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

ROSE MOUNTAIN CARE CTR	Period:	Run Date Time:	5/28/2025 10:39 am
	From: 01/01/2024	MCRIF32	2540-10
Provider CCN: 315384	To: 12/31/2024	Version:	11.1.179.1



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

Worksheet S Parts I, II & III

PART I - COST	REPORT STATUS		
Provider use only	[ X ] Electronically prepared cost report     [ ] Manually prepared cost report     [ ] If this is an amended report enter the number of times the provider results.	Date:	Time:
Contractor use only:	3.01. No Medicare Utilization. Enter "Y" for yes or leave blank for no.  4. 1 Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended  5. Date Received:	8. [ ] Last Cost F 9. NPR Date: 10. If line 4, column 11. Contractor Vene	Report for this Provider CCN Report for this Provider CCN  1 is "4": Enter number of times reopened0  dor Code:4  Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

Provider CCN:

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 ROSE MOUNTAIN CARE CTR, 315384 {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 2	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 - SETTI EMENT SI	IMMARY			

PAKI	III - SEI ILEMENI 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	-54,579	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	-54,579	0	0	100.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete 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.

To:

12/31/2024 Version:

ROSE MOUNTAIN CARE CTR Period: Run Date Time: 5/28/2025 10:39 am From: 01/01/2024 MCRIF32 2540-10

**2540-10** 11.1.179.1



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

Provider CCN:

315384

Worksheet S-2 Part I PPS

Skille 1.00											PPS
1 00	d Nursing Facility and Skilled Nursing	Facility Complex Add	ress:								
	Street: 27 US HIGHWAY 1			P.O. Box:							1.0
2.00	City: NEW BRUNSWICK			State:	NJ		P Code: 08901				2.0
3.00	County: MIDDLESEX	. D : 166 E	11.	CBSA Code:	35154	Url	ban / Rural:	U			3.0
3.01	CBSA on/after October 1 of the Cost Re		cable)								3.0
SINF 2	and SNF-Based Component Identificati	.ion;					<del></del>	Darron	ont System (D. O.	0 <b>N</b> D	
	Component		Cor	mponent Name	D.	rovider CCN	N Date Certified	V	ent System (P, O XVIII	XIX	
	Component		Col	1.00	11	2.00	3.00	4.00	5.00	6.00	
4.00	SNF	R	OSE MOUNTAI		31	15384	12/01/1997	N	P	O.00	4.0
5.00	Nursing Facility			V GIRLI OTK	J.	15501	12/01/1997		1		5.0
6.00	ICF/IID										6.0
7.00	SNF-Based HHA										7.0
8.00	SNF-Based RHC										8.0
9.00	SNF-Based FQHC										9.0
10.00	SNF-Based CMHC										10.0
11.00	SNF-Based OLTC										11.0
12.00	SNF-Based HOSPICE										12.0
13.00	SNF-Based CORF										13.0
						F	rom:		To:		
						1	1.00		2.00		
14.00	Cost Reporting Period (mm/dd/yyyy)					01/0	01/2024		12/31/202	4	14.0
15.00	Type of Control (See Instructions)				4 - Pro	prietary, Co	rporation			1	15.0
										Y/N	
										1.00	
	of Freestanding Skilled Nursing Facility	•									_
16.00	1 0									Y	16.00
17.00	Is this a composite distinct part skilled nu		*			1.60 P. 1. 4.5				N	17.00
18.00	Are there any costs included in Workshee A-8-1.	et A that resulted from to	ransactions with re	lated organizations as	defined in Cl	MS Pub. 15-	1, chapter 10? If ye	es, complete V	Vorksheet	Y	18.00
M:											
19.00	ellaneous Cost Reporting Information	ropout indicate with a "V	"								
19.00	+									NI.	10.0
	If line 10 is you done this cost report mos	*			ost roport ind	dicata with a	"V" for you or "N	" for no		N N	
Denre	If line 19 is yes, does this cost report mee	et your contractor's criter	ria for filing a low l	Medicare utilization o		dicate with a	"Y", for yes, or "N	" for no.		N N	
	eciation - Enter the amount of depreciat	et your contractor's criter	ria for filing a low l	Medicare utilization o		dicate with a	"Y", for yes, or "N	" for no.		N	19.0
20.00	eciation - Enter the amount of depreciat Straight Line	et your contractor's criter	ria for filing a low l	Medicare utilization o		dicate with a	"Y", for yes, or "N	" for no.			19.0
20.00	Straight Line Declining Balance	et your contractor's criter	ria for filing a low l	Medicare utilization o		dicate with a	"Y", for yes, or "N	" for no.		N	19.00 5 20.00 0 21.00
20.00 21.00 22.00	Straight Line Declining Balance Sum of the Year's Digits	et your contractor's criter	ria for filing a low l	Medicare utilization o		dicate with a	"Y", for yes, or "N	" for no.		N 14,56.	19.0 5 20.0 0 21.0 0 22.0
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20.00 21.00 22.00 23.00 24.00 25.00	Straight Line Declining Balance Sum of the Year's Digits Sum of line 20 through 22 If depreciation is funded, enter the balan Were there any disposal of capital assets of	et your contractor's criter tion reported in this SN nce as of the end of the p during the cost reporting	ria for filing a low INF for the method  period. g period? (Y/N)	Medicare utilization c d indicated on Line	s 20 - 22.	dicate with a	"Y", for yes, or "N	" for no.		N 14,56.	19.0 5 20.00 0 21.00 0 22.00 5 23.00 0 24.00 25.00
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20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00	Straight Line Declining Balance Sum of the Year's Digits Sum of line 20 through 22 If depreciation is funded, enter the balan Were there any disposal of capital assets of Was accelerated depreciation claimed on	nce as of the end of the p during the cost reporting any assets in the current care program at end of the	na for filing a low INF for the method  seriod.  g period? (Y/N)  or any prior cost r  se period to which	Medicare utilization of dindicated on Line dindicat	s 20 - 22. N) es? (Y/N)	dicate with a	"Y", for yes, or "N	" for no.	Part B	N 14,56.	19.0° 5 20.00 0 21.00 0 22.00 5 23.00 0 24.00 0 25.00 0 26.00 27.00
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22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 28.00 28.00 28.00 30.00	ciation - Enter the amount of depreciat  Straight Line Declining Balance Sum of the Year's Digits Sum of line 20 through 22  If depreciation is funded, enter the balan Were there any disposal of capital assets of the Was accelerated depreciation claimed on Did you cease to participate in the Medic Was there a substantial decrease in health  a facility contains a public or non-public qualifies for the exemption.  Skilled Nursing Facility Nursing Facility ICF/IIID SNF-Based HHA SNF-Based HHA SNF-Based RHC SNF-Based CMHC	et your contractor's criter tion reported in this SN nce as of the end of the p during the cost reporting any assets in the current care program at end of the h insurance proportion o	neeriod.  g period? (Y/N)  or any prior cost r  the period to which  f allowable cost fro	Medicare utilization of dindicated on Line dindicat	N) es? (Y/N) e (Y/N)			Part A 1.00 ter "Y" for e	2.00 ach component N N N N Y/N	N  14,56  N  N  N  N  Other  3.00  t and type of s	0 21.00 0 22.00 5 23.00 0 24.00 25.00 26.00 27.00 28.00
22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 28.00 28.00 28.00 30.00	ciation - Enter the amount of depreciat  Straight Line Declining Balance Sum of the Year's Digits Sum of line 20 through 22  If depreciation is funded, enter the balan Were there any disposal of capital assets of the Was accelerated depreciation claimed on Did you cease to participate in the Medic Was there a substantial decrease in health  a facility contains a public or non-public qualifies for the exemption.  Skilled Nursing Facility Nursing Facility ICF/IIID SNF-Based HHA SNF-Based HHA SNF-Based RHC SNF-Based CMHC	et your contractor's criterition reported in this SN  nce as of the end of the p during the cost reporting any assets in the current care program at end of the h insurance proportion o	nia for filing a low last for the method last for the method last green odd (Y/N) or any prior cost respectively allowable cost from the period to which fallowable cost from the period to which the	Medicare utilization of indicated on Line treporting period? (Y/this cost report applion prior cost reports on from the applicat	N) es? (Y/N) o (Y/N)	wer of the co	osts or charges en	Part A 1.00 ter "Y" for e N	2.00 ach component N N N N	N  14,56.  N  N  N  N  Other  3.00  t and type of s	19.01 5 20.00 0 21.00 0 22.00 5 23.00 0 24.00 25.00 27.00 28.00 30.00 31.00 32.00 33.00 34.00 35.00

ROSE MOUNTAIN CARE CTR Period: Run Date Time: 5/28/2025 10:39 am From: 01/01/2024 MCRIF32 2540-10 Provider CCN: То: 12/31/2024 Version: 11.1.179.1 315384

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

Worksheet S-2 Part I

COIVI	ILLEA INDENTIFICATION DATA						PPS
					Y/N		
					1.00	2.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the po	licy is "claims-made" enter 1. If the policy is "occurrence", enter	r 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 the listing cost centers and amounts.	e Administrative and General cost center? Enter Y or N. If yes,	check box, and su	bmit supportin	ng schedule	N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chap	ter 10?				N	43.00
						Provider CCN	
						1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the n	ame and address of the home office on lines 45, 46 and 47.					44.00
If this	facility is part of a chain organization, enter the name and addr	ess of the home office on the lines below.				•	
45.00	Name:	Contractor Name:	Contractor Num	ber:			45.00
46.00	Street:	P.O. Box:		•			46.00
47.00	City:	State:	ZIP Code:				47.00

41-304

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

Provider CCN:

315384

Worksheet S-2 Part II

	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 07/ND 1			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	i e e e e e e e e e e e e e e e e e e e						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 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 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 PS&R Report information?	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 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 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 N	20/2025	N N N N N N 3.00		14.00 15.00 16.00 17.00

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

Worksheet S-3 Part I PPS

														113
					Inpa	tient Days/V	isits				Discharges			
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	112	40,992	0	1,774	24,839	4,967	31,580	0	24	97	37	158	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)	112	40,992	0	1,774	24,839	4,967	31,580	0	24	97	37	158	8.00
			Average Ler	ngth of Stay				Admissions			Full Time l	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	73.92	256.07	199.87	0	44	70	43	157	89.91	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	73.92	256.07	199.87	0	44	70	43	157	89.91	0.00		8.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3 Part II PPS

PART	II - DIRECT SALARIES						
		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALAI	RIES						
1.00	Total salaries (See Instructions)	5,433,807	0	5,433,807	187,013.00	29.06	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)	5,433,807	0	5,433,807	187,013.00	29.06	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)	5,433,807	0	5,433,807	187,013.00	29.06	13.00
OTHE	ER WAGES & RELATED COSTS						
14.00	Contract Labor: Patient Related & Mgmt	792,076	0	792,076	17,522.00	45.20	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
WAGE	E-RELATED COSTS						
17.00	Wage-related costs core (See Part IV)	701,393	0	701,393			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)	701,393	0	701,393			22.00

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SNF WAGE INDEX INFORMATION

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Provider CCN:

Worksheet S-3 Part III PPS

11.1.179.1

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	786,736	0	786,736	18,825.00	41.79	2.00
3.00	Plant Operation, Maintenance & Repairs	88,777	0	88,777	2,160.00	41.10	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	309,288	0	309,288	18,183.00	17.01	5.00
6.00	Dietary	445,192	0	445,192	26,149.00	17.03	6.00
7.00	Nursing Administration	270,607	0	270,607	4,866.00	55.61	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	80,649	0	80,649	2,008.00	40.16	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	171,746	0	171,746	9,623.00	17.85	13.00
14.00	Total (sum lines 1 thru 13)	2,152,995	0	2,152,995	81,814.00	26.32	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3 Part IV PPS

	Amount Reported	
	1.00	
eart A - Core List		_
RETIREMENT COST		
.00 401K Employer Contributions	0	1.0
.00 Tax Sheltered Annuity (TSA) Employer Contribution	0	
.00 Qualified and Non-Qualified Pension Plan Cost	0	
.00 Prior Year Pension Service Cost	0	
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
.00 401K/TSA Plan Administration fees	0	5.0
.00 Legal/Accounting/Management Fees-Pension Plan	0	6.0
.00 Employee Managed Care Program Administration Fees	0	7.0
HEALTH AND INSURANCE COST	<u>'</u>	
.00   Health Insurance (Purchased or Self Funded)	111,408	8.0
.00 Prescription Drug Plan	0	9.0
0.00 Dental, Hearing and Vision Plan	0	10.0
1.00 Life Insurance (If employee is owner or beneficiary)	0	11.0
2.00 Accident Insurance (If employee is owner or beneficiary)	0	12.0
3.00 Disability Insurance (If employee is owner or beneficiary)	0	13.0
4.00 Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.0
5.00 Workers' Compensation Insurance	94,413	15.0
6.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.0
TAXES	•	
7.00 FICA-Employers Portion Only	415,519	17.0
8.00 Medicare Taxes - Employers Portion Only	0	18.0
9.00 Unemployment Insurance	0	19.0
0.00 State or Federal Unemployment Taxes	80,053	20.0
OTHER .		
1.00 Executive Deferred Compensation	0	21.0
2.00 Day Care Cost and Allowances	0	22.0
3.00 Tuition Reimbursement	0	23.0
4.00 Total Wage Related cost (Sum of lines 1 - 23)	701,393	24.0
	Amount Reported	
	1.00	
Part B - Other than Core Related Cost		
5.00 OTHER WAGE RELATED COST	0	25.0

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#### SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3 Part V PPS

