#### Health Financial Systems EXCELCARE AT EGG HARBOR In Lieu of Form CMS-2540-10 This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0463 Expires: 12/31/2021 SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE Provider CCN: 315514 Worksheet S Parts I, II & III Peri od. From 12/27/2021 COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: То 5/23/2023 9:52 am PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 5/23/2023 Time: 9:52 am use only ] Manually prepared cost report 2 [0] If this is an amended report enter the number of times the provider resubmitted this cost report 3 3.01 [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no. Contractor 4. [ 1 ] Cost Report Status 6. Contractor No. use only (1) As Submitted 7.[ N ] First Cost Report for this Provider CCN (2) Settled without audit 8.[ N ] Last Cost Report for this Provider CCN (3) Settled with audit 9. NPR Date: (4) Reopened 10.[ 0 ]If line 4, column 1 is "4": Enter number of times reopened (5) Amended 11.Contractor Vendor Code 12.[F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" 5. Date Received: for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by EXCELCARE AT EGG HARBOR (315514) for the cost reporting period beginning 12/27/2021 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX		
		1	2	SI GNATURE STATEMENT	
1	Eli	i Frankel	T	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	Eli Frankel			2
3	Signatory Title	MEMBER			3
4	Date	(Dated when report is electronica			4

		Title	XVIII		
Cost Center Description	Title V	Part A	Part B	Title XIX	
	1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	148, 724	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	148, 724	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 and review the information collection is estimated 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

	Financial Systems EXCELO D NURSING FACILITY AND SKILLED NURSING FACILITY HEALT		Provider N	o.: 315514	Peri od:	(2021	Workshe	ət S-2	2540-
MPLE	X INDENTIFICATION DATA				From 12/27 To 12/31		Part I Date/Tii	me Pre	pare
	T						5/23/20		
	1.00 Skilled Nursing Facility and Skilled Nursing Facilit	2.00	ldragge	3.00					
00	Street: 6818 DELILAH ROAD PO Box:	y complex ac							1.
00	Ci ty: EGG HARBOR State:	NJ	Zip Code: 0	8234					2.
00		de: 12100	Urban/Rura						3.
01	CBSA Co								3.
		Compor	nent Name	Provi der			ent Syste		
				CCN	Certified	V	0, or N) XVIII		-
		-	. 00	2.00	3.00	4.00	_		
	SNF and SNF-Based Component Identification:								
00	SNF	EXCELCARE	AT EGG HARB	OR 315514	09/03/2013	N	Р	Ν	4.
00	Nursing Facility								5.
00 00	ICF/IID SNF-Based HHA								6.
00	SNF-Based RHC								8.
00	SNF-Based FQHC								9.
00	SNF-Based CMHC								10.
00	SNF-Based OLTC								11.
	SNF-Based HOSPICE								12.
00	SNF-Based CORF				From		To:		13.
					1.00		2.0		1
00	Cost Reporting Period (mm/dd/yyyy)				12/27/2		12/31/		14.
00	Type of Control (See Instructions)					4			15.
							Y/N		-
	Type of Freestanding Skilled Nursing Facility						1.0	5	
00	Is this a distinct part skilled nursing facility that	t meets the	regui rement	s set forth	in 42 CFR		N		16.
	section 483.5?								
00	Is this a composite distinct part skilled nursing fac	cility that	meets the r	requirements	set forth	in	Ν		17.
~~	42 CFR section 483.5?								10
00	Are there any costs included in Worksheet A that response organizations as defined in CMS Pub. 15-1, chapter 10						N		18.
	Miscellaneous Cost Reporting Information	0: TT yes,	comprete we	JI KSHEET A-0	- 1.				1
00	If this is a low Medicare utilization cost report, in	ndicate with	a "Y", for	yes, or "N	" for no.		N		19.
01	If line 19 is yes, does this cost report meet your co			or filing a	low Medicar	e	Ν		19.
	utilization cost report, indicate with a "Y", for yes			as mothod in	diastad an	Linco	20 22		-
00	Depreciation - Enter the amount of depreciation repo Straight Line	orted in this	SINF TOT LT	ne method i r	idi cated on	Lines	20 - 22		20.
00	Declining Balance							0	
00	Sum of the Year's Digits							C	22.
00	Sum of line 20 through 22							969	
00	If depreciation is funded, enter the balance as of							0	1
00	Were there any disposal of capital assets during the		51	. ,	norting nor	Choir	N N		25.
00	Was accelerated depreciation claimed on any assets in (Y/N)	n the curren	t or any pr	TOF COST FE	por tring per	rou?	IN		26.
00	Did you cease to participate in the Medicare program	at end of t	he period t	o which thi	s cost repo	ort	Ν		27.
	applies? (Y/N)		·						
00	Was there a substantial decrease in health insurance	proporti on	of allowabl	e cost from	prior cost		N		28.
	reports? (Y/N)					Part	A Part B	Othor	
						1.00		3.00	1
	If this facility contains a public or non-public pro					ne appl	ication		
	of the lower of the costs or charges enter "Y" for e	each componer	nt and type	of service	that qualit	ies fo	or the		
00	exemption.					N	N		20
00 00	Skilled Nursing Facility Nursing Facility					N	N	Ν	29.
00	ICF/IID								31.
00	SNF-Based HHA					N	N		32.
00	SNF-Based RHC								33.
00	SNF-Based FQHC								34.
00	SNF-Based CMHC						N		35.
00	SNF-Based OLTC				Y/N	-			36.
					1.00		2.0	0	1
00	Is the skilled nursing facility located in a state th	hat certifie	s the provi	der as a SN					37.
	regardless of the level of care given for Titles V &	XIX patient							
	Are you legally-required to carry malpractice insura				N				38.
00			0 DOLLOVIC		1				39.
	Is the malpractice a "claims-made" or "occurrence" po "claims-made" enter 1. If the policy is "occurrence"		e poricy is	5					
00	Is the malpractice a "claims-made" or "occurrence" po "claims-made" enter 1. If the policy is "occurrence",			Premiums	Paid Los	ses S	SelfInsu	irance	
00					Paid Los 2.00		GelfInsu 3.00 0		41.

Heal th	Financial Systems	EXCELCARE AT EGG	HARBOR		In Lieu	u of Form CMS	-2540-10		
SKI LLE	D NURSING FACILITY AND SKILLED NURSING	FACILITY HEALTH CARE	Provider No.: 3		Peri od:	Worksheet S-	2		
COMPLE	X INDENTIFICATION DATA				From 12/27/2021 To 12/31/2022	Part I Date/Time Pr	oparod		
					10 12/31/2022	5/23/2023 9:			
42.00									
	center? Enter Y or N. If yes, check boy	c, and submit supporting s	schedule listing	g cost co	enters and				
40.00	amounts.		100				40.00		
	Are there any home office costs as defi					N	43.00		
	If line 43 is yes, enter the home offic	ce chain number and enter	the name and ad	dress o	f the home		44.00		
	office on lines 45, 46 and 47.								
	1.00	2.00			3.00				
	If this facility is part of a chain org	ganization, enter the nam	e and address of	f the ho	me office on the	lines			
	bel ow.								
45.00	Name:	Contractor's Name:	C	Contracto	or's Number:		45.00		
46.00	Street:	PO Box:							
47.00	Ci ty:	State:	Z	ip Code:			47.00		

IPLEX REIMBURSEMENT QUESTIONNAI		TY HEALTH CARE	Provi der	No.: 315514	Period: From 12/27/2021 To 12/31/2022	Date/Time Pro	epared
					Y/N	5/23/2023 9: Date	52 am
					1.00	2.00	
General Instruction: For al responses the format will b Completed by All Skilled Nu Provider Organization and (	be (mm/dd/yyyy) ursing Facilites	es enter in column	1, "Y" fo	r Yes or "N"	for No. For all	the date	_
Has the provider changed of reporting period? If column instructions)	wnership immediatel	y prior to the beg the date of the cha	inning of nge in col	umn 2. (see	Y	12/27/2021	1. (
				Y/N	Date	V/I	
Has the provider terminate column 1 is yes, enter in 3, "V" for voluntary or "I	column 2 the date o			1.00 N	2.00	3.00	2.
D0 Is the provider involved in contracts, with individual or medical supply companie officers, medical staff, m of directors through owner relationships? (see instru-	n business transact s or entities (e.g. s) that are related anagement personnel ship, control, or f	, chain home offic d to the provider o , or members of th	es, drug r its e board	N			3.
				Y/N	Туре	Date	
Financial Data and Reports				1.00	2.00	3.00	
20 Column 1: Were the financi Accountant? (Y/N) Column 2 Compiled, or "R" for Revie available in column 3. (se	al statements prepa : If yes, enter "A" wed. Submit complet e instructions) If	' for Audited, "C" te copy or enter da no, see instructio	for te ns.	Y	C		4.
00 Are the cost report total those on the filed financi reconciliation.				N			5.
					Y/N 1.00	Legal Oper. 2.00	+
Approved Educational Activi	i ti es				1.00	2.00	
Column 1: Were costs claim legal operator of the prog Were costs claimed for All	ram? (Y/N)	ool? (Y/N) Column 2	: Is the	provider the	Ν	N	6.
		s? (Y/N) see instru			Ν		
00 Were approvals and/or rene School and/or Allied Healt	wals obtained durin	ng the cost reporti		for Nursing	N N	Y/N	
00 Were approvals and/or rene School and/or Allied Healt	wals obtained durin	ng the cost reporti		for Nursing		Y/N 1.00	
00 Were approvals and/or rener School and/or Allied Healt Bad Debts 00 Is the provider seeking re 00 If line 9 is "Y", did the	wals obtained durin <u>h Program? (Y/N) se</u> imbursement for bad provider's bad debt	ng the cost reporti ee instructions.	ng period	ons.	N		8. 9.
00 Were approvals and/or rener School and/or Allied Healt Bad Debts 00 Is the provider seeking re 00 If line 9 is "Y", did the period? If "Y", submit cop 00 If line 9 is "Y", are patio	wals obtained durin h Program? (Y/N) se imbursement for bad provider's bad debt y.	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy	ng period instructio change du	ons. uring this cos	N st reporting	1.00 Y	8. 9. 10.
00 Were approvals and/or rener School and/or Allied Healt Bad Debts 00 Is the provider seeking re 00 If line 9 is "Y", did the period? If "Y", submit cop 00 If line 9 is "Y", are path Bed Complement	wals obtained durin h Program? (Y/N) se imbursement for bad provider's bad debt y. ent deductibles and	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa	ng period instructio change du ived?lf"	ons. iring this cos Y", see instr	N st reporting ructions.	1.00 Y N	8. 9. 10. 11.
<ul> <li>Were approvals and/or rener School and/or Allied Healt</li> <li>Bad Debts</li> <li>Is the provider seeking re</li> <li>If line 9 is "Y", did the period? If "Y", submit cop</li> <li>If line 9 is "Y", are path</li> <li>Bed Complement</li> </ul>	wals obtained durin h Program? (Y/N) se imbursement for bad provider's bad debt y. ent deductibles and	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa cost reporting per	ng period instructio change du ived? If " iod? If "Y	ons. uring this cos Y", see instru ", see instru Pa	N st reporting ructions. uctions. art A	1.00 Y N N Part B	8. 9. 10. 11.
<ul> <li>Were approvals and/or rener School and/or Allied Healt</li> <li>Bad Debts</li> <li>Is the provider seeking re</li> <li>If line 9 is "Y", did the period? If "Y", submit cop</li> <li>If line 9 is "Y", are path</li> <li>Bed Complement</li> </ul>	wals obtained durin h Program? (Y/N) se imbursement for bad provider's bad debt y. ent deductibles and	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa cost reporting per Descriptic	ng period instructio change du ived? If " iod? If "Y	ons. Iring this cos Y", see instru ", see instru Pr Y/N	N st reporting ructions. uctions. art A Date	1.00 Y N N Part B Y/N	7. 8. 9. 10. 11. 12.
<ul> <li>Were approvals and/or rener School and/or Allied Healt</li> <li>Bad Debts</li> <li>Is the provider seeking re</li> <li>If line 9 is "Y", did the period? If "Y", submit cop</li> <li>If line 9 is "Y", are pation</li> <li>Bed Complement</li> <li>Have total beds available</li> </ul>	wals obtained durin h Program? (Y/N) se imbursement for bad provider's bad debt y. ent deductibles and	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa cost reporting per	ng period instructio change du ived? If " iod? If "Y	ons. uring this cos Y", see instru ", see instru Pa	N st reporting ructions. uctions. art A	1.00 Y N N Part B	8. 9. 10. 11.
0 Were approvals and/or rener School and/or Allied Healt Bad Debts 0 Is the provider seeking re 16 Iine 9 is "Y", did the period? If "Y", submit cop 16 Iine 9 is "Y", are pati- Bed Complement 00 Have total beds available PS&R Data 00 Was the cost report prepar- only? If either col. 1 or the paid through date of ti prepare this cost report i	wals obtained durin <u>h Program? (Y/N) se</u> imbursement for bad provider's bad debt y. ent deductibles and changed from prior ed using the PS&R 3 is "Y", enter he PS&R used to	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa cost reporting per Descriptic	ng period instructio change du ived? If " iod? If "Y	ons. Iring this cos Y", see instru ", see instru Pr Y/N	N st reporting ructions. uctions. art A Date	1.00 Y N N Part B Y/N	8. 9. 10. 11. 12.
<ul> <li>Were approvals and/or rener School and/or Allied Healt</li> <li>Bad Debts</li> <li>Is the provider seeking re</li> <li>If line 9 is "Y", did the period? If "Y", submit cop.</li> <li>If line 9 is "Y", are pationed by the period? If "Y", and the period? If "Y", are pationed by the period?</li> <li>PS&amp;R Data</li> <li>PS&amp;R Data</li> <li>Was the cost report preparion on the paid through date of the period through the period? If either col. and the provider allocation? If either col. anter the paid through date to prepare this cost report</li> </ul>	wals obtained durin <u>h Program? (Y/N) se</u> imbursement for bad provider's bad debt y. ent deductibles and changed from prior ed using the PS&R 3 is "Y", enter he PS&R used to n cols. 2 and ed using the PS&R 's records for 1 or 3 is "Y" e of the PS&R used	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa cost reporting per Descriptic	ng period instructio change du ived? If " iod? If "Y	ons. Iring this cos Y", see instru ", see instru Pi Y/N 1.00	N st reporting ructions. art A Date 2.00	1.00 Y N N Part B Y/N 3.00	8. 9. 10. 11. 12. 13.
00       Were approvals and/or rener         School and/or Allied Healt         01         Bad Debts         00         1s the provider seeking re         00         1f line 9 is "Y", did the         period? If "Y", submit cop         00         1f line 9 is "Y", are patin         Bed Complement         00         Have total beds available         01         Was the cost report prepare         01         1f either col. 1 or         1f either col. 1 or         1f either col.         00         Was the cost report prepare         1f total and the provider         allocation? If either col.         enter the paid through date         for total and the provider         allocation? If either col.         enter the paid through date         to prepare this cost report         prepare this cost report	wals obtained durin <u>h Program? (Y/N) se</u> imbursement for bad provider's bad debt y. ent deductibles and changed from prior ed using the PS&R 3 is "Y", enter he PS&R used to n cols. 2 and ed using the PS&R 's records for 1 or 3 is "Y" e of the PS&R used t in columns 2 and ere adjustments tional claims that ot included on the	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa cost reporting per Descriptic	ng period instructio change du ived? If " iod? If "Y	ns. Iring this cos Y", see instru ", see instru Pi Y/N 1.00 Y	N st reporting ructions. art A Date 2.00	1.00 Y N N Part B Y/N 3.00 Y	8. 9. 10. 11.
<ul> <li>Were approvals and/or rener School and/or Allied Healt</li> <li>Bad Debts</li> <li>Is the provider seeking re</li> <li>If line 9 is "Y", did the period? If "Y", submit cop</li> <li>If line 9 is "Y", are patible de Complement</li> <li>Have total beds available of the paid through date of the provider seeking re</li> <li>PS&amp;R Data</li> <li>Was the cost report preparion only? If either col. 1 or the paid through date of the prepare this cost report if 4. (see Instructions.)</li> <li>Was the cost report preparion for total and the provider allocation? If either col.</li> <li>enter the paid through date to prepare this cost report if 4.</li> <li>If line 13 or 14 is "Y", we made to PS&amp;R data for addi have been billed but are no PS&amp;R used to file this cost see Instructions.</li> <li>If line 13 or 14 is "Y", the adjustments made to PS&amp;R date for PS&amp;R date f</li></ul>	wals obtained durin <u>h Program? (Y/N) se</u> imbursement for bad provider's bad debt y. ent deductibles and changed from prior ed using the PS&R 3 is "Y", enter he PS&R used to n cols. 2 and ed using the PS&R 's records for 1 or 3 is "Y" e of the PS&R used t in columns 2 and ere adjustments tional claims that ot included on the t report? If "Y", hen were ata for Report	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa cost reporting per Descriptic	ng period instructio change du ived? If " iod? If "Y	y", see instru Y", see instru Y", see instru Pi Y/N 1.00 Y	N st reporting ructions. art A Date 2.00	1.00 Y N Part B Y/N 3.00 Y	8. 9. 10. 11. 12. 13. 14.
<ul> <li>Were approvals and/or rener School and/or Allied Healt</li> <li>Bad Debts</li> <li>Is the provider seeking re</li> <li>If line 9 is "Y", did the period? If "Y", submit cop</li> <li>If line 9 is "Y", are path</li> <li>Bed Complement</li> <li>Have total beds available</li> <li>Was the cost report preparion only? If either col. 1 or the paid through date of the prepare this cost report in</li> <li>4. (see Instructions.)</li> <li>Was the cost report preparion</li> <li>Was the cost report preparion</li> <li>the paid through date of the prepare this cost report in</li> <li>4. (see Instructions.)</li> <li>Was the cost report preparion</li> <li>to prepare this cost report allocation? If either col. enter the paid through date to prepare this cost report</li> <li>allocation? If either col.</li> <li>to prepare this cost report</li> <li>to prepare this cost report</li> <li>allocation? If either col.</li> <li>to prepare this cost report</li> <li>allocation? If either col.</li> <li>to prepare this cost report</li> <li>to prepare this cost report</li> <li>allocation? If either col.</li> <li>allo</li></ul>	wals obtained durin <u>h Program? (Y/N) se</u> imbursement for bad provider's bad debt y. ent deductibles and changed from prior ed using the PS&R 3 is "Y", enter he PS&R used to n cols. 2 and ed using the PS&R 's records for 1 or 3 is "Y" e of the PS&R used t in columns 2 and were adjustments tional claims that ot included on the t report? If "Y", hen were ata for Report nstructions. hen were ata for Other?	ng the cost reporti ee instructions. d debts? (Y/N) see t collection policy d/or coinsurance wa cost reporting per Descriptic	ng period instructio change du ived? If " iod? If "Y	ns. Iring this cos Y", see instru Y'', see instru Pi Y/N 1.00 Y N N	N st reporting ructions. art A Date 2.00	1.00 Y N Part B Y/N 3.00 Y N	8.           9.           10.           11.           12.           13.           14.           15.

