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

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

COUNTRY ARCH CARE CENTER	Period:	Run Date Time:	5/28/2025 10:32 am

From: 01/01/2024 MCRIF32 **2540-10**Provider CCN: 315433 To: 12/31/2024 Version: 11.1.179.1



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

Worksheet S Parts I, II & III

PART I - COST	REPORT STATUS	
Provider	1. [X] Electronically prepared cost report	Date: Time:
use only	2. [ ] Manually prepared cost report	
	3. [ 0 ] If this is an amended report enter the number of times the provider resubmitted th	is cost report.
	3.01. No Medicare Utilization. Enter "Y" for yes or leave blank for no.	
Contractor	4. [ 1 ] Cost Report Status	6. Contractor No.:
use only:	(1) As Submitted	7. [ ] First Cost Report for this Provider CCN
	(2) Settled without audit	8. [ ] Last Cost Report for this Provider CCN
	(3) Settled with audit	9. NPR Date:
	(4) Reopened	10. If line 4, column 1 is "4": Enter number of times reopened 0
	(5) Amended	11. Contractor Vendor Code: 4
	5. Date Received:	12. [ F ] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

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

#### CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COUNTRY ARCH CARE CENTER, 315433 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATUI	RE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	Joe Blachorsky			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	JOE BLACHORSKY			2
3	Signatory Title	CFO			3
4	Signature Date	(Dated when report is electronically signed.)			4
PART	III - SETTLEMENT ST	JMMARY			

	III - SETTLEMENT SUMMARY		Title 2	XVIII		
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	89,674	1,824	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	89,674	1,824	0	100.00

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

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

COUNTRY ARCH CARE CENTER Period: Run Date Time: 5/28/2025 10:32 am From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: 2540-10



# SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE

Provider CCN:

315433

Worksheet S-2

11.1.179.1

Skilled	Nursing	Facility and Skilled Nursing Facility Co	omplex Address:								
1.00	Street:	114 PITTSTOWN ROAD		P.O. Box:							1.
2.00	City:	PITTSTOWN		State:	NJ		IP Code: 08867				2.
.00		HUNTERDON		CBSA Code:	3508	4 L	rban / Rural:	U			3.
		After October 1 of the Cost Reporting Per	riod (if applicable)								3.
NF a	nd SNF-I	Based Component Identification:						D.		<b>3</b> D	_
		Composit		CN		D	CNI Data Cartifical	V Payme	ent System (P, C	XIX	+
		Component		Component Name 1.00		Provider CO 2.00	CN Date Certified 3.00	4.00	XVIII 5.00	6.00	+
.00	SNF		COLINITRY ADA	CH CARE CENTER		315433	12/01/1997	4.00 N	9.00 P	0.00 O	4.
.00	Nursing I	Facility	COUNTRI AR	CH CAKE CENTER		313433	12/01/1997	IN	Г	0	5
.00	ICF/IID	,									6.
.00	SNF-Base										7.
.00	SNF-Base										8
00	<b>-</b>	ed FQHC									9
0.00		ed CMHC									10
1.00	SNF-Base										11
2.00	<b>-</b>	ed HOSPICE									12
3.00	SNF-Base										13
							From:		To:		
							1.00		2.00		
4.00	Cost Rep	orting Period (mm/dd/yyyy)				01	/01/2024		12/31/202	24	14
5.00	Type of C	Control (See Instructions)			5 - 1	Proprietary, P	artnership				15
					•					Y/N	
										1.00	
ype o	of Freesta	nding Skilled Nursing Facility									
6.00	Is this a d	listinct part skilled nursing facility that meet	s the requirements set forth	in 42 CFR section 48	33.5?					Y	16
7.00	Is this a c	composite distinct part skilled nursing facilit	y that meets the requiremen	ts set forth in 42 CFF	R section 483.5	5?				N	17
8.00	1	any costs included in Worksheet A that res	sulted from transactions with	related organization	s as defined in	CMS Pub. 1	5-1, chapter 10? If y	es, complete V	Vorksheet	Y	18.
	A-8-1.										
		Cost Reporting Information									_
	1	a low Medicare utilization cost report, indica								N	19.
		is yes, does this cost report meet your cont				indicate with	a "Y", for yes, or "N	" for no.		N	19.
		Enter the amount of depreciation report	ed in this SNF for the met	hod indicated on Li	ines 20 - 22.						
20.00	Straight I									36,815	
21.00	Declining	·								9	0 21.
22.00	1	ne Year's Digits									0 22.
23.00		ne 20 through 22	1.61							36,815	_
24.00	1 1	iation is funded, enter the balance as of the								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 24.
25.00		re any disposal of capital assets during the c			3.7 /3.T)					N	25.
26.00	1	lerated depreciation claimed on any assets in		1 01						N	26.
27.00		cease to participate in the Medicare program			1 ( . ,					N	27.
28.00	was there	e a substantial decrease in health insurance	proportion of allowable cost	from prior cost repo	rts? (1/IN)			Dout A	Dout P	N Other	28.
								Part A 1.00	2.00	3.00	+
fthic	facility co	ontains a public or non-public provider t	hat qualifies for an aver-	tion from the anali-	cation of the	lower of the	costs or charges or		1		envice
	•	r the exemption.	nat quannes for an exemp	don nom me appne	cation of the	lower or the	costs of charges er	1101 e	acii componen	t and type of s	CIVICO
29.00		ursing Facility						N	N		29.
0.00	Nursing I									N	30.
1.00	ICF/IID	,									31.
2.00	SNF-Base							N	N		32.
3.00	SNF-Base										33.
4.00		ed FQHC									34
5.00		ed CMHC							N		35
6.00		ed OLTC							1		36.
	J. I. Dasi								Y/N		- 50
									1.00	2.00	
		lled nursing facility located in a state that ce	rtifies the provider as a SNIE	regardless of the leve	el of care give	n for Titles V	& XIX nationts? (V	/N)	Y	2.00	37.
37.00	Hs the skill			OI HIC ICVI	UL CHILL GIVE	111C3 V	patticitto: (1	/ - */			

38.00

38.00 Are you legally-required to carry malpractice insurance? (Y/N)

COUNTRY ARCH CARE CENTER Period: Run Date Time: 5/28/2025 10:32 am From: 01/01/2024 MCRIF32 2540-10

#### Provider CCN: 315433 To: 12/31/2024 Version: 11.1.179.1 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Worksheet S-2

Part I

47.00

COM	IPLEX INDENTIFICATION DATA						]	Part I PPS
						Y/N		
						1.00	2.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the	policy is "claims-made"	enter 1. If the policy is "occurrence", enter 2.			2		39.00
		-			Premiums	Paid Losses	Self Insurance	
					1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:				0	0	0	41.00
							Y/N	
							1.00	
42.00	Are malpractice premiums and paid losses reported in other than listing cost centers and amounts.	the Administrative and	General cost center? Enter Y or N. If yes, check	k box, and sub	mit supportin	g schedule	N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Ch	napter 10?					N	43.00
	·	*					Provider CCN	
							1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the	e name and address of th	ne home office on lines 45, 46 and 47.					44.00
If this	facility is part of a chain organization, enter the name and ad							
45.00	Name:	Contractor Name:		ntractor Numb	er:			45.00
46.00	Street:	P.O. Box:						46.00

State:

ZIP Code:

FORM CMS-2540-10 (08/2016) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4104) Rev. 10

47.00 City:

COUNTRY ARCH CARE CENTER Period: Run Date Time: 5/28/2025 10:32 am

Provider CCN: 315433 From: 01/01/2024 MCRIF32 **2540-10**To: 12/31/2024 Version: 11.1.179.1



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

Worksheet S-2 Part II PPS

	al Instruction: For all column 1 responses enter in column 1, "Y	" for Yes or "N" for	No. For all the da	e responses the format will	be (mm/dd/	уууу)			
Comp	leted by All Skilled Nursing Facilites								
Provid	er Organization and Operation							1	
							Y/N	Date	
1.00				4 ' 115711	.1 1 .	,	1.00	2.00	1.00
1.00	Has the provider changed ownership immediately prior to the begin 2. (see instructions)	nning of the cost report	ting period? If colun	in 1 is "Y", enter the date of	the change in co	olumn	N		1.00
					Y	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, en	ter in column 2 the	date of termination and in col	lumn	N			2.00
3.00	Is the provider involved in business transactions, including manage medical supply companies) that are related to the provider or its off directors through ownership, control, or family and other similar re	ficers, medical staff, ma	nagement personne			Y			3.00
					Ŋ	Y/N	Туре	Date	
						1.00	2.00	3.00	
	cial Data and Reports							_	
4.00	Column 1: Were the financial statements prepared by a Certified Pt Compiled, or "R" for Reviewed. Submit complete copy or enter data				or	Y	С	10/31/2025	4.00
5.00	Are the cost report total expenses and total revenues different from reconciliation.	those on the filed fina	incial statements? If	column 1 is "Y", submit		N			5.00
							Y/N	Legal Oper.	
							1.00	2.00	
	ved Educational Activities								1
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column		legal operator of the	program? (Y/N)			N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instruct		1 1 1/ 411: 1:	T 1.1 D 2 (X/AD :			N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting	g period for Nursing Sc	thool and/or Allied	Health Program? (Y/N) see ii	nstructions.		N	Y/N	8.00
								1.00	
Bad D	  ebts							1.00	
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see in	structions.						Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change		ting period? If "Y", s	ubmit copy.				N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived?	If "Y", see instructions	s.	*,				N	11.00
Bed C	omplement								
12.00	Have total beds available changed from prior cost reporting period	If "Y", see instruction	18.					N	12.00
			_		Part A			art B	
				1		Date	Y/N	Date	
DC o D	Dete			0   1	.00	2.00		4.00	
PS&R							3.00	4.00	
13.00	Was the cost report prepared using the PS&R only? If either col. 1 paid through date of the PS&R used to prepare this cost report in c Instructions.)					20/2025	3.00 Y	4.00	13.00
	paid through date of the PS&R used to prepare this cost report in c Instructions.)  Was the cost report prepared using the PS&R for total and the pro- allocation? If either col. 1 or 3 is "Y" enter the paid through date of	cols. 2 and 4.(see vider's records for							13.00
14.00	paid through date of the PS&R used to prepare this cost report in c Instructions.)  Was the cost report prepared using the PS&R for total and the pro- allocation? If either col. 1 or 3 is "Y" enter the paid through date of prepare this cost report in columns 2 and 4.  If line 13 or 14 is "Y", were adjustments made to PS&R data for ad have been billed but are not included on the PS&R used to file this	vider's records for the PS&R used to ditional claims that			Y 03/2		Y		
14.00	paid through date of the PS&R used to prepare this cost report in c Instructions.)  Was the cost report prepared using the PS&R for total and the pro- allocation? If either col. 1 or 3 is "Y" enter the paid through date of prepare this cost report in columns 2 and 4.  If line 13 or 14 is "Y", were adjustments made to PS&R data for ad	vider's records for the PS&R used to ditional claims that cost report? If "Y",			Y 03/2		Y		14.00
14.00 15.00	paid through date of the PS&R used to prepare this cost report in constructions.)  Was the cost report prepared using the PS&R for total and the provallocation? If either col. 1 or 3 is "Y" enter the paid through date of prepare this cost report in columns 2 and 4.  If line 13 or 14 is "Y", were adjustments made to PS&R data for adhave been billed but are not included on the PS&R used to file this see Instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for adhave been believed.	vider's records for F the PS&R used to ditional claims that cost report? If "Y",			Y 03/2 N N		Y N N		14.00
14.00 15.00 16.00	paid through date of the PS&R used to prepare this cost report in constructions.)  Was the cost report prepared using the PS&R for total and the probable and the cost report in columns 2 and 4.  If line 13 or 14 is "Y", were adjustments made to PS&R data for adhave been billed but are not included on the PS&R used to file this see Instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the pS&R data for the pS&R used to file this see Instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the pS&R Report information? If yes, see instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the pS&R used to pS&R used to pS&R data for the pS&R used to pS&R data for the pS&R used to pS&R u	vider's records for F the PS&R used to ditional claims that cost report? If "Y", for corrections of or Other? Describe			Y 03/2 N N N		Y N N		14.00 15.00 16.00
14.00 15.00 16.00	paid through date of the PS&R used to prepare this cost report in constructions.)  Was the cost report prepared using the PS&R for total and the provallocation? If either col. 1 or 3 is "Y" enter the paid through date of prepare this cost report in columns 2 and 4.  If line 13 or 14 is "Y", were adjustments made to PS&R data for ad have been billed but are not included on the PS&R used to file this see Instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the PS&R Report information? If yes, see instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the other adjustments:	vider's records for F the PS&R used to ditional claims that cost report? If "Y", for corrections of or Other? Describe	00		Y 03/2 N N N N		Y N N N N		14.00 15.00 16.00
14.00 15.00 16.00 17.00 18.00	paid through date of the PS&R used to prepare this cost report in constructions.)  Was the cost report prepared using the PS&R for total and the provallocation? If either col. 1 or 3 is "Y" enter the paid through date of prepare this cost report in columns 2 and 4.  If line 13 or 14 is "Y", were adjustments made to PS&R data for adhave been billed but are not included on the PS&R used to file this see Instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the PS&R Report information? If yes, see instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the other adjustments:  Was the cost report prepared only using the provider's records? If "Report Preparer Contact Information".	vider's records for the PS&R used to ditional claims that cost report? If "Y", for corrections of the Other? Describe TY" see Instructions.	00	2.00	Y 03/2 N N N N N N	20/2025	N N N N N N 3.00		14.00 15.00 16.00
14.00 15.00 16.00 17.00 18.00	paid through date of the PS&R used to prepare this cost report in constructions.)  Was the cost report prepared using the PS&R for total and the provallocation? If either col. 1 or 3 is "Y" enter the paid through date of prepare this cost report in columns 2 and 4.  If line 13 or 14 is "Y", were adjustments made to PS&R data for adhave been billed but are not included on the PS&R used to file this see Instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the PS&R Report information? If yes, see instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the other adjustments:  Was the cost report prepared only using the provider's records? If "	tols. 2 and 4.(see wider's records for the PS&R used to ditional claims that cost report? If "Y", or corrections of for Other? Describe 'Y" see Instructions.	)0		Y 03/2 N N N N N N		N N N N N N 3.00		14.00 15.00 16.00
14.00 15.00 16.00 17.00 18.00	paid through date of the PS&R used to prepare this cost report in constructions.)  Was the cost report prepared using the PS&R for total and the provallocation? If either col. 1 or 3 is "Y" enter the paid through date of prepare this cost report in columns 2 and 4.  If line 13 or 14 is "Y", were adjustments made to PS&R data for adhave been billed but are not included on the PS&R used to file this see Instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the PS&R Report information? If yes, see instructions.  If line 13 or 14 is "Y", then were adjustments made to PS&R data for the other adjustments:  Was the cost report prepared only using the provider's records? If "Report Preparer Contact Information"  Enter the first name, last name and the title/position held by the	vider's records for the PS&R used to ditional claims that cost report? If "Y", for corrections of the Other? Describe TY" see Instructions.		2.00	Y 03/2 N N N N N N	20/2025	N N N N N N 3.00		14.00 15.00 16.00 17.00

