE	(MEALS	(DIRECT	(COSTED	(COSTED	LIBRARY	(PATIENT	(ASSIGNED	
		FEET)	SERVED)	NURSING)	REQUIS)	REQUIS)	(TIME SPENT)	DAYS)	TIME)	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	BLANK	0	0	0	0	0	0	0	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	203,683	0	0	0	0	0	0	0	95.10
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)	1,985,025	5,590,931	0	0	0	0	427,784	0	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	6.204308	40.000937	0.000000	0.000000	0.000000	0.000000	9.181885	0.000000	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	61,361	309,229	0	0	0	0	6,654	0	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.191787	2.212413	0.000000	0.000000	0.000000	0.000000	0.142820	0.000000	105.00

Health Financial Systems			In Lieu of Form CM	IS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B-1

	1		1	115
		PATIENT		
	Cost Center Description	ACTIVITIES		
	Cost Center Description	(SALARIES		
		ANALYSIS)		
		15.00		
GENI	ERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
1.01	CAP REL COSTS-BLDG & FIXT			1.01
2.00	CAP REL COSTS - MOVABLE EQUIPMENT			2.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
-				
10.00	CENTRAL SERVICES & SUPPLY			10.00
11.00	PHARMACY			11.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
14.00	NURSING AND ALLIED HEALTH			14.00
	EDUCATION			
	PATIENT ACTIVITIES	46,590		15.00
INPA	TIENT ROUTINE SERVICE COST CENTERS			
30.00	SKILLED NURSING FACILITY	34,659		30.00
31.00	NURSING FACILITY	0		31.00
32.00	ICF/IID	0		32.00
33.00	OTHER LONG TERM CARE	11,931		33.00
	LLARY SERVICE COST CENTERS	,		
40.00	RADIOLOGY	0		40.00
	LABORATORY	0		41.00
42.00	INTRAVENOUS THERAPY	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0		43.00
44.00	PHYSICAL THERAPY	0		44.00
45.00	OCCUPATIONAL THERAPY	0		45.00
46.00	SPEECH PATHOLOGY	0		46.00
47.00	ELECTROCARDIOLOGY	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0		50.00
51.00	SUPPORT SURFACES	0		51.00
OUTI	ATIENT SERVICE COST CENTERS			
60.00	CLINIC	0		60.00
61.00	RURAL HEALTH CLINIC	0		61.00
	FQHC			62.00
-	ER REIMBURSABLE COST CENTERS			52.00
	HOME HEALTH AGENCY COST	0		70.00
-				
	AMBULANCE	0		71.00
	CMHC	0		73.00
	IAL PURPOSE COST CENTERS			
80.00	MALPRACTICE PREMIUMS & PAID LOSSES			80.00
	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)	46,590		89.00
NON	REIMBURSABLE COST CENTERS			
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
-	BARBER AND BEAUTY SHOP	0		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0		92.00
	NONPAID WORKERS	0		93.00
25.00	romino wondraw	L0		75.00

Health Financial Systems			In Lieu of Form CMS-254	40-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

Worksheet B-1

		PATIENT	
	Cost Center Description	ACTIVITIES	
	Cost Center Description	(SALARIES	
		ANALYSIS)	
		15.00	
94.00	PATIENTS LAUNDRY	0	94.00
95.00	BLANK	0	95.00
95.10	INDEPENDENT LIVING, HOUSING, ETC.	0	95.10
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)	881,546	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	18.921357	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	5,702	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.122387	105.00

Health Financial Systems			In Lieu of Fo	orm CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

## RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

#### Worksheet C

	i				
	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	
ANCI	LLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	90,199	64,712	1.393853	40.00
41.00	LABORATORY	97,597	81,910	1.191515	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	5	0.000000	43.00
44.00	PHYSICAL THERAPY	947,494	1,049,796	0.902551	44.00
45.00	OCCUPATIONAL THERAPY	809,726	960,345	0.843162	45.00
46.00	SPEECH PATHOLOGY	101,454	104,840	0.967703	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	201	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	507,576	547,429	0.927200	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUT	PATIENT SERVICE COST CENTERS				
60.00	CLINIC	0	0	0.000000	60.00
61.00	RURAL HEALTH CLINIC				61.00
62.00	FQHC				62.00
71.00	AMBULANCE	0	0	0.000000	71.00
100.00	Total	2,554,046	2,809,238		100.00

Health Financial Systems		-	In Lieu of Form CMS	6-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

#### Worksheet D Part I

Title XVIII

Skilled Nursing Facility PPS

PART	I - CALCULATION OF ANCILLARY AND OUTPATE	ENT COST					
			Health Care Pro	ogram 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	
ANCI	LLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	1.393853	51,224	0	71,399	0	40.00
41.00	LABORATORY	1.191515	58,662	0	69,897	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	5	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.902551	575,932	0	519,808	0	44.00
45.00	OCCUPATIONAL THERAPY	0.843162	580,826	0	489,730	0	45.00
46.00	SPEECH PATHOLOGY	0.967703	62,955	0	60,922	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	201	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0.927200	327,392	0	303,558	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTP	ATIENT SERVICE COST CENTERS						
60.00	CLINIC	0.000000	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC						61.00
62.00	FQHC						62.00
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		1,657,197	0	1,515,314	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.