Heal th	Financial Systems	EXCELCARE AT	EGG H	HARBOR			In Lieu	u of Form CMS-	2540-10
	D NURSING FACILITY AND SKILLED NURSING FACILI	TY HEALTH CARE		Provi der l	No.: 315514	Peri		Worksheet S-2	
COMPLE	X REIMBURSEMENT QUESTIONNAIRE					Fron To	m 12/27/2021 12/31/2022	Part II Date/Time Pre	nared
						10	12/ 51/ 2022	5/23/2023 9:5	
				1. (	00		2. (	00	
	Cost Report Preparer Contact Information								
19.00	Enter the first name, last name and the title		SLAVK	A		PA	RTI LOVA		19.00
	held by the cost report preparer in columns 1	, 2, and 3,							
	respecti vel y.								
20.00	Enter the employer/company name of the cost r	report	HEALT	H CARE RES	SOURCES				20.00
	preparer.								
21.00			609-9	87-1440		SL	AVKA. PARTI LOV	/A@HCRNJ. NET	21.00
	report preparer in columns 1 and 2, respectiv	vel y.							
21.00	Enter the telephone number and email address report preparer in columns 1 and 2, respective		609-9	87-1440		SL	AVKA. PARTI LOV	/A@HCRNJ. NET	21.00

Heal th	Financial Systems	EXCELCARE AT I	EGG HARBOR		In Lieu	u of Form CMS-	2540-10
	D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE	TY HEALTH CARE	Provider No.:	F	Period: From 12/27/2021 Fo 12/31/2022	Worksheet S-2 Part II Date/Time Pre 5/23/2023 9:5	pared:
		Part B					
		Date					
	PS&R Data	4.00					
	Was the cost report prepared using the PS&R	04/10/2023					13.00
13.00	only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	047 107 2023					13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.						14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.						15. 00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.						16. 00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:						17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.						18.00
		-	3.00		_		
	Cost Report Preparer Contact Information		5.00				
	Enter the first name, last name and the title held by the cost report preparer in columns ' respectively.		PREPARER				19. 00
20.00	Enter the employer/company name of the cost r	report					20. 00
21.00	preparer. Enter the telephone number and email address report preparer in columns 1 and 2, respectiv						21.00

SKILLED NURSING I COMPLEX STATISTIC	Systems FACILITY AND SKILLED NURSING F FAL DATA	EXCELCARE AT		F	Period: From 12/27/2021 To 12/31/2022	Date/Time Prep 5/23/2023 9:52	bared:
				l np	oatient Days/Vis	sits	
Comp	onent	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	IRSING FACILITY	120	44, 400	C	-,		1.00
2.00 NURSING FA 3.00 ICF/IID	CILITY	0	0	C	)	0	2.00 3.00
	H AGENCY COST	0	0	C	0	0	4.00
	Term Care	0	0		_		5.00
00 SNF-Based	CMHC						6.00
00 HOSPICE	of Linco 1 7)	0	0	(		0	7.00
.00  Total (Sum	oflines 1-7)	120 Inpatient D	44, 400 avs/Vi si ts	(	) 5, 916 Di scharges	17, 093	8.00
		inpatront s			bi sonar goo		
Comp	onent	Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	1 00
00 SKILLED NU 00 NURSING FA	IRSENG FACILETY	7,443	30, 452	(		89	1.00 2.00
.00 ICF/IID		0	0	C C		0	3.00
. 00 HOME HEALT	H AGENCY COST	0	0				4.00
	Term Care	0	0				5.00
. 00 SNF-Based . 00 HOSPI CE	CMHC	0	0	C		o	6.00 7.00
	oflines 1-7)	7,443	30, 452		206		8.00
		Discha		Ave	rage Length of		
Comp	onent	Other	Total	Title V	Title XVIII	Title XIX	
Comp	Shert	11.00	12.00	13.00	14.00	15.00	
. 00 SKILLED NU	IRSING FACILITY	243	538	0.00			1.00
. 00 NURSING FA	CILITY	0	0	0.00		0.00	2.00
.00 ICF/IID .00 HOME HEALT	TH AGENCY COST	0	0			0.00	3.00 4.00
	Term Care	0	0				4. 00 5. 00
. 00 SNF-Based			0				6.00
. 00 HOSPI CE		0	0	0.00			7.00
.00 Total (Sum	oflines 1-7)	243	538	0.00		192.06	8.00
		Average Length of Stay		Adilii s	si ons		
Comp	onent	Total	Title V	Title XVIII	Title XIX	Other	
		16.00	17.00	18.00	19.00	20.00	4.00
.00 SKILLED NU .00 NURSING FA	IRSENG FACILETY	56. 60 0. 00	0	254	F 70 0	255 0	1.00 2.00
.00 ICF/IID		0.00	0		0	0	3.00
	H AGENCY COST				_	_	4.0
	Term Care	0.00				0	5.0
. 00 SNF-Based	CMHC	0.00					6.0
.00 HOSPICE .00 Total (Sum	of lines 1-7)	0. 00 56. 60	0				7.00 8.00
		Admi ssi ons	Full Time	-	70	233	0.00
0			<b>F</b> 1		_		
Comp	onent	Total	Employees on Payroll	Nonpaid Workers			
		21.00	22.00	23.00	-		
	RSING FACILITY	579	77.30	0.00			1.00
. 00 NURSING FA	CILITY	0	0.00				2.00
.00 ICF/IID .00 HOME HEALT	H AGENCY COST	0	0.00 0.00				3.00 4.00
	Term Care	О	0.00				5.00
. 00 SNF-Based	•		0.00				6.00
. 00 HOSPI CE		0	0.00				7.0 8.0
	of lines 1-7)	579	0.00 77.30				

Amount Reported 1.00 4,130,891 C C C	Reclass. of Salaries from Worksheet A-6 2.00	Adjusted Salaries (col.	Related to Salary in col. 3 4.00	Worksheet S-3 Part II Date/Time Preg 5/23/2023 9:55 Average Hourl y Wage (col. 3 ÷ col. 4) 5.00	
Reported 1.00	Salaries from Worksheet A-6 2.00	Salaries (col. 1 ± col. 2) <u>3.00</u>	Related to Salary in col. 3 4.00	Wage (col. 3 ÷ col. 4)	
1.00	Worksheet A-6	1 ± col . 2) 3.00	Salary in col. 3 4.00	col. 4)	
	2.00	3.00	3 4.00	,	
				5.00	
4, 130, 891		4, 130, 891	162 662 00		
4, 130, 891 C		4, 130, 891	162 662 00		
4, 130, 891 C		4, 130, 891	162 662 00	05.10	1 00
					1.00
		Ŭ	0.00		2.00
	0	U	0.00		3.00
	0		0.00 0.00		4.00 5.00
4, 130, 891	0	4, 130, 891			5.00 6.00
4, 130, 891	0	4, 130, 691	0.00		7.00
	0		0.00		8.00
			0.00		9.00
	0	0	0.00		10.00
	0	0	0.00		11.00
nes 7 C	0	C	0,00		
us line 4, 130, 891	0	4, 130, 891	162, 662. 00	25.40	13.00
	0	1, 237, 038			14.00
	0	C			15.00
costs C	0	0	0.00	0.00	16.00
		(53.035			47 00
	0	657,275			17.00
V) (	0	Ŭ			18.00
	0	C			19.00
	0				20. 00 21. 00
	0	457 275			21.00
	0	057,275			22.00
	ymt 1,237,038 Part A C costs C /) 657,275 V) C C C C C C C C	mt 1,237,038 0 Part A 0 0 costs 0 0 /) 657,275 0 V) 657,275 0 V) 0 0 0 0 0 0 0 0	jmt         1,237,038         0         1,237,038           Part A         0         0         0         0           costs         0         0         0         0         0           /)         657,275         0         657,275         0         657,275           V)         0	jmt         1, 237, 038         0         1, 237, 038         26, 546. 00         0	jmt         1,237,038         0         1,237,038         26,546.00         46.60           Part A         0         0         0         0         0.00         0.00           costs         0         0         0         0.00         0.00         0.00           /)         657,275         0         657,275         0         0         0.00         0.00           /)         0

Heal th	Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	eu of Form CMS-2	2540-10
SNF WA	GE INDEX INFORMATION		Provi der		Peri od:	Worksheet S-3	
					From 12/27/2021 To 12/31/2022	Part III Date/Time Pre	narod
					10 12/31/2022	5/23/2023 9:5	
		Amount	Reclass. of	Adj usted	Paid Hours	Average Hourly	
		Reported		Salaries (col.	Related to	Wage (col. 3 ÷	
			Worksheet A-6	1 ± col. 2)	Salary in col.	col. 4)	
					3		
		1.00	2.00	3.00	4.00	5.00	
	PART III - OVERHEAD COST - DIRECT SALARIES	1	1	1	1	1	
1.00	Employee Benefits	0	0	(	0.00		
2.00	Administrative & General	608, 570		608, 570			
3.00	Plant Operation, Maintenance & Repairs	42, 190	0	42, 190			3.00
4.00	Laundry & Linen Service	0	0	(	0.00	0.00	4.00
5.00	Housekeepi ng	306, 241	0	306, 241	1 18, 869. 00	16.23	5.00
6.00	Dietary	366, 501	0	366, 501	1 21, 516. 00	17.03	6.00
7.00	Nursing Administration	330, 053	0	330, 053	3 7, 860. 00	41.99	7.00
8.00	Central Services and Supply	0	0	(	0.00	0.00	8.00
9.00	Pharmacy	0	0	(	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	(	0.00	0.00	10.00
11.00	Soci al Servi ce	57, 406	0	57, 406	5 1, 926. 00	29.81	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	154, 919	0	154, 919	8, 737. 00	17.73	13.00
14.00	Total (sum lines 1 thru 13)	1, 865, 880	0	1, 865, 880	74, 986. 00	24.88	14.00
	•						

	Financial Systems	EXCELCARE AT EGG HARBOR			u of Form CMS-2	
SNF WA	GE RELATED COSTS	Provider No.	: 315514	Period:	Worksheet S-3	
				From 12/27/2021 To 12/31/2022		narod
				10 12/31/2022	5/23/2023 9:5	
					Amount	
					Reported	
	PART IV - WAGE RELATED COSTS				1.00	
	Part A - Core List					-
	RETIREMENT COST					+
1.00	401K Employer Contributions				0	1.0
2.00	Tax Sheltered Annuity (TSA) Employer Co	atribution			0	
2.00	Qualified and Non-Qualified Pension Pla				0	
4.00	Prior Year Pension Service Cost	TCOST			0	
4.00	PLAN ADMINISTRATIVE COSTS (Paid to Exte	nal Organization)			0	4.0
5.00	401K/TSA Plan Administration fees				0	5.0
6.00	Legal /Accounting/Management Fees-Pensio	n Plan			0	
7.00	Employee Managed Care Program Administr				0	
	HEALTH AND INSURANCE COST					1
8.00	Health Insurance (Purchased or Self Fun	ded)			143, 020	18.0
9.00	Prescription Drug Plan				0	
10.00	Dental, Hearing and Vision Plan				0	10.0
11.00	Life Insurance (If employee is owner or	benefi ci ary)			0	11.0
12.00	Accident Insurance (If employee is owne	r or beneficiary)			0	12.0
13.00	Disability Insurance (If employee is ow	ner or beneficiary)			0	13.0
14.00	Long-Term Care Insurance (If employee i	s owner or beneficiary)			0	14.0
15.00	Workers' Compensation Insurance				103, 404	15.0
16.00	Retirement Health Care Cost (Only curre	nt year, not the extraordinary accrua	I required	by FASB 106.	0	16.0
	Non cumulative portion)					
	TAXES					
	FICA-Employers Portion Only				295, 601	
	Medicare Taxes - Employers Portion Only				0	
19.00	Unemployment Insurance				109, 130	
20.00	State or Federal Unemployment Taxes				6, 120	20.0
21 00	OTHER				0	1 21 0
	Executive Deferred Compensation				0	
	Day Care Cost and Allowances Tuition Reimbursement				0	
	Total Wage Related cost (Sum of lines 1	22)			657, 275	
24.00		- 23)			Amount	24.0
					Reported	
					1.00	
	Part B - Other than Core Related Cost					
25.00	OTHER WAGE RELATED COSTS (SPECIFY)				0	25.0

Heal th	Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	eu of Form CMS-2	2540-10
	PORTING OF DIRECT CARE EXPENDITURES				Peri od:	Worksheet S-3	
					From 12/27/2021	Part V	
					To 12/31/2022	Date/Time Prep 5/23/2023 9:53	pared: 2 am
	Occupational Category	Amount	Fringe	Adj usted	Paid Hours	Average Hourly	
		Reported	Benefits	Salaries (col	. Related to	Wage (col. 3 ÷	
				1 + col. 2)	Salary in col.	col. 4)	
					3		
		1.00	2.00	3.00	4.00	5.00	
	Direct Salaries Nursing Occupations						
1.00	Registered Nurses (RNs)	327, 301	52, 078	379, 37	9 6, 820. 00	55.63	1.00
2.00	Licensed Practical Nurses (LPNs)	834, 330	132, 752				2.00
3.00	Certified Nursing Assistant/Nursing	1, 103, 380	175, 561				3.00
0.00	Assi stants/Ai des	1, 100, 000	170,001	1,2,0,71		22.07	0.00
4.00	Total Nursing (sum of lines 1 through 3)	2, 265, 011	360, 391	2, 625, 40	2 87, 677.00	29.94	4.00
5.00	Physical Therapists	0	0		0 0.00	0.00	5.00
6.00	Physical Therapy Assistants	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	0	0		0 0.00		8.00
9.00	Occupational Therapy Assistants	0	0		0 0.00		9.00
10.00	Occupational Therapy Aides	0	0		0.00		10.00
11.00	Speech Therapists	0	0		0 0.00		11.00
12.00	Respiratory Therapists	0	0		0.00		12.00
13.00	Other Medical Staff	0	0		0 0.00	0.00	13.00
	Contract Labor						
14 00	Nursing Occupations	24.700		24.70	0 252.00	70, 45	14.00
14.00 15.00	Registered Nurses (RNs) Licensed Practical Nurses (LPNs)	24, 799 175, 024		24, 79 175, 02			14.00 15.00
16.00	Certified Nursing Assistant/Nursing	383, 131		383, 13			15.00 16.00
10.00	Assi stants/Ai des	303, 131		303, 13	1 11, 769.00	32.30	10.00
17.00	Total Nursing (sum of lines 14 through 16)	582, 954		582, 95	4 15, 607.00	37.35	17.00
18.00	Physical Therapists	271, 949		271, 94			18.00
19.00	Physical Therapy Assistants	0			0 0.00		
20.00	Physical Therapy Aides	0			0 0.00		
21.00	Occupational Therapists	296, 705		296, 70			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 Therapi sts	85, 430		85, 43			
25.00	Respiratory Therapists	0			0 0.00		25.00
26.00	Other Medical Staff	0			0 0.00	0.00	26.00

Health Financial Systems PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	EXCELCARE AT	Provi der No. : 315514	Peri od:	u of Form CMS Worksheet S-	
			From 12/27/2021 To 12/31/2022	Date/Time Pr 5/23/2023 9:	
			Group	Days	
1.00			1.00 RUX	2.00	1.00
2.00			RUL		2.00
3. 00			RVX		3.00
4. 00 5. 00			RVL RHX		4.00 5.00
6.00			RHL		6.00
7.00			RMX		7.00
3. 00			RML		8.00
9. 00 10. 00			RLX RUC		9.00
11.00			RUB		11.00
12.00			RUA		12.00
13.00			RVC		13.00
14.00 15.00			RVB		14.00
16. 00			RVA RHC		16.00
17.00			RHB		17.00
18.00			RHA		18.00
19.00			RMC		19.00
20.00 21.00			RMB RMA		20.00
22.00			RLB		21.00
23. 00			RLA		23.00
24. 00			ES3		24.00
25. 00 26. 00			ES2 ES1		25.00 26.00
27.00			HE2		20.00
28.00			HE1		28.00
29.00			HD2		29.00
30. 00			HD1		30.00
31. 00 32. 00			HC2 HC1		31.00
33.00			HB2		33.00
34. 00			HB1		34.00
35. 00			LE2		35.00
36. 00 37. 00			LE1 LD2		36.00
38.00			LD2 LD1		38.00
39. 00			LC2		39.00
40. 00			LC1		40.00
11.00 12.00			LB2 LB1		41.00
13.00			CE2		42.00
4.00			CE1		44.00
15.00			CD2		45.00
16. 00 17. 00			CD1 CC2		46.00 47.00
18.00			CC1		47.00
49.00			CB2		49.00
50.00			CB1		50.00
1.00			CA2		51.00
52. 00 53. 00			CA1 SE3		52.00 53.00
i4. 00			SE2		54.00
5.00			SE1		55.00
6.00			SSC		56.00
7.00 8.00			SSB SSA		57.00 58.00
9.00			I B2		58.00
0.00			I B1		60.00
1.00			I A2		61.00
2.00			I A1		62.00
3.00 4.00			BB2 BB1		63.00 64.00
5.00			BA2		65.00
6.00			BA1		66.00
7.00			PE2		67.00
8. 00 9. 00			PE1 PD2		68. 00 69. 00
0.00			PD2 PD1		70.00
1.00			PC2		71.00
2.00			PC1		72.00
73.00			PB2		73.00
4.00			PB1		74.00

Health Financial Systems	EXCELCARE AT EGG	HARBOR		In Lie	u of Form CMS	-2540-10				
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provi der	No.: 315514	Peri od:	Worksheet S-	-7				
				From 12/27/2021 To 12/31/2022		repared: 52 am				
				Group	Days					
				1.00	2.00					
76.00				PA1		76.00				
99.00				AAA		99.00				
100. 00 TOTAL			_			100.00				
			Expenses	Percentage	Y/N					
			1.00	2.00	3.00					
A notice published in the Federal Register 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 102.00 Recruitment 103.00 Retention of employees 104.00 Training 105.00 OTHER (SPECIFY) 106.00 Total SNF revenue (Worksheet G-2, Part I, Ii	ne 1, column 3)					101. 00 102. 00 103. 00 104. 00 105. 00 106. 00				

	Financial Systems	EXCELCARE AT E			In Lie	u of Form CMS-2	2540-10
RECLAS	SIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	EXPENSES	Provi der	No.: 315514	Period: From 12/27/2021	Worksheet A	
					To 12/31/2022	Date/Time Pre 5/23/2023 9:5	
	Cost Center Description	Sal ari es	Other		1 Reclassi fi cati	Recl assi fi ed	
				+ col. 2)	ons	Trial Balance	
					Increase/Decre ase (Fr Wkst	(col. 3 +- col. 4)	
					A-6)	COI. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES		1, 958, 508	1, 958, 50		1, 958, 508	1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT		0		0 0	0	2.00
3.00	00300 EMPLOYEE BENEFITS	0	657, 546			657, 546	
4.00	00400 ADMI NI STRATI VE & GENERAL	608, 570	1, 720, 972	2, 329, 54		2, 329, 542	4.00
5.00 6.00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	42, 190	394, 911	437, 10		437, 101 0	5.00 6.00
7.00	00700 HOUSEKEEPING	306, 241	148, 233	454, 47	0 0 4 0	454, 474	7.00
8.00	00800 DI ETARY	366, 501	333, 390	699, 89		699, 891	8.00
9,00	00900 NURSING ADMINISTRATION	330, 053	0	330, 05		330, 053	
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0		0 0	0	
11.00	01100 PHARMACY	0	0		0 0	0	11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0		0 0	0	12.00
13.00	01300 SOCIAL SERVICE	57, 406	0	57, 40	06 0	57, 406	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0 0	0	14.00
15.00	01500 PATIENT ACTIVITIES	154, 919	80, 862	235, 78	0	235, 781	15.00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	2.2/5.011	04/ 750	2 211 7/	1 0	2 211 7/1	20.00
30. 00 31. 00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY	2, 265, 011	946, 750	3, 211, 76	0 0 0	3, 211, 761 0	30.00 31.00
31.00	03200   CF/IID	0	0		0 0	0	32.00
	03300 OTHER LONG TERM CARE	0	0		0 0	0	
00.00	ANCI LLARY SERVICE COST CENTERS	<u> </u>			<u> </u>		
40.00	04000 RADI OLOGY	0	9, 694	9, 69	04 0	9, 694	40.00
41.00	04100 LABORATORY	0	19, 122	19, 12	2 0	19, 122	41.00
42.00	04200 I NTRAVENOUS THERAPY	0	38, 983	38, 98		38, 983	
43.00	04300 OXYGEN (INHALATION) THERAPY	0	18, 208			18, 208	
44.00	04400 PHYSI CAL THERAPY	0	271, 949			271, 949	
45.00	04500 OCCUPATIONAL THERAPY	0	296, 705	296, 70		296, 705	
46.00 47.00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	0	85, 430	85, 43	0 0	85, 430 0	46.00 47.00
47.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	47.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	249, 212	249, 21	2 0	249, 212	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	Ö	0	217,21	0 0	0	50.00
51.00	05100 SUPPORT SURFACES	0	0		0 0	0	51.00
	OUTPATIENT SERVICE COST CENTERS			-			
60.00	06000 CLI NI C	0	0		0 0	0	
	06100 RURAL HEALTH CLINIC	0	0		0 0	0	61.00
62.00	06200 FQHC OTHER REIMBURSABLE COST CENTERS						62.00
70 00	07000 HOME HEALTH AGENCY COST	0	0		0 0	0	70.00
	07100 AMBULANCE	0	38, 216				
	07300 CMHC	0	00, 210		0 0		73.00
	SPECIAL PURPOSE COST CENTERS						
	08000 MALPRACTICE PREMIUMS & PAID LOSSES		0		0 0	0	
81.00	08100 INTEREST EXPENSE		0		0 0	0	
82.00	08200 UTILIZATION REVIEW - SNF	0	0		0 0	0	82.00
83.00	08300 HOSPI CE	0	0	11 000 50	0 0	0	
89.00	SUBTOTALS (sum of lines 1-84)	4, 130, 891	7, 268, 691	11, 399, 58	0	11, 399, 582	89.00
90.00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	0	90.00
	09100 BARBER AND BEAUTY SHOP	0	0		0 0	0	
	09200 PHYSI CLANS PRI VATE OFFI CES	Ö	0		0 0	0	
	09300 NONPAID WORKERS	0	0		0 0	0	
	09400 PATIENTS LAUNDRY	0	0		0 0	0	
100.00	TOTAL	4, 130, 891	7, 268, 691	11, 399, 58	0	11, 399, 582	100. 00