5/28/2025 10:32 am **2540-10** COUNTRY ARCH CARE CENTER Period: Run Date Time:

From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315433 11.1.179.1



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

Worksheet S-3 Part I PPS

					Inpa	tient Days/V	isits				Discharges			
	Component	Number of	Bed Days											
	Component	Beds	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	130	47,580	0	3,689	30,006	5,967	39,662	0	87	98	109	294	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
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)	130	47,580	0	3,689	30,006	5,967	39,662	0	87	98	109	294	8.00
			Average Le	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	42.40	306.18	134.90	0	116	46	124	286	107.17	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00		2.00
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST										0.00	0.00		4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00		5.00
6.00	SNF-Based CMHC										0.00	0.00		6.00
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	42.40	306.18	134.90	0	116	46	124	286	107.17	0.00		8.00

5/28/2025 10:32 am **2540-10** COUNTRY ARCH CARE CENTER Period: Run Date Time:

From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315433 11.1.179.1



SNF WAGE INDEX INFORMATION

Worksheet S-3 Part II PPS

PART	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						
1.00	Total salaries (See Instructions)	6,962,207	0	6,962,207	222,918.00	31.23	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)	6,962,207	0	6,962,207	222,918.00	31.23	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	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	6,962,207	0	6,962,207	222,918.00	31.23	13.00
OTHI	ER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	695,896	0	695,896	20,401.00	34.11	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
WAGI	E-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	1,069,437	0	1,069,437			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,069,437	0	1,069,437			22.00

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SNF WAGE INDEX INFORMATION

315433

Provider CCN:

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	1,046,185	0	1,046,185	22,611.00	46.27	2.00
3.00	Plant Operation, Maintenance & Repairs	113,165	0	113,165	3,486.00	32.46	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	347,036	0	347,036	19,917.00	17.42	5.00
6.00	Dietary	544,728	0	544,728	30,336.00	17.96	6.00
7.00	Nursing Administration	365,639	0	365,639	8,148.00	44.87	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	93,819	0	93,819	2,146.00	43.72	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	156,336	0	156,336	8,055.00	19.41	13.00
14.00	Total (sum lines 1 thru 13)	2,666,908	0	2,666,908	94,699.00	28.16	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3 Part IV PPS

PART IV - WAGE RELATED COSTS			
		Amount Reported	
		1.00	
Part A - Core List		·	
RETIREMENT COST			
1.00 401K Employer Contributions		0	1.00
2.00 Tax Sheltered Annuity (TSA) Employer	Contribution	0	2.00
3.00 Qualified and Non-Qualified Pension P	an Cost	0	3.00
4.00 Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid t	External Organization)	·	
5.00 401K/TSA Plan Administration fees		0	5.00
6.00 Legal/Accounting/Management Fees-P	ension Plan	0	6.00
7.00 Employee Managed Care Program Adm	inistration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00 Health Insurance (Purchased or Self Fu	nded)	284,405	8.00
9.00 Prescription Drug Plan		0	9.00
10.00 Dental, Hearing and Vision Plan		0	10.00
11.00 Life Insurance (If employee is owner or	beneficiary)	0	11.00
12.00 Accident Insurance (If employee is own	er or beneficiary)	0	12.00
13.00 Disability Insurance (If employee is own	er or beneficiary)	0	13.00
14.00 Long-Term Care Insurance (If employe	is owner or beneficiary)	0	14.00
15.00 Workers' Compensation Insurance		158,379	15.00
16.00 Retirement Health Care Cost (Only curr	ent year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00 FICA-Employers Portion Only		620,139	17.00
18.00 Medicare Taxes - Employers Portion O	nly	0	18.00
19.00 Unemployment Insurance		0	19.00
20.00 State or Federal Unemployment Taxes		6,514	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)	1,069,437	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00 OTHER WAGE RELATED COST		0	25.00

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#### SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3 Part V PPS

	OCCUPATIONAL CATEGORY			Adjusted Salaries (col. 1	Paid Hours Related to	Average Hourly Wage	
		Amount Reported	Fringe Benefits	+ col. 2)	Salary in col. 3	(col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	Salaries						
Nursi	ng Occupations						
1.00	Registered Nurses (RNs)	423,295	65,329	488,624	8,892.00	54.95	1.00
2.00	Licensed Practical Nurses (LPNs)	1,473,091	227,348	1,700,439	35,669.00	47.67	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,780,808	274,840	2,055,648	68,462.00	30.03	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,677,194	567,517	4,244,711	113,023.00	37.56	4.00
5.00	Physical Therapists	297,901	45,976	343,877	6,360.00	54.07	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	236,081	36,435	272,516	6,974.00	39.08	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	84,123	12,983	97,106	1,861.00	52.18	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
Contr	act Labor						
Nursi	ng Occupations						
14.00	Registered Nurses (RNs)	5,230		5,230	35.00	149.43	14.00
15.00	Licensed Practical Nurses (LPNs)	65,373		65,373	1,240.00	52.72	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	625,293		625,293	19,126.00	32.69	16.00
17.00	Total Nursing (sum of lines 14 through 16)	695,896		695,896	20,401.00	34.11	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

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#### PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

#### Worksheet S-7

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

COUNTRY ARCH CARE CENTER

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| Provider CCN: 315433 | To: 12/31/2024 | Version: 11.1.179.1

#### PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group			Days	
	1.00			2.00	
58.00	SSA				58.00
59.00	IB2				59.00
60.00	IB1				60.00
61.00	IA2				61.00
62.00	IA1				62.00
63.00	BB2				63.00
64.00	BB1				64.00
65.00	BA2				65.00
66.00	BA1				66.00
67.00	PE2				67.00
68.00	PE1				68.00
69.00	PD2				69.00
70.00	PD1				70.00
71.00	PC2				71.00
72.00	PC1				72.00
73.00	PB2				73.00
74.00	PB1				74.00
75.00	PA2				75.00
76.00	PA1				76.00
99.00	AAA				99.00
100.00					100.00
		Expenses	Percentage	Y/N	
		1.00	2.00	3.00	

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

101.00	Staffing		101.0	.00
102.00	Recruitment		102.0	.00
103.00	Retention of employees		103.0	.00
104.00	Training		104.0	.00
105.00	OTHER (SPECIFY)		105.0	.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		106.0	.00

COUNTRY ARCH CARE CENTER

315433

Provider CCN:

Period: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:

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#### RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

- 11	1 , 7

										PPS
						Reclassifications	Reclassified Trial	Adjustments to	Net Expenses	
		Cost Center Description			Total (col. 1 +	Increase/Decrease	Balance (col. 3 +-	Expenses (Fr	For Allocation	
			Salaries	Other	col. 2)	(Fr Wkst A-6)	col. 4)	Wkst A-8)	(col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
		ERVICE COST CENTERS			1	1				
1.00	00100			1,401,790	1,401,790	0	7 7	-671,192	730,598	
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT		12,839	12,839	0	12,839	0	12,839	_
3.00	_	EMPLOYEE BENEFITS	0	1,074,507	1,074,507	0	7	0	1,074,507	
4.00	_	ADMINISTRATIVE & GENERAL	1,046,185	2,613,378	3,659,563	0	- , ,	-592,381	3,067,182	
5.00	_	PLANT OPERATION, MAINT. & REPAIRS	113,165	436,070	549,235	0	,	0	549,235	
6.00	_	LAUNDRY & LINEN SERVICE	0	480	480	0	480	0	480	
7.00	00700	HOUSEKEEPING	347,036	54,768	401,804	0	401,804	0	401,804	
8.00	_	DIETARY	544,728	520,527	1,065,255	0	,,	0	1,065,255	
9.00	00900		365,639	39,515	405,154	0	,	0	405,154	
10.00	01000	CENTRAL SERVICES & SUPPLY	0	281,740	281,740	0	281,740	0	281,740	
11.00	_	PHARMACY	0	38,295	38,295	0	38,295	0	38,295	
12.00	01200		0	0	0	0		0	0	12.00
13.00	01300		93,819	0	93,819	0	,	0	93,819	
14.00	_	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	14.00
15.00		ACTIVITIES	156,336	53,060	209,396	0	209,396	0	209,396	15.00
	_	ROUTINE SERVICE COST CENTERS		#0# 404					4.000.000	***
30.00	03000		3,677,194	703,696	4,380,890	0	.,,	0	4,380,890	
31.00	03100	NURSING FACILITY	0	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		1.004	1006		1004	0	4.000	10.00
40.00	_	RADIOLOGY	0	4,086	4,086	0	.,	0	4,086	
41.00	1	LABORATORY	0	0	0	0	0	0	0	41.00
42.00	_	INTRAVENOUS THERAPY	0	0	0	0		0	0	42.00
43.00	_	OXYGEN (INHALATION) THERAPY	· ·		ű	0		0	246 244	
44.00	04400	PHYSICAL THERAPY  OCCUPATIONAL THERAPY	297,901	48,443	346,344	0	346,344	0	346,344	
45.00	04500	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	236,081	0	236,081	0	236,081	0	236,081	
46.00	04700		84,123	0	84,123	0		0	84,123	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS  DRUGS CHARGED TO PATIENTS	0	134,361	134,361	0		0	134,361	
50.00	_	DENTAL CARE - TITLE XIX ONLY	0	134,301	134,301			0	154,501	
51.00		SUPPORT SURFACES	0	0	0				0	
		NT SERVICE COST CENTERS	0	0	0	0	0	0		31.00
60.00	_	CLINIC	0	0	0	0	0	0	0	60.00
61.00	_	RURAL HEALTH CLINIC	0	0	0				0	
62.00		FOHC	0	0	0	0	0	0	0	62.00
_		MBURSABLE COST CENTERS								02.00
70,00	_	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
71.00		AMBULANCE	0	5,317	5,317	0		0	5,317	
		CMHC	0	0,317			- ,			73.00
		IRPOSE COST CENTERS	0	0	0	0	0	0		73.00
80.00		MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	0	0	80.00
81.00	_	INTEREST EXPENSE		0	0				0	
82.00	_	UTILIZATION REVIEW - SNF	0	0	0				0	
83.00		HOSPICE	0	0	0	0		0	0	83.00
89.00	00300	SUBTOTALS (sum of lines 1-84)	6,962,207	7,422,872	14,385,079	0		-1,263,573	13,121,506	
	REIMB	BURSABLE COST CENTERS	0,702,207	7,122,072	1,,505,077		1,505,075	2,200,010	10,121,000	02.00
90.00		GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00		BARBER AND BEAUTY SHOP	0	0	0		0	0	0	91.00
92.00	_	PHYSICIANS PRIVATE OFFICES	0	0	0			0	0	92.00
93.00	_	NONPAID WORKERS	0	0	0			0	0	
94.00	_	PATIENTS LAUNDRY	0	0	0				0	
100.00		TOTAL	6,962,207	7,422,872	14,385,079	0	-	-1,263,573	13,121,506	
100.00		101111	0,702,207	7,722,072	11,303,079	ı	17,303,079	-1,200,070	13,121,300	100.00

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## Worksheet A-6

PPS

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

<sup>(1)</sup> A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

RECLASSIFICATIONS

<sup>(2)</sup> Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.