Health Financial Systems			In Lieu of Form CMS-2	2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

#### Worksheet D Parts II-III

Title XVIII

Skilled Nursing Facility PPS

						1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Wo	orksheet C, column 3, line 4	9)			0.927200	1.0
2.00	Program vaccine charges (From your records, or the PS&R)	· · ·	/			32,569	2.0
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, tr	ransfer this amount to Work	sheet E, Part I, line 18)			30,198	3.0
	<b>III - CALCULATION OF PASS THROUGH COSTS FO</b>		,				
	Cost Center Description		Nursing & Allied Health	Ratio of Nursing & Allied Health Costs to	Program Part A Cost	Part A Nursing & Allied	
	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18	(From Wkst. B, Part I, Col. 14)	Total Costs - Part A (Col. 2 / Col. 1)	(From Wkst. D Part I, Col. 4)	Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCI	LLARY SERVICE COST CENTERS	-1					
40.00	RADIOLOGY	90,199	0	0.000000	71,399	0	40.0
41.00	LABORATORY	97,597	0	0.000000	69,897	0	41.0
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.0
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0	43.0
44.00	PHYSICAL THERAPY	947,494	0	0.000000	519,808	0	44.0
45.00	OCCUPATIONAL THERAPY	809,726	0	0.000000	489,730	0	45.0
46.00	SPEECH PATHOLOGY	101,454	0	0.000000	60,922	0	46.0
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.0
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.0
49.00	DRUGS CHARGED TO PATIENTS	507,576	0	0.000000	303,558	0	49.0
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.0
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.0
100.00	Total (Sum of lines 40 - 52)	2,554,046	0		1,515,314	0	100.00

Health Financial Systems			In Lieu of Form	n CMS-2540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
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Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

#### COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1 Part I

Title XVIII

Part ISkilled Nursing FacilityPPS

PART	I CALCULATION OF INPATIENT ROUTINE COSTS	0 ,	
		1.00	
INPA'	TIENT DAYS		
1.00	Inpatient days including private room days	34,659	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	8,127	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	19,325,655	5.00
PRIVA	TTE ROOM DIFFERENTIAL ADJUSTMENT		
6.00	General inpatient routine service charges	19,964,294	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.968011	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)	19,325,655	15.00
PROG	RAM INPATIENT ROUTINE SERVICE COSTS		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	557.59	16.00
17.00	Program routine service cost (Line 3 times line 16)	4,531,534	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)	4,531,534	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)	1,839,425	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	53.07	21.00
22.00	Program capital related cost (Line 3 times line 21)	431,300	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	4,100,234	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)	4,100,234	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	34,659	1.00
2.00	Program inpatient days (see instructions)	8,127	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)	0.234485	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

Health Financial Systems			In Lieu of Form CMS-2540-10
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#### CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

#### Worksheet E Part I

PPS

Title XVIII

Skilled Nursing Facility

		1.00	
1.00	Inpatient PPS amount (See Instructions)	5,889,975	1.0
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.0
3.00	Subtotal (Sum of lines 1 and 2)	5,889,975	3.0
4.00	Primary payor amounts	0	4.0
5.00	Coinsurance	688,704	5.0
6.00	Allowable bad debts (From your records)	45,216	6.0
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	800	7.0
8.00	Adjusted reimbursable bad debts. (See instructions)	29,390	8.0
9.00	Recovery of bad debts - for statistical records only	0	9.0
10.00	Utilization review	0	10.0
11.00	Subtotal (See instructions)	5,230,661	11.0
12.00	Interim payments (See instructions)	5,097,246	12.0
13.00	Tentative adjustment	0	13.0
14.00	OTHER adjustment (See instructions)	0	14.0
14.50	Demonstration payment adjustment amount before sequestration	0	14.5
14.55	Demonstration payment adjustment amount after sequestration	0	14.5
14.75	Sequestration for non-claims based amounts (see instructions)	588	14.7
14.99	Sequestration amount (see instructions)	104,026	14.9
15.00	Balance due provider/program (see Instructions)	28,801	15.0
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.0
PAR'	T B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17.00	Ancillary services Part B	0	17.0
18.00	Vaccine cost (From Wkst D, Part II, line 3)	30,198	18.0
19.00	Total reasonable costs (Sum of lines 17 and 18)	30,198	19.0
20.00	Medicare Part B ancillary charges (See instructions)	32,569	20.0
21.00	Cost of covered services (Lesser of line 19 or line 20)	30,198	21.0
22.00	Primary payor amounts	0	22.0
23.00	Coinsurance and deductibles	0	23.0
24.00	Allowable bad debts (From your records)	0	24.0
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.0
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.0
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	30,198	25.0
26.00	Interim payments (See instructions)	23,620	26.0
27.00	Tentative adjustment	0	27.0
28.00	Other Adjustments (See instructions) Specify	0	28.0
28.50	Demonstration payment adjustment amount before sequestration	0	28.5
28.55	Demonstration payment adjustment amount after sequestration	0	28.5
28.99	Sequestration amount (see instructions)	604	28.9
29.00	Balance due provider/program (see instructions)	5,974	29.0
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.0