		1		I			
	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	
	t Salaries						
Nursi	ng Occupations						
1.00	Registered Nurses (RNs)	591,791	76,390	668,181	13,053.00	51.19	1.00
2.00	Licensed Practical Nurses (LPNs)	776,163	100,190	876,353	21,758.00	40.28	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,594,673	205,846	1,800,519	63,089.00	28.54	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,962,627	382,426	3,345,053	97,900.00	34.17	4.00
5.00	Physical Therapists	181,473	23,425	204,898	3,489.00	58.73	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	134,195	17,322	151,517	3,743.00	40.48	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	2,517	325	2,842	66.00	43.06	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)	152,375		152,375	2,249.00	67.75	14.00
15.00	Licensed Practical Nurses (LPNs)	156,451		156,451	2,611.00	59.92	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	436,469		436,469	11,871.00	36.77	16.00
17.00	Total Nursing (sum of lines 14 through 16)	745,295		745,295	16,731.00	44.55	17.00
18.00	Physical Therapists	46,781		46,781	791.00	59.14	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

5/28/2025 10:39 am **2540-10** ROSE MOUNTAIN CARE CTR Period: Run Date Time: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315384 11.1.179.1

### PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

BY   BY   BY   BY   BY   BY   BY   BY				PPS
Mathematical		Group	Days	
100         INX         100           200         INX         200           300         INX         200           500         INX         200           500         INX         200           500         IXX         200				
200         RLL         200           401         RVL         300           500         BILL         400           600         BILL         600           700         BILL         600           800         BILL         600           100         BILL	1.00			1.00
XXX         XXXX         XXXXX         XXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
NT				
500         INIC         6.00           700         INIC         6.00           800         INIC         6.00           100         INIC         6.00           1100         IRIC         1.00           1500         INIC         1.00				
600         HIII         6.00         1.00         2.00         1.00         2.00         1.00         2.00         1.00         2.00         1.00         2.00         1.00         2.00				
700         MMS         6.80           801         NIS         6.90           900         RIS         6.90           100         RIS         6.90           101         RIS         6.90           102         RIS         6.90           103         RIS         6.90           104         RIS         6.90           105         RIS         6.90           106         RIS         6.90           107         RIS         6.90           108         RIS         6.90           109         RIS         6.90           100         RIS         6.90           101         RIS         6.90           102         RIS         6.90           103         RIS         6.90           104         RIS         6.90           105         RIS         6.90           106         RIS				
800         MIL         C         9.00           100         RC         10.00         10.00           100         RC         10.00         10.00           120         RC         10.00         10.00           150         RVR         10.00         10.00 <t< td=""><td></td><td></td><td></td><td></td></t<>				
900IX0.50100100100100101100100100102100100100103100100100104100100100105100100100107100100100108100100100109100 <td></td> <td></td> <td></td> <td></td>				
100         RCC         6.10           120         RCA         1.20           120         RCA         1.20           130         RVA         1.20           140         RWA         1.20           150         RCA         1.20           150         RCC				
110         WB         110           120         WC         120           130         WC         150           150         WA         150           150         WA         150           170         HB         150           170         HB         150           170         MC         150           170         MC         150           170         MC         150           170         MC         150           170         MA         150 <t< td=""><td></td><td></td><td></td><td></td></t<>				
1200   1200				
1300         NC         1.90         1.90           1500         NA         1.90         1.90           1500         HR         1.90         1.90           1500         HR         1.90         1.80           1500         MC         1.90         1.90           1500         MC <td></td> <td></td> <td></td> <td></td>				
1400         WFB         1400           1500         RIC         1500           1600         RIC         1600           1700         RIB         1700           1800         RICA         1800           1900         RICA         1800           2000         RIB         2000           2100         RIM         2000           2101         RIA         2000           2201         RIA         2000           2301         RIA         2000           2501         RIA         2000           2502         RIA         2000           2503         RIS         2000           2504         RIS         2000           2505         RIS         2000           2506         RIS         2000           2509         RIB         2000           2500         RIS         2000           2501         RIS         2000           2502         RIB         2000           2503         RIS         2000           2504         RIS         2000           2505         RIS         2000           2506<				
1500         NVA         1500           1600         RIE         1500           1700         RIB         1500           1800         RMC         1800           1900         AMC         1900           2100         RIB         1900           2100         RMA         2100           2100         RIA         2200           2101         RIS         2200           2102         RIA         2200           2103         RIS         2200           2104         RIS         2200           2105         RIS         2200           2206         RIS         2200           2207         RIS         2200           2208         RIS         2200           2209         RIS         2200           2200         RIS         2200           2201         RIS         2200           2202         RIS         2200           2203         RIS         2200           2204         RIS         2200           2205         RIS         2200           2206         RIS         2200           2207 <td></td> <td></td> <td></td> <td></td>				
ibm         HIC         100           180         HIA         180           180         HIA         180           200         RIM         190           200         RIM         200           201         RIM         200           202         RIM         200           203         RIM         200           204         RIM         200           205         RIM         200           206         RIM         200           207         RIM         200           208         RIM         200           209         RIM         200           200         RIM         200           201         RIM         200           202         RIM         200           203         RIM         200           204         RIM         200           205         RIM         200           206         RIM         200           207         RIM         200           208         RIM         200           209         RIM         200           200         RIM         200				
17.00         NHB         15.00           18.00         NAC         15.00           19.00         NAC         20.00           21.00         NAC         20.00           21.00         NAC         20.00           21.00         NAC         20.00           22.00         NAC         20.00           24.00         183         20.00           25.01         183         20.00           26.02         181         20.00           26.03         182         20.00           26.04         181         20.00           27.01         182         20.00           28.01         18.00         20.00           30.01         18.00         20.00           30.01         18.00         30.00           30.01         18.00         30.00           30.01         18.00         30.00           30.01         18.00         30.00           30.01         18.00         30.00           30.01         18.00         30.00           30.01         18.00         30.00           30.02         30.00         30.00           30.01         30				
1800         HAIA         1800           1900         AKB         200           2100         RAB         200           2200         RS2         200           250         RS2         200           270         HE2         200           270         HE2         200           270         HD2         200           200         HD2         200           201         HC2         300           300         HC2         300           300         HC2         300           301         HC2         300           302         HC2         300           303         HC2         300           304         HC2         300           305         HC2 <td< td=""><td></td><td></td><td></td><td></td></td<>				
1900   1900				
200         RMB         200           100         RMA         210           2200         RIB         220           2300         RIA         220           2400         ESS         220           2500         ESE         250           2700         HIE         250           2700         HIE         260           2700         HIE         280           2801         HIE         280           2902         HIE         280           2903         HIE         280           2904         HIE         280           2905         HIE         280           2906         HIE         280           2907         HIE         280           2908         HIE         280           2009         HIE         280           2000         HIE         280           2001         HIE         280           2002         HIE         280           2003         HIE         280           2004         HIE         280           2005         HIE         280           2006         HIE				
2.00       NAM       2.00         2.00       RIB       2.00         2.00       RIS       2.00         2.00       ISS       6.00       2.00         2.00       ISS       6.00       2.00         2.00       ISS       6.00       2.00         2.00       ISS       6.00       2.00         2.00       IBI       2.00       2.00         2.00       IBI       6.00       2.00         3.00       IBI       6.00       3.00         4.00       <				
200         RIB         220           3500         R.A         230           2400         ISS         240           2500         ISS         260           2501         ISS         260           2700         HE2         260           2701         HE2         270           2901         HD2         290           3001         HD1         300           3100         HD1         300           3200         HG         350           3201         HG         350           3202         HG         350           3203         HG         350           3204         HG         350           3205         HB2         350           3206         HB1         350           3207         HB2         350           3208         HB2         350           3209         HB2         350           3400         HB1         360           3501         HB2         350           3602         HB1         460           3703         HB2         460           3804         LB2				
2x0         RIA         2x0           2x0         RIS         2x0           2x0         ISI         2x0           2x0         ISI         2x0           2x0         ISI         2x0           2x0         IHI         2x0           2x0         IHI         2x0           3x0         IRI         2x0           3x0         IV         2x0           3x0         IV         2x0           3x0         IV         2x0           3x0         IV         2x0           3x0         IX         2x0           4x0         IX         2x0           4x0         IX         2x0           4x0         IX         2x0				
2400         ES3         2400           2500         ES1         2500           2700         HE2         2700           2800         HIS1         2700           2900         HD2         2900           3000         HD1         2000           3000         HD1         3000           3200         HC2         3100           3200         HC3         3100           3200         HC3         300           3500         HC2         300           3500         HC3         300           3500         HC4         3500           3500         HC5         3500           3500         HC2         4500           400         HC2         4500           400         HC2         4500           4500				
2500         IS2         2500           2601         IS1         2600           2700         HIE2         2700           2800         HIII         2800           2900         HID2         2900           3000         HID2         3000           3100         HC2         3000           300         HC2         3500           300         HB         3400           3400         HB         3400           3500         HE2         3500           3601         HE         3600           3602         HE         3600           3603         HE         3600           3604         HB         3600           3605         HE         3600           3606         HE         3600           3607         HE         3600           3608         HD         3600           3609         HE         3600           3600         HE         3600           3601         HE         3600           3602         HE         3600           3603         HE         3600           3604 <t< td=""><td></td><td></td><td></td><td></td></t<>				
260         BSI         2500           770         HI2         270           280         HI3         280           290         HD         290           300         HDI         300           3100         HC         310           3200         HG         320           3401         HB         330           3402         HB         340           3503         HB         350           3504         HB         350           3509         LE         350           3600         LE         350           3700         HB         350           3601         LE         350           3700         LE         350           3700         LE         350           3701         LD         450           3802         LE         350           3803         LE         350           3804         LE         350           3805         LE         350           3806         LE         450           4507         LE         450           4508         LE         450				
27.00         HIS2         27.00           28.00         HIS1         28.00           29.00         HID2         29.00           30.00         HID1         30.00           30.00         HIC1         35.00           32.00         HIC1         35.00           35.00         HIS2         35.00           35.00         HIS2         35.00           35.00         LIS2         35.00           36.00         LIS1         45.00           40.00         LIC3         45.00           40.00         LIS2         45.00           40.00         LIS2         45.00           45.00         LIS2         45.00           45.00         LIS2         45.00           45.00         LIS2         45.00           45.00         LIS2         45.00           45.00 <td< td=""><td></td><td></td><td></td><td></td></td<>				
880         HB         2800           2900         HID         2800           300         HD         3000           3100         IC2         3100           3500         HB         3300           3400         HB         3400           3400         HB         3500           3400         IBI         3600           3500         LE         3600           3700         LD         3600           4000         LD         4600           4000         LD         4600           4500         AB         4600           4500         AB         4600           4500         AB				
2900         HD2         2900           3000         HD1         3000           3000         HC2         3100           3200         ICI         3200           3200         HB2         3200           3400         HB1         3400           3500         IE2         3500           3501         IE2         3500           3502         IE4         3500           3703         ID2         3700           3800         ID1         3800           3901         IC2         3800           4002         IC3         4000           4003         IE2         4000           4004         IE2         4000           4005         IE3         4000           4006         IE3         4000           4007         IE3         4000           4008         IE3         4000           4009         IE3         4000           4000         IE3         4000           4000         IE3         4000           4000         IE3         4000           4000         IE3         4000           4000 <td></td> <td></td> <td></td> <td></td>				
DI   HC   State   St				
3.00         HCl         3.00           3.20         HCl         3.200           3.30         HB2         3.300           3.40         HBI         3.400           3.50         LF2         3.500           3.60         LB1         3.00           3.80         LD 2         3.700           3.80         LD 3         3.800           4.00         LC 4         3.800           4.00         LC 3         4.000           4.00         LB 3         4.000           4.00         LB 4         4.000           4.00         LB 4         4.000           4.00         LB 4         4.000           4.00         CE 4         4.000           4.00         CB 4         4.000           5.00         CB 4         4.000           6.00         CB 4         4.000           6.00         CB 4         4.000           6.00         CB 4         4.000 <td></td> <td></td> <td></td> <td></td>				
3200         ICI         3200           3400         IBB         3400           3500         IE2         3500           3600         IEI         3500           3600         IEI         3600           3800         ID2         3800           3800         IDI         3800           3900         IC2         3900           4000         ICI         4000           4100         IB2         4100           4200         IBI         4200           4300         IC2         4400           4400         ICI         4500           4500         IC2         4500           4500         IC2         4500           4500         IRI         4500           4500 <td></td> <td></td> <td></td> <td></td>				
33.00       IBE2         34.00       IBH         35.00       IEE         36.01       IEI         37.00       IDD         38.00       IDI         39.00       ICC         40.00       ICI         41.00       IBI         42.00       IBI         43.00       ICE         44.00       IBI         45.00       ICE         45.00 <td></td> <td></td> <td></td> <td></td>				
34.00       HBI       34.00         35.00       LE2       35.00         37.00       LD2       37.00         38.00       LDI       38.00         39.00       LC2       40.00         40.00       LC1       40.00         41.00       LB2       41.00         42.00       LBI       42.00         43.00       CE2       43.00         45.00       CE2       45.00         45.00       CD2       45.00         46.00       CD1       46.00         46.00       CD1       46.00         48.00       CC2       47.00         48.00       CC1       48.00         49.00       CB2       49.00         50.00       CB1       50.00         50.00       CB1       50.00         50.00       CA1       50.00         50.00       SE3       53.00         50.00       SE3       55.00         50.00       SE5       55.00				
35.00       LE2         36.00       LE1         37.00       LD2         38.00       LD1         39.00       LC2         41.00       LE3         42.00       LC1         43.00       LC2         44.00       LE3         45.00       LE4         45.00       LE3         45.00       LE4         45.00 <td></td> <td></td> <td></td> <td></td>				
36.00       LEI       36.00         37.00       LD2       37.00         38.00       LD1       38.00         39.00       LC2       39.00         40.00       LC1       40.00         41.00       LB2       41.00         42.00       LB1       42.00         45.00       CE2       43.00         45.00       CD2       45.00         46.00       CD1       46.00         46.00       CD1       46.00         48.00       CC1       48.00         49.00       CB2       48.00         50.00       CB1       50.00         50.00       CB1       50.00         50.00       CA2       50.00         52.00       CA1       52.00         53.00       SE3       53.00         55.00       SE1       55.00         56.00       SSC       56.00				
37.00       LD2         38.00       LD1         38.00       LC2         40.00       LC1         41.00       LB2         42.00       LB1         43.00       CE2         44.00       CE1         45.00       CD2         46.00       CD1         47.00       CC2         48.00       CC1         49.00       CB2         48.00       CC1         48.00       CC1         49.00       CB2         50.00       CB1         51.00       CA2         52.00       CA1         52.00       CA2         53.00       SE3         54.00       SE2         55.00       SE1         56.00       SSC				
38.00       LD1         39.00       LC2         40.00       LC1         41.00       LS2         42.00       LB1         43.00       CE2         44.00       CE1         45.00       CD2         46.00       CD1         47.00       CC2         48.00       CC1         48.00       CC1         48.00       CC3         48.00       CC1         48.00       CC2         48.00       CC3         48.00       CC3         48.00       CC4         59.00       CB1         50.00       CB2         50.00       CB3         50.00       CB4         50.00       CB3         50.00       CA2         50.00       CA3         50.00       SE3         50.00       SE1         50.00       SE1         50.00       SE1         50.00       SE3				
39.00       LC2         40.00       LC1         41.00       LB2         42.00       LB1         43.00       CE2         44.00       CE1         45.00       CD2         46.00       CD1         47.00       CC2         48.00       CC1         49.00       CB2         49.00       CB2         50.00       CB1         50.00       CB1         50.00       CB1         50.00       CA2         50.00       CA1         50.00       SE3         50.00       SE3         50.00       SE3         50.00       SE3         50.00       SE4         50.00       SE5         50.00       SE1         50.00       SE3         50.00       SE4         55.00       SE5         56.00       SSC				
40.00       LC1       40.00         41.00       LB2       41.00         42.00       LB1       42.00         43.00       CE2       43.00         44.00       CE1       44.00         45.00       CD2       45.00         46.00       CD1       46.00         47.00       CC2       47.00         48.00       CC1       48.00         50.00       CB2       49.00         50.00       CB1       50.00         51.00       CA2       51.00         52.00       CA1       52.00         53.00       SE3       53.00         55.00       SE2       55.00         55.00       SE1       55.00         55.00       SE1       55.00         56.00       SSC       56.00				
41.00       LB2         42.00       LB1         43.00       CE2         44.00       CE1         45.00       CD2         45.00       CD1         46.00       CD1         47.00       CC2         48.00       CC1         48.00       CB2         50.00       CB1         50.00       CB1         50.00       CA2         50.00       SE3         51.00       SE3         54.00       SE2         55.00       SE3         55.00       SE3         55.00       SE4         55.00       SE3         55.00       SE4         55.00       SE6				
42.00 LB1       42.00         43.00 CE2       43.00         44.00 CE1       44.00         45.00 CD2       45.00         46.00 CD1       46.00         47.00 CC2       47.00         48.00 CC1       48.00         49.00 CB2       49.00         50.00 CB1       50.00         51.00 CA2       51.00         52.00 CA1       52.00         53.00 SE3       53.00         55.00 SE1       55.00         55.00 SE1       55.00         55.00 SE1       55.00				
43.00       CE2         44.00       CE1         45.00       CD2         46.00       CD1         47.00       CC2         48.00       CC1         49.00       CB2         50.00       CB1         50.00       CA2         52.00       CA1         53.00       SE3         54.00       SE2         55.00       SE3         55.00       SE3         55.00       SE4         55.00       SE3         55.00       SE4         55.00       SE4         55.00       SC				
44.00       CE1         45.00       CD2         46.00       CD1         47.00       CC2         48.00       CC1         49.00       CB2         50.00       CB1         51.00       CA2         52.00       CA1         53.00       SE3         54.00       SE2         55.00       SE1         55.00       SE2         55.00       SE3         55.00       SE1         55.00       SE0				
45.00       CD2         46.00       CD1         47.00       CC2         48.00       CC1         49.00       CB2         50.00       CB1         51.00       CA2         52.00       CA1         53.00       SE3         54.00       SE2         55.00       SE3         55.00       SE2         55.00       SE1         55.00       SE1         55.00       SSC				
46.00 CD1       46.00         47.00 CC2       47.00         48.00 CC1       48.00         49.00 CB2       49.00         50.00 CB1       50.00         51.00 CA2       51.00         52.00 CA1       52.00         53.00 SE3       53.00         54.00 SE2       54.00         55.00 SE1       55.00         56.00 SSC       56.00				
47.00       CC2         48.00       CC1         49.00       CB2         50.00       CB1         51.00       CA2         52.00       CA1         53.00       SE3         54.00       SE2         55.00       SE1         55.00       SE1         55.00       SSC				
48.00       CC1       48.00         49.00       CB2       49.00         50.00       CB1       50.00         51.00       CA2       51.00         52.00       CA1       52.00         53.00       SE3       53.00         54.00       SE2       54.00         55.00       SE1       55.00         56.00       SSC       56.00				
49.00 CB2       49.00         50.00 CB1       50.00         51.00 CA2       51.00         52.00 CA1       52.00         53.00 SE3       53.00         54.00 SE2       54.00         55.00 SE1       55.00         56.00 SSC       56.00				
50.00 CB1       50.00         51.00 CA2       51.00         52.00 CA1       52.00         53.00 SE3       53.00         54.00 SE2       54.00         55.00 SE1       55.00         56.00 SSC       56.00				
51.00       CA2         52.00       CA1         53.00       SE3         54.00       SE2         55.00       SE1         56.00       SSC				
52.00 CA1         52.00           53.00 SE3         53.00           54.00 SE2         54.00           55.00 SE1         55.00           56.00 SSC         56.00				
53.00     SE3       54.00     SE2       55.00     SE1       56.00     SSC       55.00     SC				
54.00     SE2       55.00     SE1       56.00     SSC       56.00     SSC				
55.00         SE1         55.00           56.00         SSC         56.00				
56.00 SSC 56.00				
57.00   SSB   57.00				
	57.00	SSB		57.00