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#### RECONCILIATION OF CAPITAL COSTS CENTERS

315433

Provider CCN:

#### Worksheet A-7

11.1.179.1

PPS

									FFS
				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	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	1,526,881	0	0	0	0	1,526,881	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	336,040	0	0	0	0	336,040	0	6.00
7.00	Subtotal (sum of lines 1-6)	1,862,921	0	0	0	0	1,862,921	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	1,862,921	0	0	0	0	1,862,921	0	9.00

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#### ADJUSTMENTS TO EXPENSES

#### Worksheet A-8

DDC

						PPS
				Expense Classification on Worksheet A To/From Amount is to be Adjusted	n Which the	
	Description (1)	(2) Basis For				
	Description (1)	Adjustment	Amount	Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	В	-94,540	ADMINISTRATIVE & GENERAL	4.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-709,595			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization reviewphysicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciationbuildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciationmovable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT	2.00	24.00
25.00	P/R ASSISTANT ADM	A	-6,086	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	PENALTIES	A	-4,006	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	A/R WRITEOFF EXPENSE	A	-417,226	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	PROMOTIONAL ADS	A	-32,120	ADMINISTRATIVE & GENERAL	4.00	25.03
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,263,573			100.00
(1) De	scription - All chapter references in this column pertain to CMS Pub. 15-1.					

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

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

B. Amount Received - if cost cannot be determined.

COUNTRY ARCH CARE CENTER Period: Run Date Time: 5/28/2025 10:32 am From: 01/01/2024 MCRIF32 2540-10 12/31/2024 Version: 11.1.179.1



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

Worksheet A-8-1 Parts I & II

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

To:

				Amount Allowable	Amount Included	Adjustments (col. 4	
	Line No.	Cost Center	Expense Items	In Cost	in Wkst. A, col. 5	minus col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	RENT	528,808	1,200,000	-671,192	1.00
2.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	711,597	750,000	-38,403	2.00
3.00	0.00			0	0	0	3.00
4.00	0.00			0	0	0	4.00
5.00	0.00			0	0	0	5.00
6.00	0.00			0	0	0	6.00
7.00	0.00			0	0	0	7.00
8.00	0.00			0	0	0	8.00
9.00	0.00			0	0	0	9.00
10.00	TOTALS (sur	n of lines 1-9). Transfer column 6, line 10 to Workshe	et A-8, column 3, line 12.	1,240,405	1,950,000	-709,595	10.00

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

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

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

				Related Organi	ization(s) and/o	r Home Office	
	Symbol				Percentage of		
	(1)	Name	Percentage of Ownership	Name	Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	A	JONATHAN ROSENBERG	92.00	COUNTRY MOUNTAIN ASSOCIATES LLC	50.00	REALTY	1.00
2.00	A	ESTHER ROSENBERG	8.00	COUNTRY MOUNTAIN ASSOCIATES LLC	50.00	REALTY	2.00
3.00	A	JONATHAN ROSENBERG	92.00	JER ROSE MANAGEMENT	50.00	MANAGEMENT	3.00
4.00	A	ESTHER ROSENBERG	8.00	JER ROSE MANAGEMENT	50.00	MANAGEMENT	4.00
5.00			0.00		0.00		5.00
6.00			0.00		0.00		6.00
7.00			0.00		0.00		7.00
8.00			0.00		0.00		8.00
9.00			0.00		0.00		9.00
10.00			0.00		0.00		10.00

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

Provider CCN:

315433

COUNTRY ARCH CARE CENTER Period: Run Date Time:

 Period:
 Run Date Time:
 5/28/2025 10:32 am

 From:
 01/01/2024
 MCRIF32
 2540-10

 To:
 12/31/2024
 Version:
 11.1.179.1



#### COST ALLOCATION - GENERAL SERVICE COSTS

315433

Provider CCN:

Worksheet B
Part I
PPS

										PPS
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
CENT	EDAL CEDAUCE COCT CENTERS	0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
	ERAL SERVICE COST CENTERS		##0 #00							1.00
1.00	CAP REL COSTS - BLDGS & FIXTURES	730,598	730,598							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	12,839		12,839						2.00
3.00	EMPLOYEE BENEFITS	1,074,507	0	0	7,					3.00
4.00	ADMINISTRATIVE & GENERAL	3,067,182	35,469	623	161,462	3,264,736	3,264,736			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	549,235	52,061	915	<del>'  </del>	619,676	205,248	824,924		5.00
6.00	LAUNDRY & LINEN SERVICE	480	23,394	411	0	24,285	8,044	30,009	62,338	6.00
7.00	HOUSEKEEPING	401,804	2,744	48		458,155	151,749	3,519	0	
8.00	DIETARY	1,065,255	73,632	1,294	84,070	1,224,251	405,494	94,454	0	
9.00	NURSING ADMINISTRATION	405,154	1,692	30	56,431	463,307	153,456	2,171	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	281,740	39,871	701	0	322,312	106,756	51,147	0	10.00
11.00	PHARMACY	38,295	0	0		38,295	12,684	0	0	
12.00	MEDICAL RECORDS & LIBRARY	0	1,183	21	0	1,204	399	1,517	0	
13.00	SOCIAL SERVICE	93,819	1,051	18	14,479	109,367	36,224	1,349	0	-0.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	209,396	24,922	438	24,128	258,884	85,747	31,969	0	15.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	4,380,890	434,692	7,639	567,519	5,390,740	1,785,506	557,621	62,338	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	4,086	0	0	0	4,086	1,353	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	346,344	34,565	607	45,976	427,492	141,593	44,340	0	44.00
45.00	OCCUPATIONAL THERAPY	236,081	0	0	36,435	272,516	90,262	0	0	45.00
46.00	SPEECH PATHOLOGY	84,123	0	0	12,983	97,106	32,163	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	2,661	47	0	2,708	897	3,414	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	134,361	0	0	0	134,361	44,503	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OUTP	ATIENT SERVICE COST CENTERS									
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
	ER REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
	AMBULANCE	5,317	0			5,317	1,761	0		
	СМНС	0	0	0	1	0	0		0	
	IAL PURPOSE COST CENTERS									
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
	INTEREST EXPENSE									81.00
	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
	SUBTOTALS (sum of lines 1-84)	13,121,506	727,937	12,792	-	13,118,798	3,263,839		62,338	
	REIMBURSABLE COST CENTERS								,	
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
	BARBER AND BEAUTY SHOP	0	2,661	47		2,708	897	3,414	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0		0	0	1	0	
	NONPAID WORKERS	0	0	0		0	0		0	

COUNTRY ARCH CARE CENTER

Period:
From: 01/01/2024
Provider CCN: 315433

Run Date Time: 5/28/2025 10:32 am
MCRIF32
2540-10
To: 12/31/2024
Version: 11.1.179.1

#### COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	13,121,506	730,598	12,839	1,074,507	13,121,506	3,264,736	824,924	62,338	100.00

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COUNTRY ARCH CARE CENTER

Period: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:

Run Date Time:

5/28/2025 10:32 am **2540-10** 11.1.179.1



#### COST ALLOCATION - GENERAL SERVICE COSTS

315433

Provider CCN:

Worksheet B Part I

2.00   CAPREL COSTS - MOVABLE EQUIMINITY											PPS
SAMPLE NEW PROPERTIES		Cost Center Description		DIETARY	ADMINISTRA	SERVICES &	PHARMACY	RECORDS &		AND ALLIED HEALTH	
Deciding			7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
20	GENE	RAL SERVICE COST CENTERS									
AMELYNER BINNEPIES	1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
AMILONER BINNETIS	2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
AUTOMORPHICA MARTER	3.00	,									3.00
SANT OFFEATION, MAINT, & REPAIRS	4.00	ADMINISTRATIVE & GENERAL									4.00
AANDRY & LINENS SERVICE	5.00										5.00
1001SEKEEPING											6.00
DILPLAY			613,423								7.00
1,682				1 797 412							8.00
DIAD   CLANTAKL SERVICE & SUPPLY   39,645   0   0   519,860     10   10   10   10   11   11   11					620 616						9.00
1.00						519.860					
							50.070				
1300   SOCIAL SERVICE			· ·				30,979	4 206			
MURRING AND ALLED HEALTH							0	4,290	147.005		
EDUCATION							0	0	-	0	
15.00   ACTIVITIES	14.00		0	U	0	0	0	U	U	0	14.00
NAPATIENT ROUTINE SERVICE COST CENTERS	15.00		24.790	0	0	0	0	0	0	0	15.00
SAILLED AURSING FACILITY			24,780	0	0	0	0	0	0	0	15.00
51.00   NURSING FACILITY			122 221	1 707 110	(20 (1)	F40.060	50.070	4.204	4.47.005		20.00
12-11   12-1											
ANCILLARY SERVICE COST CENTERS											
ANCILLARY SERVICE COST CENTERS		,					0				
ADDICACY			0	0	0	0	0	0	0	0	33.00
41.00   LABORATORY											
42.00   INTRAVENOUS THERAPY											
43.00   OXYGEN (INHALATION) THERAPY   34,369   0   0   0   0   0   0   0   0   0											
44.00   PHYSICAL THERAPY							0			0	
45.00   OCCUPATIONAL THERAPY		,	· · · · · ·			0	0			0	43.00
46.00 SPEECH PATHOLOGY							0			0	
## 47.00   ELECTROCARDIOLOGY	45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
48.00   MEDICAL SUPPLIES CHARGED TO PATIENTS	46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
49.00   DRUGS CHARGED TO PATIENTS	47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
DENTAL CARE - TITLE XIX ONLY	48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,646	0	0	0	0	0	0	0	48.00
Support Surfaces	49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
OUTPATIENT SERVICE COST CENTERS	50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
60.00   CLINIC	51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
61.00   RURAL HEALTH CLINIC	OUTP	ATIENT SERVICE COST CENTERS									
Color   FQHC	60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
OTHER REIMBURSABLE COST CENTERS           70.00 HOME HEALTH AGENCY COST         0	61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
Tour   Home Health Agency Cost   0   0   0   0   0   0   0   0   0	62.00	FQHC									62.00
71.00   AMBULANCE	OTHE	R REIMBURSABLE COST CENTERS									
71.00   AMBULANCE	70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
Table   Tabl			0	0	0	0	0	0	0	0	
SPECIAL PURPOSE COST CENTERS   80.00   MALPRACTICE PREMIUMS & PAID LOSSES   80.00   MALPRACTICE PREMIUMS & PAID LOSSES   80.00   SUBTORIAL SUBJECT   SUBJE				0	0	0	0			0	
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       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       610,777       1,797,412       620,616       519,860       50,979       4,296       147,985       0       89.00         NONREIMBURSABLE COST CENTERS         90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       0       0       0       0       90.00       91.00         91.00       BARBER AND BEAUTY SHOP       2,646       0											
81.00         INTEREST EXPENSE         81.00           82.00         UTILIZATION REVIEW - SNF         82.00           83.00         HOSPICE         0         0         0         0         0         0         0         0         0         0         0         83.0         89.00         SUBTOTALS (sum of lines 1-84)         610,777         1,797,412         620,616         519,860         50,979         4,296         147,985         0         89.0           NONREIMBURSABLE COST CENTERS         90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         90.0         91.00         91.00         BARBER AND BEAUTY SHOP         2,646         0	80,00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
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)         610,777         1,797,412         620,616         519,860         50,979         4,296         147,985         0         89.00           NONREIMBURSABLE COST CENTERS         90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         90.00         91.00         91.00         BARBER AND BEAUTY SHOP         2,646         0         0         0         0         0         0         0         0         0         0         91.00         92.00         91.00         91.00         0											81.00
83.00         HOSPICE         0         0         0         0         0         0         0         0         83.00           89.00         SUBTOTALS (sum of lines 1-84)         610,777         1,797,412         620,616         519,860         50,979         4,296         147,985         0         89.00           NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         2,646         0         0         0         0         0         0         0         0         91.00         92.00           92.00         PHYSICIANS PRIVATE OFFICES         0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>82.00</td></t<>											82.00
89.00         SUBTOTALS (sum of lines 1-84)         610,777         1,797,412         620,616         519,860         50,979         4,296         147,985         0         89.00           NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         0         0         90.0           91.00         BARBER AND BEAUTY SHOP         2,646         0         0         0         0         0         0         0         0         91.0           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         0         0         0         0         92.0           93.00         NONPAID WORKERS         0         0         0         0         0         0         0         0         0         0         93.0			0	0	0	0	0	0	0	0	
NONREIMBURSABLE COST CENTERS           90.00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         0         90.0           91.00 BARBER AND BEAUTY SHOP         2,646         0         0         0         0         0         0         0         0         91.0           92.00 PHYSICIANS PRIVATE OFFICES         0         0         0         0         0         0         0         0         0         92.0           93.00 NONPAID WORKERS         0         0         0         0         0         0         0         0         0         0         93.0							50 979				
90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         2,646         0         0         0         0         0         0         0         0         91.0           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         0         0         0         0         0         92.0           93.00         NONPAID WORKERS         0         0         0         0         0         0         0         0         0         0         0         93.0		,	010,777	1,77,712	020,010	317,000	30,719	7,270	177,703	U	02.00
91.00         BARBER AND BEAUTY SHOP         2,646         0         0         0         0         0         0         91.0           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         0         0         0         0         0         0         0         0         92.0           93.00         NONPAID WORKERS         0         0         0         0         0         0         0         0         93.0			0	0	0	0	0	0	0	0	90.00
92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         0         0         0         92.0           93.00         NONPAID WORKERS         0         0         0         0         0         0         0         0         93.0							0				
93.00 NONPAID WORKERS 0 0 0 0 0 0 0 0 0 93.0			-								
74.00 [TATHENTS LAUNDAT 0 0 0 0 0 44.0							0				
	94.00	FATIEN 15 LAUNDKI	0	0	0	0	0	0	0	0	94.00