Health Financial Systems			In Lieu of Form CMS-2540-10
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CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

#### Worksheet E Part II

	Title XIX Skilled Nursing Facility	Pa	art II
			Cost
	1.00		
COM	PUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient ancillary services (see Instructions)	0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)	0	2.00
3.00	Outpatient services	0	3.00
4.00	Inpatient routine services (see instructions)	0	4.00
5.00	Utilization review-physicians' compensation (from provider records)	0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)	0	6.00
7.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)	0	8.00
9.00	Primary payor amounts	0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)	0	10.00
REAS	ONABLE CHARGES	·	
11.00	Inpatient ancillary service charges	0	11.00
12.00	Outpatient service charges	0	12.00
13.00	Inpatient routine service charges	0	13.00
14.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	0	14.00
15.00	Total reasonable charges	0	15.00
CUST	OMARY CHARGES	I	
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR	0	17.00
	413.13(e)		
18.00	Ratio of line 16 to line 17 (not to exceed 1.00000)	0.000000	18.00
19.00	Total customary charges (see instructions)	0	19.00
COM	PUTATION OF REIMBURSEMENT SETTLEMENT		
20.00	Cost of covered services (see Instructions)	0	20.00
21.00	Deductibles	0	21.00
22.00	Subtotal (Line 20 minus line 21)	0	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (Line 22 minus line 23)	0	24.00
25.00	Allowable bad debts (from your records)	0	25.00
26.00	Subtotal (sum of lines 24 and 25)	0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit	0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	0	28.00
29.00	Other Adjustments (see instructions) Specify	0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)	0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)	0	31.00
32.00	Interim payments	0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)	0	33.00
		,	

Health Financial Systems			In Lieu of Form C	MS-2540-10
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## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

#### Worksheet E-1

	Title	e XVIII	Skilled Nu	rsing Facility		PPS
		Inpatier	it Part A	Part	В	
	DESCRIPTION	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,097,246		23,620	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
Progra	m 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
Provid	er to Program	•				
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		5,097,246		23,620	4.00
TO BI	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
Progra	m to Provider					-
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provid	er 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		28,801		5,974	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,126,047		29,594	7.00
	Contractor Name	Contractor	Number			
	1.00	2.0	0			
8.00						8.00
	n 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 a plished until a later date.	mount of repaym	ent even though	n total repayment	is not	

Health Financial Systems			In Lieu of Form CM	MS-2540-10
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Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