ROSE MOUNTAIN CARE CTR

| Period: | From: 01/01/2024 | MCRIF32 | 2540-10 |
| Provider CCN: 315384 | To: 12/31/2024 | Version: 11.1.179.1

#### PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

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

101.00	Staffing		101.00
102.00	Recruitment		102.00
103.00	Retention of employees		103.00
104.00	Training		104.00
105.00	OTHER (SPECIFY)		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		106.00

ROSE MOUNTAIN CARE CTR

315384

Provider CCN:

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

Run Date Time:

5/28/2025 10:39 am **2540-10** 11.1.179.1



### RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

1.00         0011           2.00         002           3.00         003           4.00         004           5.00         005           6.00         006           7.00         007           8.00         008           9.00         009           10.00         010           11.00         011	00 CAP REL COSTS - MOVABLE EQUIPMENT 00 EMPLOYEE BENEFITS 00 ADMINISTRATIVE & GENERAL 00 PLANT OPERATION, MAINT. & REPAIRS 00 LAUNDRY & LINEN SERVICE 00 HOUSEKEEPING 00 DIETARY	Salaries 1.00  0 786,736 88,777 0	Other 2.00 620,831 5,028 701,414 1,833,139	col. 2) 3.00 620,831 5,028	Reclassifications Increase/Decrease (Fr Wkst A-6) 4.00	col. 4) 5.00	Adjustments to Expenses (Fr Wkst A-8) 6.00	Net Expenses For Allocation (col. 5 +- col. 6) 7.00	
1.00         001           2.00         002           3.00         003           4.00         004           5.00         005           6.00         006           7.00         007           8.00         008           9.00         009           10.00         010           11.00         011	L SERVICE COST CENTERS  00 CAP REL COSTS - BLDGS & FIXTURES  00 CAP REL COSTS - MOVABLE EQUIPMENT  00 EMPLOYEE BENEFITS  00 ADMINISTRATIVE & GENERAL  00 PLANT OPERATION, MAINT. & REPAIRS  00 LAUNDRY & LINEN SERVICE  00 HOUSEKEEPING  00 DIETARY	1.00 0 786,736 88,777 0	2.00 620,831 5,028 701,414 1,833,139	col. 2) 3.00 620,831 5,028	(Fr Wkst A-6) 4.00	col. 4) 5.00	Wkst A-8) 6.00	(col. 5 +- col. 6) 7.00	
1.00         001           2.00         002           3.00         003           4.00         004           5.00         005           6.00         006           7.00         007           8.00         008           9.00         009           10.00         010           11.00         011	00 CAP REL COSTS - BLDGS & FIXTURES 00 CAP REL COSTS - MOVABLE EQUIPMENT 00 EMPLOYEE BENEFITS 00 ADMINISTRATIVE & GENERAL 00 PLANT OPERATION, MAINT. & REPAIRS 01 LAUNDRY & LINEN SERVICE 02 HOUSEKEEPING 03 DIETARY	1.00 0 786,736 88,777 0	2.00 620,831 5,028 701,414 1,833,139	3.00 620,831 5,028	4.00	5.00	6.00	7.00	
1.00         001           2.00         002           3.00         003           4.00         004           5.00         005           6.00         006           7.00         007           8.00         008           9.00         009           10.00         010           11.00         011	00 CAP REL COSTS - BLDGS & FIXTURES 00 CAP REL COSTS - MOVABLE EQUIPMENT 00 EMPLOYEE BENEFITS 00 ADMINISTRATIVE & GENERAL 00 PLANT OPERATION, MAINT. & REPAIRS 01 LAUNDRY & LINEN SERVICE 02 HOUSEKEEPING 03 DIETARY	0 786,736 88,777 0	620,831 5,028 701,414 1,833,139	620,831 5,028	0				
1.00         001           2.00         002           3.00         003           4.00         004           5.00         005           6.00         006           7.00         007           8.00         008           9.00         009           10.00         010           11.00         011	00 CAP REL COSTS - BLDGS & FIXTURES 00 CAP REL COSTS - MOVABLE EQUIPMENT 00 EMPLOYEE BENEFITS 00 ADMINISTRATIVE & GENERAL 00 PLANT OPERATION, MAINT. & REPAIRS 01 LAUNDRY & LINEN SERVICE 02 HOUSEKEEPING 03 DIETARY	786,736 88,777 0	5,028 701,414 1,833,139	5,028		620,831	327 925		
2.00         002           3.00         003           4.00         004           5.00         005           6.00         006           7.00         007           8.00         008           9.00         009           10.00         010           11.00         011	00 CAP REL COSTS - MOVABLE EQUIPMENT 00 EMPLOYEE BENEFITS 00 ADMINISTRATIVE & GENERAL 00 PLANT OPERATION, MAINT. & REPAIRS 01 LAUNDRY & LINEN SERVICE 02 HOUSEKEEPING 03 DIETARY	786,736 88,777 0	5,028 701,414 1,833,139	5,028		620,831	327 025		
3.00         0034           4.00         0044           5.00         0056           6.00         0066           7.00         0079           8.00         0089           9.00         0099           10.00         0104           11.00         0114	00 EMPLOYEE BENEFITS 00 ADMINISTRATIVE & GENERAL 00 PLANT OPERATION, MAINT. & REPAIRS 00 LAUNDRY & LINEN SERVICE 01 HOUSEKEEPING 00 DIETARY	786,736 88,777 0	701,414 1,833,139					292,906	
4.00         0044           5.00         0050           6.00         0060           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110	00 ADMINISTRATIVE & GENERAL 00 PLANT OPERATION, MAINT. & REPAIRS 00 LAUNDRY & LINEN SERVICE 01 HOUSEKEEPING 00 DIETARY	786,736 88,777 0	1,833,139		0	5,028	0	5,028	
5.00         0050           6.00         0066           7.00         0070           8.00         0080           9.00         0090           10.00         0100           11.00         0110	00 PLANT OPERATION, MAINT. & REPAIRS 00 LAUNDRY & LINEN SERVICE 00 HOUSEKEEPING 00 DIETARY	88,777 0		701,414	0	701,414	0	701,414	
6.00         0060           7.00         007           8.00         0080           9.00         0090           10.00         0110           11.00         0110	00 LAUNDRY & LINEN SERVICE 00 HOUSEKEEPING 00 DIETARY	0		2,619,875	0	2,619,875	-523,435	2,096,440	
7.00 0070 8.00 0080 9.00 0090 10.00 0110 11.00 0110	00 HOUSEKEEPING 00 DIETARY	~	320,549	409,326	0	409,326	0	409,326	
8.00     0080       9.00     0090       10.00     0110       11.00     0111	00 DIETARY		0	0	0	0	0	0	6.00
9.00 0090 10.00 0100 11.00 0110		309,288	42,664	351,952	0	351,952	0	351,952	
10.00 010 11.00 011		445,192	343,705	788,897	0	788,897	0	788,897	8.00
11.00 011		270,607	26,517	297,124	0	297,124	0	297,124	
		0	160,805	160,805	0	160,805	0	160,805	
	00 PHARMACY	0	24,146	24,146	0	24,146	0	24,146	
12.00 0120		0	0	0	0	0	0	0	12.00
13.00 013		80,649	0	80,649	0	80,649	0	80,649	
	00 NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	14.00
	00 ACTIVITIES	171,746	16,578	188,324	0	188,324	0	188,324	15.00
	NT ROUTINE SERVICE COST CENTERS	20/2/27	7.45 F00	2 =00 4 4 =		2500445	-225	2 505 022	20.00
30.00 030		2,962,627	745,520	3,708,147	0	-,,		3,707,922	
31.00 031		0	0	0	0	0	0	0	31.00
	00 ICF/IID	0	0	0	0	0	0	0	32.00
	00 OTHER LONG TERM CARE RY SERVICE COST CENTERS	0	0	0	0	0	0	0	33.00
	00 RADIOLOGY	0	0	0	0	0	0	0	40.00
	00 LABORATORY	0	6,692	6,692	0	6,692	0	6,692	_
	00 INTRAVENOUS THERAPY	0	0,092	0,092	0		0	0,092	
	00 OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	43.00
44.00 044		181,473	82,781	264,254	0	264,254	0	264,254	_
45.00 045		134,195	02,761	134,195	0	134,195	0	134,195	
46.00 046		2,517	0	2,517	0	2,517	0	2,517	
47.00 047		2,317	0	2,317	0	2,317	0	2,317	
48.00 048		0	0	0	0	0	0	0	48.00
49.00 049		0	53,083	53,083	0	53,083	0	53,083	_
	00 DENTAL CARE - TITLE XIX ONLY	0	0	0	0		0	0	
	00 SUPPORT SURFACES	0	0	0	0	0	0	0	
	ENT SERVICE COST CENTERS	<u> </u>				V			31.00
	00 CLINIC	0	0	0	0	0	0	0	60.00
	00 RURAL HEALTH CLINIC	0	0	0			0	0	
	00 FOHC							-	62.00
	EIMBURSABLE COST CENTERS								02.00
	00 HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
	00 AMBULANCE	0	24,685	24,685	0	24,685	0	24,685	
73.00 073		0	0	0		,	0		73.00
	PURPOSE COST CENTERS					· · · · · · · · · · · · · · · · · · ·	V		
	00 MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	0	0	80.00
	00 INTEREST EXPENSE		0	0			0	0	
	00 UTILIZATION REVIEW - SNF	0	0	0			0	0	
83.00 083	00 HOSPICE	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	5,433,807	5,008,137	10,441,944	0	10,441,944	-851,585	9,590,359	
NONREIN	MBURSABLE COST CENTERS								
90.00 090	00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00 091	00 BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	91.00
92.00 092	00 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	92.00
93.00 093	00 NONPAID WORKERS	0	0	0	0	0	0	0	93.00
94.00 094	00 PATIENTS LAUNDRY	0	0	0	0	0	0	0	94.00
100.00	TOTAL	5,433,807	5,008,137	10,441,944	0	10,441,944	-851,585	9,590,359	100.00