COUNTRY ARCH CARE CENTER

| Period: | Run Date Time: 5/28/2025 10:32 am | MCRIF32 | 2540-10 |
| Provider CCN: 315433 | To: 12/31/2024 | Version: 11.1.179.1

#### COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	HOUSEKEEPI		NURSING ADMINISTRA	CENTRAL SERVICES &		MEDICAL RECORDS &	SOCIAL	NURSING AND ALLIED HEALTH	
		NG	DIETARY	TION	SUPPLY	PHARMACY	LIBRARY	SERVICE	EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
98.00	Cross Foot Adjustments	0	0	0	0				0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	613,423	1,797,412	620,616	519,860	50,979	4,296	147,985	0	100.00

5/28/2025 10:32 am **2540-10** COUNTRY ARCH CARE CENTER Period: Run Date Time:

From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315433 11.1.179.1



#### COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B Part I

Concent Decomption							PP	28
MAINTHIN SARON   MAINTHIN MA		Cost Contar Description			Post Stepdown			
STATEMENT   STAT		Cost Center Description	ACTIVITIES	Subtotal	Adjustments	Total		
100   CAP BEL CONNS. MOVABLE SQLEPMENT   200			15.00	16.00	17.00	18.00		
APPLICATIONS MOVABLE EQUIPMENT								
MATHORITIES ENDITES								
MANISTRATIVE & CENIERAL		`						
SANTOPERATION, MAINT, REPAIRS								
ALTONIARY ALTONISTRATION		ADMINISTRATIVE & GENERAL						
Total	5.00	PLANT OPERATION, MAINT. & REPAIRS						
DITTARY								
	7.00	HOUSEKEEPING					7.0	.00
Sentral Service & Service   1000	8.00	DIETARY					8.0	.00
ILLIAN   I	9.00	NURSING ADMINISTRATION					9.0	.00
	10.00	CENTRAL SERVICES & SUPPLY					10.0	.00
1.00   NURSING ADM ALIPO HEALTH   1.00   1	11.00	PHARMACY					11.0	.00
1400	12.00	MEDICAL RECORDS & LIBRARY					12.0	.00
DEDICATION	13.00	SOCIAL SERVICE					13.0	.00
No.   SALE DIVERSING FACILITY   401,80   11,770,954   0   11,770,954   0   0.0   0	14.00						14.0	.00
9.00   SALLED NURSING FACILITY	15.00	ACTIVITIES	401,380				15.0	.00
1.00   N.R.SING FACILITY	INPAT	TIENT ROUTINE SERVICE COST CENTERS						
12-71   12-71   12-72   12-7	30.00	SKILLED NURSING FACILITY	401,380	11,770,954	0	11,770,954	30.0	.00
ACCULARY SERVICE COST CENTERS	31.00	NURSING FACILITY	0	0	0	0	31.0	.00
ANCILIARY SERVICE COST CENTERS	32.00	ICF/IID	0	0	0	0	32.0	.00
RADIOLOGY	33.00	OTHER LONG TERM CARE	0	0	0	0	33.0	.00
LABORATORY	ANCII	LLARY SERVICE COST CENTERS						
A2.00   NTRAVENOUS THERAPY	40.00	RADIOLOGY	0	5,439	0	5,439	40.0	.00
1500   XYGEN (INITALATION) THERAPY   0   0   0   0   0   0   0   0   0	41.00	LABORATORY	0	0	0	0	41.0	.00
44.00   PHYSICAL THERAPY	42.00	INTRAVENOUS THERAPY	0	0	0	0	42.0	.00
45.00   CCUPATIONAL THERAPY   0   362,778   0   362,778   0   46.00   46.00   46.00   46.00   46.00   46.00   46.00   46.00   47.00   48.00   47.00   48.00	43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.0	.00
46.00   SPECH PATHOLOGY	44.00	PHYSICAL THERAPY	0	647,794	0	647,794	44.0	.00
47.00	45.00	OCCUPATIONAL THERAPY	0	362,778	0	362,778	45.0	.00
MEDICAL SUPPLIES CHARGED TO PATIENTS	46.00	SPEECH PATHOLOGY	0	129,269	0	129,269	46.0	.00
48.00   MEDICAL SUPPLIES CHARGED TO PATTENTS	47.00	ELECTROCARDIOLOGY	0	0	0	0	47.0	.00
49.00   DRUGS CHARGED TO PATIENTS   0   178,864   0   178,864   0   50.00			0	9,665	0	9,665		
50.00   DENTAL CARE - TITLE XIX ONLY					0			
SUPPORT SURFACES			0		0	-		
OUTPATIENT SERVICE COST CENTERS   0								
60.00   CLINIC			- 1		- 1			
61.00   RURAL HEALTH CLINIC   0   0   0   0   0   0   0   0   0			0	0	0	0	60.0	.00
Color   FQHC								
OTHER REIMBURSABLE COST CENTERS           70.00         HOME HEALTH AGENCY COST         0         0         0         7,000           71.00         AMBULANCE         0         7,078         0         7,078         71.00           73.00         CMT         0         0         0         0         73.00         73.00           73.00         CMT         0         0         0         0         0         73.00				-		-		
Tought   T		`						00
71.00   AMBULANCE			0	0	0	0	70.0	00
73.00   CMHC								
SPECIAL PURPOSE COST CENTERS   80.00   MALPRACTICE PREMIUMS & PAID LOSSES   80.00   81.00   INTEREST EXPENSE   81.00   82.00   UTILIZATION REVIEW - SNF   82.00   83.00   HOSPICE   83.00   HOSPICE   83.00   80.00						-		
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       83.00         89.00       SUBTOTALS (sum of lines 1-84)       401,380       13,111,841       0       13,111,841       89.00         NONREIMBURSABLE COST CENTERS         90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       9665       9665       99.00         91.00       BARBER AND BEAUTY SHOP       0       9,665       0       9,665       91.00         92.00       PHYSICIANS PRIVATE OFFICES       0       0       0       0       92.00         93.00       NONPAID WORKERS       0       0       0       0       93.00         94.00       PATIENTS LAUNDRY       0       0       0       0       99.00         98.00       Cross Foot Adjustments       0       0       0       0       99.00         99.00       Negative Cost Centers       0       0       0       0       99.00			V	U	<u> </u>	0	150	00
81.00       INTEREST EXPENSE       81.00         82.00       UTILIZATION REVIEW - SNF       82.00         83.00       HOSPICE       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       401,380       13,111,841       0       13,111,841       89.00         NONREIMBURSABLE COST CENTERS         90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       9.665       9.665       99.00         91.00       BARBER AND BEAUTY SHOP       0       9,665       0       9,665       91.00         92.00       PHYSICIANS PRIVATE OFFICES       0       0       0       0       92.00         93.00       NONPAID WORKERS       0       0       0       0       93.00         94.00       PATIENTS LAUNDRY       0       0       0       0       99.00         98.00       Cross Foot Adjustments       0       0       0       0       99.00         99.00       Negative Cost Centers       0       0       0       0       99.00							80.0	00
82.00         UTILIZATION REVIEW - SNF         82.00           83.00         HOSPICE         0         0         0         0         83.00           89.00         SUBTOTALS (sum of lines 1-84)         401,380         13,111,841         0         13,111,841         89.00           NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         0         9,665         0         9,665         91.00           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         92.00           93.00         NONPAID WORKERS         0         0         0         0         93.00           94.00         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         99.00           99.00         Negative Cost Centers         0         0         0         0         99.00								
83.00         HOSPICE         0         0         0         0         83.00           89.00         SUBTOTALS (sum of lines 1-84)         401,380         13,111,841         0         13,111,841         89.00           NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         0         9,665         0         9,665         91.00           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         92.00           93.00         NONPAID WORKERS         0         0         0         0         93.00           94.00         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         99.00           99.00         Negative Cost Centers         0         0         0         0         99.00								
89.00         SUBTOTALS (sum of lines 1-84)         401,380         13,111,841         0         13,111,841         89.00           NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         0         9,665         0         9,665         91.00           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         92.00           93.00         NONPAID WORKERS         0         0         0         0         93.00           94.00         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00			0	0	0	0		
NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         0         9,665         0         9,665         91.00           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         92.00           93.00         NONPAID WORKERS         0         0         0         0         93.00           94.00         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00								
90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         0         9,665         0         9,665         91.00           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         92.00           93.00         NONPAID WORKERS         0         0         0         0         93.00           94.00         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00		,	401,360	13,111,041	U	13,111,041	89.0	.00
91.00         BARBER AND BEAUTY SHOP         0         9,665         0         9,665         9,665         91.00           92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         92.00           93.00         NONPAID WORKERS         0         0         0         0         93.00           94.00         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00			0	0		0	00.6	00
92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         92.00           93.00         NONPAID WORKERS         0         0         0         0         93.00           94.00         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00								
93.00         NONPAID WORKERS         0         0         0         0         93.00           94.00         PATIENTS LAUNDRY         0         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00						-		
94.00         PATIENTS LAUNDRY         0         0         0         94.00           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00								
98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00								
99.00 Negative Cost Centers 0 0 0 0 99.00								
		,						
100.00 TOTAL 401,380 13,121,506 0 13,121,506 100.00		0						
	100.00	TOTAL	401,380	13,121,506	0	13,121,506	100.0	UU

COUNTRY ARCH CARE CENTER Period: Run Date Time:

5/28/2025 10:32 am **2540-10** From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315433 11.1.179.1



#### ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II

Cost Center Description	LAUNDRY & LINEN SERVICE 6.00 1. 2 2 3. 4 4. 5 5. 25,904 6.	OPERATION, MAINT. &	ADMINISTRA					Directly	
CAP REL COSTS - BIOGS & FINTURES	1. 2 3 4 5		GENERAL	BENEFITS		EQUIPMENT	FIXTURES	Assigned New Capital Related Costs	Cost Center Description
LOO   CAP REL COSTS - BLDGS & FIXTURES	2. 3. 4. 5.	5.00	4.00	3.00	2A	2.00	1.00	0	
200   CAP REL COSTS - MOVABLE EQUIPMENT   0	2. 3. 4. 5.								
ADMINISTRATIVE & GENERAL   0	3. 4. 5.								
ADMINISTRATIVE & GENERAL   0   35,469   623   36,092   0   36,092	4.								,
5.00   PLANT OPERATION, MAINT. & REPAIRS   0   52,061   915   52,976   0   2,269   55,245	5.								
AUNDRY & LINEN SERVICE			36,092	0			35,469		4.00 ADMINISTRATIVE & GENERAL
HOUSEKEEPING	25 904 6	55,245	2,269	0	52,976	915	52,061		
ROO   DIETARY									
NURSING ADMINISTRATION   0   1,692   30   1,722   0   1,697   145     10.00   CENTRAL SERVICES & SUPPLY   0   39,871   701   40,572   0   1,180   3,425     10.00   PHARMACY   0   0   0   0   0   0   140   0     12.00   MEDICAL RECORDS & LIBRARY   0   1,183   21   1,204   0   4   102     13.00   SOCIAL SERVICE   0   1,051   18   1,069   0   401   90     14.00   NURSING AND ALLIED HEALTH   0   0   0   0   0   0   0     15.00   ACTIVITIES   0   24,922   438   25,360   0   948   2,141     INPATIENT ROUTINE SERVICE COST CENTERS   10   19,738   37,343     30.00   SKILLED NURSING FACILITY   0   434,692   7,639   442,331   0   19,738   37,343     31.00   NURSING FACILITY   0   0   0   0   0   0   0   0     32.00   ICF/IID   0   0   0   0   0   0   0   0     32.00   ICF/IID   0   0   0   0   0   0   0   0     32.00   ICF/IID   0   0   0   0   0   0   0     32.00   SKILLED NURSING FACILITY   0   0   0   0   0   0   0     32.00   ICF/IID   0   0   0   0   0   0   0   0     32.00   ICF/IID   0   0   0   0   0   0   0   0     40.00   ACTIVITIES   0   0   0   0   0   0   0   0     40.01   ICF/IID   0   0   0   0   0   0   0     40.02   ICF/IID   0   0   0   0   0   0   0     40.03   ICF/IID   0   0   0   0   0   0   0     40.04   ICF/IID   0   0   0   0   0   0     40.05   ICF/IID   0   0   0   0   0   0     40.06   ICF/IID   0   0   0   0   0   0     40.07   ICF/IID   0   0   0   0   0   0     40.08   ICF/IID   0   0   0   0   0   0     40.09   ICF/IID   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0   0     40.00   ICF/IID   0   0   0   0   0   0   0   0     40.00   ICF/IID	0 7.			0					7.00 HOUSEKEEPING
10.00   CENTRAL SERVICES & SUPPLY	0 8.	6,326	4,483	0					
11.00   PHARMACY	0 9.		1,697	0			1,692		
12.00   MEDICAL RECORDS & LIBRARY   0	0 10.	3,425							0.00 CENTRAL SERVICES & SUPPLY
13.00   SOCIAL SERVICE   0   1,051   18   1,069   0   401   90     14.00   NURSING AND ALLIED HEALTH   0   0   0   0   0   0   0     EDUCATION   0   0   0   0   0   0     15.00   ACTIVITIES   0   24,922   438   25,360   0   948   2,141     INPATIENT ROUTINE SERVICE COST CENTERS     30.00   SKILLED NURSING FACILITY   0   434,692   7,639   442,331   0   19,738   37,343     31.00   NURSING FACILITY   0   0   0   0   0   0   0   0     32.00   ICE/IID   0   0   0   0   0   0   0   0     33.00   OTHER LONG TERM CARE   0   0   0   0   0   0   0     ANCILLARY SERVICE COST CENTERS     442,331   0   19,738   37,343     442,331   0   19,738   37,343     45,000   ANCILLARY SERVICE COST CENTERS   0   0   0   0   0   0   0     40.00   RADIOLOGY   0   0   0   0   0   0   0     41.00   LABORATORY   0   0   0   0   0   0   0     42.00   INTRAVENOUS THERAPY   0   0   0   0   0   0   0     43.00   OXYGEN (INHALATION) THERAPY   0   0   0   0   0   0   0     44.00   PIYSICAL THERAPY   0   0   0   0   0   0   998   0     45.00   OCCUPATIONAL THERAPY   0   0   0   0   0   0   998   0     46.00   SPEECH PATHOLOGY   0   0   0   0   0   0   0     47.00   ELECTROCARDIOLOGY   0   0   0   0   0   0   0     49.00   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0     50.00   DENTAL CARE - ITTILE XIX ONLY   0   0   0   0   0   0     50.00   DENTAL CARE - ITTILE XIX ONLY   0   0   0   0   0   0     50.00   CLINIC   0   0   0   0   0   0   0    60.00   CLINIC   0   0   0   0   0   0   0    60.00   CLINIC   0   0   0   0   0   0   0    70.00   TABLEACH   THERAPY   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0   0    80.00   CLINIC   0   0   0   0   0   0    8		0	140	0	0				
14.00   NURSING AND ALLIED HEALTH   0	0 12	102	4	0		21	1,183	0	2.00 MEDICAL RECORDS & LIBRARY
EDUCATION	0 13.	90	401	0	1,069	18	1,051	0	
15.00   ACTIVITIES   0   24,922   438   25,360   0   948   2,141   INPATIENT ROUTINE SERVICE COST CENTERS     30.00   SKILLED NURSING FACILITY   0   434,692   7,639   442,331   0   19,738   37,343   31.00   NURSING FACILITY   0   0   0   0   0   0   0   0   0	0 14.	0	0	0	0	0	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   SKILLED NURSING FACILITY   0   434,692   7,639   442,331   0   19,738   37,343   31.00   NURSING FACILITY   0   0   0   0   0   0   0   0   0									EDUCATION
30.00   SKILLED NURSING FACILITY	0 15.	2,141	948	0	25,360	438	24,922	0	
31.00   NURSING FACILITY									NPATIENT ROUTINE SERVICE COST CENTERS
32.00   ICF/IID	25,904 30.	37,343	19,738	0	442,331	7,639	434,692	0	30.00 SKILLED NURSING FACILITY
33.00 OTHER LONG TERM CARE	0 31.	0	0	0	0				31.00 NURSING FACILITY
ANCILLARY SERVICE COST CENTERS  40.00 RADIOLOGY	0 32	0	0	0	0	0	0	0	32.00 ICF/IID
40.00       RADIOLOGY       0       <	0 33.	0	0	0	0	0	0	0	· ·
41.00       LABORATORY       0									ANCILLARY SERVICE COST CENTERS
42.00       INTRAVENOUS THERAPY       0 <td>0 40.</td> <td>0</td> <td>15</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>40.00 RADIOLOGY</td>	0 40.	0	15	0	0	0	0	0	40.00 RADIOLOGY
43.00         OXYGEN (INHALATION) THERAPY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         1,565         2,969         2,969         45.00         OCCUPATIONAL THERAPY         0         0         0         0         0         0         998         0         0         46.00         SPEECH PATHOLOGY         0 <td< td=""><td>0 41.</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1.00 LABORATORY</td></td<>	0 41.	0	0	0	0	0	0	0	1.00 LABORATORY
44.00       PHYSICAL THERAPY       0       34,565       607       35,172       0       1,565       2,969         45.00       OCCUPATIONAL THERAPY       0       0       0       0       0       998       0         46.00       SPEECH PATHOLOGY       0       0       0       0       0       356       0         47.00       ELECTROCARDIOLOGY       0       0       0       0       0       0       0       0         48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       2,661       47       2,708       0       10       229         49.00       DRUGS CHARGED TO PATIENTS       0       0       0       0       0       492       0         50.00       DENTAL CARE - TITLE XIX ONLY       0	0 42	0	0	0	0	0	0	0	2.00 INTRAVENOUS THERAPY
45.00         OCCUPATIONAL THERAPY         0         0         0         0         998         0           46.00         SPEECH PATHOLOGY         0         0         0         0         0         356         0           47.00         ELECTROCARDIOLOGY         0         0         0         0         0         0         0         0           48.00         MEDICAL SUPPLIES CHARGED TO PATIENTS         0         2,661         47         2,708         0         10         229           49.00         DRUGS CHARGED TO PATIENTS         0         0         0         0         492         0           50.00         DENTAL CARE - TITLE XIX ONLY         0         0         0         0         0         0         0         0           51.00         SUPPORT SURFACES         0         0         0         0         0         0         0         0         0           OUTPATIENT SERVICE COST CENTERS         0         0         0         0         0         0         0         0         0         0	0 43.	0	0	0	0	0	0	0	3.00 OXYGEN (INHALATION) THERAPY
46.00         SPEECH PATHOLOGY         0         0         0         0         356         0           47.00         ELECTROCARDIOLOGY         0	0 44.	2,969	1,565	0	35,172	607	34,565	0	14.00 PHYSICAL THERAPY
47.00         ELECTROCARDIOLOGY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         10         229         49.00         DRUGS CHARGED TO PATIENTS         0         0         0         0         0         0         492         0	0 45.	0	998	0	0	0	0	0	45.00 OCCUPATIONAL THERAPY
48.00         MEDICAL SUPPLIES CHARGED TO PATIENTS         0         2,661         47         2,708         0         10         229           49.00         DRUGS CHARGED TO PATIENTS         0         0         0         0         0         492         0           50.00         DENTAL CARE - TITLE XIX ONLY         0	0 46.	0	356	0	0	0	0	0	46.00 SPEECH PATHOLOGY
49.00         DRUGS CHARGED TO PATIENTS         0         0         0         0         492         0           50.00         DENTAL CARE - TITLE XIX ONLY         0 <td>0 47.</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>47.00 ELECTROCARDIOLOGY</td>	0 47.	0	0	0	0	0	0	0	47.00 ELECTROCARDIOLOGY
50.00         DENTAL CARE - TITLE XIX ONLY         0         0         0         0         0         0         0           51.00         SUPPORT SURFACES         0         0         0         0         0         0         0         0         0           OUTPATIENT SERVICE COST CENTERS           60.00         CLINIC         0         0         0         0         0         0         0         0	0 48.	229	10	0	2,708	47	2,661	0	48.00 MEDICAL SUPPLIES CHARGED TO PATIENTS
51.00         SUPPORT SURFACES         0         0         0         0         0         0         0           OUTPATIENT SERVICE COST CENTERS           60.00         CLINIC         0         0         0         0         0         0         0         0         0         0	0 49.	0	492	0	0	0	0	0	49.00 DRUGS CHARGED TO PATIENTS
OUTPATIENT SERVICE COST CENTERS           60.00 CLINIC         0         0         0         0         0         0         0	0 50.	0	0	0	0	0	0	0	50.00 DENTAL CARE - TITLE XIX ONLY
60.00 CLINIC 0 0 0 0 0 0	0 51.	0	0	0	0	0	0	0	51.00 SUPPORT SURFACES
									OUTPATIENT SERVICE COST CENTERS
	0 60.	0	0	0	0	0	0	0	50.00 CLINIC
61.00 RURAL HEALTH CLINIC 0 0 0 0 0 0 0	0 61.	0	0	0	0	0	0	0	51.00 RURAL HEALTH CLINIC
62.00 FQHC	62.								52.00 FQHC
OTHER REIMBURSABLE COST CENTERS									OTHER REIMBURSABLE COST CENTERS
70.00 HOME HEALTH AGENCY COST 0 0 0 0 0 0 0 0	0 70.	0	0	0	0	0	0	0	70.00 HOME HEALTH AGENCY COST
71.00 AMBULANCE 0 0 0 0 0 19 0	0 71.	0	19	0	0	0	0	0	71.00 AMBULANCE
73.00 CMHC 0 0 0 0 0 0 0	0 73.	0	0	0	0	0	0	0	73.00 CMHC
SPECIAL PURPOSE COST CENTERS									SPECIAL PURPOSE COST CENTERS
80.00 MALPRACTICE PREMIUMS & PAID LOSSES	80.								80.00 MALPRACTICE PREMIUMS & PAID LOSSES
81.00 INTEREST EXPENSE	81.								31.00 INTEREST EXPENSE
82.00 UTILIZATION REVIEW - SNF	82.								32.00 UTILIZATION REVIEW - SNF
83.00 HOSPICE 0 0 0 0 0 0 0	0 83	0	0	0	0	0	0	0	33.00 HOSPICE
89.00 SUBTOTALS (sum of lines 1-84) 0 727,937 12,792 740,729 0 36,082 55,016	<b>25,904</b> 89.	55,016	36,082	0	740,729	12,792	727,937	0	39.00 SUBTOTALS (sum of lines 1-84)
NONREIMBURSABLE COST CENTERS									NONREIMBURSABLE COST CENTERS
90.00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 0 0	0 90.	0	0	0	0	0	0	0	00.00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN
91.00 BARBER AND BEAUTY SHOP 0 2,661 47 2,708 0 10 229	0 91	229	10	0	2,708	47	2,661	0	01.00 BARBER AND BEAUTY SHOP
92.00 PHYSICIANS PRIVATE OFFICES 0 0 0 0 0 0 0	0 92	0	0	0	0	0	0	0	02.00 PHYSICIANS PRIVATE OFFICES
93.00 NONPAID WORKERS 0 0 0 0 0 0 0	0 93	0	0	0	0	0	0	0	03.00 NONPAID WORKERS
94.00 PATIENTS LAUNDRY 0 0 0 0 0 0		0	0	0	0	0	0	0	04.00 PATIENTS LAUNDRY