RECLAS	SSIFICATION AND ADJUSTMENT OF TRIAL BALANCE O	F EXPENSES	Provi der	No.: 315514		Worksheet A	
					From 12/27/2021 To 12/31/2022	Date/Time Pre 5/23/2023 9:5	
	Cost Center Description	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +-	ו	- <b>I</b>	0,20,2020 7.0	
			col. 6)	4			
		6.00	7.00				
. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES	2.090	1, 955, 519				1.0
2.00	00200 CAP REL COSTS - BLDGS & FIXTORES	-2, 989					2.0
3.00	00300 EMPLOYEE BENEFITS		657, 540				3.0
1. 00	00400 ADMI NI STRATI VE & GENERAL	-635, 212		1			4.0
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0007212	437, 10				5.0
b. 00	00600 LAUNDRY & LINEN SERVICE	0	) (0)				6.0
. 00	00700 HOUSEKEEPI NG	0	454, 474	1			7.0
3. 00	00800 DI ETARY	0	699, 89				8.0
9.00	00900 NURSI NG ADMI NI STRATI ON	0	330, 053	3			9.0
0.00	01000 CENTRAL SERVICES & SUPPLY	0					10.0
1.00	01100 PHARMACY	0	) (	D			11.0
2.00	01200 MEDICAL RECORDS & LIBRARY	0	) (	D			12.0
3.00		0	57, 400	5			13.0
4.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	) (	D			14.0
5.00	01500 PATIENT ACTIVITIES	0	235, 78	1			15.0
	INPATIENT ROUTINE SERVICE COST CENTERS		1				
	03000 SKILLED NURSING FACILITY	-3,000					30.0
31.00		0		D			31.0
32.00		0		D			32.0
33.00		0	) (	ס			33.0
	ANCI LLARY SERVICE COST CENTERS	-					
0.00		0					40.0
1.00		0	19, 122				41.0
2.00		0	38, 98	1			42.0
3.00	04300 OXYGEN (INHALATION) THERAPY	0		1			43.0
4.00	04400 PHYSI CAL THERAPY 04500 OCCUPATI ONAL THERAPY	0	271, 949	1			44.0
6. 00		0	296, 70 85, 430	1			45. C
7.00		0					40.0
8.00							48.0
9.00	04900 DRUGS CHARGED TO PATIENTS	0	249, 212				49.0
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	) 217, 21	1			50. C
51.00		0					51.0
	OUTPATIENT SERVICE COST CENTERS			-1			-
0. 00	06000 CLI NI C	0	) (				60.0
51.00	06100 RURAL HEALTH CLINIC	0					61.0
2.00							62.0
	OTHER REIMBURSABLE COST CENTERS						
0. 00		0					70.0
	07100 AMBULANCE	0	38, 210	5			71.0
3.00	07300 CMHC	0	) (				73.0
	SPECIAL PURPOSE COST CENTERS		1				
30.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES	0		D			80.0
31.00	08100 INTEREST EXPENSE	0					81.0
32.00	08200 UTILIZATION REVIEW - SNF	0	) (	D			82.0
33.00	08300 HOSPI CE	0					83.0
39.00	SUBTOTALS (sum of lines 1-84)	-641, 201	10, 758, 38				89.0
	NONREI MBURSABLE COST CENTERS	-	1				
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0					90.0
91.00	09100 BARBER AND BEAUTY SHOP	0					91.0
	09200 PHYSI CLANS PRI VATE OFFI CES	0					92.0
	09300 NONPAID WORKERS			2			93.0
	09400 PATIENTS LAUNDRY	0	// (	ו			94.0

Health Financial Systems	EXCELCARE AT EGG	HARBOR		In Lie	u of Form CMS-	2540-10
RECLASSI FI CATI ONS		Provi der	No.: 315514	Period: From 12/27/2021	Worksheet A-0	5
					Date/Time Pre 5/23/2023 9:5	epared: 52 am
			Increases			
	Cost Center Lin		Line #	Sal ary	Non Salary	
	2.00		3.00	4.00	5.00	
TOTALS						
	Total Reclassificat of columns 4 and 5 equal sum of column 9)		0	(	100. 00	

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

Health Financial Systems	EXCELCARE AT EGG	HARBOR		In Lie	u of Form CMS-	2540-10
RECLASSI FI CATI ONS		Provi der	No.: 315514	Period: From 12/27/2021	Worksheet A-0	5
					Date/Time Pre 5/23/2023 9:5	
		Decreases				
	Cost Cente	r	Line #	Sal ary	Non Salary	
	6.00		7.00	8.00	9.00	
TOTALS						
100.00				0	(	100.00

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

	Financial Systems	EXCELCARE AT				u of Form CMS-2	
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der	No.: 315514	Peri od:	Worksheet A-7	
					From 12/27/2021 To 12/31/2022	Date/Time Prep	arad
					10 12/31/2022	5/23/2023 9:52	
				Acqui si ti on	S		
	Description	Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BAL	ANCES					
1.00	Land	0	0		0 0	0	1.00
2.00	Land Improvements	0	0		0 0	0	2.00
3.00	Buildings and Fixtures	0	0		0 0	0	3.00
4.00	Building Improvements	0	19, 730		0 19, 730	0	4.00
5.00	Fixed Equipment	0	0		0 0	0	5.00
6.00	Movable Equipment	0	9, 686		0 9, 686	0	6.00
7.00	Subtotal (sum of lines 1-6)	0	29, 416		0 29, 416	0	7.00
8.00	Reconciling Items	0	0		0 0	0	8.00
9.00	Total (line 7 minus line 8)	0	29, 416		0 29, 416	0	9.00
	Description	Endi ng Bal ance	Fully				
		-	Depreci ated				
			Assets				
		6.00	7.00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BAL	ANCES					
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	19, 730	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	9, 686	0				6.00
7.00	Subtotal (sum of lines 1-6)	29, 416	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	29, 416	0				9.00

-	Financial Systems	EXCELCARE AT				u of Form CMS-2	
ADJUST	MENTS TO EXPENSES		Provi der	No.: 315514	Period: From 12/27/2021	Worksheet A-8	
					To 12/31/2022	Date/Time Pre 5/23/2023 9:5	
					lassification on ch the Amount is		
					In the Amount is	to be Adjusted	
	Description (1)	(2) Basis For	Amount	Cost	t Center	Line No.	
		Adjustment 1.00	2.00		3.00	4.00	
1.00	Investment income on restricted funds	В	-2, 989	CAP REL COST		1.00	1.00
2.00	(chapter 2) Trade, quantity, and time discounts (chapter		C	FI XTURES		0.00	2.00
2.00	8)		0			0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		C			0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		C			0.00	4.00
5.00	Telephone services (pay stations excluded)		O			0.00	5.00
( 00	(chapter 21)					0.00	6 00
6.00 7.00	Television and radio service (chapter 21) Parking lot (chapter 21)					0.00	1
8.00	Remuneration applicable to provider-based	A-8-2	0			0.00	8.00
	physician adjustment		-				
9.00 10.00	Home office cost (chapter 21) Sale of scrap, waste, etc. (chapter 23)		0			0.00	
11.00	Nonallowable costs related to certain		0				11.00
	Capital expenditures (chapter 24)		-				
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	C				12.00
13.00	Laundry and linen service		C			0.00	13.00
14.00	Revenue - Employee meals		0				14.00
15. 00 16. 00	Cost of meals - Guests Sale of medical supplies to other than		0				15.00 16.00
10.00	patients					0.00	10.00
17.00	Sale of drugs to other than patients		C	)			17.00
18.00 19.00	Sale of medical records and abstracts Vending machines		0				18.00 19.00
20.00	Income from imposition of interest, finance		0				20.00
	or penalty charges (chapter 21)						
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare		C			0.00	21.00
	overpayments						
22.00	Utilization reviewphysicians' compensation		O	UTI LI ZATI ON	REVIEW - SNF	82.00	22.00
23.00	(chapter 21) Depreciationbuildings and fixtures		0	CAP REL COST		1 00	23.00
23.00	beprechatron-burrarings and frixtures			FIXTURES	5 - DED05 &	1.00	23.00
24.00	Depreciationmovable equipment		C	CAP REL COST: EQUI PMENT	S - MOVABLE	2.00	24.00
25.00	MI SC REVENUE	В	-6, 084	ADMI NI STRATI	VE & GENERAL	4.00	25.00
25.01	PSYCH FEES	A	-3,000	SKILLED NURS	ING FACILITY	30.00	25. 01
25.02	PENALTI ES	A		ADMI NI STRATI			25.02
25.03	BAD DEBT EXPENSE	A		ADMI NI STRATI			25.03
	MANAGEMENT FEES	A		ADMI NI STRATI			25.04
	DONATION	A		ADMI NI STRATI			25.05
	MARKETING	A		ADMI NI STRATI	VE & GENERAL	4.00	25.06
100.00	Total (sum of lines 1 through 99) (Transfer		-641, 201				100.00
	to Worksheet A, col. 6, line 100)	1		1			1

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

	Financial Systems	EXCELCARE AT I			D		u of Form CMS-2	2540-10
COST A	LLOCATION - GENERAL SERVICE COSTS		Provi der	No.: 315514		riod: om 12/27/2021 12/31/2022	Worksheet B Part I Date/Time Pre 5/23/2023 9:5	pared: 2 am
			CAPI TAL REL	ATED COSTS				
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A	BLDGS & FI XTURES	MOVABLE EQUI PMENT		EMPLOYEE BENEFI TS	Subtotal	
		col . 7)	1.00			2.00		
	GENERAL SERVICE COST CENTERS	0	1.00	2.00		3.00	3A	
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	1, 955, 519	1, 955, 519					1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT	0			0			2.00
3.00	00300 EMPLOYEE BENEFITS	657, 546	0		0	657, 546		3.00
4.00 5.00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS	1, 694, 330 437, 101	133, 542 53, 767		0	96, 871 6, 716	1, 924, 743 497, 584	
6.00	00600 LAUNDRY & LINEN SERVICE	437, 101	53, 707		0	0, 710	497, 584	1
7.00	00700 HOUSEKEEPING	454, 474	0		0	48, 747	503, 221	1
8.00	00800 DI ETARY	699, 891	265, 956		0	58, 339	1, 024, 186	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	330, 053	0		0	52, 537	382, 590	1
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0		0	0	0	1
11. 00 12. 00	01100 PHARMACY 01200 MEDI CAL RECORDS & LI BRARY	0	0		0	0	0	
12.00	01300 SOCIAL SERVICE	57, 406	0		0	9, 138	66, 544	1
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0	0	00,011	
15.00	01500 PATIENT ACTIVITIES	235, 781	87, 017		0	24, 660	347, 458	15.00
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	T						
30.00	03000 SKI LLED NURSI NG FACI LI TY	3, 208, 761	1, 254, 908		0	360, 538	4, 824, 207	
31.00 32.00	03100 NURSING FACILITY 03200 ICF/IID	0	0		0 0	0	0	
32.00	03300 OTHER LONG TERM CARE	0	0		0	0	0	1
00100	ANCI LLARY SERVICE COST CENTERS							
40.00	04000 RADI OLOGY	9, 694	0		0	0	9, 694	40.00
41.00	04100 LABORATORY	19, 122	0		0	0	19, 122	
42.00	04200 INTRAVENOUS THERAPY	38, 983	0		0	0	38, 983	
43.00 44.00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSI CAL THERAPY	18, 208 271, 949	0 43, 022		0	0	18, 208 314, 971	
45.00	04500 OCCUPATI ONAL THERAPY	296, 705	64, 513		0	0	361, 218	
46.00	04600 SPEECH PATHOLOGY	85, 430	0 1, 0 10		0	0	85, 430	
47.00	04700 ELECTROCARDI OLOGY	0	0		0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35, 196		0	0	35, 196	
49.00	04900 DRUGS CHARGED TO PATIENTS	249, 212	0		0	0	249, 212	
50.00 51.00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	0		0	0	0	1
51.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	V		0	<u> </u>	0	1 51.00
60.00	06000 CLI NI C	0	0		0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0	0	0	
62.00								62.00
70.00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0	0		0	0	0	70.00
71.00	07100 AMBULANCE	38, 216	0		0	0	38, 216	
73.00	07300 CMHC	0	0		0	0	0	1
	SPECIAL PURPOSE COST CENTERS	T T						
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES							80.00
81.00 82.00	08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF							81.00 82.00
83.00	08300 HOSPI CE	0	0		0	0	0	1
89.00	SUBTOTALS (sum of lines 1-84)	10, 758, 381	1, 937, 921		0	657, 546	10, 740, 783	
	NONREIMBURSABLE COST CENTERS							
	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	
90.00	09100 BARBER AND BEAUTY SHOP	0	17, 598		0	0	17, 598	1
91.00	00200 DUVSICIANS DRIVATE OFFICES		0		0	0	0	92.00
91. 00 92. 00	09200 PHYSICIANS PRIVATE OFFICES	0	0		0	ol	Ω	93 00
91.00 92.00 93.00	09300 NONPAID WORKERS	0	0		0 0	0	0 0	
91. 00 92. 00		000000000000000000000000000000000000000	0 0 0		0 0 0	0 0 0		94.00
91.00 92.00 93.00 94.00	09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY Cross Foot Adjustments Negative Cost Centers	0 0 0 0 10, 758, 381	0 0 0 1, 955, 519		0 0 0 0	0 0 0 657, 546	0	94.00 98.00 99.00

COST A	ALLOCATION - GENERAL SERVICE COSTS		Provi der	No.: 315514	Period: From 12/27/2021	Worksheet B Part I	
					To 12/31/2022	Date/Time Pre 5/23/2023 9:5	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	PLANT OPERATI ON, MAI NT. & REPAI RS	LAUNDRY & LINEN SERVIC	HOUSEKEEPI NG	DI ETARY	
		4.00	5.00	6.00	7.00	8.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	1, 924, 743 108, 418 0 109, 646	606, 002 0 0		0 612, 867		1.00 2.00 3.00 4.00 5.00 6.00 7.00
8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00	00900 DI ETARY 00900 DI ETARY 01000 CENTRAL SERVI CES & SUPPLY 01100 PHARMACY 01200 MEDI CAL RECORDS & LI BRARY 01300 SOCI AL SERVI CE 01400 NURSI NG AND ALLI ED HEALTH EDUCATI ON 01500 PATI ENT ACTI VITI ES	10,040 223,158 83,362 0 0 0 14,499 0 75,707	91, 148 91, 148 0 0 0 0 29, 822		0 92, 181 0 92, 181 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 30, 160	1, 430, 673 0 0 0 0 0 0 0 0	8.00 9.00 10.00 11.00 12.00 13.00 14.00
15.00	INPATIENT ROUTINE SERVICE COST CENTERS	15,707	29,022		0 30, 100	0	15.00
30. 00 31. 00 32. 00 33. 00	03000 SKI LLED NURSI NG FACI LI TY 03100 NURSI NG FACI LI TY 03200 I CF/I I D 03300 OTHER LONG TERM CARE	1, 051, 137 0 0 0	430, 085 0 0 0		0 434, 956 0 0 0 0 0 0 0 0	1, 430, 673 0 0 0	31.00 32.00
40.00 41.00 42.00 43.00 45.00 45.00 45.00 46.00 47.00 48.00 49.00 50.00 51.00	ANCI LLARY SERVICE COST CENTERS 04000 RADIOLOGY 04100 LABORATORY 04200 I NTRAVENOUS THERAPY 04300 OXYGEN (I NHALATION) THERAPY 04400 PHYSICAL THERAPY 04500 OCCUPATIONAL THERAPY 04500 OCCUPATIONAL THERAPY 04600 SPECH PATHOLOGY 04700 ELECTROCARDIOLOGY 04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES 0UTPATIENT SERVICE COST CENTERS	2, 112 4, 166 8, 494 3, 967 68, 628 78, 705 18, 614 0 7, 669 54, 300 0 0	0 0 0 14, 744 22, 110 0 12, 062 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 14,911 0 22,360 0 0 0 0 0 12,199 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	41.00 42.00 43.00 44.00 45.00 46.00 47.00 48.00 49.00 50.00 51.00
60. 00 61. 00 62. 00	06000 CLINIC 06100 RURAL HEALTH CLINIC 06200 FOHC	0	0 0		0 0 0 0	0	
70. 00 71. 00 73. 00		0 8, 327 0	0 0 0		0 0 0 0 0 0	0 0 0	71.00
80. 00 81. 00 82. 00 83. 00 89. 00	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF 08300 HOSPICE SUBTOTALS (sum of lines 1-84)	0 1, 920, 909	0 599, 971		0 0 0 606, 767	0 1, 430, 673	
90.00 91.00 92.00 93.00 94.00 98.00 99.00 100.00	NONREI MBURSABLE COST CENTERS         09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN         09100       BARBER AND BEAUTY SHOP         09200       PHYSICIANS PRIVATE OFFICES         09300       NONPAID WORKERS         09400       PATIENTS LAUNDRY         Cross Foot Adjustments         Negative Cost Centers         TOTAL	0 3, 834 0 0 0 0 0 0 0 1, 924, 743	0 6, 031 0 0 0 0 0 606, 002		0 0 0 0 6, 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 612, 867	0 0 0 0 0 0 0 0 1, 430, 673	91.00 92.00 93.00 94.00 98.00 99.00

