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

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

| MOHAWK MEADOWS       | Period:          | Run Date Time: | 5/13/2025 2:15 pm |
|----------------------|------------------|----------------|-------------------|
|                      | From: 02/01/2024 | MCRIF32        | 2540-10           |
| Provider CCN: 315044 | To: 12/31/2024   | Version:       | 10.23.179.0       |
|                      |                  |                |                   |



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

Worksheet S Parts I, II & III

|               |  |  | <u> </u>  |
|---------------|--|--|---|
| PART I - COST | REPORT STATUS  |  |   |
| Provider      | 1. [ X ] Electronically prepared cost report   | Date:                                    | Time:   |
| use only      | 2. [ ] Manually prepared cost report   |  |   |
|               | 3. [ 0 ] If this is an amended report enter the number of times the provider resubmitted th  | is cost report.                          |   |
|               | 3.01. [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no.  |  |   |
| Contractor    | 4. [ 1 ] Cost Report Status  | 6. Contractor No.:                       |   |
| use only:     | (1) As Submitted   | 7. [ ] First Cost Report for this Pro    | ovider CCN  |
|               | (2) Settled without audit  | 8. Last Cost Report for this Pro         | vider CCN   |
|               | (3) Settled with audit   | 9. NPR Date:                             |   |
|               | (4) Reopened   | 10. If line 4, column 1 is "4": Enter nu | umber of times reopened 0                             |
|               | (5) Amended  | 11. Contractor Vendor Code: 4            | 1   |
|               | 5. Date Received:  | 12. [ F ] Medicare Utilization. Enter    | "F" for full, "L" for low, or "N" for no utilization. |
| DIRECT CERT   | TITLE AND ALL OF COLUMN TO THE COLUMN AND ADDRESS OF A DATE OF A D |  |   |

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOHAWK MEADOWS, 315044 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 02/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

|      | SIGNATUI               | RE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR  1 | CHECKBOX 2 | ELECTRONIC<br>SIGNATURE STATEMENT   |   |
|------|------------------------|---|------------|---|---|
| 1    | Sonia Velmonte         |   |            | 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 | SONIA VELMONTE                                    |            |   | 2 |
| 3    | Signatory Title        | ADMINISTRATOR                                     |            |   | 3 |
| 4    | Signature Date         | (Dated when report is electronically signed.)     |            |   | 4 |
| PART | III - SETTI EMENT SI   | IMMARY  |            |   |   |

| PAKI   | III - SEI ILEMENI SUMMARY |         |          |        |           |        |
|--------|---------------------------|---------|----------|--------|-----------|--------|
|        |                           |         | Title 2  | KVIII  |           |        |
|        | Cost Center Description   | Title V | Part A   | Part B | Title XIX |        |
|        |                           | 1.00    | 2.00     | 3.00   | 4.00      |        |
| 1.00   | SKILLED NURSING FACILITY  | 0       | -209,111 | 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       | -209,111 | 0      | 0         | 100.00 |
|        |                           |         |          |        |           |        |