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#### RECONCILIATION OF CAPITAL COSTS CENTERS

315384

Provider CCN:

#### Worksheet A-7

11.1.179.1

PPS

									110
				Acquisitions					
								Fully	
		Beginning				Disposals and	Ending	Depreciated	
		Balances	Purchases	Donation	Total	Retirements	Balance	Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANAL	YSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	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	335,635	0	0	0	18,724	316,911	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	86,786	0	0	0	1,341	85,445	0	6.00
7.00	Subtotal (sum of lines 1-6)	422,421	0	0	0	20,065	402,356	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	422,421	0	0	0	20,065	402,356	0	9.00

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## Worksheet A-8

#### ADJUSTMENTS TO EXPENSES

						PPS
				Expense Classification on Worksheet A To/From Amount is to be Adjusted	Which the	
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)		0		0.00	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	-336,728			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	EXCESS OWNER COMP	A	-51,800	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	PENALTIES	A	-29,904	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	A/R WRITEOFF EXPENSE	A	-360,308	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	PROMOTIONAL ADS	A	-20,054	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	STATE CORP TAX	A	-52,491	ADMINISTRATIVE & GENERAL	4.00	25.04
25.05	NJ BAIT CORP TAX	A	-75	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06	DENTAL FEES	A	-225	SKILLED NURSING FACILITY	30.00	25.06
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-851,585			100.00
(1) Do	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.

<sup>(2)</sup> Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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#### 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:

				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	152,075	480,000	-327,925	1.00
2.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	491,189	500,000	-8,811	2.00
3.00	4.00	ADMINISTRATIVE & GENERAL	REALTY ADMIN	8	0	8	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 Workshee	et A-8, column 3, line 12.	643,272	980,000	-336,728	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 Organ	ization(s) and/o	r Home Office	
	Symbol	Ni	Daniel Committee	NI	Percentage of Ownership		
	(1)	Name	Percentage of Ownership	Name	Ownersnip	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	A	JONATHAN ROSENBERG	50.00	ROSE MOUNTAIN ASSOCIATES LLC	50.00	REALTY	1.00
2.00	A	ESTHER ROSENBERG	50.00	ROSE MOUNTAIN ASSOCIATES LLC	50.00	REALTY	2.00
3.00	A	JONATHAN ROSENBERG	50.00	JER ROSE MANAGEMENT	50.00	MANAGEMENT	3.00
4.00	A	ESTHER ROSENBERG	50.00	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:

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#### COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B Part I PPS

										PPS
		Net Expenses								
		for Cost						PLANT		
	Cost Center Description	Allocation					ADMINISTRA	OPERATION,	LAUNDRY &	
		(from Wkst A	BLDGS &	MOVABLE	EMPLOYEE		TIVE &	MAINT. &	LINEN	
		col. 7)	FIXTURES	EQUIPMENT	BENEFITS	Subtotal	GENERAL	REPAIRS	SERVICE	
OFNI	ENAL SERVICE COST SERVICES	0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
	ERAL SERVICE COST CENTERS	***	***				1			
1.00	CAP REL COSTS - BLDGS & FIXTURES	292,906	292,906							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	5,028		5,028						2.00
3.00	EMPLOYEE BENEFITS	701,414	5,514	95	707,023					3.00
4.00	ADMINISTRATIVE & GENERAL	2,096,440	11,963	205	102,367	2,210,975	2,210,975			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	409,326	8,502	146	11,551	429,525	128,692	558,217		5.00
6.00	LAUNDRY & LINEN SERVICE	0	16,872	290	0	17,162	5,142	35,284	57,588	6.00
7.00	HOUSEKEEPING	351,952	3,553	61	40,243	395,809	118,590	7,431	0	7.00
8.00	DIETARY	788,897	30,533	524	57,927	877,881	263,026	63,853	0	8.00
9.00	NURSING ADMINISTRATION	297,124	7,002	120	35,210	339,456	101,706	14,642	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	160,805	2,145	37	0	162,987	48,833	4,486	0	10.00
11.00	PHARMACY	24,146	0	0	0	24,146	7,235	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	80,649	2,672	46	10,494	93,861	28,122	5,587	0	13.00
14.00	NURSING AND ALLIED HEALTH	0	0	0	0	0	0	0	0	14.00
	EDUCATION									
15.00	ACTIVITIES	188,324	41,522	713	22,347	252,906	75,774	86,834	0	15.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	3,707,922	155,074	2,661	385,482	4,251,139	1,273,708	324,302	57,588	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCI	LLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	6,692	0	0	0	6,692	2,005	0	0	
42.00	INTRAVENOUS THERAPY	0	0	0	0	0,072	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0		0	43.00
44.00	PHYSICAL THERAPY	264,254	3,777	65	23,613	291,709	87,400	7,899	0	
45.00	OCCUPATIONAL THERAPY	134,195	3,777	65	17,461	155,498	46,590	7,899	0	45.00
46.00	SPEECH PATHOLOGY	2,517	0,777	0	328	2,845	852	0	0	46.00
47.00	ELECTROCARDIOLOGY	2,317	0	0	0	2,043	032		0	47.00
		0	0	0	0	0	0			
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		0							10.00
49.00	DRUGS CHARGED TO PATIENTS	53,083		0	0	53,083	15,904	0	0	17100
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0		0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
	PATIENT SERVICE COST CENTERS									
60.00	CLINIC	0	0	0	0	0	0		0	00.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
OTHI	ER REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	24,685	0	0	0	24,685	7,396	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	
	SUBTOTALS (sum of lines 1-84)	9,590,359	292,906	5,028	707,023	9,590,359	2,210,975	558,217	57,588	
	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	0	0	0	0	0				
	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0				
93.00	NONPAID WORKERS	0	0	0	0	0			0	93.00
	1	V	V	V	V					

| ROSE MOUNTAIN CARE CTR | Period: | Run Date Time: 5/28/2025 10:39 am | From: 01/01/2024 | MCRIF32 | **2540-10** |
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#### COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	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	9,590,359	292,906	5,028	707,023	9,590,359	2,210,975	558,217	57,588	100.00

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#### COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B Part I

1.00 C.	Cost Center Description								N. II. III. O. I. C.	
1.00 C.		HOUSEKEEPI NG	DIETARY	NURSING ADMINISTRA TION	SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
1.00 C.	A CENTRAL COST CENTRES	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
	AL SERVICE COST CENTERS									
	CAP REL COSTS - BLDGS & FIXTURES									1.00
	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
	EMPLOYEE BENEFITS									3.00
-	DMINISTRATIVE & GENERAL									4.00
	LANT OPERATION, MAINT. & REPAIRS AUNDRY & LINEN SERVICE									5.00
	IOUSEKEEPING	521,830								7.00
	DIETARY	64,637	1,269,397							8.00
	URSING ADMINISTRATION	14,822	1,209,397	470,626						9.00
	CENTRAL SERVICES & SUPPLY	4,541	0	0	220,847					10.00
	HARMACY	0	0	0	0	31,381				11.00
-	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0			12.00
	OCIAL SERVICE	5,656	0	0	0	0	0	133,226		13.00
-	JURSING AND ALLIED HEALTH	0	0	0	0	0	0	0	0	
	DUCATION									
15.00 A	CTIVITIES	87,900	0	0	0	0	0	0	0	15.00
INPATII	ENT ROUTINE SERVICE COST CENTERS			1		•	1			
30.00 SI	KILLED NURSING FACILITY	328,282	1,269,397	470,626	220,847	31,381	0	133,226	0	30.00
31.00 N	IURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00 IC	CF/IID	0	0	0	0	0	0	0	0	32.00
	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILL	ARY SERVICE COST CENTERS									
40.00 R.	ADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00 L	ABORATORY	0	0	0	0	0	0	0	0	41.00
42.00 IN	NTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00 O	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
	HYSICAL THERAPY	7,996	0	0	0	0	0	0		7 1100
	OCCUPATIONAL THERAPY	7,996	0	0	0	0	0	0		45.00
	PEECH PATHOLOGY	0	0	0	0	0	0	0	0	
	LECTROCARDIOLOGY	0	0	0	0	0	0	0	0	11100
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0		
	DRUGS CHARGED TO PATIENTS	0	0	0		0	0	0		
	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0		
	UPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
	TIENT SERVICE COST CENTERS									10.00
-	ZLINIC	0	0	0	0	0	0	0		
	URAL HEALTH CLINIC	0	0	0	0	0	0	0	0	
	REIMBURSABLE COST CENTERS									62.00
	IOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
		0	0	0		0	0	0		70.00
	MBULANCE EMHC	0	0	0		0	0	0		
	L PURPOSE COST CENTERS	0	0	0	0	0	0	0	0	/3.00
	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
	NTEREST EXPENSE									81.00
-	TILIZATION REVIEW - SNF									82.00
-	IOSPICE	0	0	0	0	0	0	0	0	
	UBTOTALS (sum of lines 1-84)	521,830	1,269,397	470,626	220,847	31,381	0	133,226	0	
	EIMBURSABLE COST CENTERS	321,030	1,207,077	170,020	220,047	31,301	٥	100,020		02.00
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
	SARBER AND BEAUTY SHOP	0	0	0		0	0	0		
	HYSICIANS PRIVATE OFFICES	0	0	0			0	0		
-	NONPAID WORKERS	0	0	0		0	0	0		
	ATIENTS LAUNDRY	0	0	0	0	0	0	0	0	

ROSE MOUNTAIN CARE CTR
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#### COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
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	
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	521,830	1,269,397	470,626	220,847	31,381	0	133,226	0	100.00

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#### COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B Part I