Heal th	Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	eu of Form CMS-2	2540-10
COST A	ALLOCATION - GENERAL SERVICE COSTS		Provi der	No.: 315514	Period: From 12/27/2021 To 12/31/2022		
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	
		9.00	10.00	11.00	12.00	13.00	
1 00	GENERAL SERVICE COST CENTERS	1				-	1 00
1.00 2.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT						1.00 2.00
2.00	00300 EMPLOYEE BENEFITS						3.00
4.00 5.00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS						4.00 5.00
5.00 6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPING						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	465, 952					9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	403, 732	0				10.00
11.00	01100 PHARMACY	0	0		0		11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0		0 0		12.00
13.00	01300 SOCIAL SERVICE	0	0		0 0	81,043	•
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0 0		14.00
15.00	01500 PATIENT ACTIVITIES	0	0		0 0	-	15.00
101.00	INPATIENT ROUTINE SERVICE COST CENTERS					·1	10100
30, 00	03000 SKILLED NURSING FACILITY	465, 952	0		0 0	81,043	30.00
31.00	03100 NURSING FACILITY	0	0		0 0		31.00
32.00	03200   CF/I   D	0	0		0 0		32.00
33.00	03300 OTHER LONG TERM CARE	0	0		0 0		33.00
	ANCI LLARY SERVICE COST CENTERS					· · · ·	
40.00	04000 RADI OLOGY	0	0		0 (	0 0	40.00
41.00	04100 LABORATORY	0	0		0 0	0 0	41.00
42.00	04200 I NTRAVENOUS THERAPY	0	0		0 0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0 0	0	43.00
44.00	04400 PHYSI CAL THERAPY	0	0		0 0	0	44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	0		0 0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0		0 0	0 0	46.00
47.00	04700 ELECTROCARDI OLOGY	0	0		0 0	0 0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	49.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0 0		50.00
51.00	05100 SUPPORT SURFACES	0	0		0 0	0	51.00
	OUTPATIENT SERVICE COST CENTERS			1		1	
60.00	06000 CLINIC	0	0		0 0		60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0 0	0	61.00
62.00							62.00
70.00	OTHER REIMBURSABLE COST CENTERS			1			70.00
70.00	07000 HOME HEALTH AGENCY COST	0	0		0 0		70.00
71.00 73.00	07100 AMBULANCE 07300 CMHC	0	0	•	0 0		71.00 73.00
73.00	SPECIAL PURPOSE COST CENTERS	0	0		<u> </u>	<u> </u>	/3.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES			1		T	80.00
81.00	08100 I NTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 H0SPI CE	0	0		0 0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	465, 952	0		0 0		
07.00	NONREI MBURSABLE COST CENTERS	403,732	0	1	0	01,043	07.00
90 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	0		0 0		91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0		0 0		92.00
93.00	09300 NONPAI D WORKERS	0	0		0 0		93.00
94.00	09400 PATIENTS LAUNDRY	0	0		0 0		94.00
98.00	Cross Foot Adjustments	0	0				98.00
99.00	Negative Cost Centers	0	0		0 0	0	99.00
100.00	TOTAL	465, 952	0		0 0	81, 043	100. 00

Heal th	Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	u of Form CMS-	2540-10
	ALLOCATION - GENERAL SERVICE COSTS			No.: 315514	Period: From 12/27/2021 To 12/31/2022	Worksheet B Part I	pared:
			OTHER GENERAL			0,20,2020 7.0	
	Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	SERVI CE PATI ENT ACTI VI TI ES	Subtotal	Post Stepdown Adjustments	Total	
		14.00	15.00	16.00	17.00	18.00	
1 00	GENERAL SERVICE COST CENTERS	1	1	1	-		1 1 00
1.00 2.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT						1.00 2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMI NI STRATI VE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600 LAUNDRY & LINEN SERVICE						6.00
7.00	00700 HOUSEKEEPI NG						7.00
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON						9.00
10. 00 11. 00	01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY						10.00
12.00	01200 MEDICAL RECORDS & LIBRARY						12.00
13.00	01300 SOCIAL SERVICE						13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0					14.00
15.00	01500 PATIENT ACTIVITIES	0	483, 147	,			15.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 SKILLED NURSING FACILITY	0		9, 201, 20	0 00	9, 201, 200	•
31.00	03100 NURSING FACILITY	0			0 0	0	31.00
32.00	03200 I CF/I I D	0			0 0	0	32.00
33.00	O3300 OTHER LONG TERM CARE	0	0	)	0 0	0	33.00
40.00	ANCI LLARY SERVI CE COST CENTERS	0	C	11, 80	0 0	11, 806	40.00
41.00	04100 LABORATORY	0				23, 288	•
42.00	04200 I NTRAVENOUS THERAPY	0		47,4		47, 477	•
43.00	04300 OXYGEN (INHALATION) THERAPY	0	C	22, 1		22, 175	•
44.00	04400 PHYSI CAL THERAPY	0	0	413, 25	54 0	413, 254	44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	0	484, 39		484, 393	•
46.00	04600 SPEECH PATHOLOGY	0	0	104, 04		104, 044	46.00
47.00	04700 ELECTROCARDI OLOGY	0			0 0	0	47.00
48.00 49.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	0		67, 12 303, 5		67, 126 303, 512	•
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0			0 0	0	
51.00	05100 SUPPORT SURFACES	0	-		0 0	0	
	OUTPATIENT SERVICE COST CENTERS						1
60.00	06000 CLINIC	0			0 0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0 0	0	61.00
62.00							62.00
70 00	OTHER REIMBURSABLE COST CENTERS 07000 HOME HEALTH AGENCY COST	0	C		0 0	0	70.00
	07100 AMBULANCE						70.00
	07300 CMHC	0	, s		0 0		•
	SPECIAL PURPOSE COST CENTERS			1	-1 -		
80.00	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80.00
81.00	08100 INTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF		_			_	82.00
83.00	08300 HOSPI CE	0	-		0 0	0	
89.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	0	483, 147	10, 724, 8	18 0	10, 724, 818	89.00
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	C	)	0 0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0		33, 50		33, 563	
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0	)	0 0	0	
93.00	09300 NONPAID WORKERS	0	0		0 0	0	•
94.00	09400 PATIENTS LAUNDRY	0	0		0 0	0	
98.00	Cross Foot Adjustments	0			0 0	0	
99.00	Negative Cost Centers	0			0 0 31 0	10 759 201	
100.00	)   TOTAL	1 0	483, 147	10, 758, 38	וינ 0	10, 758, 381	100.00

Heal th	Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	eu of Form CMS-	2540-10
	TION OF CAPITAL RELATED COSTS		Provi der	No.: 315514	Period: From 12/27/2021 To 12/31/2022	Worksheet B Part II	epared:
			CAPI TAL REL	ATED COSTS			
	Cost Center Description	Di rectl y Assi gned New Capi tal Rel ated Costs	BLDGS & FI XTURES	MOVABLE EQUI PMENT	Subtotal	EMPLOYEE BENEFITS	
		0	1.00	2.00	2A	3.00	
1.00 2.00 3.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS	0	0		0 0	0	1.00 2.00 3.00
4.00 5.00 6.00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	0	133, 542 53, 767		0 133, 542 0 53, 767 0 0		5.00
7.00 8.00	00700 HOUSEKEEPING 00800 DI ETARY	0	0 0 265, 956		0 0 0 265, 956	0	7.00
9.00 10.00 11.00	00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY 01100 PHARMACY	0 0 0	0			0 0 0	10.00
12.00 13.00 14.00	01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0	0			0 0 0	13.00
15.00	01500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS	0	87, 017		0 87,017	0	
30. 00 31. 00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY	0	1, 254, 908 0		0 1, 254, 908 0 0	0	
32. 00 33. 00	03200 I CF/I I D 03300 OTHER LONG TERM CARE	0 0	0 0		0 0 0 0	0	
40.00	ANCI LLARY SERVI CE COST CENTERS 04000 RADI OLOGY	0	0		0 0	0	40.00
41.00 42.00	04100 LABORATORY 04200 I NTRAVENOUS THERAPY	0	0		0 0	0	
43.00 44.00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY	0	0 43, 022		0 0 0 43,022	0	43.00
45.00	04500 OCCUPATI ONAL THERAPY	0	64, 513		0 64, 513	0	45.00
46.00 47.00	04600 SPEECH PATHOLOGY 04700 ELECTROCARDI OLOGY	0	0 0		0 0 0 0	0	47.00
48.00 49.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	0	35, 196 0		0 35, 196 0 0	0	
50. 00 51. 00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES OUTPATIENT SERVICE COST CENTERS	0 0	0 0		0 0 0 0	-	
60.00	06000 CLI NI C	0	0		0 0		
61.00 62.00	06100 RURAL HEALTH CLINIC 06200 FQHC OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	61.00 62.00
	07000 HOME HEALTH AGENCY COST	0	0		0 0		70.00
71.00 73.00	07100 AMBULANCE 07300 CMHC SPECIAL PURPOSE COST CENTERS	0	0		0 0 0 0		
80. 00 81. 00	08000 MALPRACT CE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE						80. 00 81. 00
82.00	08200 UTI LI ZATI ON REVIEW - SNF						82.00
83.00 89.00	08300 HOSPICE SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	0	0 1, 937, 921		0 0 0 1, 937, 921	0	
90. 00 91. 00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP	0	0 17, 598		0 0 0 17, 598	0	
92.00 93.00	09200 PHYSI CLANS PRIVATE OFFICES 09300 NONPALD WORKERS	0	0		0 0	0	92.00
94.00	09400 PATIENTS LAUNDRY	0	0		0 0	0	94.00
98.00 99.00	Cross Foot Adjustments Negative Cost Centers		0		0 0	0	
100.00	)   TOTAL	0	1, 955, 519		0 1, 955, 519	0	100.00

	Financial Systems TION OF CAPITAL RELATED COSTS	EXCELCARE AT		No.: 315514	Peri od:	u of Form CMS-: Worksheet B	2010 10
					From 12/27/2021 To 12/31/2022	Part II Date/Time Pre 5/23/2023 9:5	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	PLANT OPERATI ON, MAI NT. & REPAI RS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
		4.00	5.00	6.00	7.00	8.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES			1			1.00
2.00 3.00 4.00 5.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT 00300 EMPLOYEE BENEFITS 00400 ADMINI STRATI VE & GENERAL 00500 PLANT OPERATI ON, MAINT. & REPAIRS	133, 542 7, 522	61, 289				2.00 3.00 4.00 5.00
6.00 7.00	00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING	0 7,607	0		0 7,607		6.00 7.00
7.00 8.00	00800 DI ETARY	15, 483	9, 218		0 7,807	291, 801	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	5, 784	, 210		0 0	271,001	1
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0		o o	0	10.00
11.00	01100 PHARMACY	0	0		0 0	0	11.00
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0		0 0	0	
13.00	01300 SOCIAL SERVICE	1,006	0		0 0	0	
	01400 NURSING AND ALLIED HEALTH EDUCATION 01500 PATIENT ACTIVITIES	5, 253	0 3, 016		0 0 0 374	0	
15.00	INPATIENT ROUTINE SERVICE COST CENTERS	5,255	3,010		0 374	0	15.00
30.00	03000 SKI LLED NURSI NG FACI LI TY	72, 931	43, 498		0 5, 399	291, 801	30.00
31.00	03100 NURSING FACILITY	0	0		0 0	0	31.00
32.00	03200   CF/I   D	0	0		0 0	0	
33.00	03300 OTHER LONG TERM CARE	0	0		0 0	0	33.00
40.00	ANCI LLARY SERVI CE COST CENTERS	147		1		0	40.00
40. 00 41. 00	04000 RADI OLOGY 04100 LABORATORY	147 289	0		0 0 0 0	0	
42.00	04200 I NTRAVENOUS THERAPY	589	0		0 0	0	1
	04300 OXYGEN (INHALATION) THERAPY	275	0		0 0	0	1
44.00	04400 PHYSI CAL THERAPY	4, 761	1, 491		0 185	0	44.00
45.00	04500 OCCUPATI ONAL THERAPY	5, 461	2, 236		0 278	0	
46.00		1, 291	0		0 0	0	
47.00 48.00	04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0 532	0 1, 220		0 0 0 151	0	
49.00	04900 DRUGS CHARGED TO PATIENTS	3, 767	1, 220		0 0	0	1
	05000 DENTAL CARE - TITLE XIX ONLY	0	0		0 0	0	
51.00	05100 SUPPORT SURFACES	0	0		0 0	0	51.00
	OUTPATIENT SERVICE COST CENTERS	-T T		1			
60.00	06000 CLINIC	0	0		0 0	0	
61.00 62.00	06100 RURAL HEALTH CLINIC 06200 FQHC	0	0		0 0	0	61.00 62.00
02.00	OTHER REIMBURSABLE COST CENTERS			1			02.00
70.00	07000 HOME HEALTH AGENCY COST	0	0		0 0	0	70.00
	07100 AMBULANCE	578	0		0 0	0	
73.00	07300 CMHC	0	0		0 0	0	73.00
00.00	SPECIAL PURPOSE COST CENTERS			1			00.00
80. 00 81. 00	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE						80.00 81.00
01.00	08200 UTI LI ZATI ON REVI EW - SNF						82.00
82 00		0	0		o o	0	1
82.00 83.00	08300 H0SPI CE		60, 679		0 7, 531	291, 801	
82.00 83.00 89.00	08300 HOSPICE SUBTOTALS (sum of lines 1-84)	133, 276	60, 679				
83. 00 89. 00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	133, 276	00, 079				
83.00 89.00 90.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	0	
83.00 89.00 90.00 91.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP				0 0 0 76	0	91.00
83.00 89.00 90.00 91.00 92.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES	0	0		0 0	0 0 0	91.00 92.00
83.00 89.00 90.00 91.00 92.00 93.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS	0	0		0 0 0 76 0 0 0 0	0 0 0 0	91.00 92.00 93.00
83.00 89.00 90.00 91.00 92.00	SUBTOTALS (sum of lines 1-84)         NONREI MBURSABLE COST CENTERS         09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN         09100       BARBER AND BEAUTY SHOP         09200       PHYSICIANS PRIVATE OFFICES         09300       NONPAID WORKERS         09400       PATIENTS LAUNDRY	0	0		0 0 0 76	0 0 0	91.00 92.00 93.00 94.00
83.00 89.00 90.00 91.00 92.00 93.00 94.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP 09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS	0	0		0 0 0 76 0 0 0 0 0 0	0 0 0 0 0 0	91.00 92.00 93.00 94.00 98.00

	Financial Systems ATION OF CAPITAL RELATED COSTS	EXCELCARE AT		No.: 315514	Peri od:		of Form CMS-2 Iorksheet B	2540-10
ALLUCA	ATTON OF CAPITAL RELATED COSTS		Provider	NO 315514	From 12/2	7/2021 P 1/2022 D	Part II Pate/Time Prep 5/23/2023 9:52	
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI RECOR LI BR	CAL SO DS &	CIAL SERVICE	
		9.00	10.00	11.00	12.		13.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES							1.00
2.00	00200 CAP REL COSTS - MOVABLE EQUI PMENT							2.00
3.00	00300 EMPLOYEE BENEFITS							3.00
4.00 5.00	00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS							4.00
5.00 6.00	00600 LAUNDRY & LINEN SERVICE							5.00 6.00
7.00	00700 HOUSEKEEPING							7.00
8.00	00800 DI ETARY							8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	5, 784						9.00
10.00	01000 CENTRAL SERVICES & SUPPLY	0	0					10.00
11.00	01100 PHARMACY	0	0		0			11.00
12.00	01200 MEDICAL RECORDS & LIBRARY	0	0		0	0		12.00
13.00	01300 SOCIAL SERVICE	0	0		0	0	1, 006	13.00
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0	0	0	14.00
15.00	01500 PATIENT ACTIVITIES	0	0		0	0	0	15.00
~~ ~~	INPATIENT ROUTINE SERVICE COST CENTERS	F 704					1 00/	
	03000 SKI LLED NURSI NG FACI LI TY	5, 784	0		0	0	1, 006	30.00
31.00 32.00	03100 NURSING FACILITY 03200 I CF/I I D	0	0		0	0	0	31. 00 32. 00
32.00	03300 OTHER LONG TERM CARE	0	0		0	0	0	32.00
33.00	ANCI LLARY SERVICE COST CENTERS	<u> </u>	0		0	U	0	33.00
40.00	04000 RADI OLOGY	0	0		0	0	0	40.00
41.00	04100 LABORATORY	0	0		Ö	Ö	0	41.00
42.00	04200 I NTRAVENOUS THERAPY	0	0		0	0	0	42.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0	o	0	43.00
44.00	04400 PHYSI CAL THERAPY	0	0		0	0	0	44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	0		0	0	0	45.00
46.00	04600 SPEECH PATHOLOGY	0	0		0	0	0	46.00
47.00	04700 ELECTROCARDI OLOGY	0	0		0	0	0	47.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	0	0		0	0	0	49.00
50. 00 51. 00	05000 DENTAL CARE - TITLE XIX ONLY 05100 SUPPORT SURFACES	0	0		0	0	0	50. 00 51. 00
51.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0		0	<u> </u>	0	51.00
60.00	06000 CLINIC	0	0		0	0	0	60.00
61.00	06100 RURAL HEALTH CLINIC	0	0		0	0	0	61.00
62.00	06200 FQHC		-					62.00
	OTHER REIMBURSABLE COST CENTERS			•				
70.00	07000 HOME HEALTH AGENCY COST	0	0		0	0	0	70.00
71.00	07100 AMBULANCE	0	0		0	0	0	71.00
73.00	07300 CMHC	0	0		0	0	0	73.00
00.00	SPECIAL PURPOSE COST CENTERS	1		1				00.00
80.00 81.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES							80. 00 81. 00
81.00	08100 I NTEREST EXPENSE 08200 UTI LI ZATI ON REVI EW - SNF							81.00
83.00	08300 HOSPI CE	0	0		0	О	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	5, 784	0		0	0	1, 006	89.00
07.00	NONREI MBURSABLE COST CENTERS	0,701			0		1,000	07100
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	0		0	0	0	91.00
92.00	09200 PHYSICIANS PRIVATE OFFICES	0	0		0	0	0	92.00
93.00	09300 NONPAI D WORKERS	0	0		0	0	0	93.00
94.00	09400 PATIENTS LAUNDRY	0	0		0	0	0	94.00
98.00	Cross Foot Adjustments	0	0		0			98.00
99.00	Negative Cost Centers	0	0		0	0	0	99.00
100.00	D   TOTAL	5, 784	0	I	0	O	1,006	100. 00