 
 COUNTRY ARCH CARE CENTER
 Period: From: 01/01/2024
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 315433
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 11.1.179.1

#### ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II PPS

		Directly						PLANT		
	Cost Center Description	Assigned New					ADMINISTRA	OPERATION,	LAUNDRY &	
	Cost Center Description	Capital Related	BLDGS &	MOVABLE		EMPLOYEE	TIVE &	MAINT. &	LINEN	
		Costs	FIXTURES	EQUIPMENT	Subtotal	BENEFITS	GENERAL	REPAIRS	SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
98.00	Cross Foot Adjustments								0	98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	730,598	12,839	743,437	0	36,092	55,245	25,904	100.00

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#### ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II

										PPS
	Cost Center Description	HOUSEKEEPI NG	DIETARY	NURSING ADMINISTRA TION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENE	ERAL SERVICE COST CENTERS								•	
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	4,706								7.00
8.00	DIETARY	562	86,297							8.00
9.00	NURSING ADMINISTRATION	13	0	3,577						9.00
10.00	CENTRAL SERVICES & SUPPLY	304	0	0	45,481					10.00
11.00	PHARMACY	0	0	0	0	140				11.00
12.00	MEDICAL RECORDS & LIBRARY	9	0	0	0	0	1,319			12.00
13.00	SOCIAL SERVICE	8	0	0	0	0	0	1,568		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	190	0	0	0	0	0	0	0	15.00
	TIENT ROUTINE SERVICE COST CENTERS	190	0	0	0	0	0]	0		15.00
		2 216	97.207	2 577	45 401	140	1 210	1.570	0	20.00
30.00	SKILLED NURSING FACILITY	3,316	86,297	3,577	45,481	140	1,319	1,568	0	
31.00	NURSING FACILITY	0	0	0	0	0	0		0	0.1.00
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
	LLARY SERVICE COST CENTERS		0	0	0	0	0			10.00
	RADIOLOGY	0	0	0	0	0	0	0	0	
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	
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0		
44.00	PHYSICAL THERAPY	264	0	0	0	0	0	0	0	7.1100
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		
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0		
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20	0	0	0	0	0	0	0	70.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0		
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OUTP	PATIENT SERVICE COST CENTERS									
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
OTHE	ER REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	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)	4,686	86,297	3,577	45,481	140	1,319	1,568	0	89.00
NON	REIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	20	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00

COUNTRY ARCH CARE CENTER

| Period: | Run Date Time: 5/28/2025 10:32 am | MCRIF32 | 2540-10 |
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#### ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II PPS

				NURSING	CENTRAL		MEDICAL		NURSING AND ALLIED	
	Cost Center Description	HOUSEKEEPI		ADMINISTRA	SERVICES &		RECORDS &	SOCIAL	HEALTH	
		NG	DIETARY	TION	SUPPLY	PHARMACY	LIBRARY	SERVICE	EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
98.00	Cross Foot Adjustments	0	0	0	0	0			0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	4,706	86,297	3,577	45,481	140	1,319	1,568	0	100.00

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#### ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II

						PI	PS
				Post			
	Cost Center Description			Step-Down			
	•	ACTIVITIES	Subtotal	Adjustments	Total		
		15.00	16.00	17.00	18.00		
GENE	ERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.	00.1
2.00	CAP REL COSTS - MOVABLE EQUIPMENT					2.	2.00
3.00	EMPLOYEE BENEFITS					3.	3.00
4.00	ADMINISTRATIVE & GENERAL					4.	1.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.	5.00
6.00	LAUNDRY & LINEN SERVICE					6.	5.00
7.00	HOUSEKEEPING					7.	7.00
8.00	DIETARY					8.	3.00
9.00	NURSING ADMINISTRATION					9.	0.00
10.00	CENTRAL SERVICES & SUPPLY					10.	0.00
11.00	PHARMACY					11.	00.1
12.00	MEDICAL RECORDS & LIBRARY					12.	2.00
13.00	SOCIAL SERVICE					13.	3.00
14.00	NURSING AND ALLIED HEALTH EDUCATION					14.	1.00
15.00	ACTIVITIES	28,639				15.	5.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS						
30.00	SKILLED NURSING FACILITY	28,639	695,653	0	695,653	30.	0.00
31.00	NURSING FACILITY	0	0	0	0	31.	1.00
32.00	ICF/IID	0	0	0	0	32.	2.00
33.00	OTHER LONG TERM CARE	0	0	0	0	33.	3.00
ANCI	LLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	0	15	0	15	40.	0.00
41.00	LABORATORY	0	0	0	0	41.	1.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	42.	2.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.	3.00
44.00	PHYSICAL THERAPY	0	39,970	0	39,970	44.	1.00
45.00	OCCUPATIONAL THERAPY	0	998	0	998	45.	5.00
46.00	SPEECH PATHOLOGY	0	356	0	356	46.	5.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.	7.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,967	0	2,967	48.	3.00
49.00	DRUGS CHARGED TO PATIENTS	0	492	0	492	49.	0.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.	0.00
51.00	SUPPORT SURFACES	0	0	0	0	51.	00.1
OUTP	PATIENT SERVICE COST CENTERS						
60.00	CLINIC	0	0	0	0	60.	0.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	61.	00.1
62.00	FQHC					62.	2.00
OTHE	ER REIMBURSABLE COST CENTERS						
70.00	HOME HEALTH AGENCY COST	0	0	0	0	70.	0.00
71.00	AMBULANCE	0	19	0	19	71.	00.1
73.00	CMHC	0	0	0	0	73.	3.00
SPEC	IAL PURPOSE COST CENTERS						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.	0.00
81.00	INTEREST EXPENSE					81.	00.1
82.00	UTILIZATION REVIEW - SNF					82.	2.00
83.00	HOSPICE	0	0	0	0	83.	3.00
89.00	SUBTOTALS (sum of lines 1-84)	28,639	740,470	0	740,470	89.	0.00
NON	REIMBURSABLE COST CENTERS						
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.	0.00
91.00	BARBER AND BEAUTY SHOP	0	2,967	0	2,967	91.	1.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.	2.00
93.00	NONPAID WORKERS	0	0	0	0	93.	3.00
94.00	PATIENTS LAUNDRY	0	0	0	0	94.	1.00
98.00	Cross Foot Adjustments	0	0	0	0	98.	3.00
99.00	Negative Cost Centers	0	0	0	0	99.	0.00
100.00	TOTAL	28,639	743,437	0	743,437	100.	0.00

COUNTRY ARCH CARE CENTER

Period: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:

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## 315433 COST ALLOCATION - STATISTICAL BASIS

Provider CCN:

Worksheet B-1

										PPS
	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRA TIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPI NG (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
	ERAL SERVICE COST CENTERS				1		1			
1.00	CAP REL COSTS - BLDGS & FIXTURES	44,472								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		44,472							2.00
3.00	EMPLOYEE BENEFITS	0	0	6,962,207						3.00
4.00	ADMINISTRATIVE & GENERAL	2,159	2,159	1,046,185	-3,264,736	9,856,770				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	3,169	3,169	113,165	0	619,676	39,144			5.00
6.00	LAUNDRY & LINEN SERVICE	1,424	1,424	0		24,285	1,424	39,662		6.00
7.00	HOUSEKEEPING	167	167	347,036	0	458,155	167	0	,	
8.00	DIETARY	4,482	4,482	544,728	0	1,224,251	4,482		1,1.02	
9.00	NURSING ADMINISTRATION	103	103	365,639	0	463,307	103			_
10.00	CENTRAL SERVICES & SUPPLY	2,427	2,427	0		322,312	2,427	0	- ,	_
11.00	PHARMACY	0	0	0	0	38,295	0			11.00
12.00	MEDICAL RECORDS & LIBRARY	72	72	0	0	1,204	72		72	_
13.00	SOCIAL SERVICE	64	64	93,819	0	109,367	64			_
14.00	NURSING AND ALLIED HEALTH	0	0	0	0	0	0	0	0	14.00
15.00	EDUCATION	1 517	1.517	156 226	0	250.004	1.517		1.517	15.00
15.00	ACTIVITIES TIENT ROUTINE SERVICE COST CENTERS	1,517	1,517	156,336	0	258,884	1,517	0	1,517	15.00
	SKILLED NURSING FACILITY	26.460	26.460	2 (77 104	0	5 200 740	26.460	20.662	26.460	20.00
30.00	NURSING FACILITY	26,460	26,460	3,677,194	0	, ,	26,460		-	_
31.00			-					-		0 -100
32.00	ICF/IID  OTHER LONG TERM CARE	0	0	0		0	0	-	0	
33.00	OTHER LONG TERM CARE  LLARY SERVICE COST CENTERS	0	0	0	0	0	0	1 0	0	33.00
		0	0	0	0	4.006			0	40.00
40.00	RADIOLOGY		-		0		0	-		
41.00	LABORATORY  DEFINATION OF THE PARY	0	0	0		0	0	-	· ·	41.00
42.00	INTRAVENOUS THERAPY		0	0	0	0	0	1	· ·	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0		0	0	0	-		
44.00	PHYSICAL THERAPY	2,104	2,104	297,901	0	427,492	2,104	0	- ,	
45.00	OCCUPATIONAL THERAPY	0	0	236,081	0	272,516	0	-		45.00
46.00	SPEECH PATHOLOGY			84,123	0	97,106	0	-	· · ·	46.00
47.00	ELECTROCARDIOLOGY	162	162	0		2.700	162	-		
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0			162			48.00
49.00	DRUGS CHARGED TO PATIENTS	0				134,361		-		
50.00	DENTAL CARE - TITLE XIX ONLY SUPPORT SURFACES	0	0	0	0	0	0	1	· ·	50.00
51.00	PATIENT SERVICE COST CENTERS	0	0	0	0		0	1 0		51.00
60.00	CLINIC CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	-	0	61.00
		0	0	0	U	0	0	0	0	
	FQHC ER REIMBURSABLE COST CENTERS									62.00
	HOME HEALTH AGENCY COST	0	0	0	0		0	1 0	0	70.00
71.00	AMBULANCE	0	0	0		5,317	0	-	· ·	71.00
	CMHC	0	0	0		3,317	0	1	· · · · · · · · · · · · · · · · · · ·	73.00
	IAL PURPOSE COST CENTERS	0	0	0	0		0	1 0		/3.00
										80.00
	MALPRACTICE PREMIUMS & PAID LOSSES INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
	HOSPICE	0	0	0	0	0	0	0	0	_
	SUBTOTALS (sum of lines 1-84)	44,310	44,310	6,962,207	-3,264,736	9,854,062	38,982			
	REIMBURSABLE COST CENTERS	44,310	44,310	0,902,207	-3,204,730	9,854,062	38,982	39,062	37,391	09.00
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
	BARBER AND BEAUTY SHOP	162	162	0			162			
	PHYSICIANS PRIVATE OFFICES	0	0	0		2,708	0			
74.00	THE OFFICES	0	U	0	U	1	0	·	0	72.00

COUNTRY ARCH CARE CENTER

| Period: From: 01/01/2024 | MCRIF32 | 2540-10 |
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#### COST ALLOCATION - STATISTICAL BASIS

#### Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	TIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPI NG (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	730,598	12,839	1,074,507		3,264,736	824,924	62,338	613,423	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	16.428269	0.288699	0.154334		0.331218	21.074085	1.571731	16.334860	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		36,092	55,245	25,904	4,706	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.003662	1.411327	0.653119	0.125316	105.00

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#### COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