						PPS
	Cost Costs Description			Post Stepdown		
	Cost Center Description	ACTIVITIES	Subtotal	Adjustments	Total	
		15.00	16.00	17.00	18.00	
	RAL SERVICE COST CENTERS					100
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00 4.00	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL					3.00
	PLANT OPERATION, MAINT. & REPAIRS					4.00 5.00
	LAUNDRY & LINEN SERVICE					6.00
	HOUSEKEEPING					7.00
	DIETARY					8.00
	NURSING ADMINISTRATION					9.00
	CENTRAL SERVICES & SUPPLY					10.00
	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
	SOCIAL SERVICE					13.00
14.00	NURSING AND ALLIED HEALTH					14.00
	EDUCATION					
15.00	ACTIVITIES	503,414				15.00
	TIENT ROUTINE SERVICE COST CENTERS					
	SKILLED NURSING FACILITY	503,414	8,863,910	0		30.00
	NURSING FACILITY	0	0	0	0	31.00
	ICF/IID	0	0	0	0	32.00
	OTHER LONG TERM CARE	0	0	0	0	33.00
	LLARY SERVICE COST CENTERS RADIOLOGY	0	0	0	0	40.00
	LABORATORY	0	8,697	0	8,697	40.00
	INTRAVENOUS THERAPY	0	0,097	0	0,097	41.00 42.00
	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
	PHYSICAL THERAPY	0	395,004	0	395,004	44.00
45.00	OCCUPATIONAL THERAPY	0	217,983	0	217,983	45.00
	SPEECH PATHOLOGY	0	3,697	0	3,697	46.00
	ELECTROCARDIOLOGY	0	0	0	0	47.00
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
	DRUGS CHARGED TO PATIENTS	0	68,987	0	68,987	49.00
	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	
	SUPPORT SURFACES	0	0	0	0	51.00
	ATIENT SERVICE COST CENTERS	- 1			-	
60.00	CLINIC	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	FQHC					62.00
OTHE	R REIMBURSABLE COST CENTERS					
70.00	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	AMBULANCE	0	32,081	0	32,081	71.00
	CMHC	0	0	0	0	73.00
	AL PURPOSE COST CENTERS					
	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
	INTEREST EXPENSE					81.00
	UTILIZATION REVIEW - SNF					82.00
	HOSPICE	0	0 500 350	0		
	SUBTOTALS (sum of lines 1-84)	503,414	9,590,359	0	9,590,359	89.00
	REIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
	BARBER AND BEAUTY SHOP	0	0	0	0	
	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
	NONPAID WORKERS	0	0	0	0	93.00
	PATIENTS LAUNDRY	0	0	0	0	94.00
	Cross Foot Adjustments	0	0	0		98.00
	Negative Cost Centers	0	0	0	0	99.00
	TOTAL	503,414	9,590,359	0		100.00
100.00	101111	303,414	2,320,339	U	2,320,339	100.00

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#### ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II

										PPS
	Cost Center Description	Directly Assigned New Capital Related Costs 0	BLDGS & FIXTURES	MOVABLE EQUIPMENT 2.00	Subtotal 2A	EMPLOYEE BENEFITS 3.00	ADMINISTRA TIVE & GENERAL 4.00	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE 6.00	
CENI	LERAL SERVICE COST CENTERS	0	1.00	2.00	2/1	3.00	4.00	3.00	0.00	
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS	0	5,514	95	5,609	5,609				3.00
4.00	ADMINISTRATIVE & GENERAL	0	11,963	205	12,168	812	12,980			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	8,502	146	8,648	92	756	9,496		5.00
6.00	LAUNDRY & LINEN SERVICE	0	16,872	290	17,162	0	30	600	17,792	6.00
7.00	HOUSEKEEPING	0	3,553	61	3,614	319	696	126	0	7.00
8.00	DIETARY	0	30,533	524	31,057	459	1,544	1,086	0	<del>                                     </del>
9.00	NURSING ADMINISTRATION	0	7,002	120	7,122	279	597	249	0	
10.00	CENTRAL SERVICES & SUPPLY	0	2,145	37	2,182	0	287	76	0	10.00
11.00	PHARMACY	0	0	0	0	0	42	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	2,672	46	2,718	83	165	95	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	0	41,522	713	42,235	177	445	1,477	0	15.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	0	155,074	2,661	157,735	3,060	7,478	5,519	17,792	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	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
	LLARY SERVICE COST CENTERS				اء					10.00
40.00	RADIOLOGY	0	0	0	0	0	0		0	
41.00	LABORATORY  INTER AVENIOUS THER ADV	0			0	0	12	0	0	41.00
42.00	INTRAVENOUS THERAPY OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0		· · ·	1=100
44.00	PHYSICAL THERAPY	0	3,777	65	3,842	187	513	134	0	
45.00	OCCUPATIONAL THERAPY	0	3,777	65	3,842	138	274	134	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	3	5	0	0	
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0			
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	93	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	<del>                                     </del>
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	
OUTI	PATIENT SERVICE COST CENTERS	'			'		l.			
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
OTH	ER REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
	AMBULANCE	0	0	0	0	0				71.00
	CMHC	0	0	0	0	0	0	0	0	73.00
	IAL PURPOSE COST CENTERS									
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
	INTEREST EXPENSE									81.00
	UTILIZATION REVIEW - SNF						^		^	82.00
	HOSPICE SURTOTALS (support lines 1, 84)	0	292,906	5,028	297,934	5 600	12 080		17 702	
	SUBTOTALS (sum of lines 1-84) REIMBURSABLE COST CENTERS	U	292,906	5,028	297,934	5,609	12,980	9,496	17,792	09.00
11011	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
90.00				0	0	0	0			91.00
	BARBER AND BEAUTY SHOP	N 01	0.1	111						
	BARBER AND BEAUTY SHOP PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0		0	
91.00 92.00			0 0					0	0	92.00

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#### 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	292,906	5,028	297,934	5,609	12,980	9,496	17,792	100.00

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#### ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II

Contract Description											PPS
CAST-CAST-DESCRIPTION   PROPERTY   PROPERT										NURSING	
INCLUDING   DIFFER   TOOL   STATES   DIFFER   TOOL   STATES   DIFFER   TOOL   DIFFER   TOOL		Cost Center Description									
CONTRILL SERVICE COST CENTERS		Cost Center Description									
Company											
100   CAPRIL CONS. MOVABLE (QUIDNINT   200   2			7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
200		1									
MATERIAN PRINCE OF CENTERS											
MANISTRATURA GENERAL											
SANT OPERATION, MAINT, & EPPAIRS											_
ALNORY & LINEN SERVICE											_
Tools   Consideration   Tools   Tool		· ·									
Section   Sect											
9.00   NIRSING ADMINISTRATION   135   0   8.882     9.900											
10.00											
11.00   MARMANCY											_
Indical Records & Lerany   0				-							
1500   NOCIAN, SIEWICE											
1400   SURSING AND ALJED HEACTH											
BUCCATION								0	3,113		
15.00   ACTIVITIES	14.00		0	0	0	0	0	0	0	0	14.00
NATIENT ROUTINE SERVICE COST CENTERS   2.991   34,735   8,382   2.586   42   0   3,113   0   30.00   30.00   SIGNED NURSING FACILITY   0   0   0   0   0   0   0   0   0								_			
30.00   SKILLED NURSING FACILITY			801	0	0	0	0	0]	0	0	15.00
MURSING FACILITY								.1			
15/11   15   15   15   15   15   15										0	_
SADIO   CHERLELONG TERRICARE				-						0	
ANCILIARY SERVICE COST CENTERS										· · ·	
40.00   RADIOLOGY		1	0	0	0	0	0	0]	0	0	33.00
41.00   LABORATORY					_			.1			
42.00   INTRAVENOUS THERAPY										· · · · · · · · ·	
43.00   OXYGEN (INHALATION) THERAPY										0	
44.00   PHYSICAL THERAPY										0	
45.00   OCCUPATIONAL THERAPY		` /								0	
46.00   SPEECH PATHOLOGY										0	
47.00   ELECTROCARDIOLOGY											
48.00   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   0										0	
49.00   DRUGS CHARGED TO PATIENTS										0	_
50.00   DENTAL CARE - TITLE XIX ONLY										0	
SUPPORT SURFACES											
OUTPATIENT SERVICE COST CENTERS									0	0	
60.00   CLINIC		1	0	0	0	0	0	0	0	0	51.00
61.00 RURAL HEALTH CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 61.00 62.00 FQHC 62.00  OTHER REIMBURSABLE COST CENTERS  70.00 HOME HEALTH AGENCY COST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 70.00 71.00 AMBULANCE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 73.00  SPECIAL PURPOSE COST CENTERS  80.00 MALPRACTICE PREMIUMS & PAID LOSSES 8 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 0 0 0 0 83.00  89.00 SUBTOTALS (sum of lines 1-84) 4,755 34,735 8,382 2,586 42 0 3,113 0 89.00  NONREIMBURSABLE COST CENTERS  90.00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					_			.1			
62.00   FQHC   COTHER REIMBURSABLE COST CENTERS											
OTHER REIMBURSABLE COST CENTERS           70.00         HOME HEALTH AGENCY COST         0 <t< td=""><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>01100</td></t<>			0	0	0	0	0	0	0	0	01100
70.00         HOME HEALTH AGENCY COST         0<		1									62.00
71.00         AMBULANCE         0         0         0         0         0         0         71.00           73.00         CMHC         0         0         0         0         0         0         0         71.00           SPECIAL PURPOSE COST CENTERS           80.00         MALPRACTICE PREMIUMS & PAID LOSSES         80.00           81.00         INTEREST EXPENSE         81.00           82.00         UTILIZATION REVIEW - SNF         82.00           83.00         HOSPICE         0         0         0         0         0         0         83.00           89.00         SUBTOTALS (sum of lines 1-84)         4,755         34,735         8,382         2,586         42         0         3,113         0         89.00           NONREIMBURSABLE COST CENTERS         90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0											
T3.00   CMHC											
SPECIAL PURPOSE COST CENTERS											
S0.00   MALPRACTICE PREMIUMS & PAID LOSSES   S0.00			0	0	0	0	0	0	0	0	73.00
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       83.00         89.00       SUBTOTALS (sum of lines 1-84)       4,755       34,735       8,382       2,586       42       0       3,113       0       89.00         NONREIMBURSABLE COST CENTERS         90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       0       0       0       0       0       90.00         91.00       BARBER AND BEAUTY SHOP       0<											0.5
82.00       UTILIZATION REVIEW - SNF       82.00         83.00       HOSPICE       0       0       0       0       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       4,755       34,735       8,382       2,586       42       0       3,113       0       89.00         NONREIMBURSABLE COST CENTERS         90.00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       0       0       0       0       90.00         91.00       BARBER AND BEAUTY SHOP       0											
83.00         HOSPICE         0         0         0         0         0         0         0         0         83.00           89.00         SUBTOTALS (sum of lines 1-84)         4,755         34,735         8,382         2,586         42         0         3,113         0         89.00           NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         0         0         0         0         0         0         0         0         0         0         92.00           92.00         PHYSICIANS PRIVATE OFFICES         0											
89.00         SUBTOTALS (sum of lines 1-84)         4,755         34,735         8,382         2,586         42         0         3,113         0         89.00           NONREIMBURSABLE COST CENTERS           90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         0         0         90.00           91.00         BARBER AND BEAUTY SHOP         0         0         0         0         0         0         0         0         0         0         92.00           92.00         PHYSICIANS PRIVATE OFFICES         0											
NONREIMBURSABLE COST CENTERS           90.00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         0         0         90.00           91.00 BARBER AND BEAUTY SHOP         0						-					
90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0			4,755	34,735	8,382	2,586	42	0	3,113	0	89.00
91.00         BARBER AND BEAUTY SHOP         0         0         0         0         0         0         0         91.00           92.00         PHYSICIANS PRIVATE OFFICES         0											0.5
92.00         PHYSICIANS PRIVATE OFFICES         0         0         0         0         0         0         0         92.00           93.00         NONPAID WORKERS         0         0         0         0         0         0         0         0         0         93.00		1									
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									0	0	
	94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00

ROSE MOUNTAIN CARE CTR
Period:
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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		10.00	11.00	12.00	13.00	14.00	
		7.00	8.00	9.00	10.00	11.00	12.00	15.00	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	4,755	34,735	8,382	2,586	42	0	3,113	0	100.00

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#### ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II

						PP
				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					1.0
2.00	CAP REL COSTS - MOVABLE EQUIPMENT					2.0
3.00	EMPLOYEE BENEFITS					3.0
4.00	ADMINISTRATIVE & GENERAL					4.0
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.0
6.00	LAUNDRY & LINEN SERVICE					6.0
7.00	HOUSEKEEPING					7.0
8.00	DIETARY					8.6
9.00	NURSING ADMINISTRATION					9.0
10.00	CENTRAL SERVICES & SUPPLY					10.0
11.00	PHARMACY					11.0
12.00	MEDICAL RECORDS & LIBRARY					12.0
13.00	SOCIAL SERVICE					13.0
14.00	NURSING AND ALLIED HEALTH EDUCATION					14.0
15.00	ACTIVITIES	45,135				15.0
INPA'	TIENT ROUTINE SERVICE COST CENTERS					
30.00	SKILLED NURSING FACILITY	45,135	288,568	0	288,568	30.0
31.00	NURSING FACILITY	0	0	0	0	31.0
32.00	ICF/IID	0	0	0	0	32.0
33.00	OTHER LONG TERM CARE	0	0	0	0	33.0
ANCI	LLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	0	0	0	0	40.0
41.00	LABORATORY	0	12	0	12	41.0
42.00	INTRAVENOUS THERAPY	0	0	0	0	42.0
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.0
44.00	PHYSICAL THERAPY	0	4,749	0	4,749	44.0
45.00	OCCUPATIONAL THERAPY	0	4,461	0	4,461	45.0
46.00	SPEECH PATHOLOGY	0	8	0	8	46.0
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.0
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.0
49.00	DRUGS CHARGED TO PATIENTS	0	93	0	93	49.0
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.0
	SUPPORT SURFACES	0	0	0	0	51.0
	PATIENT SERVICE COST CENTERS	0	0	0		404
60.00	CLINIC	0	0	0		60.0
	RURAL HEALTH CLINIC	0	0	0	0	61.0
	FQHC					62.0
	ER REIMBURSABLE COST CENTERS	0	0	0		70.0
	HOME HEALTH AGENCY COST	0	0	0		70.0
	AMBULANCE CMHC	0	43	0		71.0 73.0
	IAL PURPOSE COST CENTERS	0	U	0	0	75.0
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.0
	INTEREST EXPENSE					81.0
	UTILIZATION REVIEW - SNF					82.6
	HOSPICE	0	0	0	0	83.0
	SUBTOTALS (sum of lines 1-84)	45,135	297,934	0		89.6
	REIMBURSABLE COST CENTERS	43,133	297,934	0	251,534	07.0
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.6
	BARBER AND BEAUTY SHOP	0	0	0	0	91.0
	PHYSICIANS PRIVATE OFFICES	0	0	0	-	92.6
	NONPAID WORKERS	0	0	0		93.0
	PATIENTS LAUNDRY	0	0	0		94.
98.00	Cross Foot Adjustments	0	0	0	0	98.0
99.00	Negative Cost Centers	0	0	0	-	99.6
	TOTAL	45,135	297,934	0		100.6
. 0.00		,	_,,,,,,,,			