Heal th	Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	u of Form CMS-:	2540-10
	TION OF CAPITAL RELATED COSTS			No.: 315514	Period: From 12/27/2021 To 12/31/2022	Worksheet B Part II Date/Time Pre 5/23/2023 9:5	pared:
	Cost Center Description	NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVI CE PATI ENT ACTI VI TI ES	Subtotal	Post Step-Down Adjustments	Total	
		14.00	15.00	16.00	17.00	18.00	
1 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES	1	1	1			1 00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE 00700 HOUSEKEEPING 00800 DIETARY 00900 NURSING ADMINISTRATION						1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10. 00 11. 00 12. 00 13. 00 14. 00	01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY 01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION	0					10. 00 11. 00 12. 00 13. 00 14. 00
15.00	01500 PATIENT ACTIVITIES	0					15.00
	INPATIENT ROUTINE SERVICE COST CENTERS	-			_		
30.00 31.00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY	0			37 0 0 0	1, 770, 987 0	30.00 31.00
31.00	03200 I CF/I I D	0			0 0	0	32.00
33.00	03300 OTHER LONG TERM CARE	0			0 0	0	33.00
	ANCILLARY SERVICE COST CENTERS		1	1			
40.00	04000 RADI OLOGY	0				147	40.00
41.00 42.00	04100 LABORATORY 04200 I NTRAVENOUS THERAPY	0		28 58		289 589	
43.00	04300 OXYGEN (INHALATION) THERAPY	0		27		275	
44.00	04400 PHYSI CAL THERAPY	0	C	49, 45	59 0	49, 459	44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	C	72, 48		72, 488	1
46.00	04600 SPEECH PATHOLOGY	0	0	1, 29		1, 291	46.00
47.00 48.00	04700 ELECTROCARDI OLOGY 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0		37,09	0 0	0 37, 099	
48.00	04900 DRUGS CHARGED TO PATIENTS			3,76		3, 767	48.00
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0			0 0	0,707	
51.00	05100 SUPPORT SURFACES	0	C		0 0	0	51.00
	OUTPATIENT SERVICE COST CENTERS			1			
60.00 61.00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0			0 0	0	60.00 61.00
62.00	06200 FQHC	0			0 0	0	62.00
02.00	OTHER REIMBURSABLE COST CENTERS						02100
	07000 HOME HEALTH AGENCY COST	0			0 0	0	70.00
	07100 AMBULANCE	0	, s				71.00
73.00	07300 CMHC SPECIAL PURPOSE COST CENTERS	0	0		0 0	0	73.00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES			1			80.00
81.00	08100 I NTEREST EXPENSE						81.00
82.00	08200 UTILIZATION REVIEW - SNF						82.00
83.00	08300 HOSPI CE	0	C		0 0	0	
89.00	SUBTOTALS (sum of lines 1-84)	0	95, 660	1, 936, 96	59 O	1, 936, 969	89.00
90.00	NONREIMBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	)	0 0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0		18, 55		18, 550	
92.00	09200 PHYSI CLANS PRI VATE OFFI CES	0	0	)	0 0	0	
93.00	09300 NONPAID WORKERS	0	0		0 0	0	•
94.00	09400 PATIENTS LAUNDRY	0			0 0	0	
98.00 99.00	Cross Foot Adjustments Negative Cost Centers				0 0	0	
100.00	5	0	95, 660	, 1, 955, 51	-	1, 955, 519	
					'		•

	Financial Systems	EXCELCARE AT				eu of Form CMS-2	2540-10
COST AL	LOCATION - STATISTICAL BASIS		Provi der	F	eriod: rom 12/27/2021 o 12/31/2022		
		CAPI TAL REI	LATED COSTS			5/23/2023 9:5:	2 am
	Cost Center Description	BLDGS & FI XTURES (SQUARE FEET)	MOVABLE EQUI PMENT (SQUARE FEET)	EMPLOYEE BENEFI TS (GROSS SALARI ES)	Reconciliation	ADMI NI STRATI VE & GENERAL (ACCUM COST)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS	E0 227		1			1 00
2.00 3.00 4.00 5.00	00100 CAP REL COSTS - BLDGS & FITTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	50, 227 0 3, 430 1, 381 0		4, 130, 891 608, 570 42, 190	-1, 924, 743 0	8, 833, 638 497, 584 0	1.00 2.00 3.00 4.00 5.00 6.00
	00700 HOUSEKEEPI NG	0	-	306, 241	0	503, 221	7.00
	00800 DI ETARY	6, 831	0	366, 501	0	1, 024, 186	8.00
	00900 NURSI NG ADMI NI STRATI ON	0	0	330, 053	0	382, 590	9.00
	01000 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
	01100 PHARMACY 01200 MEDI CAL RECORDS & LI BRARY	0		0	0	0	11. 00 12. 00
	01300 SOCIAL SERVICE	0		57, 406	0	66, 544	13.00
	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0	00,011	14.00
15.00	01500 PATIENT ACTIVITIES	2, 235	C	154, 919	0	347, 458	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS	1	1	1	1		
	03000 SKI LLED NURSI NG FACI LI TY	32, 232			0		30.00
	03100 NURSING FACILITY 03200 ICF/IID	0			0	0	31.00 32.00
1	03300 OTHER LONG TERM CARE	0					33.00
H	ANCI LLARY SERVICE COST CENTERS			<u> </u>			00100
	04000 RADI OLOGY	0	C	0	0	9, 694	40.00
	04100 LABORATORY	0	0	0	0	19, 122	41.00
	04200 I NTRAVENOUS THERAPY	0	0	0	0	38, 983	42.00
	04300 OXYGEN (I NHALATI ON) THERAPY 04400 PHYSI CAL THERAPY	0 1, 105			0	18, 208 314, 971	43.00 44.00
	04500 OCCUPATI ONAL THERAPY	1, 103		0	0	361, 218	
	04600 SPEECH PATHOLOGY	0		0	0	85, 430	
47.00	04700 ELECTROCARDI OLOGY	0	C	0	0	0	47.00
	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	904	-	0	0	35, 196	48.00
	04900 DRUGS CHARGED TO PATIENTS	0	-	0	0	249, 212	49.00
	05000 DENTAL CARE – TITLE XIX ONLY 05100 SUPPORT SURFACES	0		-	0	0	50.00 51.00
	DUTPATIENT SERVICE COST CENTERS	0		1 <u>0</u>	0	0	51.00
	06000 CLINIC	0	C	0	0	0	60.00
	06100 RURAL HEALTH CLINIC	0	0	0	0	0	61.00
							62.00
	OTHER REIMBURSABLE COST CENTERS	0	C	0	0	0	70.00
	07100 AMBULANCE	0			0	38, 216	
	07300 CMHC	0	0		0	0	73.00
	SPECIAL PURPOSE COST CENTERS	1		1			
	08000 MALPRACTI CE PREMI UMS & PAI D LOSSES						80.00
1	08100 INTEREST EXPENSE 08200 UTI LI ZATI ON REVIEW - SNF						81.00
	08200 UTILIZATION REVIEW - SNF 08300 HOSPICE	0	c c		0	0	82.00 83.00
89.00	SUBTOTALS (sum of lines 1-84) NONREIMBURSABLE COST CENTERS	49, 775			-1, 924, 743		
H	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	C	0	0	0	90.00
91.00	09100 BARBER AND BEAUTY SHOP	452	0	0	0	17, 598	91.00
	09200 PHYSICIANS PRIVATE OFFICES	0	C	0	0	0	92.00
	09300 NONPALD WORKERS	0	0	0	0	0	93.00
94.00 98.00	09400 PATIENTS LAUNDRY Cross Foot Adjustments	0		0	0	0	94.00 98.00
99.00 99.00	Negative Cost Centers						99.00 99.00
102.00	Cost to be allocated (per Wkst. B,	1, 955, 519	C	657, 546		1, 924, 743	
	Part I)						
103.00	Unit cost multiplier (Wkst. B, Part I)	38. 933621	0. 000000	0. 159178		0. 217888	
104.00	Cost to be allocated (per Wkst. B,			0		133, 542	104.00
105.00	Part II) Unit cost multiplier (Wkst. B, Part			0.000000		0. 015117	105.00
						0.01011/	
1							

Heal th	Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	u of Form CMS-	2540-10
COST A	ALLOCATION - STATISTICAL BASIS		Provi der	No.: 315514 P	eriod: rom 12/27/2021	Worksheet B-1	
					0 12/31/2022		
	Cost Center Description	PLANT	LAUNDRY &	HOUSEKEEPING	DI ETARY	5/23/2023 9:5 NURSI NG	
		OPERATI ON,	LINEN SERVICE		(MEALS SERVED)		
		MAINT. & REPAIRS	(PATI ENT CENSUS)			(DI RECT	
		(SQUARE FEET)	CENSUS)			NURSI NG)	
		5.00	6.00	7.00	8.00	9.00	
1 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS - BLDGS & FIXTURES	1	1	1	[		1 1 00
1.00 2.00	00200 CAP REL COSTS - BEDGS & FIXTORES						1.00 2.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMINISTRATIVE & GENERAL						4.00
5.00 6.00	00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE	45, 416					5.00 6.00
7.00	00700 HOUSEKEEPING	0	30, 432	1			7.00
8.00	00800 DI ETARY	6, 831	C				8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	0	C	0	103, 283	1
10. 00 11. 00	01000 CENTRAL SERVICES & SUPPLY 01100 PHARMACY	0			0	0	
12.00	01200 MEDI CAL RECORDS & LI BRARY	0	0		0	0	
13.00	01300 SOCI AL SERVI CE	0	C	C	0	0	
14.00	01400 NURSING AND ALLIED HEALTH EDUCATION	0	0		0	0	
15.00	01500 PATIENT ACTIVITIES	2, 235	C	2, 235	0	0	15.00
30.00	03000 SKI LLED NURSI NG FACI LI TY	32, 232	30, 452	32, 232	91, 356	103, 283	30.00
31.00	03100 NURSING FACILITY	0	C	-		0	1
32.00	03200 I CF/I I D	0				0	
33.00	03300 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	C	) C	0	0	33.00
40.00	04000 RADI OLOGY	0	C	C	0	0	40.00
41.00	04100 LABORATORY	0	C	C	0	0	41.00
42.00	04200 I NTRAVENOUS THERAPY	0	0	C	0	0	
43.00 44.00	04300 OXYGEN (I NHALATI ON) THERAPY 04400 PHYSI CAL THERAPY	0 1, 105	-	0 C 1,105	0	0	1
45.00	04500 OCCUPATI ONAL THERAPY	1, 103		1, 103		0	1
46.00	04600 SPEECH PATHOLOGY	0	C	C	0	0	
47.00	04700 ELECTROCARDI OLOGY	0	0	C		0	
48.00 49.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	904		904 0 C		0	
50.00	05000 DENTAL CARE - TITLE XIX ONLY	0	0			0	
51.00	05100 SUPPORT SURFACES	0	0	C	0	0	51.00
(0.00	OUTPATIENT SERVICE COST CENTERS					0	
60.00 61.00	06000 CLINIC 06100 RURAL HEALTH CLINIC	0				0	
62.00	06200 FQHC				0	0	62.00
	OTHER REIMBURSABLE COST CENTERS			1			
	07000 HOME HEALTH AGENCY COST	0					1
71.00	07100 AMBULANCE 07300 CMHC	0		, second se	•	0	71.00 73.00
75.00	SPECIAL PURPOSE COST CENTERS			<u>, c</u>	0	0	/ 3. 00
80.00	08000 MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100 I NTEREST EXPENSE						81.00
82.00 83.00	08200 UTI LI ZATI ON REVIEW - SNF 08300 HOSPI CE	0	0		0	0	82.00 83.00
89.00	SUBTOTALS (sum of lines 1-84)	44, 964	30, 452	44, 964	91, 356		
	NONREIMBURSABLE COST CENTERS	Í.	1	1	Í.		
90.00 91.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP	0 452			-	0	1
91.00 92.00	09200 PHYSICIANS PRIVATE OFFICES	452 0		452 0 0	0	0	1
93.00	09300 NONPAI D WORKERS	0	C C		0	0	
94.00	09400 PATIENTS LAUNDRY	0	C	C	0	0	
98.00	Cross Foot Adjustments						98.00
99.00 102.00	Negative Cost Centers Cost to be allocated (per Wkst. B,	606, 002	c	612, 867	1, 430, 673	465, 952	99.00 102.00
	Part I)	000,002	Ĭ	012,007	1, 130, 073	100, 702	
103.00		13. 343359					
104.00	Cost to be allocated (per Wkst. B, Part II)	61, 289	0	7,607	291, 801	5, 784	104.00
105.00		1. 349502	0. 000000	0. 167496	3. 194109	0. 056001	105.00
			I				