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

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



# SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE

Worksheet S-2 Part I PPS

| Skille  |   |  |  |  |                  |                      |                           |   |   | PPS  |
|---|---|--|--|--|------------------|----------------------|---------------------------|---|---|--|
|   | d Nursing Facility and Skilled Nursing Facility   | Complex Address:   |  |  | ,                |                      |                           |   |   |  |
| 1.00  | Street: 1 OBRIEN LANE   |  | P.O. Box:  |  |                  |                      |                           |   |   | 1.0  |
| 2.00  | City: LAFAYETTE   |  | State:   | NJ   |                  | Code: 07848          |                           |   | 2.0   |  |
| 3.00  | County: SUSSEX  |  | CBSA Code:   | 35084  | 4 Urb            | oan / Rural:         | U                         |   |   | 3.0  |
| 3.01  | CBSA on/after October 1 of the Cost Reporting I   | Period (if applicable)   |  |  |                  |                      |                           |   |   | 3.0  |
| SNF   | and SNF-Based Component Identification:   |  |  |  |                  | 1                    |                           |   | <b>N</b> Th   |  |
|   | Commonant   | C  | omnonent Name  |  | Provider CCN     | Date Certified       | V                         | ent System (P, C                        | XIX   |  |
|   | Component   | C  | omponent Name<br>1.00  |  | 2.00             | 3.00                 | 4.00                      | 5.00                                    | 6.00  |  |
| 4.00  | SNF   | MOHAWK MEA   |  |  | 315044           | 01/01/1970           | N                         | P                                       | N   | 4.0  |
| 5.00  | Nursing Facility  | MOTHWKMEA  | DOWS   |  | 313044           | 01/01/19/0           | 11                        | 1                                       | 11  | 5.0  |
| 6.00  | ICF/IID   |  |  |  |                  |                      |                           |   |   | 6.0  |
| 7.00  | SNF-Based HHA   |  |  |  |                  |                      |                           |   |   | 7.0  |
| 8.00  | SNF-Based RHC   |  |  |  |                  |                      |                           |   |   | 8.0  |
| 9.00  | SNF-Based FQHC  |  |  |  |                  |                      |                           |   |   | 9.0  |
| 10.00   | SNF-Based CMHC  |  |  |  |                  |                      |                           |   |   | 10.0   |
| 11.00   | SNF-Based OLTC  |  |  |  |                  |                      |                           |   |   | 11.0   |
| 12.00   | SNF-Based HOSPICE   |  |  |  |                  |                      |                           |   |   | 12.0   |
| 13.00   | SNF-Based CORF  |  |  |  |                  |                      |                           |   |   | 13.0   |
|   |   |  |  |  | Fı               | rom:                 |                           | To:                                     |   |  |
|   |   |  |  |  | 1                | .00                  |                           | 2.00                                    |   |  |
| 14.00   | Cost Reporting Period (mm/dd/yyyy)  |  |  |  | 02/0             | 1/2024               |                           | 12/31/202                               | 24  | 14.0   |
| 15.00   | Type of Control (See Instructions)  |  |  | 5 - P  | roprietary, Part | enership             |                           |   | -1  | 15.0   |
|   |   |  |  |  |                  |                      |                           |   | Y/N   |  |
|   |   |  |  |  |                  |                      |                           |   | 1.00  |  |
| Type  | of Freestanding Skilled Nursing Facility  |  |  |  |                  |                      |                           |   |   |  |
| 16.00   | Is this a distinct part skilled nursing facility that me  | eets the requirements set forth in   | n 42 CFR section 483.  | .5?  |                  |                      |                           |   | N   | 16.0   |
| 17.00   | Is this a composite distinct part skilled nursing faci  | ility that meets the requirements  | s set forth in 42 CFR s  | section 483.5  | ?                |                      |                           |   | N   | 17.0   |
| 18.00   | Are there any costs included in Worksheet A that i  | resulted from transactions with 1  | related organizations a  | as defined in  | CMS Pub. 15-1    | 1, chapter 10? If yo | es, complete V            | Worksheet                               | N   | 18.0   |
|   | A-8-1.  |  |  |  |                  |                      |                           |   |   |  |
|   |   |  |  |  |                  | . 1                  |                           |   |   |  |
|   | ellaneous Cost Reporting Information  |  |  |  |                  | , ,                  |                           |   |   |  |
| 19.00   | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  | •  |  |  |                  |                      |                           |   | N   | 19.0   |
| 19.00<br>19.01  | If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your co  | ntractor's criteria for filing a low   | w Medicare utilization   | cost report,   |                  |                      |                           |   |   | 19.0   |