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#### COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

										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	
GENI	ERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS - BLDGS & FIXTURES	22,256								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		22,256							2.00
3.00	EMPLOYEE BENEFITS	419	419	5,433,807						3.00
4.00	ADMINISTRATIVE & GENERAL	909	909	786,736	-2,210,975	7,379,384				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	646	646	88,777	0	429,525	20,282			5.00
6.00	LAUNDRY & LINEN SERVICE	1,282	1,282	0	_	17,162	1,282	31,580		6.00
7.00	HOUSEKEEPING	270	270	309,288	0	395,809	270	0	10,750	7.00
8.00	DIETARY	2,320	2,320	445,192	0	877,881	2,320	0	2,520	
9.00	NURSING ADMINISTRATION	532	532	270,607	0	339,456	532		552	_
10.00	CENTRAL SERVICES & SUPPLY	163	163	0	0	162,987	163	0	-	_
11.00	PHARMACY	0	0	0	0	24,146	0	-		
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	1	· · · · · · ·	12.00
13.00	SOCIAL SERVICE	203	203	80,649	0	93,861	203	0	200	_
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	ACTIVITIES	3,155	3,155	171,746	0	252,906	3,155	0	3,155	15.00
INPA'	TIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	11,783	11,783	2,962,627	0	4,251,139	11,783	31,580	11,783	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCI	LLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	0	-	0			0	-		
41.00	LABORATORY	0		0		6,692	0	-	· · · · · · · ·	,
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	· · ·	43.00
44.00	PHYSICAL THERAPY	287	287	181,473	0	291,709	287	0		_
45.00	OCCUPATIONAL THERAPY	287	287	134,195	0	155,498	287	0		_
46.00	SPEECH PATHOLOGY	0	0	2,517	0	2,845	0	-	· · · · · · ·	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	-	· · · · · · · ·	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	-	0	0	0	0	-		10.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	53,083	0	-		17.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	-		50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
	ATIENT SERVICE COST CENTERS	0	0	0						10.00
60.00	CLINIC RURAL HEALTH CLINIC	0	0	0	0	0	0	-	· · · · · · · ·	00.00
61.00	FQHC	0	0	0	U	0	0	0	0	61.00
	ER REIMBURSABLE COST CENTERS									62.00
	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
	AMBULANCE	0	0	0	0	24,685	0	-	· · · · · · · ·	71.00
	CMHC	0		0			_	-	· · ·	73.00
	IAL PURPOSE COST CENTERS	0	U	0	0	0	0	1 0	0	75.00
	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
	INTEREST EXPENSE									81.00
	UTILIZATION REVIEW - SNF									82.00
	HOSPICE	0	0	0	0	0	0	0	0	
	SUBTOTALS (sum of lines 1-84)	22,256	22,256	5,433,807	-2,210,975	7,379,384	20,282	-		_
	REIMBURSABLE COST CENTERS	22,230	22,230	5,455,607	-2,210,9/5	7,377,304	20,262	31,360	10,730	02.00
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
	BARBER AND BEAUTY SHOP	0		0				-		91.00
	PHYSICIANS PRIVATE OFFICES	0	-	0			0	-	+	92.00
						ı <u> </u>		·		

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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	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	
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)	292,906	5,028	707,023		2,210,975	558,217	57,588	521,830	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	13.160766	0.225917	0.130116		0.299615	27.522779	1.823559	27.860651	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			5,609		12,980	9,496	17,792	4,755	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.001032		0.001759	0.468198	0.563395	0.253871	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)	
053.15		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
	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	04740								7.00
8.00	DIETARY	94,740	24 500							8.00
9.00	NURSING ADMINISTRATION	0	31,580	24 500						9.00
10.00	CENTRAL SERVICES & SUPPLY		0	31,580	24 500					10.00
	PHARMACY	0		0	31,580	24 500				11.00
12.00	MEDICAL RECORDS & LIBRARY		-		0	31,580	24 500			12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	31,580			13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0		14.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	31,580	15.00
	TIENT ROUTINE SERVICE COST CENTERS	0	0	0	0	0	0	1 0	31,360	13.00
	SKILLED NURSING FACILITY	94,740	31,580	31,580	31,580	31,580	31,580	0	31,580	30.00
31.00	NURSING FACILITY	94,/40	31,380	31,380	31,380	31,580	31,380	0	31,380	31.00
	ICF/IID	0	0	0	0	0	0	· ·	0	32.00
	OTHER LONG TERM CARE	0		0	0	0	0		0	
	LLARY SERVICE COST CENTERS	0	0	0	0	0	0	1 0	0	33.00
	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
	LABORATORY	0		0	0	0	0		0	
	INTRAVENOUS THERAPY	0		0	0	0	0		0	
	OXYGEN (INHALATION) THERAPY	0		0	0	0	0		0	
44.00	PHYSICAL THERAPY	0	0	0	0	0	0		0	44.00
45.00	OCCUPATIONAL THERAPY	0	-	0	0	0	0		0	_
46.00	SPEECH PATHOLOGY	0		0	0	0	0		0	
	ELECTROCARDIOLOGY	0	0	0	0	0	0		0	_
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0		0	48.00
	DRUGS CHARGED TO PATIENTS	0		0	0	0	0		0	
	DENTAL CARE - TITLE XIX ONLY	0		0	0	0	0		0	
	SUPPORT SURFACES	0	0	0	0	0	0		0	00.00
	PATIENT SERVICE COST CENTERS	0	0	0	0	0	0	1 0	0	31.00
	CLINIC		0	0		0	0	0	0	60.00
	RURAL HEALTH CLINIC	0		0	0	0	0		0	_
	FQHC	0	0	0	0	0	0	0	0	62.00
	ER REIMBURSABLE COST CENTERS									02.00
	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
	AMBULANCE	0		0			0		0	_
	CMHC	0	0	0	0	0	0		0	
	IAL PURPOSE COST CENTERS	0	U	0	0	0	0		0	75.00
	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
	INTEREST EXPENSE									81.00
	UTILIZATION REVIEW - SNF									82.00
	HOSPICE	0	0	0	0	0	0	0	0	_
	SUBTOTALS (sum of lines 1-84)	94,740		31,580	31,580	-	31,580			
	REIMBURSABLE COST CENTERS	94,740	31,380	31,380	31,380	31,380	31,380	U	31,380	02.00
	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
	BARBER AND BEAUTY SHOP	0		0	0	0	0		0	91.00
	PHYSICIANS PRIVATE OFFICES	0		0		-	0		0	92.00
72.00			U	U	0	U	0		·	72.00

ROSE MOUNTAIN CARE CTR

Period:
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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)	
		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)	1,269,397	470,626	220,847	31,381	0	133,226	0	503,414	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	13.398744	14.902660	6.993255	0.993699	0.000000	4.218683	0.000000	15.940912	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	34,735	8,382	2,586	42	0	3,113	0	45,135	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.366635	0.265421	0.081887	0.001330	0.000000	0.098575	0.000000	1.429227	105.00

ROSE MOUNTAIN CARE CTR

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

#### Worksheet C

PPS

	I	1			113
	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	0	0	0.000000	40.00
41.00	LABORATORY	8,697	6,692	1.299611	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	395,004	264,254	1.494789	44.00
45.00	OCCUPATIONAL THERAPY	217,983	606,210	0.359583	45.00
46.00	SPEECH PATHOLOGY	3,697	159,725	0.023146	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	68,987	53,083	1.299606	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
OUTF	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	32,081	24,685	1.299615	71.00
100.00	Total	726,449	1,114,649		100.00

ROSE MOUNTAIN CARE CTR Period: Run Date Time: 5/28/2025 10:39 am



#### APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I
Title XVIII Skilled Nursing Facility PPS

				THE AVIII	Skined I vursing	g 1 acmity	113
PART	I - CALCULATION OF ANCILLARY AND OUTPATI	ENT COST					
			Health Care Pro	ogram Charges	Health Care I	Program Cost	
		Ratio of Cost to Charges					
		(Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCI	LLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	0.000000	0	0	0	0	40.00
41.00	LABORATORY	1.299611	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1.494789	50,010	0	74,754	0	44.00
45.00	OCCUPATIONAL THERAPY	0.359583	76,952	0	27,671	0	45.00
46.00	SPEECH PATHOLOGY	0.023146	43,640	0	1,010	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.299606	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTP	ATIENT SERVICE COST CENTERS						
60.00	CLINIC	0.000000	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC						61.00
62.00	FQHC						62.00
71.00	AMBULANCE (2)	1.299615		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		170,602	0	103,435	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.

5/28/2025 10:39 am **2540-10** ROSE MOUNTAIN CARE CTR Period: Run Date Time:

From: 01/01/2024 MCRIF32 To: 12/31/2024 Version: 11.1.179.1



PPS

#### APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

315384

Provider CCN:

Worksheet D Parts II-III

Title XVIII Skilled Nursing Facility

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)	1.299606	1.00				
2.00	Program vaccine charges (From your records, or the PS&R)	0	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)	0	3.00				

3.00	Program costs (Line 1 x line 2) (11tle XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)								
PART	III - CALCULATION OF PASS THROUGH COSTS FO	R NURSING & ALLIEI	) 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	0	0	0.000000	0	0	40.00		
41.00	LABORATORY	8,697	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	395,004	0	0.000000	74,754	0	44.00		
45.00	OCCUPATIONAL THERAPY	217,983	0	0.000000	27,671	0	45.00		
46.00	SPEECH PATHOLOGY	3,697	0	0.000000	1,010	0	46.00		
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00		
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00		
49.00	DRUGS CHARGED TO PATIENTS	68,987	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)	694,368	0		103,435	0	100.00		

5/28/2025 10:39 am **2540-10** ROSE MOUNTAIN CARE CTR Period: Run Date Time: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:

COMPUTATION OF INPATIENT ROUTINE COSTS

315384

Provider CCN:

Worksheet D-1 Part I

11.1.179.1

Title XVIII Skilled Nursing Facility

	Litle XVIII	Skilled Nursing Facility	PPS
PART I CALCULATION OF INPATIENT ROUTINE COSTS			
		1.00	
INPATIENT DAYS			
1.00 Inpatient days including private room days		31,580	1.00
2.00 Private room days		0	2.00
3.00 Inpatient days including private room days applicable to the Progr	ım	1,774	3.00
4.00 Medically necessary private room days applicable to the Program		0	4.00
5.00 Total general inpatient routine service cost		8,863,910	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00 General inpatient routine service charges		9,299,099	6.00
7.00 General inpatient routine service cost/charge ratio (Line 5 divide	by line 6)	0.953201	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	3 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	harges line 10, divided by semi-private room days)	0.00	11.00
12.00 Average per diem private room charge differential (Line 9 minus l	ne 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 diff	erential (Line 5 minus line 14)	8,863,910	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00 Adjusted general inpatient service cost per diem (Line 15 divided	by line 1)	280.68	16.00
17.00 Program routine service cost (Line 3 times line 16)		497,926	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)	497,926	19.00
20.00 Capital related cost allocated to inpatient routine service costs (Fig.	om Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for	ICF/IID) 288,568	20.00
21.00 Per diem capital related costs (Line 20 divided by line 1)		9.14	21.00
22.00 Program capital related cost (Line 3 times line 21)		16,214	22.00
23.00 Inpatient routine service cost (Line 19 minus line 22)		481,712	23.00
24.00 Aggregate charges to beneficiaries for excess costs (From provide	records)	0	24.00
25.00 Total program routine service costs for comparison to the cost lin	itation (Line 23 minus line 24)	481,712	25.00
26.00 Enter the per diem limitation (1)			26.00
27.00 Inpatient routine service cost limitation (Line 3 times the per dien	limitation line 26) (1)		27.00
28.00 Reimbursable inpatient routine service costs (Line 22 plus the les	er of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instruction	ions)	28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIE	HEALTH COSTS FOR PPS PASS-THROUGH		
		1.00	
1.00 Total SNF inpatient days		31,580	1.00
2.00 Program inpatient days (see instructions)		1,774	2.00
3.00 Total nursing & allied health costs. (see instructions)(Do not com	lete for titles V or XIX)	0	3.00
4.00 Nursing & allied health ratio. (line 2 divided by line 1)		0.056175	4.00
5.00 Program nursing & allied health costs for pass-through. (line 3 times)	es line 4)	0	5.00

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#### COMPUTATION OF INPATIENT ROUTINE COSTS

315384

Provider CCN:

Worksheet D-1 Part I

11.1.179.1

Title XIX	Cl. 11 - 4 Ni 1 1 1	C+
Title XIX	Skilled Nursing Facility	Cost

	Title XIX Skilled Nursing I	acılıty	Cost
PAR	'I CALCULATION OF INPATIENT ROUTINE COSTS		
		1.00	
INPA	TIENT DAYS		
1.00	Inpatient days including private room days	31,580	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	24,839	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	8,863,910	5.00
PRIV	ATE ROOM DIFFERENTIAL ADJUSTMENT		
6.00	General inpatient routine service charges	9,299,099	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.953201	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)	8,863,910	15.00
PRO	GRAM INPATIENT ROUTINE SERVICE COSTS		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	280.68	16.00
17.00	Program routine service cost (Line 3 times line 16)	6,971,811	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)	6,971,811	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)	288,568	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	9.14	21.00
22.00	Program capital related cost (Line 3 times line 21)	227,028	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	6,744,783	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)	6,744,783	25.00
26.00	Enter the per diem limitation (1)	0.00	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)	6,971,811	28.00
PAR'	'II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
		1.00	
1.00	Total SNF inpatient days	31,580	1.00
2.00	Program inpatient days (see instructions)	24,839	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)	0.786542	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