COST & LICATION         STATISTICAL IRANS         Price in: Provider Nr. 315514         Price in: Price in	Health Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	u of Form CMS-:	2540-10	
Cost Center Description         Ce	COST ALLOCATION - STATISTICAL BASIS		Provi der			Worksheet B-1		
Cest Center Duscription         CENTRAL Selections         CENTRAL Selections         MEDICAL REDITS         MEDICAL PLANMACY (CATER)						Date/Time Pre	pared:	
SUPPLY DECUS 3         EPROL 5.3 LOB 1000         LIBRARY (VALUES)         CPATIENT (VALUES)         EDUCATION (VALUES)         EDUCATION (VALUES)           1.00         GENERAL SERVICE COST CENTERS         10.00         11.00         12.00         11.00         12.00         11.00         12.00         11.00         12.00         11.00         10	Cost Center Description				SOCI AL SERVI CE	NURSI NG AND		
COSTED         CONTENT         CHATTENT         CENSUS         CASIS ORED           100         DIDIO         11.00         12.00         13.00         14.00           100         DIDIO         CASIS ORED         1.00         12.00         13.00         14.00           100         DIDIO         CASIS FERLICISTS - MOVARE EQUISTRES         1.00         1.00         1.00           100         DIDIO         CASIS ORED         1.00         1.00         1.00         1.00           100         DIDIO         CASIS ORED         1.00 <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td>			•					
REQUES         CENNUS         THUED           1000         CENNUS         11.00         12.00         13.00         14.00           1000         CENNUS         FUNDES         10.00         12.00         13.00         14.00           1000         CENNUS         FUNDES         10.00         12.00         13.00         14.00           1000         CENNUS         FUNDES         10.00			REQUIS.)		· ·			
EXPENSE         EXPENSE         1.00           000000         CAP REL COSTS - BLOSS & FLURES         1.00           2.00         002000         CAP REL COSTS - BLOSS & FLURES         2.00           2.00         002000         CAP REL COSTS - BLOSS & FLURES         2.00           0.00         002000         CAP REL COSTS - BLOSS & FLURES         2.00           0.00         00000         CLANNEY & LINES SERVICE         5.00           0.00         00000         CLANNEY & LINES SERVICE         7.00           0.00         00000         CLANNEY & LINES SERVICE         7.00           0.00         00000         CLANNEY & LINES SERVICE         7.00           1.00         01000         CETARY         0         0           1.00         01000         CETARY         0         0         3.0, 452           1.00         01000         CETARY         0						•		
1, 00 00100 (AP REL COSTS - BLOGS F HXTURES 2, 00 00300 (PMP-DVE BEREFITS 1, 00 (00300 (PMP-DVE BEREFITS) 1, 00 (0000 (PMP-DVE BEREFITS) 1, 00 (P		10.00	11.00	12.00	13.00	14.00		
2.00         00200 (CAP REL COSTS - MOVABLE EQUIPMENT         2.00           3.00         00200 (CAP REL COSTS - MOVABLE EQUIPMENT         3.00           4.00         00400 (CARMIN STRATIVE & CENERAL         0.00           4.00         00400 (CARMIN STRATIVE & CENERAL         0.00           6.00         00400 (CARMIN STRATIVE & CENERAL         0.00           7.00         00700 (HURSING & ALIBRATIVE & CENERAL         0.00           7.00         00700 (HURSING & ALIBRATIVE )         491,988           8.00         00700 (HURSING & ALIBRATIVE )         0.00         0.00           12.00         01200 (HERLIS & MOVELE         0.00         0.00         0.00           13.00         1300 (HERLIS & MOVELE         0.00         0.00         0.00         11.00           13.00         14.00         0.00         0.00         0.00         0.00         11.00           14.00         14.00         0.00         0.00         0.00         0.00         11.00           10.00         14.00         0.00         0.00         0.00         0.00         11.00           12.00         10.00         11.00         0.00         0.00         0.00         11.00           13.00         10.00         0.00		[					1 00	
4. 00         004001 ADM IN STRATURE & GINTRAL         4. 00           5. 00         005000 PART OPERATION, MAINT, & REPARES         6. 00           6. 00         005000 PART OPERATION         8. 00           00. 007000 CINTRAL SERVICE         0. 0         0. 00           01.00         00700 CINTRAL SERVICES & SUPPLY         491, 988         10. 00           01.00         0100 PARAMACY         0         0         30. 452           01.00         01300 SOLAL SERVICE         0         0         0         0           13. 00         01300 PARTEMAT ACTI VITIS         0         0         0         0         11. 00           15. 00         01300 SOLAL SERVICE         0         0         0         0         0         0         0         0         0         0         11. 00         13. 00         13. 00         13. 00         13. 00         13. 00         13. 00         30. 00         0								
5. 00         00500 [PLANT DEEATION, MAINT & REPAIRS         5. 00         6. 00         6. 00         6. 00         6. 00         6. 00         7. 00         8. 00         8. 00         8. 00         7. 00         8. 00         8. 00         8. 00         9. 00         0. 00         0. 00         9. 00         0. 00         9. 00         0. 00         0. 00         9. 00         0. 00         0. 00         9. 00         9. 00         0. 00         0. 00         0. 00         9. 00         0. 00         0. 00         9. 00         0. 00         0. 00         9. 00         0. 00         0. 00         11. 00         110. 00         100. 00         0. 0         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         110. 00         1	3.00 00300 EMPLOYEE BENEFITS						3.00	
6. 00         000000 (LAUMORY & LINEN SERVICE           6. 00         7. 00           7. 00         000000 (DETARY          6. 00         7. 00         8. 00         9. 00         000000 (DETARY         8. 00         9. 00         000000 (DETARY         9. 00         000000 (DETARY         9. 00         0.								
7. 00         00700 (HOUSEKLEPING         7.00           80.00         00900 (HURSI NG ADM HISTRATION         401,988         8.00           9. 00         00900 (HURSI NG ADM HISTRATION         0.00         10.00           11.00         01100 (PHARALY         0         0.00         0.00           11.00         01100 (PHARALY         0         0         0.00         10.00           11.00         01100 (PHARALY         0         0         0         0.00         10.00           11.00         01100 (PHARALY         0         0         0         0.0         11.00           11.00         01400 (HURSI NG AD ALLED HERLI THEDUCATION         0         0         0         0         11.00           11.00         01400 (HURSI NG AD ALLED HERLI THEDUCATION         0         0         0         11.00         0								
8.00         000000 URESING ARAY         8.00           9.00         00000 URESING ARAY IN STRATION         401,968         9.00           10.00         01000 CENTRAL SERVICES & LUBRARY         0         0         30,452         11.00           11.00         01000 DENAMAC         NM IEI DE ALLI HERARY         0         0         0         14.00           12.00         01000 DENALG         NM IEI DE MALIT HEDICATION         0         0         0         15.00           11.00         01000 SKI LED MIRSING FACILITY         242,776         0         30.452         30.452         30.00         31.00           31.00         03000 SKI LED MIRSING FACILITY         242,776         0         30.452         30.452         30.00         31.00           32.00         03200 ICFAILD         0         0         0         0         32.00         33.00         30.00								
10.00         01000         CENTRAL SERVICES & LIBRARY         491,988         10.0         110.00           11.00         01000         MEDICAL RECRUSS & LIBRARY         0         0         30,452         12.00           12.00         01000         MEDICAL RECRUSS & LIBRARY         0         0         30,452         13.00           13.00         01400         MURATIRE AVECE         0         0         0         0         0         0         10.00           14.00         01400         MURATIRE SERVICE COST CENTERS         0								
11.00       01100 PHARMACY       0       0       30,452       11.0         12.00       01300 SOCIAL SERVICE       0       0       0       0       0       0       0       12.00       13.00       12.00       13.00       14.00       14.00       14.00       14.00       14.00       14.00       14.00       14.00       14.00       14.00       14.00								
12:00         01200         MEDICAL, RECORDS & LIBRARY         0         0         30.452         12.00           13:00         01300         NURSING AND ALLIED HRAITH EDUCATION         0         0         0         0         13.00           14:00         DT4000         NURSING AND ALLIED HRAITH EDUCATION         0		491, 988	0					
13.00       01300       SOCIALS SERVICE       0       0       0       0.0       0<		0	0	30, 452				
15.00         01500 PATIENT ACTIVITIES         0		0	0					
INPATIENT NOTINE SERVICE COST CENTERS           000         03000 SKILLED NARS NG FACILITY         242,776         0         30.452         30.452         0<		0	0		0			
30.00         03000 SKILLED NURSING FACILITY         242,776         0         30,452         30,452         30,052           31.00         03100 (MURSING FACILITY         0         0         0         0         31.00           32.00         03200 (FFFLICDN TERN CARE         0         0         0         0         33.00           33.00         03300 (HABI LORGY         0         0         0         0         0         30.00           ANCILLARY SERVICE COST CENTERS		0	0	0	0	0	15.00	
31.00       00       00       0 </td <td></td> <td>242 776</td> <td>0</td> <td>30 452</td> <td>30 452</td> <td>0</td> <td>30.00</td>		242 776	0	30 452	30 452	0	30.00	
33.00         033.00         CHERL LONG TERM CARE         0								
ANCI LLARY SERVICE COST CENTERS		-	-					
40. 00         00         00         0<		0	0	0	0	0	33.00	
41.00         00         0         0         0         0         0         0         1.00           42.00         43.00         00         0		0	0	0	0	0	40.00	
43.00         043.00         043.00         0         0         0         0         0         0         43.00           44.00         04400         0400 PHYSICAL THERAPY         0         0         0         0         43.00           44.00         04400 PHYSICAL THERAPY         0         0         0         0         0         45.00           40.00         04400 SPECH PATHOLOGY         0         0         0         0         46.00         46.00           40.00         04000 SPECH PATHOLOGY         0         0         0         0         47.00           43.00         04000 DRUS CLARGED TO PATIENTS         0         0         0         0         0         48.00           40.00         04000 DRUS CLARGED TO PATIENTS         249.212         0 </td <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0						
44.00         04.00         04.00         <		0	0	0	0	-		
45.00         04500         0CUPATIONAL THERAPY         0         0         0         0         45.00         0 <t< td=""><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td></t<>		0	0	0	0			
44. CO         OAGOO         OAGOO         O		0	0	0	0			
48.00         04800         MEDICAL SUPPLIES CHARGED TO PATIENTS         0 <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td>		0	0	0	0			
49.00         DAYOD DRUGS CHARGED TO PATIENTS         249,212         0	47. 00 04700 ELECTROCARDI OLOGY	0	0	0	0	0	47.00	
50:00         OSOOD DENTAL CARE - TITLE XIX ONLY         O         O         O         O         O         O         O         O         O         S0:00         O         S0:00		0	0	0	0			
51.00         OSIOD SUPPORT SURFACES         O         O         O         O         S1.00           OUTPATIENT SERVICE COST CENTERS         0			0	0	0	-		
60.00         G6000         CLINIC         0		Ű						
61.00       06100       RURAL HEALTH CLINIC       0       0       0       0       61.00       62.00       63.00       6								
62.00       06200 FOHC       01HER REI MBURSABLE COST CENTERS       62.00         01HER REI MBURSABLE COST CENTERS       0       0       0       0       0       70.00         73.00       07300 FOHC       0       0       0       0       0       0       71.00         73.00       07300 FOHC       0       0       0       0       0       0       0       0       73.00         73.00       07300 FOHC       0       0       0       0       0       0       0       0       73.00         73.00       07300 FOHC       0       0       0       0       0       0       0       73.00         73.00       08100 INTEREST EXPENSE       8       80.00       81.00       82.00       82.00       82.00       82.00       83.00       83.00       83.00       83.00       83.00       82.00       83.00       83.00       83.00       89.00       90.00       0       0       0       0       0       83.00       89.00       90.00       91.00       92.00       91.00       91.00       91.00       91.00       91.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00			0					
OTHER REIMBURSABLE COST CENTERS         0 <t< td=""><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></t<>		0	0	0	0	0		
71.00         07100         AMBULANCE         0         0         0         0         0         0         0         71.00		II					02.00	
73.00         07300 CMHC         0         0         0         0         73.00           SPECIAL PURPOSE COST CENTERS           NOMREL MBURSABLE COST CENTERS           NOMREL MBURSABLE COST CENTERS           SPECIAL PURPOSE COST CENTERS           O           O           O           O           O           O           O           O           O           O           O           O           O           O           O           O           O <td c<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
SPECIAL PURPOSE COST CENTERS           80.00         08000         MALPRACTI CE PREMI UMS & PAID LOSSES         80.00           81.00         08100         INTEREST EXPENSE         81.00           82.00         08200         ULI ZATI ON REVI EW - SNF         81.00           83.00         08300         HOSPI CE         0         0         0         0           81.00         SUBTOTALS (sum of lines 1-84)         491,988         0         30,452         30,452         0           90.00         OPODOG GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.00           91.00         09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.00         91.00         90.00         91.00         91.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         98.00         99.00         98.00         99.00 </td <td></td> <td>Ű</td> <td>0</td> <td>0</td> <td>Ŭ</td> <td></td> <td></td>		Ű	0	0	Ŭ			
80.00         08000         MALPRACTICE PREMIUMS & PAID LOSSES         80.00           81.00         08100         INTEREST EXPENSE         80.00           82.00         08200         UTILIZATION REVIEW - SNF         80.00           83.00         08300         MOSPICE         0         0         0           89.00         SUBTOTALS (sum of lines 1-84)         491,988         0         30,452         30,452         0         89.00           NONREL MBURSABLE COST CENTERS         90.00         0         0         0         0         0         0         90.00           90.00         09100         BARBER AND BEAUTY SHOP         0         0         0         0         90.00         91.00         90.00         92.00         92.00         92.00         93.00         0         0         0         0         92.00         92.00         92.00         93.00         93.00         93.00         93.00         93.00         93.00         93.00         93.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         99.00         102.00         Cross Foot Adjustments         99.00         98.00         <		0	0	y0	<u> </u>	0	73.00	
82.00       08200       UTILIZATION REVIEW - SNF       0       0       0       0       0       82.00         83.00       08300       HOSPICE       0       0       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       491,988       0       30,452       30,452       0       89.00         NONRETMBURSABLE COST CENTERS         90.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       0       91.00         92.00       09200       PHYSICIANS PRIVATE OFFICES       0       0       0       0       92.00         93.00       09300       NONPAID WORKERS       0       0       0       0       92.00         94.00       09400       PATIENTS LAUNDRY       0       0       0       0       93.00         94.00       Coss Foot Adjustments       9       9       0       0       0       99.00         102.00       Cost to be allocated (per Wkst. B, Part I)       0.000000       0.000000       0.000000       0.000000       103.00							80.00	
83.00       08300       HOSPICE       0       0       0       0       0       0       0       83.00         89.00       SUBTOTALS (sum of lines 1-84)       491,988       0       30,452       30,452       0       89.00         NONREI MBURSABLE COST CENTERS         90.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       0       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       0       91.00       0       0       0       92.00       93.00       09300       NONPAI D WORKERS       0       0       0       92.00       93.00       09300       NONPAI D WORKERS       0       0       0       92.00       93.00       93.00       94.00								
89.00         SUBTOTALS (sum of lines 1-84)         491,988         0         30,452         30,452         0         89.00           NONREL MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         90.00           91.00         09100         BARBER AND BEAUTY SHOP         0         0         0         0         90.00           92.00         09200         PHYSI CI ANS PRI VATE OFFICES         0         0         0         92.00           93.00         09300         NONPAI D WORKERS         0         0         0         93.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         102.00         91.02.00         91.02.00         91.02.00         91.02.00         91.02.00         91.02.00         91.02.00         91.02.00         91.02.00         91.02.00         <		0	0	0	0	0		
NONREI MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         0         0         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         91.00         90.00         91.00         90.00         91.00         90.00         91.00         90.00         91.00         92.00         92.00         92.00         92.00         0         0         0         92.00         93.00         90.01 MVRATE OFFICES         0         0         0         0         92.00         93.00         0         93.00         0         93.00         0         94.00         0         0         0         0         0         93.00         94.00         94.00         0         0         0         0         94.00         94.00         94.00         94.00         94.00         98.00         99.00         102.00         81,043         0         102.00         99.00         102.00         81,043         0         102.00         99.00         102.00         10.000000 </td <td></td> <td>491, 988</td> <td></td> <td></td> <td>30, 452</td> <td></td> <td></td>		491, 988			30, 452			
91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       0       0       91.00         92.00       09200       PHYSI CLANS PRI VATE OFFICES       0       0       0       0       0       92.00         93.00       09300       NONPAID       WORKERS       0       0       0       0       93.00         94.00       09400       PATI ENTS LAUNDRY       0       0       0       0       94.00       94.00         98.00       Cross Foot Adjustments       0       0       0       0       98.00       99.00         102.00       Cost to be allocated (per Wkst. B, Part I)       0.000000       0.000000       0.000000       98.00       99.00         103.00       Unit cost multiplier (Wkst. B, Part I)       0.000000       0.000000       0.000000       0.000000       103.00         104.00       Cost to be allocated (per Wkst. B,       0       0       0       0       104.00       104.00       0       104.00         Part II)       Unit cost multiplier (Wkst. B, Part       0.000000       0.000000       0.033036       0.000000       105.00	NONREI MBURSABLE COST CENTERS			· · ·			[	
92.00       09200       PHYSICIANS PRIVATE OFFICES       0       0       0       0       92.00         93.00       09300       NONPAID WORKERS       0       0       0       0       0       93.00         94.00       09400       PATIENTS LAUNDRY       0       0       0       0       0       93.00         98.00       Cross Foot Adjustments       0       0       0       0       98.00       99.00         99.00       Negative Cost Centers       99.00       102.00       81,043       0       102.00         103.00       Unit cost multiplier (Wkst. B, Part I)       0.000000       0.000000       0.000000       2.661336       0.000000       103.00         104.00       Cost to be allocated (per Wkst. B, Part I)       0.000000       0.000000       0.033036       0.000000       104.00         105.00       Unit cost multiplier (Wkst. B, Part       0.000000       0.000000       0.033036       0.000000       105.00		-						
93.00       09300       NONPAID WORKERS       0       0       0       0       93.00         94.00       09400       PATIENTS LAUNDRY       0       0       0       0       0       94.00         98.00       Cross Foot Adjustments       0       0       0       0       98.00       99.00         99.00       Negative Cost Centers       99.00       0       0       0       102.00       99.00         102.00       Cost to be allocated (per Wkst. B, Part I)       0.000000       0.000000       0.000000       2.661336       0.000000       103.00         103.00       Unit cost multiplier (Wkst. B, Part I)       0.000000       0.000000       0.000000       2.661336       0.000000       104.00         Part II)       0       0.000000       0.000000       0.000000       0.033036       0.000000       104.00         105.00       Unit cost multiplier (Wkst. B, Part       0.000000       0.000000       0.033036       0.000000       105.00		0	0	0	0			
98.00       Cross Foot Adjustments       98.00       99.00         99.00       Negative Cost Centers       99.00         102.00       Cost to be allocated (per Wkst. B, Part I)       0.000000       0       81,043       99.00         103.00       Unit cost multiplier (Wkst. B, Part I)       0.000000       0.000000       0.000000       2.661336       0.000000 103.00         104.00       Cost to be allocated (per Wkst. B, Part I)       0.000000       0.000000       0.000000       0.000000       104.00         105.00       Unit cost multiplier (Wkst. B, Part       0.000000       0.000000       0.033036       0.000000       105.00		0	0	0	0		1	
99.00         Negative Cost Centers         99.00           102.00         Cost to be allocated (per Wkst. B, Part I)         0         0         0         81,043         0         102.00           103.00         Unit cost multiplier (Wkst. B, Part I)         0.000000         0.000000         0.000000         2.661336         0.000000         103.00           104.00         Cost to be allocated (per Wkst. B, Part I)         0.000000         0.000000         0.000000         2.661336         0.000000         104.00           105.00         Unit cost multiplier (Wkst. B, Part         0.000000         0.000000         0.033036         0.000000         105.00	94. 00 09400 PATIENTS LAUNDRY	0	0	0	0	0	94.00	
102.00       Cost to be allocated (per Wkst. B, Part I)       0       0       0       81,043       0       102.00         103.00       Unit cost multiplier (Wkst. B, Part I)       0.000000       0.000000       0.000000       2.661336       0.000000       103.00         104.00       Cost to be allocated (per Wkst. B, Part I)       0.000000       0.000000       0.000000       1.006       0       104.00         105.00       Unit cost multiplier (Wkst. B, Part       0.000000       0.000000       0.033036       0.000000       105.00							1	
Part I)         Part I)         0.00000         0.00000         0.00000         2.661336         0.00000         103.00           104.00         Cost to be allocated (per Wkst. B, Part I)         0.000000         0.000000         0.000000         2.661336         0.000000         103.00           105.00         Unit cost multiplier (Wkst. B, Part I)         0.000000         0.000000         0.000000         0.000000         104.00           105.00         Unit cost multiplier (Wkst. B, Part II)         0.000000         0.000000         0.033036         0.000000         105.00	0	0	0		81 043	0		
103.00         Unit cost multiplier (Wkst. B, Part I)         0.000000         0.000000         2.661336         0.000000         103.00           104.00         Cost to be allocated (per Wkst. B, Part I)         0.000000         0.000000         0.000000         104.00         0         104.00         0         104.00         0         0         0         0         104.00         104.00         104.00         104.00         104.00         104.00         105.00         0.000000         0.033036         0.000000         105.00		0	0		01, 043	0	102.00	
Part II)            105.00         Unit cost multiplier (Wkst. B, Part         0.000000         0.000000         0.033036         0.000000         105.00	103.00 Unit cost multiplier (Wkst. B, Part I)	0. 000000	0. 000000	0. 000000				
105.00         Unit cost multiplier (Wkst. B, Part         0.000000         0.000000         0.000000         0.033036         0.000000         105.00		0	0	0	1, 006	0	104.00	
		0. 000000	0. 000000	0. 000000	0. 033036	0.000000	105.00	

	Financial Systems	EXCELCARE AT					u of Form CM	
COST A	LLOCATION - STATISTICAL BASIS		Pro	ovi der	No.: 31551	d: 12/27/2021	Worksheet	B-1
						12/31/2022	Date/Time 5/23/2023	
	Cost Center Description	OTHER GENERAL SERVI CE PATI ENT ACTI VI TI ES (PATI ENT CENSUS) 15.00					372372023	7. Jz dili
	GENERAL SERVICE COST CENTERS							
1.00 2.00 3.00 4.00 5.00 6.00	00100 CAP REL COSTS - BLDGS & FIXTURES 00200 CAP REL COSTS - MOVABLE EQUIPMENT 00300 EMPLOYEE BENEFITS 00400 ADMINISTRATIVE & GENERAL 00500 PLANT OPERATION, MAINT. & REPAIRS 00600 LAUNDRY & LINEN SERVICE							1.00 2.00 3.00 4.00 5.00 6.00
10. 00 11. 00	00700 HOUSEKEEPI NG 00800 DI ETARY 00900 NURSI NG ADMI NI STRATI ON 01000 CENTRAL SERVI CES & SUPPLY 01100 PHARMACY							7.00 8.00 9.00 10.00 11.00
13. 00 14. 00 15. 00	01200 MEDICAL RECORDS & LIBRARY 01300 SOCIAL SERVICE 01400 NURSING AND ALLIED HEALTH EDUCATION 01500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS	30, 452						12.00 13.00 14.00 15.00
31.00 32.00	03000 SKILLED NURSING FACILITY 03100 NURSING FACILITY 03200 ICF/IID 03300 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	30, 452 0 0 0						30. 00 31. 00 32. 00 33. 00
41.00 42.00 43.00	04000 RADI OLOGY 04100 LABORATORY 04200 I NTRAVENOUS THERAPY 04300 OXYGEN (I NHALATI ON) THERAPY 04400 PHYSI CAL THERAPY	0 0 0 0						40.00 41.00 42.00 43.00 44.00
46.00 47.00 48.00 49.00	04500 OCCUPATIONAL THERAPY 04600 SPEECH PATHOLOGY 04700 ELECTROCARDIOLOGY 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS 05000 DENTAL CARE - TITLE XIX ONLY	0 0 0 0 0						45.00 46.00 47.00 48.00 49.00 50.00
	05100 SUPPORT SURFACES	0						51.00
60.00	OUTPATIENT SERVICE COST CENTERS	0						60.00
61. 00 62. 00	06100 RURAL HEALTH CLINIC 06200 FOHC OTHER REIMBURSABLE COST CENTERS	0						60. 00 61. 00 62. 00
71.00	07000 HOME HEALTH AGENCY COST 07100 AMBULANCE 07300 CMHC SPECIAL PURPOSE COST CENTERS	0 0 0						70.00 71.00 73.00
81. 00 82. 00	08000 MALPRACTICE PREMIUMS & PAID LOSSES 08100 INTEREST EXPENSE 08200 UTILIZATION REVIEW - SNF 08300 HOSPICE SUBTOTALS (sum of lines 1-84)	0 30, 452						80.00 81.00 82.00 83.00 89.00
90.00	NONREI MBURSABLE COST CENTERS 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 09100 BARBER AND BEAUTY SHOP	0						90.00
92.00 93.00 94.00 98.00 99.00	09200 PHYSICIANS PRIVATE OFFICES 09300 NONPAID WORKERS 09400 PATIENTS LAUNDRY Cross Foot Adjustments Negative Cost Centers	0 0 0						92.00 93.00 94.00 98.00 99.00
102.00 103.00 104.00	Cost to be allocated (per Wkst. B, Part I) Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B,	483, 147 15. 865854 95, 660						102.00 103.00 104.00
105.00	Part II) Unit cost multiplier (Wkst. B, Part II)	3. 141337						105.00