| 19.00<br>19.01<br><b>Depre</b>  | ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo  | ntractor's criteria for filing a low   | w Medicare utilization   | cost report,   |                  |                      |                           |   | N<br>N  | 19.0   |
| 19.00<br>19.01<br><b>Depre</b><br>20.00   | ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  If line 19 is yes, does this cost report meet your co ecciation - Enter the amount of depreciation repo  Straight Line  | ntractor's criteria for filing a low   | w Medicare utilization   | cost report,   |                  |                      |                           |   | N   | 19.0<br>19.0<br>9 20.0   |
| 19.00<br>19.01<br><b>Depro</b><br>20.00<br>21.00  | ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  If line 19 is yes, does this cost report meet your co ecciation - Enter the amount of depreciation repo  Straight Line  Declining Balance   | ntractor's criteria for filing a low   | w Medicare utilization   | cost report,   |                  |                      |                           |   | N<br>N<br>2,30  | 19.0<br>19.0<br>9 20.0<br>0 21.0   |
| 19.00<br>19.01<br><b>Depre</b><br>20.00<br>21.00<br>22.00   | ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  If line 19 is yes, does this cost report meet your coeciation - Enter the amount of depreciation repo  Straight Line  Declining Balance  Sum of the Year's Digits   | ntractor's criteria for filing a low   | w Medicare utilization   | cost report,   |                  |                      |                           |   | N<br>N<br>2,30  | 19.0<br>19.0<br>19.0<br>19.0<br>0 21.0<br>0 22.0   |
| 19.00<br>19.01<br><b>Depro</b><br>20.00<br>21.00<br>22.00<br>23.00  | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo  Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22   | ntractor's criteria for filing a low<br>rted in this SNF for the methe   | w Medicare utilization   | cost report,   |                  |                      |                           |   | N<br>N<br>2,30  | 19.0<br>19.0<br>19.0<br>0 21.0<br>0 22.0<br>9 23.0   |
| 19.00<br>19.01<br><b>Depre</b><br>20.00<br>21.00<br>22.00<br>23.00<br>24.00   | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo Straight Line Declining Balance Sum of the Year's Digits Sum of line 20 through 22 If depreciation is funded, enter the balance as of t   | ntractor's criteria for filing a low<br>rted in this SNF for the method  | w Medicare utilization   | cost report,   |                  |                      |                           |   | 2,30  | 19.0<br>19.0<br>9 20.0<br>0 21.0<br>0 22.0<br>9 23.0<br>0 24.0   |
| 19.00<br>19.01<br><b>Depre</b><br>20.00<br>21.00<br>22.00<br>23.00<br>24.00<br>25.00  | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo Straight Line Declining Balance Sum of the Year's Digits Sum of line 20 through 22 If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the  | ntractor's criteria for filing a low<br>rted in this SNF for the mether<br>that the second of the period.  | v Medicare utilization<br>od indicated on Line   | cost report, ;<br>es 20 - 22.                        |                  |                      |                           |   | 2,30<br>2,30<br>N   | 19.0<br>19.0<br>19.0<br>0 21.0<br>0 22.0<br>9 23.0<br>0 24.0<br>25.0   |
| 19.00<br>19.01<br><b>Depre</b><br>20.00<br>21.00<br>22.00<br>23.00<br>24.00<br>25.00<br>26.00   | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo Straight Line Declining Balance Sum of the Year's Digits Sum of line 20 through 22 If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets   | ntractor's criteria for filing a low<br>rted in this SNF for the mether<br>the end of the period.<br>e cost reporting period? (Y/N)<br>is in the current or any prior cost   | v Medicare utilization od indicated on Line treporting period? (Y  | cost report, ; es 20 - 22.                           |                  |                      |                           |   | 2,30<br>2,30<br>N   | 19.0<br>19.0<br>19.0<br>0 21.0<br>0 22.0<br>0 24.0<br>25.0<br>26.0   |
| 19.00<br>19.01<br><b>Depro</b><br>20.00<br>21.00<br>22.00<br>23.00<br>24.00<br>25.00<br>26.00<br>27.00  | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo  Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progre   | ntractor's criteria for filing a low<br>rted in this SNF for the method  he end of the period.  c cost reporting period? (Y/N)  s in the current or any prior cost  am at end of the period to which   | w Medicare utilization od indicated on Line treporting period? (Y h this cost report appl  | cost report, ; es 20 - 22.                           |                  |                      |                           |   | 2,30<br>2,30<br>N   | 19.0<br>19.0<br>9 20.0<br>0 21.0<br>0 22.0   |
| 19.00<br>19.01  | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo Straight Line Declining Balance Sum of the Year's Digits Sum of line 20 through 22 If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets   | ntractor's criteria for filing a low<br>rted in this SNF for the method  he end of the period.  c cost reporting period? (Y/N)  s in the current or any prior cost  am at end of the period to which   | w Medicare utilization od indicated on Line treporting period? (Y h this cost report appl  | cost report, ; es 20 - 22.                           |                  |                      |                           | Part B                                  | 2,30 2,30 N N N N N N N N N N N N N N N N N N N                               | 19.0<br>19.0<br>9 20.0<br>0 21.0<br>0 22.0<br>9 23.0<br>0 24.0<br>25.0<br>26.0<br>27.0   |