 ROSE MOUNTAIN CARE CTR
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 To: 12/31/2024
 Version: 11.1.179.1



#### CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E Part I

2.02         Naming and Allied Health Education Activities (pass through payments)         0         1,330,91         3.           3.05         Subroal (Sum of Lines 1 and 2)         1,330,91         3.           4.00         Pénary payor amounts         228,476         5.           5.00         Cinistrunce         288,476         5.           5.00         Allowable bad debts (From your records)         184,466         6.           7.00         Allowable Bad debts for dual eligible beneficiaries (See instructions)         120,150         8.           9.00         Recovery of bad debts - for statistical excords only         0         9.           9.00         Recovery of bad debts - for statistical excords only         0         9.           9.00         Recovery of bad debts - for statistical excords only         0         10.           1.00         Bloom for the impayment (See instructions)         1.2.1,501         12.           1.00         Stoolar (See instructions)         1.2.1,501         12.           1.00         Entering adjustment adjustment amount after sequestration         0         14.           1.45         Demonstration payment adjustment amount see instructions)         2.2.         14.           1.40         Distriction payment (See instructions)         2.2.		Title XVIII Skilled Nursi		PPS
1.00   Papatient PRS amount (See Instructions)   1.330,191   1.4     200   Naturaing and Alficel Health Education Activities (pass through payments)   0.0   0.0     201   Subsoul (Sam of lines I and 12)   0.0     201   Subsoul (Sam of lines I and 12)   0.0     201   201   0.0   0.0     201   201   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0   0.0     201   0.0   0.0	PART	A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
200         Naming and Allied Health Education Activities (pass through payments)         0         1,330,91         3.4           100         Subroal (Sum of lines 1 and 2)         4.7         2.7         4.4           100         Coinsurance         288,76         3.5         4.6           100         Coinsurance         288,76         3.5         4.6         1.6         4.6			1.00	
200         Naming and Allied Health Education Activities (pass through payments)         0         1,330,91         3.4           100         Subroal (Sum of lines 1 and 2)         4.7         2.7         4.4           100         Coinsurance         288,76         3.5         4.6           100         Coinsurance         288,76         3.5         4.6         1.6         4.6	1.00	Inpatient PPS amount (See Instructions)	1,330,191	1.00
3.00         Suboad (Sum of lines 1 and 2)         1,30,400           4.00         Primary payor amounts         720         44           5.00         Consume         238,470         5.           6.00         Allowable bad debts (From your records)         184,480         6.           6.00         Allowable bad debts (From your records)         184,480         6.           7.00         Allowable bad debts. (See instructions)         120,150         8.           8.01         Adjusted reimbursable bad debts. (See instructions)         100         9.           1.00         Unlikation review         0         10           1.00         Unlikation review         1,211,451         11           1.00         Interpretable of the structions of the struction of the structions of	2.00		0	2.00
5.00         Coinsurance         238,476         5.6           6.00         Allowable bad debts (From your records)         184,466         6.6           7.00         Allowable Bad debts (From dual eligible beneficiaries (See instructions)         120,150         8.6           8.00         Adjusted reimbursable bad debts. (See instructions)         120,150         8.6           9.00         Recovery of bad debts - or statistical records only         0         0           10.00         Utilization review         0         0           10.00         Utilization review         1,21,45         112,145         114           12.10         Intering symments (See instructions)         1,21,45         112,145         114           12.10         Intering symments (See instructions)         1,21,45         114           12.10         Tenative adjustment         0         1,34           14.50         Demonstration payment adjustment amount before sequestration         1         1,44           14.51         Demonstration payment adjustment amount before sequestration         1         1,44           14.55         Demonstration payment adjustment amount before sequestration         1         1,44           14.55         Demonstration payment adjustment amount before sequestration         1 <td>3.00</td> <td></td> <td>1,330,191</td> <td>3.00</td>	3.00		1,330,191	3.00
5.00 Comissrance         238,376         5.6           6.00 Allowable Bad debts (From your records)         184,346         6.6           7.00 Allowable Bad debts (From your records)         120,150         8.8           8.00 A dijusted eimbursable bad debts. (See instructions)         120,150         8.8           9.00 Recovery of bad debts - of statistical records only         0         0         0           1.00 Utilization review         0         0         0           1.00 Utilization review         1,21,451         11.2           1.10 Introduction payments (See instructions)         1,21,451         11.2           1.20 Interm payments (See instructions)         0         1,34           1.20 Tenative adjustment         0         0         1.2           1.20 Tenative adjustment         0         0         1.2           1.20 Demonstration payment adjustment amount before sequestration         0         1.4           1.45 Demonstration payment adjustment amount before sequestration         0         1.4           1.45 Sequestration payment adjustment amount deer instructions)         2.2         1.4           1.45 Sequestration payment adjustment amount deer instructions)         2.2         1.4           1.45 Sequestration amount (see instructions)         2.1         1.4 <td>4.00</td> <td>Primary payor amounts</td> <td>720</td> <td>4.00</td>	4.00	Primary payor amounts	720	4.00
Allowable Bad debts for dual eligible beneficiaries (See instructions)	5.00	717	238,476	5.00
8.00         Adjusted reimbursable bad debts. (See instructions)         120,150         8.6           9.00         Recovery of bad debts for statistical records only         0         10           10.00         Ubilization review         0         10           11.00         Subtoral (See instructions)         1,211,145         11.2           11.20         Interim payments (See instructions)         0         13.0           13.00         Tentative adjustment         0         13.0           14.00         OTHER adjustment (See instructions)         0         14.1           14.50         Demonstration payment adjustment amount after sequestration         0         14.2           14.55         Demonstration payment adjustment amount see instructions)         2,403         14.7           14.75         Sequestration amount (see instructions)         2,182         14.5           15.00         Balance due provider/program (see Instructions)         2,182         14.5           15.00         Protested amounts (See instructions)         3,182         15.5           15.00         Balance due provider/program (see Instructions)         2,182         14.5           15.00         Protested amounts (See instructions)         3         18.2           15.00 <td< td=""><td>6.00</td><td>Allowable bad debts (From your records)</td><td>184,846</td><td>6.00</td></td<>	6.00	Allowable bad debts (From your records)	184,846	6.00
9.00         Recovery of bad debts - for statistical records only         0         9.00           10.00         Ublization review         0         10.00           11.00         Subtract (See instructions)         1,211,48         11.21           12.00         Interim payments (See instructions)         1.241,501         12.01           13.00         Tentative adjustment         0         1.34           14.00         OTHER adjustment (See instructions)         0         14.14           14.50         Demonstration payment adjustment amount before sequestration         0         14.14.55           Demonstration payment adjustment amount fee sequestration         1         14.14.55           Sequestration for non-claims based amounts (see instructions)         2.401         14.14.55           Sequestration for non-claims based amounts (see instructions)         2.18.20         14.14.55           1.49         Sequestration for non-claims based amounts (see instructions)         2.18.20         14.14.51           1.50         Balance due provider/ program (see Instructions)         2.18.20         15.14.14.14.14.14.14.14.14.14.14.14.14.14.	7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	16,676	7.00
10.00	8.00	Adjusted reimbursable bad debts. (See instructions)	120,150	8.00
11.00         Subrotal (See instructions)         1,211,45         11.2	9.00	Recovery of bad debts - for statistical records only	C	9.00
1.201   Interim payments (See instructions)	10.00	Utilization review	0	10.00
1.201   Interim payments (See instructions)	11.00	Subtotal (See instructions)	1,211,145	11.00
13.00   Tentative adjustment	12.00	Interim payments (See instructions)		
14.50   Demonstration payment adjustment amount before sequestration   14.51   14.55   Demonstration payment adjustment amount after sequestration   14.51   14.55   Demonstration payment adjustment amount after sequestration   14.51   14.55   Sequestration for non-claims based amounts (see instructions)   2.1,820   14.55   14.55   14.55   15.00   Balance due provider/program (see Instructions)   2.1,820   16.00   Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)   0   16.00	13.00		0	13.00
14.50   Demonstration payment adjustment amount before sequestration   14.51   14.55   Demonstration payment adjustment amount after sequestration   14.51   14.55   Demonstration payment adjustment amount after sequestration   14.51   14.55   Sequestration for non-claims based amounts (see instructions)   2.1,820   14.55   14.55   14.55   15.00   Balance due provider/program (see Instructions)   2.1,820   16.00   Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)   0   16.00	14.00	OTHER adjustment (See instructions)	0	14.00
14.55   Demonstration payment adjustment amount after sequestration   14.54   14.75   Sequestration for non-claims based amounts (see instructions)   2,403   14.54   14.75   Sequestration for non-claims based amounts (see instructions)   21,820   14.55   15.00   Balance due provider/program (see Instructions)   554,579   15.10   15.00   Balance due provider/program (see Instructions)   16.00   Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)   16.00   Postested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)   16.00   Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)   16.00   North Cost of Co	14.50		0	14.50
14.75       Sequestration for non-claims based amounts (see instructions)       2,403       14.7         14.99       Sequestration amount (see instructions)       21,820       14.7         15.00       Balance due provider/program (see Instructions)       -54,579       15.0         16.00       Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)       0       16.0         PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY         17.00         18.00       Vaccine cost (From Wist D, Part II, line 3)       0       15.0         19.00       Total reasonable costs (Sum of lines 17 and 18)       0       19.0         20.00       Medicare Part B ancillary charges (See instructions)       0       20.0         21.00       Cost of covered services (Lesser of line 19 or line 20)       0       21.0         22.00       Primary payor amounts       0       22.0         24.00       Allowable bad debts (From your records)       0       24.0         24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.0         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         25.00       Subtotal (Sum of lines 21 and 24, minus li	14.55		0	14.55
14.99       Sequestration amount (see instructions)       21,820       14.5         15.00       Balance due provider/ program (see Instructions)       5-54,579       15.6         16.00       Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)       0       16.6         PART B-ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY       TO 17.6       18.0       17.4         18.00       Vaccine cost (From Wkst D, Part II, line 3)       0       18.0         19.00       Total reasonable costs (Sum of lines 17 and 18)       0       19.0         20.00       Medicare Part B ancillary charges (See instructions)       0       20.0         20.00       Medicare Part B ancillary charges (See instructions)       0       20.0         22.00       Primary payor amounts       0       20.0         22.00       Primary payor amounts       0       22.0         23.00       Coinsurance and deductibles       0       23.0         24.00       Allowable Bad debts (From your records)       0       24.0         24.01       Allowable Bad debts (from your records)       0       24.0         24.02       Aljusted reimbursable bad debts (see instructions)       0       24.0         25.00       I	14.75		2,403	_
15.00   Balance due provider/program (see Instructions)   15.01   16.00   16.00   10	14.99		21,820	14.99
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)   0   18.00     19.00   Total reasonable costs (Sum of lines 17 and 18)   0   20.00     20.00   Medicare Part B ancillary charges (See instructions)   0   20.00     21.00   Cost of covered services (Lesser of line 19 or line 20)   0   21.00     22.00   Primary payor amounts   0   23.00     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   24.00     24.02   Adjusted reimbursable bad debts (see instructions)   0   24.00     24.00   Adjusted reimbursable bad debts (see instructions)   0   24.00     25.00   Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)   0   25.00     26.00   Interim payments (See instructions)   0   26.00     27.00   Tentative adjustment (See instructions)   0   26.00     28.00   Other Adjustments (See instructions)   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment amount after sequestration   0   28.00     28.00   Demonstration payment adjustment	15.00			
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY           17.00         Ancillary services Part B         0         17.0           18.00         Vaccine cost (From Wkst D, Part II, line 3)         0         18.0           19.00         Total reasonable costs (Sum of lines 17 and 18)         0         19.0           20.00         Medicare Part B ancillary charges (See instructions)         0         20.0           20.00         Primary payor amounts         0         21.0           22.00         Primary payor amounts         0         23.0           24.00         Allowable bad debts (From your records)         0         24.0           24.01         Allowable Bad debts for dual eligible beneficiaries (see instructions)         0         24.0           24.02         Adjusted reimbursable bad debts (see instructions)         0         24.0           25.00         Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)         0         25.0           26.00         Interim payments (See instructions)         0         25.0           27.00         Tentative adjustment         0         27.0           28.50         Other Adjustments (See instructions) Specify         0         28.5           28.55         Demonstration p	16.00		0	16.00
18.00       Vaccine cost (From Wkst D, Part II, line 3)       0       18.00         19.00       Total reasonable costs (Sum of lines 17 and 18)       0       19.00         20.00       Medicare Part B ancillary charges (See instructions)       0       20.00         21.00       Cost of covered services (Lesser of line 19 or line 20)       0       21.00         22.00       Primary payor amounts       0       22.0         23.00       Coinsurance and deductibles       0       23.0         24.00       Allowable bad debts (From your records)       0       24.0         24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.0         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.0         26.00       Interim payments (See instructions)       0       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 after sequestration       0 <td>PART</td> <td></td> <td></td> <td></td>	PART			
19.00       Total reasonable costs (Sum of lines 17 and 18)       0       19.00         20.00       Medicare Part B ancillary charges (See instructions)       0       20.00         21.00       Cost of covered services (Lesser of line 19 or line 20)       0       21.0         22.00       Primary payor amounts       0       22.0         23.00       Coinsurance and deductibles       0       23.0         24.00       Allowable bad debts (From your records)       0       24.0         24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.0         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.0         26.00       Interim payments (See instructions)       0       26.0         27.00       Tentative adjustment       0       27.0         28.00       Other Adjustments (See instructions) Specify       0       28.5         28.50       Demonstration payment adjustment amount after sequestration       0       28.5         28.55       Demonstration payment adjustment amount after sequestration	17.00	Ancillary services Part B	0	17.00
20.00       Medicare Part B ancillary charges (See instructions)       0       20.00         21.00       Cost of covered services (Lesser of line 19 or line 20)       0       21.02         22.00       Primary payor amounts       0       22.02         23.00       Coinsurance and deductibles       0       23.02         24.00       Allowable bad debts (From your records)       0       24.02         24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.02         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.02         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.02         26.00       Interim payments (See instructions)       0       26.02         27.00       Tentative adjustment       0       27.02         28.00       Other Adjustments (See instructions) Specify       0       28.02         28.50       Demonstration payment adjustment amount before sequestration       0       28.52         28.55       Demonstration payment adjustment amount after sequestration       0       28.52	18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
21.00       Cost of covered services (Lesser of line 19 or line 20)       0       21.0         22.00       Primary payor amounts       0       22.0         23.00       Coinsurance and deductibles       0       23.0         24.00       Allowable bad debts (From your records)       0       24.0         24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.0         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.0         26.00       Interim payments (See instructions)       0       26.0         27.00       Tentative adjustment       0       27.0         28.00       Other Adjustments (See instructions) Specify       0       28.0         28.50       Demonstration payment adjustment amount before sequestration       0       28.5         28.55       Demonstration payment adjustment amount after sequestration       0       28.5	19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
21.00       Cost of covered services (Lesser of line 19 or line 20)       0       21.0         22.00       Primary payor amounts       0       22.0         23.00       Coinsurance and deductibles       0       23.0         24.00       Allowable bad debts (From your records)       0       24.0         24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.0         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.0         26.00       Interim payments (See instructions)       0       26.0         27.00       Tentative adjustment       0       27.0         28.00       Other Adjustments (See instructions) Specify       0       28.0         28.50       Demonstration payment adjustment amount before sequestration       0       28.5         28.55       Demonstration payment adjustment amount after sequestration       0       28.5	20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
23.00       Coinsurance and deductibles       0       23.00         24.00       Allowable bad debts (From your records)       0       24.02         24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.02         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.02         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.00         26.00       Interim payments (See instructions)       0       26.00         27.00       Tentative adjustment       0       27.00         28.00       Other Adjustments (See instructions) Specify       0       28.00         28.50       Demonstration payment adjustment amount before sequestration       0       28.50         28.55       Demonstration payment adjustment amount after sequestration       0       28.50	21.00	, , , ,	0	21.00
23.00       Coinsurance and deductibles       0       23.0         24.00       Allowable bad debts (From your records)       0       24.0         24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.0         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.0         26.00       Interim payments (See instructions)       0       26.0         27.00       Tentative adjustment       0       27.0         28.00       Other Adjustments (See instructions) Specify       0       28.0         28.50       Demonstration payment adjustment amount before sequestration       0       28.5         28.55       Demonstration payment adjustment amount after sequestration       0       28.5	22.00	Primary payor amounts	0	22.00
24.01       Allowable Bad debts for dual eligible beneficiaries (see instructions)       0       24.02         24.02       Adjusted reimbursable bad debts (see instructions)       0       24.02         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.02         26.00       Interim payments (See instructions)       0       26.02         27.00       Tentative adjustment       0       27.02         28.00       Other Adjustments (See instructions) Specify       0       28.02         28.50       Demonstration payment adjustment amount before sequestration       0       28.52         28.55       Demonstration payment adjustment amount after sequestration       0       28.52	23.00	Coinsurance and deductibles	C	23.00
24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.0         26.00       Interim payments (See instructions)       0       26.0         27.00       Tentative adjustment       0       27.0         28.00       Other Adjustments (See instructions) Specify       0       28.0         28.50       Demonstration payment adjustment amount before sequestration       0       28.5         28.55       Demonstration payment adjustment amount after sequestration       0       28.5	24.00	Allowable bad debts (From your records)	C	24.00
24.02       Adjusted reimbursable bad debts (see instructions)       0       24.0         25.00       Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)       0       25.0         26.00       Interim payments (See instructions)       0       26.0         27.00       Tentative adjustment       0       27.0         28.00       Other Adjustments (See instructions) Specify       0       28.0         28.50       Demonstration payment adjustment amount before sequestration       0       28.5         28.55       Demonstration payment adjustment amount after sequestration       0       28.5	24.01		0	24.01
26.00       Interim payments (See instructions)       0       26.00         27.00       Tentative adjustment       0       27.0         28.00       Other Adjustments (See instructions) Specify       0       28.0         28.50       Demonstration payment adjustment amount before sequestration       0       28.5         28.55       Demonstration payment adjustment amount after sequestration       0       28.5	24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
26.00       Interim payments (See instructions)       0       26.00         27.00       Tentative adjustment       0       27.0         28.00       Other Adjustments (See instructions) Specify       0       28.0         28.50       Demonstration payment adjustment amount before sequestration       0       28.5         28.55       Demonstration payment adjustment amount after sequestration       0       28.5	25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
27.00       Tentative adjustment       0 27.0         28.00       Other Adjustments (See instructions) Specify       0 28.0         28.50       Demonstration payment adjustment amount before sequestration       0 28.5         28.55       Demonstration payment adjustment amount after sequestration       0 28.5	26.00		C	26.00
28.50 Demonstration payment adjustment amount before sequestration     0     28.5       28.55 Demonstration payment adjustment amount after sequestration     0     28.5	27.00		C	27.00
28.50 Demonstration payment adjustment amount before sequestration     0     28.5       28.55 Demonstration payment adjustment amount after sequestration     0     28.5	28.00	Other Adjustments (See instructions) Specify	0	28.00
28.55 Demonstration payment adjustment amount after sequestration 0 28.5	28.50		C	28.50
	28.55		C	28.55
28.99   Sequestration amount (see instructions)   0   28.5	28.99	Sequestration amount (see instructions)	C	28.99