# 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	
A 4-		1.00	2.00	3.00	4.00	
Assets	ENT ASSETS					
-	1	2,405,402		0		1.00
1.00	Cash on hand and in banks	3,495,682	0	0	0	
2.00	Temporary investments	28,344,818	0	0	0	
3.00	Notes receivable	0	0	0	0	
4.00	Accounts receivable	1,897,415	0	0	0	
5.00	Other receivables	18,494	0	0	0	
6.00	Less: allowances for uncollectible notes and accounts receivable	-514,860	0	0	0	
7.00	Inventory	219,950	0	0	0	
8.00	Prepaid expenses	385,170	-	0	0	
9.00	Other current assets	, , , , , , , , , , , , , , , , , , ,	0	0	0	
10.00	Due from other funds	261,595	0	· · · · · · · · · · · · · · · · · · ·	0	
	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	34,108,264	0	0	0	11.00
	DASSETS	1 500 000		0		12.00
	Land	4,592,220	0	0	0	
13.00	Land improvements	6,952,870	0	0	0	
14.00	Less: Accumulated depreciation	-3,748,258	0	0	0	
15.00	Buildings	87,823,610	0	0	0	
16.00	Less Accumulated depreciation	-50,987,894	0	0	0	
17.00	Leasehold improvements	0	0	0	0	
18.00	Less: Accumulated Amortization	0	0	0	0	
19.00	Fixed equipment	0	0	0	0	
20.00	Less: Accumulated depreciation	0	0	0	0	
21.00	Automobiles and trucks	0	0	0	0	
22.00	Less: Accumulated depreciation	0	0	0	0	
23.00	Major movable equipment	20,713,338	0	0	0	
24.00	Less: Accumulated depreciation	-11,749,926	0	0	0	
25.00	Minor equipment - Depreciable	0	0	0	0	
26.00	Minor equipment nondepreciable	0	0	0	0	
27.00	Other fixed assets	0	0	0	0	
	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	53,595,960	0	0	0	28.00
	ER ASSETS		i i		r	
29.00	Investments	0	0	0	0	
30.00	Deposits on leases	0	0	0	0	
31.00	Due from owners/officers	0	0	0	0	
32.00	Other assets	5,674,794	0	0	0	
	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	5,674,794	0	0	0	
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	93,379,018	0	0	0	34.00
	ties and Fund Balances					
	ENT LIABILITIES		ii			
35.00	Accounts payable	2,018,292	0	0	0	
36.00	Salaries, wages, and fees payable	2,360,245	0	0	0	
	Payroll taxes payable	26,314	0	0	0	
	Notes & loans payable (Short term)	0		0		
39.00	Deferred income	0	0	0	0	
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	
42.00	Other current liabilities	5,096,196	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	9,501,047	0	0	0	43.00
	G TERM LIABILITIES					
44.00	Mortgage payable	35,071,568	0	0	0	44.00
45.00	Notes payable	574,650	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	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	35,646,218	0	0	0	50.00

Health Financial Systems			In Lieu of Form CM	[S-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

com	stete the General Fund column only)					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)	45,147,265	0	0	0	51.00
CAPI	TAL ACCOUNTS					
52.00	General fund balance	48,231,753				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)	48,231,753	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	93,379,018	0	0	0	60.00

Health Financial Systems			In Lieu of Form CMS	-2540-10
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## STATEMENT OF CHANGES IN FUND BALANCES

## Worksheet G-1

										PPS
		Genera	ıl Fund	Special Put	pose Fund	Endown	ent 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		47,033,929		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		1,197,828							2.00
3.00	Total (sum of line 1 and line 2)		48,231,757		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00		0		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		48,231,757		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00	ROUNDING	4		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		4		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		48,231,753		0		0		0	19.00

Health Financial Systems			In Lieu of Form CMS-2540-10
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#### STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

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	19,964,294		19,964,294	1.00
2.00 NURSING FACILITY	0		0	2.00
3.00 ICF/IID	0		0	3.00
4.00 OTHER LONG TERM CARE	11,086,738		11,086,738	4.00
5.00 Total general inpatient care services (Sum of lines 1 - 4)	31,051,032		31,051,032	5.00
All Other Care Services		· · ·		
6.00 ANCILLARY SERVICES	2,809,238	0	2,809,238	6.00
7.00 CLINIC		0	0	7.00
8.00 HOME HEALTH AGENCY COST		0	0	8.00
9.00 AMBULANCE		0	0	9.00
10.00 RURAL HEALTH CLINIC		0	0	10.00
10.10 FQHC		0	0	10.10
11.00 CMHC		0	0	11.00
12.00 HOSPICE	0	0	0	12.00
13.00 ROUTINE CHARGES / BED HOLD	1,211,768	0	1,211,768	13.00
14.00 Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	35,072,038	0	35,072,038	14.00
PART II - OPERATING EXPENSES		· · ·		
		1.00	2.00	
1.00 Operating Expenses (Per Worksheet A, Col. 3, Line 100)			36,183,172	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)			36,183,172	

Health Financial Systems			In Lieu of Form CMS-25	540-10
HEATH VILLAGE	Period:	Run Date Time:	4/16/2025 12:41 pm	
	From: 01/01/2024	MCRIF32	2540-10	
Provider CCN: 315072	To: 12/31/2024	Version:	10.23.179.0	

## 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)	35,072,038	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,595,561	2.00
3.00	Net patient revenues (Line 1 minus line 2)	32,476,477	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	36,183,172	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-3,706,695	5.00
Other	income:		
6.00	Contributions, donations, bequests, etc	238,729	6.00
7.00	Income from investments	4,122,382	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	212,103	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	248,737	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	15,696	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	PRIOR YEAR	15,390	24.00
24.01	NON PATIENT REVENUE	-16,583	24.01
24.02	BARBER BEAUTY	37,069	24.02
24.50	COVID-19 PHE Funding	31,000	24.50
25.00	Total other income (Sum of lines 6 - 24)	4,904,523	25.00
26.00	Total (Line 5 plus line 25)	1,197,828	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)	1,197,828	31.00