RATIO         OF         COST         TO         CHARGES         FOR         NOI:         315514         Period: Fom         Porid: To         Norksheet C           Cost         Center         Description         Total         (from Wkst. B, Pt I, col. 18)         Total         (from Wkst. B, Pt I, col. 18)         Total         Charges         Ratio         (col. 1 divided by col. 2           40.00         04000         RADILLARY         SERVICE         COST         COST         0.000000         40.00           41.00         04000         RADILLARY SERVICE         COST         COST         0.000000         40.00           42.00         04000         RADILLARY SERVICE         0.000000         40.00         0.000000         42.00           43.00         04300         DYREN         23,288         122,537         0.190049         41.00           45.00         04500         CUPRTIONAL THERAPY         413,254         216,956         1.904783         44.00           46.00         04500         SPEECH PATHOLOGY         0         0         0         0.000000         43.00           48.00         04600         SPEECH PATHOLOGY         0         0         0         0.000000         47.00         0         <	Health Financial Systems EXCELCARE AT EGG	HARBOR		In Lie	u of Form CMS-	2540-10
Cost Center Description         Total (from Wtst. B, Pt I, col. 18)         Total Charges (from wtst. B, Pt I, col. 2)         Total Charges (from wtst. B, Pt I, col. 2)         Date/Time Prepared: 5/23/2023 9:52 am           ANCILLLARY SERVICE COST CENTERS         Total (from wtst. B, Pt I, col. 18)         Total Charges (from wtst. B, Pt I, col. 2)         Total Charges (from wtst. B, Pt I, col. 2)         Total Charges (from wtst. B, Pt I, col. 2)         Total (from wtst. B, Pt I, col. 2)           ANCILLARY SERVICE COST CENTERS         1.00         2.00         3.00           40.00         04000 [ABDIOLOGY         11,806         0         0.000000           41.00         04100 [ABORATORY         23,288         122,537         0.190049           41.00         04300 [AVGew (INHALATION) THERAPY         22,175         0         0.000000         42.00           43.00         04500 [CUPATIONAL THERAPY         413,254         216,956         1.904783         44.00           45.00         04600 [CLECTROCARDIOLOGY         104,044         112,280         0.926648         66.00           47.00         04000 [ELECTROCARDIOLOGY         0         0         0         0.000000         47.00           49.00         04500 [ELECTROCARDIOLOGY         0         0         0         0.000000         48.00         9.00         0.0000000	RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS	Provi der			Worksheet C	
Cost Center Description         Total (from Wkst. B, Pt I, col. 18)         Total Charges (ivided by col. 2)         Ratio (col. 1           40.00         04000 RADIOLOGY         1.00         2.00         3.00           41.00         04100 LABORATORY         23,288         122,537         0.100000         41.00           42.00         04200 INTRAVENOUS THERAPY         23,288         122,537         0.100000         42.00           43.00         04300 OXYGEN (INHALATION) THERAPY         22,175         0         0.000000         42.00           45.00         04600 SPEECH PATHOLOGY         1143,254         216,956         1.904783         44.00           45.00         04600 SPEECH PATHOLOGY         104,044         112,280         0.926648         46.00           46.00         04600 SPEECH PATHOLOGY         0         0         0.000000         47.00           47.00         04700 DRUGS CHARGED TO PATIENTS         67,126         0         0.000000         48.00           48.00         04900 DRUGS CHARGED TO PATIENTS         67,126         0         0.000000         48.00           50.00         05000 DENTAL CARE - TITLE XIX ONLY         0         0         0.000000         50.00           51.00         05100 DENTAL CARE - TITLE XIX ONLY					Date/Time Pre	pared <sup>.</sup>
Mkst. B, Pt I, col. 18)         di vi ded by col. 2           40.00         04000         RADI OLOGY         1.00         2.00         3.00           40.00         04000         RADI OLOGY         11,806         0         0.000000         40.00           41.00         04100         LABORATORY         23,288         122,537         0.190049         41.00           42.00         04200         INTRAVENOUS THERAPY         22,175         0         0.000000         43.00           44.00         04400         PHSI CAL THERAPY         413,254         216,956         1.904783         44.00           45.00         04500         0CUPATI ONAL THERAPY         413,254         216,956         1.904783         44.00           46.00         04500         SPECH PATHOLOGY         0         0.000000         45.00         0.4500         0.20441         112,280         0.926648         46.00           47.00         04700         ELCTROCARDI OLOGY         0         0         0.000000         47.00           48.00         04800         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         67,126         0         0.000000         48.00           50.00         05100         DUPATI ENT SURFACES         0         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
ANCI LLARY SERVICE COST CENTERS         col. 18)         col. 2           40.00         04000         RADI OLOGY         1.00         2.00         3.00           41.00         04000         RADI OLOGY         11,806         0         0.000000         40.00           41.00         04100         LABORATORY         23,288         122,537         0.190049         41.00           42.00         04200         INTRAVENOUS THERAPY         47,477         0         0.000000         43.00           43.00         04300         0X50E         (1 HALATI ON) THERAPY         22,175         0         0.000000         43.00           45.00         04500         OCCUPATI ONAL THERAPY         413,254         216,956         1.904783         44.00           45.00         04500         OCCUPATI ONAL THERAPY         484,393         237,808         2.036908         45.00           46.00         04600         SPECH PATHOLOGY         0         0         0.000000         47.00           48.00         04800         MEDI CAL SUPPLIES CHARGED TO PATI ENTS         67,126         0         0.000000         48.00           49.00         04900         DRUGS CHARGED TO PATI ENTS         0         0         0.000000 <td< td=""><td>Cost Center Description</td><td></td><td></td><td></td><td></td><td></td></td<>	Cost Center Description					
I. 00         2. 00         3. 00           ANCI LLARY SERVICE COST CENTERS         11, 806         0         0.00000         40. 00           40. 00         04100         LABORATORY         11, 806         0         0.000000         40. 00           42. 00         04200         INTRAVENOUS THERAPY         23, 288         122, 537         0. 190049         41. 00           43. 00         04300         OXYGEN (I NHALATI ON) THERAPY         47, 477         0         0.000000         43. 00           44. 00         04400         PHYSI CAL THERAPY         22, 175         0         0.000000         43. 00           45. 00         04500         OCCUPATI ONAL THERAPY         413, 254         216, 956         1. 904783         44. 00           46. 00         04600         SPEECH PATHOLOGY         104, 044         112, 280         0. 926648         46. 00           47. 00         04700         ELECTROCARDI OLOGY         0         0         0.000000         48. 00           48. 00         04800         MEDI CAL SUPPLIES CHARGED TO PATI ENTS         67, 126         0         0.000000         48. 00           50. 00         05000         DENTAL CARE - TI TLE XIX ONLY         0         0         0.0000000         50.				r		
ANCI LLARY SERVICE COST CENTERS           40.00         04000 RADI OLOGY         11, 806         0         0.000000         40.00           41.00         04100 LABORATORY         23, 288         122, 537         0.190049         41.00           42.00         04200 I NTRAVENOUS THERAPY         47, 477         0         0.000000         42.00           43.00         04300 OXYGEN (I NHALATI ON) THERAPY         22, 175         0         0.000000         43.00           44.00         04400 PHYSI CAL THERAPY         413, 254         216, 956         1.904783         44.00           45.00         04500 OCCUPATI ONAL THERAPY         484, 393         237, 808         2.036908         45.00           46.00         04600 SPEECH PATHOLOGY         0         0         0.000000         47.00           47.00         04700 ELECTROCARDI OLOGY         0         0         0.000000         48.00           49.00         04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         67, 126         0         0.000000         48.00           50.00         05000 DENTAL CARE - TI TLE XI X ONLY         0         0         0.000000         50.00         50.00         50.00         50.00         51.00         0.0000000         51.00         0.0000000			· · · · · · · · · · · · · · · · · · ·			
40.00       04000       RADI OLOGY       11, 806       0       0.000000       40.00         41.00       04100       LABORATORY       23, 288       122, 537       0.190049       41.00         42.00       04200       INTRAVENOUS THERAPY       47, 477       0       0.000000       42.00         43.00       04300       0XYGEN (I NHALATI ON) THERAPY       22, 175       0.000000       43.00         44.00       04400       PHYSI CAL THERAPY       413, 254       216, 956       1.904783       44.00         45.00       04500       OCCUPATI ONAL THERAPY       484, 393       237, 808       2.036908       45.00         46.00       04600       SPEECH PATHOLOGY       104, 044       112, 280       0.926648       46.00         47.00       04700       ELECTROCARDI OLOGY       0       0.000000       47.00         48.00       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       67, 126       0       0.000000       48.00         49.00       04900       DRUGS CHARGED TO PATI ENTS       303, 512       75, 259       4.032900       49.00         51.00       05100       SUPPORT SURFACES       0       0       0.000000       50.00         0       05100       SUP			1.00	2.00	3.00	
41.00       04100       LABORATORY       23,288       122,537       0.190049       41.00         42.00       04200       INTRAVENOUS THERAPY       47,477       0       0.000000       42.00         43.00       04300       OXYGEN (1NHALATION) THERAPY       22,175       0       0.000000       43.00         44.00       04400       PHYSI CAL THERAPY       413,254       216,956       1.904783       44.00         45.00       04500       OCUPATI ONAL THERAPY       413,254       216,956       1.904783       45.00         46.00       04600       SPECH PATHOLOGY       484,393       237,808       2.036908       45.00         47.00       04700       ELECTROCARDI OLOGY       0       0       0.000000       47.00         48.00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       67,126       0       0.000000       48.00         49.00       04900       DRUGS CHARGED TO PATI ENTS       303,512       75,259       4.032900       49.00         50.00       05000 DENTAL CARE - TI TLE XI X ONLY       0       0       0.000000       50.00       51.00         51.00       05000 DENTAL CARE - TI TLE XI X ONLY       0       0       0.000000       51.00       51.			11.00	(	0,000000	10.00
42.00       04200       INTRAVENOUS THERAPY       47,477       0       0.000000       42.00         43.00       04300       0XYGEN (INHALATION) THERAPY       22,175       0       0.000000       43.00         44.00       04400       PHYSI CAL THERAPY       413,254       216,956       1.904783       44.00         45.00       04500       OCCUPATIONAL THERAPY       484,393       237,808       2.036908       45.00         46.00       04600       SPEECH PATHOLOGY       104,044       112,280       0.92648       46.00         47.00       04700       ELECTROCARDIOLOGY       0       0       0.000000       48.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       67,126       0       0.000000       48.00         49.00       04900       DRUGS CHARGED TO PATIENTS       303,512       75,259       4.032900       49.00         50.00       05000       DENTAL CARE - TITLE XI X ONLY       0       0       0.000000       51.00         05100       SUPPORT SURFACES       0       0       0.000000       51.00       0.000000       51.00         0       06000       CLI NI C       0       0       0.0000000       61.00       61.00						
43.00       04300       OXYGEN (INHALATION) THERAPY       22,175       0       0.000000       43.00         44.00       04400       PHYSI CAL THERAPY       413,254       216,956       1.904783       44.00         45.00       04500       OCCUPATIONAL THERAPY       484,393       237,808       2.036908       45.00         46.00       04600       SPEECH PATHOLOGY       104,044       112,280       0.926648       46.00         47.00       04700       ELECTROCARDIOLOGY       0       0       0.000000       48.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       67,126       0       0.000000       48.00         9.00       04900       DRUGS CHARGED TO PATIENTS       303,512       75,259       4.032900       49.00         50.00       05000       DENTAL CARE - TITLE XIX ONLY       0       0       0.000000       51.00         05100       SUPPORT SURFACES       0       0       0.000000       51.00       0       0.000000       61.00         0       06000       CLINIC       0       0       0.000000       51.00       61.00       61.00       61.00         0       06000       GUINAL       HEALTH CLINIC       4						
44.00       04400       PHYSI CAL THERAPY       413, 254       216, 956       1.904783       44.00         45.00       04500       OCCUPATI ONAL THERAPY       484, 393       237, 808       2.036908       45.00         46.00       04600       SPEECH PATHOLOGY       104, 044       112, 280       0.926648       46.00         47.00       04700       ELECTROCARDI OLOGY       0       0       0.000000       47.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       67, 126       0       0.000000       48.00         9.00       04900       DRUGS CHARGED TO PATI ENTS       303, 512       75, 259       4.032900       49.00         50.00       05000       DENTAL CARE - TI TLE XI X ONLY       0       0       0.000000       50.00         51.00       05100       SUPPORT SURFACES       0       0       0.000000       51.00         00TPATI ENT SERVICE COST CENTERS						
45.00       04500       OCCUPATI ONAL THERAPY       484, 393       237, 808       2.036908       45.00         46.00       04600       SPEECH PATHOLOGY       104, 044       112, 280       0.926648       46.00         47.00       04700       ELECTROCARDI OLOGY       0       0       0.000000       47.00         48.00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       67, 126       0       0.000000       48.00         49.00       04900       DRUGS CHARGED TO PATI ENTS       67, 126       0       0.000000       48.00         50.00       05000       DENTAL CARE - TI TLE XI X ONLY       0       0       0.000000       50.00       50.00         51.00       05100       SUPPORT SURFACES       0       0       0.000000       51.00       51.00       0       0.000000       51.00         0       0       0       0       0       0.000000       60.00       61.00       61.00       61.00       61.00       61.00       61.00       62.00       62.00       71.00       0       0.000000       71.00       71.00       0.000000       71.00       71.00       0.000000       71.00       71.00       0.000000       71.00       71.00       0.000000						
46.00       04600       SPEECH PATHOLOGY       104,044       112,280       0.926648       46.00         47.00       04700       ELECTROCARDIOLOGY       0       0       0.000000       47.00         48.00       04800       MEDICAL SUPPLIES CHARGED TO PATIENTS       67,126       0       0.000000       48.00         49.00       04900       DRUGS CHARGED TO PATIENTS       303,512       75,259       4.032900       49.00         50.00       05000       DENTAL CARE - TITLE XIX ONLY       0       0       0.000000       50.00         51.00       05100       SUPPORT SURFACES       0       0       0.000000       51.00         0       00000       CLINIC       0       0       0.000000       60.00         61.00       06000       CLINIC       0       0       0.000000       61.00         62.00       06200       FOHC       46,543       0       0.000000       71.00						
47. 00       04700       ELECTROCARDI OLOGY       0       0.000000       47. 00         48. 00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       67, 126       0       0.000000       48. 00         49. 00       04900       DRUGS CHARGED TO PATI ENTS       303, 512       75, 259       4. 032900       49. 00         50. 00       05000       DENTAL CARE - TITLE XIX ONLY       0       0       0.000000       50. 00         51. 00       05100       SUPPORT SURFACES       0       0       0.000000       50. 00         60. 00       06000       CLI NI C       0       0       0.000000       60. 00         61. 00       06100       RURAL HEALTH CLI NI C       61. 00       62. 00       62. 00       61. 00         62. 00       07100       AMBULANCE       46, 543       0       0.000000       71. 00						
48.00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       67, 126       0       0.000000       48.00         49.00       04900       DRUGS CHARGED TO PATI ENTS       303, 512       75, 259       4.032900       49.00         50.00       05000       DENTAL CARE - TITLE XIX ONLY       0       0       0.000000       50.00         51.00       05100       SUPPORT SURFACES       0       0       0.000000       51.00         0UTPATI ENT SERVICE COST CENTERS       0       0       0.000000       51.00         0       06000       CLINIC       0       0.000000       60.00         61.00       06100       RURAL HEALTH CLINIC       61.00       62.00       62.00         62.00       071.00       07100       AMBULANCE       46, 543       0       0.000000       71.00			104, 04	0 0		
49.00       04900       DRUGS CHARGED TO PATIENTS       303, 512       75, 259       4.032900       49.00         50.00       05000       DENTAL CARE - TITLE XIX ONLY       0       0       0.000000       50.00         51.00       05100       SUPPORT SURFACES       0       0       0.000000       51.00         00TPATIENT SERVICE COST CENTERS       0       0       0.000000       61.00       61.00       61.00       61.00         60.00       06200       FOHC       46,543       0       0.000000       61.00			67 12	6 0		
50.00         05000         DENTAL CARE - TITLE XIX ONLY         0         0.000000         50.00         50.00         51.00         0.000000         51.00         0.000000         51.00         51.00         0.000000         51.00         51.00         0.000000         51.00						•
51.00         05100         SUPPORT SURFACES         0         0.000000         51.00           0UTPATI ENT SERVICE COST CENTERS         0         0         0.000000         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         61.00         62.00         61.00         62.00         62.00         62.00         71.00         07100         AMBULANCE         46,543         0         0.000000         71.00			000701	0 0		•
OUTPATI ENT_SERVICE_COST_CENTERS           60. 00         06000         CLINIC         0         0.000000         60.000           61. 00         06100         RURAL_HEALTH_CLINIC         61.00         61.00         62.00           62. 00         06200         FQHC         46,543         0         0.000000         71.00				0 0		•
61.00       RURAL HEALTH CLINIC       61.00         62.00       6200       FOHC       62.00         71.00       07100       AMBULANCE       46,543       0       0.000000       71.00			1			
62.00         06200         F0HC         62.00           71.00         07100         AMBULANCE         46,543         0         0.000000         71.00	60. 00 06000 CLINIC			0 0	0.000000	60.00
71. 00 07100 AMBULANCE 46, 543 0 0. 000000 71. 00	61.00 06100 RURAL HEALTH CLINIC					61.00
	62. 00 06200 FQHC					62.00
100. 00   Total 1, 523, 618 764, 840 100. 00	71. 00 07100 AMBULANCE		46, 54	3 0	0.000000	71.00
	100. 00   Total		1, 523, 61	8 764, 840		100. 00

Health Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	u of Form CMS-:	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der	No.: 315514	Peri od:	Worksheet D	
				From 12/27/2021		
				To 12/31/2022	Date/Time Pre 5/23/2023 9:5	
		Title	XVIII (1)	Skilled Nursing	PPS	2 0111
		1110		Facility	110	
		Heal th Care Pr	rogram Charge		Program Cost	
			0 0		0	
	Ratio of Cost	Part A	Part B	Part A (col. 1		
	to Charges			x col. 2)	x col. 3)	
	(Fr. Wkst. C					
	Column 3)					
	1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPAT	TENT COST					-
ANCI LLARY SERVI CE COST CENTERS	0.000000		[		0	40.00
40.00 04000 RADI OLOGY	0.000000	0		0 0	0	10100
41.00 04100 LABORATORY	0. 190049	286		0 54	0	1 11 00
42.00 04200 I NTRAVENOUS THERAPY	0.000000	0		0 0	0	
43.00 04300 OXYGEN (INHALATION) THERAPY	0.000000	0		0 0	0	
44.00 04400 PHYSI CAL THERAPY	1. 904783	184, 170		0 350, 804	0	44.00
45.00 04500 OCCUPATI ONAL THERAPY	2.036908	207, 192		0 422, 031	0	45.00
46.00 04600 SPEECH PATHOLOGY	0. 926648	104, 599		0 96, 926	0	46.00
47.00 04700 ELECTROCARDI OLOGY	0. 000000	0		0 0	0	47.00
48.00 04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0. 000000	0		0 0	0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	4.032900	0		0 0	0	1 1 1 0 0
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0. 000000	0		0		50.00
51.00 05100 SUPPORT SURFACES	0. 000000	0		0 0	0	51.00
OUTPATIENT SERVICE COST CENTERS	1					
60. 00 06000 CLINIC	0. 000000	0		0 0	0	
61.00 06100 RURAL HEALTH CLINIC						61.00
62.00 06200 FQHC						62.00
71.00 07100 AMBULANCE (2)	0. 000000			0	0	
100.00   Total (Sum of lines 40 - 71)		496, 247		0 869, 815	0	100.00

(1) For title V and XIX use columns 1, 2, and 4 only.