**0** 29.00

0 30.00

29.00 Balance due provider/program (see instructions)

30.00 Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2

5/28/2025 10:39 am **2540-10** ROSE MOUNTAIN CARE CTR Period: Run Date Time: From: 01/01/2024 MCRIF32 To: 12/31/2024 Version:



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

Provider CCN:

315384

Worksheet E Part II

11.1.179.1

	Title XIX Skilled Nursin		Part II Cost
	THE ATA SKIREU NUTSIII	,	Cost
		1.00	
COM	PUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient ancillary services (see Instructions)	0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)	0	2.00
3.00	Outpatient services	0	3.00
4.00	Inpatient routine services (see instructions)	6,971,811	4.00
5.00	Utilization reviewphysicians' compensation (from provider records)	0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)	6,971,811	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)	6,971,811	8.00
9.00	Primary payor amounts	0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)	6,971,811	10.00
REA	SONABLE 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
CUS	TOMARY 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
COM	PUTATION OF REIMBURSEMENT SETTLEMENT		
20.00	Cost of covered services (see Instructions)	0	20.00
21.00	Deductibles	0	21.00
22.00	Subtotal (Line 20 minus line 21)	0	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (Line 22 minus line 23)	0	24.00
25.00	Allowable bad debts (from your records)	0	25.00
26.00	Subtotal (sum of lines 24 and 25)	0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit	0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	0	28.00
29.00	Other Adjustments (see instructions) Specify	0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)	0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)	0	31.00
32.00	Interim payments	0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)	0	33.00

ROSE MOUNTAIN CARE CTR Period: Run Date Time: 5/28/2025 10:39 am

From: 01/01/2024 MCRIF32 **2540-10**Provider CCN: 315384 To: 12/31/2024 Version: 11.1.179.1



#### ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

		Title	XVIII	Skilled Nu	rsing Facility		PPS
			Inpatien	Part A	Part	B	
	DESCRIPTION		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
			1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider			1,069,175		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor cost reporting period. If none, enter zero	r for services rendered in the		164,994		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)	interim rate for the cost					3.00
Progra	am to Provider						
3.01	ADJUSTMENTS TO PROVIDER		06/05/2024	7,332		0	3.01
3.02				0		0	3.02
3.03				0		0	3.03
3.04				0		0	3.04
3.05				0		0	3.05
Provid	ler to Program				'		
3.50	ADJUSTMENTS TO PROGRAM			0		0	3.50
3.51				0		0	3.51
3.52				0		0	3.52
3.53				0		0	3.53
3.54				0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)			7,332		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)		1,241,501		0	4.00
TO BI	E COMPLETED BY CONTRACTOR	,	'				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payme enter a zero. (1)	ent. If none, write "NONE" or					5.00
Progra	am to Provider						
5.01	TENTATIVE TO PROVIDER			0		0	5.01
5.02				0		0	5.02
5.03				0		0	5.03
Provid	ler to Program						
5.50	TENTATIVE TO PROGRAM			0		0	5.50
5.51				0		0	5.51
5.52				0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)			0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	PROGRAM TO PROVIDER			0		0	6.01
6.02	PROVIDER TO PROGRAM			54,579		0	6.02
7.00	Total Medicare program liability (see instructions)			1,186,922		0	7.00
	1 0 /\		Contractor 1	. T 1			
	Contractor Name		Contractor	Number			
	Contractor Name 1.00		2.00				

<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.

ROSE MOUNTAIN CARE CTR

315384

Provider CCN:

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

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11.1.179.1



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

Worksheet G

comp	plete the "General Fund" column only)					PPS
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
	RENT ASSETS	1.501.050	. ا			
1.00	Cash on hand and in banks	1,586,078	0	0	0	
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	1,070,247	0	0	0	2.00
4.00	Accounts receivable  Other receivable	1,879,247	0	0	0	
5.00	Other receivables  Less: allowances for uncollectible notes and accounts receivable	29,477	0	0	0	5.00
7.00	Inventory	0	0	0	0	1
8.00	Prepaid expenses	188,042	0	0	0	
9.00	Other current assets	0	0	0	0	
10.00	Due from other funds	0	0	0	0	10.00
11.00		3,682,844	0	0	0	
	D ASSETS	.,,	- 1		<u>-</u>	
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	316,911	0	0	0	17.00
18.00	Less: Accumulated Amortization	-296,571	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	85,445	0	0	0	23.00
24.00	Less: Accumulated depreciation	-69,286	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	
27.00	Other fixed assets	0	0	0	0	
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	36,499	0	0	0	28.00
	ER ASSETS		. ا			20.00
29.00	Investments	0	0	0	0	
30.00	Deposits on leases	0		0	0	
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	2 710 242	0	0	0	
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33) lities and Fund Balances	3,719,343	U	U	U	34.00
	RENT LIABILITIES					
35.00	Accounts payable	2,284,087	0	0	0	35.00
36.00	1	72,464	0	0	0	_
37.00		1,668	0	0	0	
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00		0		0	0	
40.00	Accelerated payments	0				40.00
41.00	· '	0	0	0	0	
42.00		728,035	0	0	0	
43.00		3,086,254	0	0	0	43.00
	G TERM LIABILITIES	.,,	•			
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00		0	0	0	0	
47.00	Loans from owners:	0	0	0	0	_
		0	0	0	0	
48.00	Other long term natimites					
48.00 49.00	OTHER (SPECIFY)	0	0	0	0	_

 
 ROSE MOUNTAIN CARE CTR
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 315384
 To: 12/31/2024
 Version:
 11.1.179.1

P

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

Worksheet G

comp	nete the General I and Column only)					PPS
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	3,086,254	0	0	0	51.00
CAPIT	TAL ACCOUNTS					
52.00	General fund balance	633,089				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	633,089	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	3,719,343	0	0	0	60.00

) = contra amount

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#### STATEMENT OF CHANGES IN FUND BALANCES

315384

Provider CCN:

#### Worksheet G-1

11.1.179.1

PPS

										PPS
		Genera	ıl Fund	Special Pur	rpose 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		1,273,436		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-618,167							2.00
3.00	Total (sum of line 1 and line 2)		655,269		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)		655,269		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00	ADJ	22,180		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)		22,180		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		633,089		0		0		0	19.00

ROSE MOUNTAIN CARE CTR

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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 Servi	ces		<u> </u>		
1.00 SKILLED NURSING FACILIT	TY	9,299,099		9,299,099	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 servi	ces (Sum of lines 1 - 4)	9,299,099		9,299,099	5.0
All Other Care Services					
6.00 ANCILLARY SERVICES		1,114,649	0	1,114,649	6.0
7.00 CLINIC			0	0	7.0
8.00 HOME HEALTH AGENCY C	OST		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	10.1
11.00 CMHC			0	0	11.0
12.00 HOSPICE		0	0	0	12.0
13.00 OTHER (SPECIFY)		0	0	0	13.0
	lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	10,413,748	0	10,413,748	14.0
PART II - OPERATING EXPENSE	<u>S</u>				
			1.00	2.00	
1.00 Operating Expenses (Per Works	heet A, Col. 3, Line 100)			10,441,944	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	0 - 13)			0	14.0
15.00 Total Operating Expenses (Sum	of lines 1 and 8, minus line 14)			10,441,944	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)	10,413,748	1.00
2.00	Less: contractual allowances and discounts on patients accounts	643,730	2.00
3.00	Net patient revenues (Line 1 minus line 2)	9,770,018	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	10,441,944	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-671,926	5.00
Other	income:		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	53,759	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	Other miscellaneous revenue (specify)	0	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	53,759	25.00
26.00	Total (Line 5 plus line 25)	-618,167	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)	-618,167	31.00

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