										PPS
	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRA TION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	ACTIVITIES (PATIENT DAYS)	
073.17		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
	ERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	110.007								7.00
8.00	DIETARY	118,986	20.662							8.00
9.00	NURSING ADMINISTRATION	0	39,662	20.662						9.00
11.00	CENTRAL SERVICES & SUPPLY	0	0	39,662	30.662					10.00
12.00	PHARMACY MEDICAL RECORDS & LIBRARY	0		0	39,662	39,662				11.00
13.00	SOCIAL SERVICE	0	0	0	0	0	39,662			13.00
14.00	NURSING AND ALLIED HEALTH	0	0	0	0	0	39,002	0		14.00
14.00	EDUCATION	0	0	U	ľ	· ·	Ü	1		14.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	39,662	15.00
	TIENT ROUTINE SERVICE COST CENTERS					<u> </u>			55,002	15.00
30.00	SKILLED NURSING FACILITY	118,986	39,662	39,662	39,662	39,662	39,662	0	39,662	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	
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	
ANCI	LLARY SERVICE COST CENTERS							•		
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OUTF	ATIENT SERVICE COST CENTERS									
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									
	HOME HEALTH AGENCY COST	0	0	0	0	0	0		0	
	AMBULANCE	0		0		0	0			71.00
	CMHC	0	0	0	0	0	0	0	0	73.00
	IAL PURPOSE COST CENTERS									
	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
	INTEREST EXPENSE									81.00
	UTILIZATION REVIEW - SNF									82.00
	HOSPICE	0		0	0	0	0		0	83.00
	SUBTOTALS (sum of lines 1-84)	118,986	39,662	39,662	39,662	39,662	39,662	0	39,662	89.00
	REIMBURSABLE COST CENTERS	_							^	00.00
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		0		0	0		0	
91.00	BARBER AND BEAUTY SHOP	0		0		0	0		0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00

COUNTRY ARCH CARE CENTER

| Period: From: 01/01/2024 | Provider CCN: 315433 | To: 12/31/2024 | Provider CCN: 315433 | To: 12/3

#### COST ALLOCATION - STATISTICAL BASIS

#### Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRA TION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	ACTIVITIES (PATIENT DAYS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,797,412	620,616	519,860	50,979	4,296	147,985	0	401,380	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	15.106080	15.647622	13.107256	1.285336	0.108315	3.731153	0.000000	10.120014	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	86,297	3,577	45,481	140	1,319	1,568	0	28,639	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.725270	0.090187	1.146715	0.003530	0.033256	0.039534	0.000000	0.722077	105.00

COUNTRY ARCH CARE CENTER

| Period: From: 01/01/2024 | MCRIF32 | 2540-10 |
| Provider CCN: 315433 | To: 12/31/2024 | Version: 11.1.179.1

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

#### Worksheet C

PPS

					PPS
	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2	
		1.00	2.00	3.00	
ANCI	LLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	5,439	4,086	1.331131	40.00
41.00	LABORATORY	0	0	0.000000	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	PHYSICAL THERAPY	647,794	401,301	1.614235	44.00
45.00	OCCUPATIONAL THERAPY	362,778	717,747	0.505440	45.00
46.00	SPEECH PATHOLOGY	129,269	272,129	0.475028	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,665	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	178,864	134,361	1.331220	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
OUTI	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	7,078	5,317	1.331202	71.00
100.00	Total	1,340,887	1,534,941		100.00

COUNTRY ARCH CARE CENTER Period: Run Date Time: 5/28/2025 10:32 am



#### APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Title XVIII Skilled Nursing Facility PPS

				THE AVIII	Skilled I vursing	g i acmty	113
PART I - CAL	CULATION OF ANCILLARY AND OUTPAT	IENT COST					
			Health Care Pr	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	
ANCILLARY	SERVICE COST CENTERS						
40.00 RADIC	DLOGY	1.331131	0	0	0	0	40.00
41.00 LABOI	RATORY	0.000000	0	0	0	0	41.00
42.00 INTRA	VENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00 OXYG	EN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00 PHYSI	CAL THERAPY	1.614235	153,481	0	247,754	0	44.00
45.00 OCCUI	PATIONAL THERAPY	0.505440	171,854	0	86,862	0	45.00
46.00 SPEEC	TH PATHOLOGY	0.475028	93,294	0	44,317	0	46.00
47.00 ELECT	TROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00 MEDIO	CAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00 DRUG	S CHARGED TO PATIENTS	1.331220	0	0	0	0	49.00
50.00 DENT.	AL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00 SUPPC	ORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIEN	T SERVICE COST CENTERS						
60.00 CLINIC	C	0.000000	0	0	0	0	60.00
61.00 RURAI	L HEALTH CLINIC						61.00
62.00 FQHC							62.00
71.00 AMBU	LANCE (2)	1.331202		0		0	71.00
100.00 Total (S	Sum of lines 40 - 71)		418,629	0	378,933	0	100.00
(1) For titles V	and XIX use columns 1 2 and 4 only						

<sup>(1)</sup> For titles V and XIX use columns 1, 2 and 4 only.

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

COUNTRY ARCH CARE CENTER Period: Run Date Time:

5/28/2025 10:32 am **2540-10** From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315433 11.1.179.1

Worksheet D

#### APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Parts II-III Title XVIII Skilled Nursing Facility PPS

PART	PART II - APPORTIONMENT OF VACCINE COST							
		1.00						
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.331220	1.00					
2.00	Program vaccine charges (From your records, or the PS&R)	7,755	2.00					
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	10,324	3.00					
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH								
	Ratio of Nursing &							

1 /11/1	ART III - CALCULATION OF THIS THROUGH COSTS FOR NORSHAU & ALLIED HEALTH								
				Ratio of Nursing &					
	Cost Center Description		Nursing & Allied Health	Allied Health Costs to	Program Part A Cost	Part A Nursing & Allied			
	Cost Center Description	Total Cost (From Wkst.	(From Wkst. B, Part I,	Total Costs - Part A	(From Wkst. D Part I,	Health Costs for Pass			
		B, Part I, Col. 18	Col. 14)	(Col. 2 / Col. 1)	Col. 4)	Through (Col. 3 x Col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCII	LLARY SERVICE COST CENTERS								
40.00	RADIOLOGY	5,439	0	0.000000	0	0	40.00		
41.00	LABORATORY	0	0	0.000000	0	0	41.00		
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00		
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0	43.00		
44.00	PHYSICAL THERAPY	647,794	0	0.000000	247,754	0	44.00		
45.00	OCCUPATIONAL THERAPY	362,778	0	0.000000	86,862	0	45.00		
46.00	SPEECH PATHOLOGY	129,269	0	0.000000	44,317	0	46.00		
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00		
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,665	0	0.000000	0	0	48.00		
49.00	DRUGS CHARGED TO PATIENTS	178,864	0	0.000000	0	0	49.00		
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00		
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00		
100.00	Total (Sum of lines 40 - 52)	1,333,809	0		378,933	0	100.00		

5/28/2025 10:32 am **2540-10** COUNTRY ARCH CARE CENTER Period: Run Date Time: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:

COMPUTATION OF INPATIENT ROUTINE COSTS

315433

Provider CCN:

Worksheet D-1 Part I

11.1.179.1

Title XVIII Skilled Nursing Facility

	Title XVIII Skilled Nursi	ng Facility	PPS
PART	I CALCULATION OF INPATIENT ROUTINE COSTS		
		1.00	
INPA	TIENT DAYS		
1.00	Inpatient days including private room days	39,662	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	3,689	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	11,770,954	5.00
PRIV	ATE ROOM DIFFERENTIAL ADJUSTMENT		
6.00	General inpatient routine service charges	13,623,836	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.863997	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)	11,770,954	15.00
PROC	RAM INPATIENT ROUTINE SERVICE COSTS		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	296.78	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,094,821	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)	1,094,821	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)	695,653	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	17.54	21.00
22.00	Program capital related cost (Line 3 times line 21)	64,705	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,030,116	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	1,030,116	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	39,662	1.00
2.00	Program inpatient days (see instructions)	3,689	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)	0.093011	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

5/28/2025 10:32 am **2540-10** COUNTRY ARCH CARE CENTER Period: Run Date Time: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:

COMPUTATION OF INPATIENT ROUTINE COSTS

315433

Provider CCN:

Worksheet D-1 Part I

11.1.179.1

Title XIX Skilled Nursing Facility

Title XIX Skilled P	Nursing Facility	Cost
PART I CALCULATION OF INPATIENT ROUTINE COSTS		
	1.00	
INPATIENT DAYS		
1.00 Inpatient days including private room days	39,663	2 1.00
2.00 Private room days		0 2.00
3.00 Inpatient days including private room days applicable to the Program	30,00	6 3.00
4.00 Medically necessary private room days applicable to the Program		0 4.00
5.00 Total general inpatient routine service cost	11,770,95	4 5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	·	
6.00 General inpatient routine service charges	13,623,830	6.00
7.00 General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.86399	7 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)	0.0	0 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)	0.0	0 11.00
12.00 Average per diem private room charge differential (Line 9 minus line 11)	0.0	0 12.00
13.00 Average per diem private room cost differential (Line 7 times line 12)	0.0	0 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)	11,770,954	4 15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16.00 Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	296.7	8 16.00
17.00 Program routine service cost (Line 3 times line 16)	8,905,18	1 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)	8,905,18	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)	695,653	3 20.00
21.00 Per diem capital related costs (Line 20 divided by line 1)	17.5	4 21.00
22.00 Program capital related cost (Line 3 times line 21)	526,30	5 22.00
23.00 Inpatient routine service cost (Line 19 minus line 22)	8,378,876	6 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)	8,378,870	6 25.00
26.00 Enter the per diem limitation (1)	0.0	0 26.00
27.00 Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		0 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)	8,905,18	1 28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
	1.00	T
1.00 Total SNF inpatient days	39,660	2 1.00
2.00 Program inpatient days (see instructions)	30,000	6 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)	0.756543	3 4.00
5.00 Program nursing & allied health costs for pass-through. (line 3 times line 4)		0 5.00

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COUNTRY ARCH CARE CENTER Period: Run Date Time: 5/28/2025 10:32 am From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: 2540-10

11.1.179.1

#### CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Provider CCN:

315433

Worksheet E

		Part I
Title XVIII	Skilled Nursing Facility	PPS

	Title AVIII Skilled Nurshig	acmty	PPS
PART	A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
		1.00	
1.00	Inpatient PPS amount (See Instructions)	2,715,870	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	2,715,870	3.00
4.00	Primary payor amounts	14,739	4.0
5.00	Coinsurance	439,824	5.0
6.00	Allowable bad debts (From your records)	334,685	6.0
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	14,972	7.0
8.00	Adjusted reimbursable bad debts. (See instructions)	217,545	8.0
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	2,478,852	11.00
12.00	Interim payments (See instructions)	2,339,601	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.5
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	4,351	14.7
14.99	Sequestration amount (see instructions)	45,226	14.99
15.00	Balance due provider/program (see Instructions)	89,674	15.0
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART	B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	10,324	18.0
19.00	Total reasonable costs (Sum of lines 17 and 18)	10,324	19.0
20.00	Medicare Part B ancillary charges (See instructions)	7,755	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	7,755	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.0
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	7,755	25.0
26.00	Interim payments (See instructions)	5,776	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	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.5
28.99	Sequestration amount (see instructions)	155	28.99
29.00	Balance due provider/program (see instructions)	1,824	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

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#### CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

Provider CCN:

315433

Worksheet E Part II

11.1.179.1

	Title XIX Skilled Nursing	g Facility	Cost
		1.00	
СОМ	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)	8,905,181	4.00
5.00	Utilization reviewphysicians' compensation (from provider records)	0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)	8,905,181	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)	8,905,181	8.00
9.00	Primary payor amounts	0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)	8,905,181	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		
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 413.13(e)	0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)	0.000000	18.00
19.00	Total customary charges (see instructions)	0	19.00
СОМ	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

COUNTRY ARCH CARE CENTER

315433

Provider CCN:

Period: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:

Run Date Time:

5/28/2025 10:32 am **2540-10** 11.1.179.1



### ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

DESCRIPTION			Title XVIII	Skilled Nu	rsing Facility		PPS
1,00   1,00			Inpatien	t Part A	Part	В	
1.00   Total intertim payments paid to provider   2,216,081   5,776   1,00   2,00   1,00		DESCRIPTION	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
2.00   Interim payments payable on individual bils, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If soon, enter zero   2.00   3.00   2			1.00	2.00	3.00	4.00	
Solit   Sol	1.00	Total interim payments paid to provider		2,216,081		5,776	1.00
Reporting period. Also show due of each payment. If none, write "NONE" or enter a zero. (1)   ADUSTMENTS TO PROVIDER	2.00	1 , 1 ,	the	161,686		0	2.00
3.01   ADJUSTMENTS TO PROVIDER   0   0   0   0   0   0   0   0   0	3.00						3.00
3.02	Progra	ım to Provider					
3.03	3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.04	3.02			0		0	3.02
3.05	3.03			0		0	3.03
Program	3.04			0		0	3.04
3.50   ADJUNTMENTS TO PROGRAM   06/12/2024   38,166   0   3.50     3.51   0   0   0   0   3.51     3.52   0   0   0   0   0   3.52     3.53   0   0   0   0   0   3.53     3.54   0   0   0   0   0   3.53     3.54   0   0   0   0   0   3.53     3.59   Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)   0   0   0   3.54     4.00   Total interim payments (sum of lines 3.10 - 3.99) (Transfer to Wist. E, Part I line 12 for Part A, and line 26 for Part B)   0   2,339,601   0   5,756     5.00   TOTAL INTERIOR   0   0   0   0   0     5.00   TOTAL INTERIOR   0   0   0   0   0     5.01   TENTATIVE TO PROVIDER   0   0   0   0   0     5.02   0   0   0   0   0     5.03   TENTATIVE TO PROGRAM   0   0   0   0     5.04   TENTATIVE TO PROGRAM   0   0   0   0     5.05   TENTATIVE TO PROGRAM   0   0   0   0     5.07   TENTATIVE TO PROGRAM   0   0   0   0     5.08   TENTATIVE TO PROGRAM   0   0   0   0     5.09   Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)   0   0   0   0   0     6.00   Determined net settlement amount (balance due) based on the cost report. (I)   0   0   0     6.00   PROGRAM TO PROVIDER   0   0   0   0   0     6.00   PROGRAM TO PROVIDER   0   0   0   0   0     6.00   PROGRAM TO PROGRAM   0   0   0   0     6.00   PROGRAM TO PROGRAM   0   0   0   0     6.00   PROVIDER TO PROGRAM   0   0   0   0   0     6.00   TOTAL INTERIOR   0   0   0   0   0     6.00   TOTAL INTERIOR   0   0   0     6.00   TOTAL	3.05			0		0	3.05
3.51	Provid	er to Program	<u>.</u>				
3.52	3.50	ADJUSTMENTS TO PROGRAM	06/12/2024	38,166		0	3.50
3.53	3.51			0		0	3.51
Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)   Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)   Contractor Name   Contractor Number   Contractor Name   Contractor Number   Contractor Numbe	3.52			0		0	3.52
3.99   Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)   -38,166   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)   2,339,601   5,776     4.00   TO BE COMPLETED BY CONTRACTOR	3.53			0		0	3.53
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)   2,339,601   5,776   4.00	3.54			0		0	3.54
TO BE COMPLETED BY CONTRACTOR	3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		-38,166		0	3.99
Solition   Solition	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)		2,339,601		5,776	4.00
Program to Provider	TO B	E COMPLETED BY CONTRACTOR					
5.01         TENTATIVE TO PROVIDER         0         0         5.01           5.02         0         0         0         5.02           5.03         0         0         0         5.03           Provider to Program           5.50         TENTATIVE TO PROGRAM         0         0         5.50           5.51         0         0         0         5.51           5.52         0         0         0         5.52           5.99         Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)         0         0         0         5.99           6.00         Determined net settlement amount (balance due) based on the cost report. (1)         6.00         6.00         6.00           6.01         PROGRAM TO PROVIDER         89,674         1,824         6.01           6.02         PROVIDER TO PROGRAM         0         0         6.02           7.00         Total Medicare program liability (see instructions)         2,429,275         7,600         7.00           Contractor Name         Contractor Number	5.00		E" or				5.00
5.02       0       0       5.02         5.03       0       0       0       5.03         Provider to Program         5.50       TENTATIVE TO PROGRAM       0       0       5.50         5.51       0       0       0       5.51         5.52       0       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       6.00         6.01       PROGRAM TO PROVIDER       89,674       1,824       6.01         6.02       PROVIDER TO PROGRAM       0       0       6.02         7.00       Total Medicare program liability (see instructions)       2,429,275       7,600       7.00         Total Medicare program liability (see instructions)       Contractor Number       Contractor Number       Contractor Number         6.02       Total Medicare program liability (see instructions)       2,429,275       7,600       7.00	Progra	ım to Provider					
5.03         0         0         5.03           Provider to Program           5.50         TENTATIVE TO PROGRAM         0         0         5.50           5.51         0         0         0         5.51           5.52         0         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         6.00           6.01         PROGRAM TO PROVIDER         89,674         1,824         6.01           6.02         PROVIDER TO PROGRAM         0         0         6.02           7.00         Total Medicare program liability (see instructions)         2,429,275         7,600         7.00           Contractor Name         Contractor Number         Contractor Number	5.01	TENTATIVE TO PROVIDER		0		0	5.01
Provider to Program	5.02			0		0	5.02
5.50       TENTATIVE TO PROGRAM       0       0       5.50         5.51       0       0       0       5.51         5.52       0       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       6.00       6.00         6.01       PROGRAM TO PROVIDER       89,674       1,824       6.01         6.02       PROVIDER TO PROGRAM       0       0       6.02         7.00       Total Medicare program liability (see instructions)       2,429,275       7,600       7.00         Contractor Name       Contractor Number         1.00       2.00       1.00	5.03			0		0	5.03
5.51       0       0       5.51         5.52       0       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       89,674       1,824       6.01         6.02       PROVIDER TO PROGRAM       0       0       0       6.02         7.00       Total Medicare program liability (see instructions)       2,429,275       7,600       7.00         Contractor Name       Contractor Number         1.00       2.00	Provid	er to Program	'			'	
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       6.00         6.01       PROGRAM TO PROVIDER       89,674       1,824       6.01         6.02       PROVIDER TO PROGRAM       0       0       0       6.02         7.00       Total Medicare program liability (see instructions)       2,429,275       7,600       7.00         Contractor Name       Contractor Number         1.00       2.00	5.50	TENTATIVE TO PROGRAM		0		0	5.50
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         6.00           6.01         PROGRAM TO PROVIDER         89,674         1,824         6.01           6.02         PROVIDER TO PROGRAM         0         0         6.02           7.00         Total Medicare program liability (see instructions)         2,429,275         7,600         7.00           Contractor Name         Contractor Number         2.00	5.51			0		0	5.51
6.00   Determined net settlement amount (balance due) based on the cost report. (1)   6.01	5.52			0		0	5.52
6.01         PROGRAM TO PROVIDER         89,674         1,824         6.01           6.02         PROVIDER TO PROGRAM         0         0         6.02           7.00         Total Medicare program liability (see instructions)         2,429,275         7,600         7.00           Contractor Number         Contractor Number         2.00	5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.02         PROVIDER TO PROGRAM         0         0         6.02           7.00         Total Medicare program liability (see instructions)         2,429,275         7,600         7.00           Contractor Name         Contractor Number         2.00	6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
7.00         Total Medicare program liability (see instructions)         2,429,275         7,600         7.00           Contractor Name         Contractor Number         2.00	6.01	PROGRAM TO PROVIDER		89,674		1,824	6.01
Contractor Name         Contractor Number           1.00         2.00	6.02	PROVIDER TO PROGRAM		0		0	6.02
Contractor Name         Contractor Number           1.00         2.00	7.00	Total Medicare program liability (see instructions)		2,429,275		7,600	7.00
			Contractor				
8.00		1.00	2.00	)			
	8.00						8.00

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

COUNTRY ARCH CARE CENTER

315433

Provider CCN:

Period: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:

Run Date Time:

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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

comp	elete the "General Fund" column only)					PPS
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
	ENT ASSETS			.1		
1.00	Cash on hand and in banks	1,994,129	0	0	0	
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	, 5.00
4.00	Accounts receivable	2,283,879	0	0	0	
5.00	Other receivables	0	0	0	0	
6.00	Less: allowances for uncollectible notes and accounts receivable	0		0	0	6.00
7.00	Inventory	Ů	0	0	0	,,,,,
8.00	Prepaid expenses	193,495	0	0	0	_
9.00	Other current assets	0	0	-	0	
10.00	Due from other funds	· · · · · · · · · · · · · · · · · · ·		0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)  D ASSETS	4,471,503	0	0	0	11.00
	1		0	0		12.00
	Land Land improvements	0	0	0	0	12.00
13.00	Land improvements	0		-	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	- 1101
15.00	Buildings	0			0	
16.00	Less Accumulated depreciation	Ů	0	0	0	16.00
	Leasehold improvements	1,526,881 -1,372,346	0	0	0	
18.00	Less: Accumulated Amortization	-1,3/2,340	0	0	0	
19.00	Fixed equipment	0	0	0	0	
20.00	Less: Accumulated depreciation	0	0	0	0	
	Automobiles and trucks	0		~	0	21.00
22.00	Less: Accumulated depreciation	· · · · · · · · · · · · · · · · · · ·	0	0	0	
23.00	Major movable equipment	336,040	0	0	0	
24.00 25.00	Less: Accumulated depreciation	-238,532	0	0	0	24.00
	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	
27.00 28.00	Other fixed assets	252,043	0	0		27.00
	TOTAL FIXED ASSETS (Sum of lines 12 - 27) ER ASSETS	252,043	U	U	U	20.00
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0		0	0	
31.00	† *	0	0	0	0	31.00
32.00	Due from owners/officers Other assets	16,644,191	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	16,644,191	0	0	0	
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	21,367,737	0	0		34.00
	ities and Fund Balances	21,307,737	0	U <sub> </sub>	0	J4.00
	RENT LIABILITIES					
35.00	Accounts payable	2,011,156	0	0	0	35.00
	Salaries, wages, and fees payable	181,236	0	0	0	_
	Payroll taxes payable	9,779	0	0	0	
38.00	Notes & loans payable (Short term)	9,779	0	0	0	38.00
39.00	Deferred income	0		0	0	
40.00	Accelerated payments	0	0	0		40.00
41.00	Due to other funds	0	0	0	0	_
42.00	Other current liabilities	2,068,478	0	0	0	<b>+</b>
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	4,270,649	0	0		43.00
	G TERM LIABILITIES	1,270,047	0	· ·		15.00
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0		0	0	
.0.00	Loans from owners:	0	0	0	0	
47.00	Louis Louis Owners.	0	0		0	_
47.00 48.00	Other long term liabilities	15 800 170	ا م	ΩL	n	48.00
47.00 48.00 49.00	Other long term liabilities OTHER (SPECIFY)	15,800,170	0	0	0	

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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

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		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)	20,070,819	0	0	(	51.00
CAPI	TAL ACCOUNTS					
52.00	General fund balance	1,296,918				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				(	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				(	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	1,296,918	0	0	(	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	21,367,737	0	0	(	60.00

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#### STATEMENT OF CHANGES IN FUND BALANCES

315433

Provider CCN:

#### Worksheet G-1

PPS

										PPS
		Genera	ıl Fund	Special Pur	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		1,450,062		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-153,142							2.00
3.00	Total (sum of line 1 and line 2)		1,296,920		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)		1,296,920		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00	ADJ	2		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)		2		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		1,296,918		0		0		0	19.00

COUNTRY ARCH CARE CENTER

| Period: | Run Date Time: | 5/28/2025 10:32 am | MCRIF32 | 2540-10 |
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#### STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2 Part I PPS

Cost Center Description	Inpatient	Outpatient	Total	
·	1.00	2.00	3.00	
General Inpatient Routine Care Services				
1.00 SKILLED NURSING FACILITY	13,623,836		13,623,836	1.0
2.00 NURSING FACILITY	0		0	2.0
3.00 ICF/IID	0		0	3.0
4.00 OTHER LONG TERM CARE	0		0	4.0
5.00 Total general inpatient care services (Sum of lines 1 - 4)	13,623,836		13,623,836	5.0
All Other Care Services				
6.00 ANCILLARY SERVICES	1,534,941	0	1,534,941	6.0
7.00 CLINIC		0	0	7.0
8.00 HOME HEALTH AGENCY COST		0	0	8.0
9.00 AMBULANCE		0	0	9.0
10.00 RURAL HEALTH CLINIC		0	0	10.0
10.10 FQHC		0	0	10.10
11.00 CMHC		0	0	11.0
12.00 HOSPICE	0	0	0	12.0
13.00 OTHER (SPECIFY)	0	0	0	13.0
14.00 Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	15,158,777	0	15,158,777	14.0
PART II - OPERATING EXPENSES				
		1.00	2.00	
1.00 Operating Expenses (Per Worksheet A, Col. 3, Line 100)			14,385,079	1.0
2.00 Add (Specify)		0		2.0
3.00		0		3.0
4.00		0		4.0
5.00		0		5.0
6.00		0		6.0
7.00		0		7.0
8.00 Total Additions (Sum of lines 2 - 7)			0	8.0
9.00 Deduct (Specify)		0		9.0
10.00		0		10.0
11.00		0		11.0
12.00		0		12.0
13.00		0		13.0
14.00 Total Deductions (Sum of lines 9 - 13)			0	14.0
15.00 Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			14,385,079	15.0

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#### STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

#### Worksheet G-3

			PPS
		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	15,158,777	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,021,380	2.00
3.00	Net patient revenues (Line 1 minus line 2)	14,137,397	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	14,385,079	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-247,682	5.00
Other	income:		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	94,540	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00		0	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	94,540	25.00
26.00	Total (Line 5 plus line 25)	-153,142	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)	-153,142	31.00

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