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

Health Financial Systems	EXCELCARE AT	EGG HARBOR		In Lie	u of Form CMS-:	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der	No.: 315514	Period: From 12/27/2021 To 12/31/2022	Worksheet D Parts II-III Date/Time Pre 5/23/2023 9:5	pared: 2 am
		Ti tl	e XVIII	Skilled Nursing Facility	PPS	
Cost Center Description					1.00	
PART II - APPORTIONMENT OF VACCINE COST						
1.00Drugs charged to patients - ratio of co2.00Program vaccine charges (From your reco			t C, column 3	, line 49)	4. 032900 0	1.00 2.00
3.00 Program costs (Line 1 x line 2) (Title E, Part I, line 18)	XVIII, PPS prov			t to Worksheet	0	3.00
Cost Center Description	Total Cost	Nursing &	Ratio of	Program Part A		
	(From Wkst. B,			Cost (From	& Allied	
		(From Wkst. B,			Heal th Costs	
	18		Costs to Tota		for Pass	
		14)	Costs - Part		Through (Col.	
			(Col. 2 / Col 1)	•	3 x Col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS	FOR NURSING &	ALLI ED HEALTH				
ANCI LLARY SERVI CE COST CENTERS						
40. 00 04000 RADI OLOGY	11, 806	C	0.0000	0 0	0	40.00
41. 00 04100 LABORATORY	23, 288	C	0.0000		0	41.00
42.00 04200 INTRAVENOUS THERAPY	47, 477	C	0.0000	0 0	0	42.00
43.00 04300 OXYGEN (INHALATION) THERAPY	22, 175	C	0.0000		0	43.00
44. 00 04400 PHYSI CAL THERAPY	413, 254	C	0.0000		0	44.00
45. 00 04500 OCCUPATI ONAL THERAPY	484, 393	C	0.0000		0	45.00
46.00 04600 SPEECH PATHOLOGY	104, 044	C	0.0000	96, 926	0	46.00
47.00 04700 ELECTROCARDI OLOGY	0	C	0.0000		0	47.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	67, 126		0.0000		0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	303, 512	C	0.0000		0	49.00
50.00 05000 DENTAL CARE - TITLE XIX ONLY	0	C	0.0000		0	50.00
51.00 05100 SUPPORT SURFACES	0	C	0.0000		0	51.00
100.00   Total (Sum of lines 40 - 52)	1, 477, 075	C		869, 815	0	100.00

	Financial Systems EXCE ATION OF INPATIENT ROUTINE COSTS	Provi der No.: 315514	Period: From 12/27/2021 To 12/31/2022	Worksheet D-1 Parts I-II Date/Time Pre 5/23/2023 9:5	pared
		Title XVIII	Skilled Nursing Facility	PPS	
				1.00	
	PART I CALCULATION OF INPATIENT ROUTINE COSTS			1.00	
	INPATIENT DAYS				1
. 00	Inpatient days including private room days			30, 452	1.C
. 00	Private room days			0	2.0
. 00	Inpatient days including private room days applica	ble to the Program		5, 916	3.0
. 00	Medically necessary private room days applicable t	o the Program		0	4.0
. 00	Total general inpatient routine service cost			9, 201, 200	5.0
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
. 00	General inpatient routine service charges			11, 328, 940	
. 00	General inpatient routine service cost/charge rati	o (Line 5 divided by line 6)		0. 812185	
. 00	Enter private room charges from your records			0	
. 00	Average private room per diem charge (Private room 2)	room days, line	0.00	9.	
0. 00	Enter semi-private room charges from your records			0	10.
1.00	Average semi-private room per diem charge (Semi-p semi-private room days)	rivate room charges line 10, divide	d by	0.00	11.
2.00	Average per diem private room charge differential	(Line 9 minus line 11)		0.00	12.
3. 00	Average per diem private room cost differential (L	ine 7 times line 12)		0.00	13.
4.00	Private room cost differential adjustment (Line 2	times line 13)		0	14.
5.00	General inpatient routine service cost net of priv PROGRAM INPATIENT ROUTINE SERVICE COSTS	rate room cost differential (Line 5	minus line 14)	9, 201, 200	15.
6.00	Adjusted general inpatient service cost per diem (	line 15 divided by line 1)		302, 15	16
	Program routine service cost (Line 3 times line 1			1, 787, 519	
	Medically necessary private room cost applicable t			0	1
	Total program general inpatient routine service co			1, 787, 519	19.
0. 00	Capital related cost allocated to inpatient routin line 30 for SNF; line 31 for NF, or line 32 for IC		t II column 18,	1, 770, 987	20.
. 00	Per diem capital related costs (Line 20 divided b			58.16	21.
	Program capital related cost (Line 3 times line 2			344, 075	22.
. 00	Inpatient routine service cost (Line 19 minus lin	e 22)		1, 443, 444	23.
. 00	Aggregate charges to beneficiaries for excess cost	s (From provider records)		0	24.
. 00	Total program routine service costs for comparison	to the cost limitation (Line 23 mi	nus line 24)	1, 443, 444	25.
	Enter the per diem limitation (1)				26.
	Inpatient routine service cost limitation (Line 3				27.
3. 00	Reimbursable inpatient routine service costs (Line		line 27)		28.
8.00	(Transfer to Worksheet E, Part II, line 4) (See in		ŕ		

		1.00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	30, 452	1.00
2.00	Program inpatient days (see instructions)	5, 916	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. 194273	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

Т

	Financial Systems EXCELCARE AT			u of Form CMS-2	2540-1
ALCULA	ATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII	Provi der No.: 315514	Period: From 12/27/2021 To 12/31/2022	Worksheet E Part I Date/Time Prep 5/23/2023 9:52	
		Title XVIII	Skilled Nursing	PPS	
			Facility		
			-	1.00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIM	DUDSEMENT		1.00	
	Inpatient PPS amount (See Instructions)	DURSEMENT		3, 700, 613	1.0
	Nursing and Allied Health Education Activities (pass throug	h navments)		3, 700, 013	2.0
	Subtotal (Sum of Lines 1 and 2)	in payments)		3, 700, 613	3.0
	Primary payor amounts			51, 840	4.0
	Coinsurance			574, 164	5.0
	Allowable bad debts (From your records)			231, 678	6.0
	Allowable Bad debts for dual eligible beneficiaries (See in	structions)		22, 631	7.0
	Adjusted reimbursable bad debts. (See instructions)			150, 591	8.0
	Recovery of bad debts - for statistical records only			0	9.0
	Utilization review			0	10.0
	Subtotal (See instructions)			3, 225, 200	
	Interim payments (See instructions)			3, 026, 967	12.0
	Tentati ve adjustment			0,020,707	13.0
	OTHER adjustment (See instructions)			0	14. (
	Demonstration payment adjustment amount before sequestratio	in		0	14.5
	Demonstration payment adjustment amount after sequestration			0	14.5
	Sequestration for non-claims based amounts (see instruction			1.867	
	Sequestration amount (see instructions)			47,642	
	Balance due provider/program (see Instructions)			148, 724	
	Protested amounts (Nonallowable cost report items in accord	ance with CMS Pub. 15-2. s	ection 115.2)	0	
	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LES				
-	Ancillary services Part B			0	17.0
	Vaccine cost (From Wkst D, Part II, line 3)			0	18.0
. 00	Total reasonable costs (Sum of lines 17 and 18)			0	19. (
. 00	Medicare Part B ancillary charges (See instructions)			0	20.0
	Cost of covered services (Lesser of line 19 or line 20)			0	21. (
. 00	Primary payor amounts			0	22. (
. 00	Coinsurance and deductibles			0	23.0
. 00	Allowable bad debts (From your records)			0	24.0
. 01	Allowable Bad debts for dual eligible beneficiaries (see in	structions)		0	24.0
. 02	Adjusted reimbursable bad debts (see instructions)			0	24.0
. 00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)			0	25.0
. 00	Interim payments (See instructions)			0	26.0
. 00	Tentati ve adjustment			0	27.0
. 00	Other Adjustments (See instructions) Specify			0	28.0
. 50	Demonstration payment adjustment amount before sequestratio	in		0	28.5
8.55	Demonstration payment adjustment amount after sequestration	L		0	28.5
3. 99	Sequestration amount (see instructions)			0	28.9
9.00	Balance due provider/program (see instructions)			0	29. C
1 00	Protested amounts (Nonallowable cost report items) in accor	dance with CMS Pub.15-2, s	ection 115.2	0	30.0

ALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi der	No.: 315514	Period: From 12/27/202 To 12/31/202		epared
		Ti tl	e XVIII	Skilled Nursin Facility		<u>52 an</u>
		Inpatien	it Part A		art B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero List separately each retroactive lump sum adjustment		3, 026, 9	0	C	
	amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					
01	ADJUSTMENTS TO PROVIDER			0	0	) 3.
02				0	C	
03				0		
04 05				0		
00	Provider to Program		1	0		- J.
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	) 3.
52				0	0	
53				0	0	
54 99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50			0 0		
~~	- 3.98)		2 02/ 0			
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)		3, 026, 9	/6 /	C	0 4
	TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
	Program to Provider		1			
)1	TENTATI VE TO PROVIDER			0	0	
)2 )3				0		
,0	Provider to Program		1			4 3
50	TENTATI VE TO PROGRAM			0	0	5 5
51				0	0	
52				0	0	
99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)			0	C	) 5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
01	PROGRAM TO PROVIDER		148, 7	24	0	6
)2	PROVI DER TO PROGRAM			0		
00	Total Medicare program liability (see instructions)		3, 175, 6	91	C	
			Contr	actor Name	Contractor	
				1 00	Number	
				1.00	2.00	8

 8.00
 Name of Contractor

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

	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the "General Fund" column	Provi der	No.: 315514	Period: From 12/27/2021 To 12/31/2022	Worksheet G Date/Time Pre 5/23/2023 9:5	
		General Fund	Speci fi c	Endowment Fund		
		1.00	Purpose Fund 2.00	3.00	4.00	
	Assets	•	•			
0	CURRENT ASSETS	107 242		0 0	0	1
0 0	Cash on hand and in banks Temporary investments	107, 342		0 0 0 0	0	
0	Notes receivable	0		0 0	0	
0	Accounts receivable	3, 105, 508		0 0	0	4
0	Other receivables	0		0 0	0	
0	Less: allowances for uncollectible notes and accounts	-113, 757		0 0	0	6
0	recei vabl e Inventory	0		0	0	7
0	Prepai d expenses	267, 933		0 0	0	
0	Other current assets	48, 697		0 0	0	9
00	Due from other funds	0		0 0	0	10
00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	3, 415, 723		0 0	0	11
00	FI XED ASSETS Land	0		0 0	0	12
00	Land improvements			0 0	0	
00	Less: Accumulated depreciation	0		0 0	0	
00	Buildings	19, 730		0 0	0	
00	Less Accumulated depreciation	-658		0 0	0	
00	Leasehold improvements	0		0 0	0	
00 00	Less: Accumulated Amortization Fixed equipment	0		0 0	0	
00	Less: Accumulated depreciation			0 0	0	
00	Automobiles and trucks	0		0 0	0	
00	Less: Accumulated depreciation	0		0 0	0	
00	Major movable equipment	9, 686		0 0	0	23
00	Less: Accumulated depreciation	-969		0 0	0	
00	Minor equipment - Depreciable	0		0 0	0	
00 00	Minor equipment nondepreciable Other fixed assets	0		0 0 0 0	0	
00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	27, 789		0 0	0	
00	OTHER ASSETS	27,707		0 0	0	20
00	Investments	0		0 0	0	29
00	Deposits on leases	19, 350		0 0	0	
00	Due from owners/officers	-982, 397		0 0	0	
00 00	Other assets TOTAL OTHER ASSETS (Sum of lines 29 - 32)	-963, 047		0 0 0 0	0	
00	TOTAL ASSETS (Sum of Lines 11, 28, and 33)	2, 480, 465		0 0	0	
	Liabilities and Fund Balances		I			
	CURRENT LIABILITIES	1				
00	Accounts payable	1, 694, 803		0 0	0	
00 00	Salaries, wages, and fees payable	213, 230		0 0	0	
	Payroll taxes payable Notes & loans payable (Short term)	66, 110 -257, 016		0 0	0	
00	Deferred income	67, 888		0 0	0	
00	Accelerated payments	0				40
00	Due to other funds	0		0 0	0	
00	Other current liabilities	0		0 0	0	
00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1, 785, 015		0 0	0	43
00	LONG TERM LIABILITIES Mortgage payable	0		0 0	0	44
00	Notes payable	0		0 0	0	
00	Unsecured Loans	0		0 0	0	
00	Loans from owners:	0		0 0	0	
00	Other long term liabilities	-54, 233		0 0	0	
00	OTHER (SPECIFY)	0		0 0	0	
00 00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49 TOTAL LIABILITIES (Sum of lines 43 and 50)	-54, 233		0 0	0	
00	CAPITAL ACCOUNTS	1,750,702	l	0 0	0	1 5
00	General fund balance	749, 683				52
00	Specific purpose fund			0		53
00	Donor created - endowment fund balance - restricted			0		54
00	Donor created - endowment fund balance - unrestricted			0		55
00 00	Governing body created - endowment fund balance			0	0	56
00	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	
00	replacement, and expansion				0	
		740 (02	1		0	59
00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	749, 683		0 0	0	1 33

Heal th	Financial Systems	EXCELCARE AT E	EGG HARBOR		In L	ieu of Form CMS-	2540-10
STATEMENT OF CHANGES IN FUND BALANCES				No.: 315514	Period: From 12/27/202 To 12/31/202	Worksheet G-1	pared:
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments) ADDITIONS Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) ROUNDING Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance	1.00 659,031 0 0 0 0 1 1 0 0 0 0 0	2.00 90, 653 90, 653 659, 031 749, 684 1 749, 683		4.00 0 0 0 0 0 0 0 0 0 0 0 0 0		7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00
	sheet (Line 11 - line 18)	Endowment Fund	Pl ant	Fund			
		6.00	7.00	8.00			
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments) ADDITIONS Total additions (sum of line 5 - 9)	0	0 0 0 0 0		0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00	Subtotal (line 3 plus line 10) Deductions (debit adjustments) ROUNDING Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance sheet (Line 11 - line 18)	0 0 0	0 0 0 0 0		0 0 0		11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00

Heal th	Financial Systems EXCELCARE AT EGG	HARBOR			In Lie	u of Form CMS-2	2540-10
	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der	No.: 315514		d: 12/27/2021 12/31/2022	Worksheet G-2 Parts I-II Date/Time Pre 5/23/2023 9:5	pared:
	Cost Center Description		Inpati ent	00	itpati ent	Total	
	·		1.00		2.00	3.00	
	PART I – PATIENT REVENUES						
	General Inpatient Routine Care Services						
1.00	SKILLED NURSING FACILITY		11, 328, 9	40		11, 328, 940	1.00
2.00	NURSING FACILITY			0		0	2.00
3.00	ICF/IID			0		0	3.00
4.00	OTHER LONG TERM CARE			0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)		11, 328, 9	40		11, 328, 940	5.00
	All Other Care Services						
6.00	ANCI LLARY SERVI CES		764, 8	41	0	764, 841	6.00
7.00	CLINIC				0	0	7.00
8.00	HOME HEALTH AGENCY COST				0	0	8.00
9.00	AMBULANCE				0	0	9.00
10.00	RURAL HEALTH CLINIC				0	0	10.00
10. 10	FQHC				0	0	10. 10
11.00	СМНС				0	0	11.00
12.00	HOSPI CE			0	0	0	12.00
13.00	OTHER (SPECIFY)			0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 Worksheet G-3, Line 1)	to	12, 093, 7	81	0	12, 093, 781	14.00
	Cost Center Description		•				
					1.00	2.00	
-	PART II - OPERATING EXPENSES						
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)					11, 399, 582	1.00
2.00	Add (Specify)				0		2.00
3.00					0		3.00
4.00					0		4.00
5.00					0		5.00
6.00					0		6.00
7.00					0		7.00
8.00	Total Additions (Sum of lines 2 - 7)					0	8.00
9.00	Deduct (Specify)				0		9.00
10.00					0		10.00
11.00					0		11.00
12.00					0		12.00
13.00					0		13.00
	Total Deductions (Sum of lines 9 - 13)				0	0	
	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)					11, 399, 582	
				I	,	,, 002	

Heal th	Financial Systems	EXCELCARE AT EGG	HARBOR	In Lie	u of Form CMS-2	2540-10
STATEM	MENT OF PATIENT REVENUES AND OPERATING EXPENSE	S	Provider No.: 315514	Peri od:	Worksheet G-3	
				From 12/27/2021		
				To 12/31/2022	Date/Time Prep 5/23/2023 9:52	
					072072020 7.02	
					1.00	
1.00	Total patient revenues (From Wkst. G-2, Part	t I, col. 3, line 1	4)		12, 093, 781	1.00
2.00	Less: contractual allowances and discounts or	n patients accounts			612, 619	2.00
3.00	Net patient revenues (Line 1 minus line 2)				11, 481, 162	3.00
4.00	Less: total operating expenses (From Workshee	et G-2, Part II, li	ne 15)		11, 399, 582	4.00
5.00	Net income from service to patients (Line 3 m	ninus 4)			81, 580	5.00
	Other income:					
6.00	Contributions, donations, bequests, etc				0	6.00
7.00	Income from investments				2, 989	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 di scounts				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 gues	sts			0	14.00
15.00	Revenue from rental of living quarters				0	15.00
16.00	Revenue from sale of medical and surgical sup		n patients		0	16.00
17.00	Revenue from sale of drugs to other than pati				0	17.00
18.00	Revenue from sale of medical records and abst				0	18.00
19.00					0	19.00
20.00		nteen			0	20.00
21.00	Rental of vending machines				0	21.00
22.00	Rental of skilled nursing space				0	22.00
23.00	Governmental appropriations				0	23.00
24.00	NON PATIENT REVENUE				6, 084	24.00
24.50	COVI D-19 PHE Fundi ng				0	24.50
25.00	Total other income (Sum of lines 6 - 24)				9, 073	25.00
26.00	Total (Line 5 plus line 25)				90, 653	26.00
27.00	Other expenses (specify)				0	27.00
28.00					0	28.00
29.00					0	29.00
30.00					0	30.00
31.00	Net income (or loss) for the period (Line 26	minus line 30)			90, 653	31.00

#### Egg Harbor Care & Rehabilitatio DBA Excel Care at Egg Harbor BALANCE SHEET December 31, 2022

# ASSETS

Cash Accounts Receivable (Net) Prepaid Expenses	\$	139,492 2,991,750 267,933		
TOTAL CURRENT ASSETS			\$	3,399,175
FIXED ASSETS:				
Leasehold Improvements Furniture & Equipment	_	19,730 <u>9,686</u> 29,416		
Less: Accum. Depreciation & Amortization	_	1,626		
TOTAL FIXED ASSETS				27,790
OTHER ASSETS:				
Security Deposits Patients' Trust Fund	_	19,350 16,547		
TOTAL OTHER ASSETS			_	35,897
TOTAL ASSETS			\$	3,462,862

### Egg Harbor Care & Rehabilitatio DBA Excel Care at Egg Harbor BALANCE SHEET December 31, 2022

# LIABILITIES & EQUITY

## CURRENT LIABILITIES:

Notes & Loans Payable Accounts Payable Accrued Payroll Accrued Expenses & Taxes Other Payables Exchanges Due To Third Party Payors Loans Payable - Related Parties	(257,016) 1,377,535 213,230 309,594 666,531 60,167 66,110 982,397		
TOTAL CURRENT LIABILITIES		\$	3,418,548
LONG TERM LIABILITIES:			
Medicare Accelerated Payments Patients' Trust Fund Payable	(46,512) 7,674		
TOTAL LONG TERM LIABILITIES	-		(38,838)
MEMBERS' EQUITY		_	83,152
TOTAL LIABILITIES & MEMBERS' EQUITY		\$	3,462,862

### Egg Harbor Care & Rehabilitatio DBA Excel Care at Egg Harbor STATEMENT OF OPERATIONS For the year ended December 31, 2022

TOTAL REVENUE FROM PATIENTS:		\$	11,367,405
OPERATING EXPENSES:			
Payroll	\$ 4,130,892		
Employee Benefits	657,547		
Professional Care	1,982,530		
Dietary & Housekeeping	493,302		
Plant & Maintenance	2,199,748		
General & Administrative	 1,829,307		
TOTAL OPERATING EXPENSES			11,293,326
INCOME FROM OPERATIONS			74,079
OTHER INCOME			9,073
NET INCOME		\$	83,152

## Egg Harbor Care & Rehabilitatio DBA Excel Care at Egg Harbor STATEMENT OF MEMBERS' EQUITY For the year ended December 31, 2022

## MEMBERS' EQUITY:

Balance as of Beginning of Period	\$ -
Net Income for the Period	 83,152
TOTAL MEMBERS' EQUITY - END OF PERIOD	\$ 83,152

#### Egg Harbor Care & Rehabilitatio DBA Excel Care at Egg Harbor STATEMENT OF CASH FLOWS For the year ended December 31, 2022

#### CASH FLOWS FROM OPERATING ACTIVITIES: NET INCOME: \$ 83,152 Adjustments to reconcile Net Income to Net Cash Provided by Operating Activities: **Depreciation & Amortization** 1,626 **Bad Debt Provision** 113,757 (INCREASE) DECREASE IN: Accounts Receivable \$ (3, 105, 507)Prepaid Expenses (267, 933)**INCREASE (DECREASE) IN:** Accounts Payable 1,377,535 Accrued Payroll & Withholding Taxes 213,230 Accrued Expenses & Taxes 309,594 Other Payables 666,531 Medicare Advance Payments (46, 512)Due to Third Party Payors 66,110 Exchanges 60,166 TOTAL ADJUSTMENTS (726, 786)NET CASH USED IN OPERATING ACTIVITIES (528, 251)CASH FLOWS FROM INVESTING ACTIVITIES: Capital Expenditures (29, 415)Other Assets (35, 897)NET CASH USED IN INVESTING ACTIVITIES (65, 312)CASH FLOWS FROM FINANCING ACTIVITIES Decrease In Short-Term Debt (257,016)Other Liabilities 7,674 Loans Payable - Related Parties 982,397 NET CASH PROVIDED BY FINANCING ACTIVITIES 733,055 NET CHANGE IN CASH 139,492 **CASH - BEGINNING OF PERIOD CASH - END OF PERIOD** 139,492 \$