| 19.00<br>19.01<br><b>Depro</b><br>20.00<br>21.00<br>22.00<br>23.00<br>24.00<br>25.00<br>26.00<br>27.00  | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo  Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progre   | ntractor's criteria for filing a low<br>rted in this SNF for the method  he end of the period.  c cost reporting period? (Y/N)  s in the current or any prior cost  am at end of the period to which   | w Medicare utilization od indicated on Line treporting period? (Y h this cost report appl  | cost report, ; es 20 - 22.                           |                  |                      | " for no.                 |   | 2,30  2,30  N  N  N  N  N  N  N  N  | 19.0<br>19.0<br>19.0<br>0 21.0<br>0 22.0<br>0 24.0<br>25.0<br>26.0<br>27.0   |
| 19.00<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01 | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind  If line 19 is yes, does this cost report meet your co eciation - Enter the amount of depreciation repo  Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progre   | the end of the period.  e cost reporting period? (Y/N)  is in the current or any prior cost am at end of the period to which e proportion of allowable cost f  | w Medicare utilization od indicated on Line t reporting period? (Y h this cost report appl   | cost report, i es 20 - 22.  /N) lies? (Y/N) s? (Y/N) | indicate with a  | "Y", for yes, or "N  | " for no.  Part A 1.00    | Part B 2.00                             | 2,30  2,30  N  N  N  N  N  N  N  Other  3.00                                  | 19.0<br>19.0<br>19.0<br>0 21.0<br>0 22.0<br>9 23.0<br>0 24.0<br>25.0<br>26.0<br>27.0   |
| 19.00<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>19.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01<br>10.01 | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your coeciation - Enter the amount of depreciation repo Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progr. Was there a substantial decrease in health insurance of facility contains a public or non-public provide qualifies for the exemption.  | the end of the period.  e cost reporting period? (Y/N)  is in the current or any prior cost am at end of the period to which e proportion of allowable cost f  | w Medicare utilization od indicated on Line t reporting period? (Y h this cost report appl   | cost report, i es 20 - 22.  /N) lies? (Y/N) s? (Y/N) | indicate with a  | "Y", for yes, or "N  | Part A 1.00 ter "Y" for e | Part B 2.00 each componer               | 2,30  2,30  N  N  N  N  N  N  N  Other  3.00                                  | 19.6<br>19.6<br>19.6<br>0 21.6<br>0 22.6<br>0 24.6<br>25.6<br>27.6<br>28.6   |
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| 19.00 19.01 Depro 20.00 21.00 22.00 23.00 23.00 24.00 25.00 26.00 27.00 36.00 31.00 32.00 33.00 34.00   | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your coeciation - Enter the amount of depreciation repo Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progr. Was there a substantial decrease in health insurance facility contains a public or non-public provide qualifies for the exemption.  Skilled Nursing Facility  Nursing Facility  ICF/IID  SNF-Based HHA  SNF-Based RHC                    | the end of the period.  e cost reporting period? (Y/N)  is in the current or any prior cost am at end of the period to which e proportion of allowable cost f  | w Medicare utilization od indicated on Line t reporting period? (Y h this cost report appl   | cost report, i es 20 - 22.  /N) lies? (Y/N) s? (Y/N) | indicate with a  | "Y", for yes, or "N  | Part A 1.00 ter "Y" for e | Part B 2.00 ach componer                | N N N S N N N N N N N N N N N N N N N N                                       | 19.0 19.0 19.0 19.0 19.0 19.0 19.0 19.0  |
| 19.00 19.01 19.01 19.01 Depro 20.00 22.00 22.00 23.00 23.00 24.00 26.00 27.00 28.00  If this q 30.00 33.00 33.00  | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your coeciation - Enter the amount of depreciation repo Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progr. Was there a substantial decrease in health insurance is facility contains a public or non-public provide qualifies for the exemption.  Skilled Nursing Facility  Nursing Facility  ICF/IID  SNF-Based HHA  SNF-Based RHC  SNF-Based FQHC | the end of the period.  e cost reporting period? (Y/N)  is in the current or any prior cost am at end of the period to which e proportion of allowable cost f  | w Medicare utilization od indicated on Line t reporting period? (Y h this cost report appl   | cost report, i es 20 - 22.  /N) lies? (Y/N) s? (Y/N) | indicate with a  | "Y", for yes, or "N  | Part A 1.00 ter "Y" for e | Part B 2.00 ach componer                | N N N S N N N N N N N N N N N N N N N N                                       | 19.00 19.00 21.00 22.00 22.00 22.00 22.00 22.00 24.00 22.00 24.00 25.00 27.00 26.00 27.00 28.00 28.00 27.00 28.00 30.00  |
| 19.00 19.01 19.01 19.01 19.01 19.01 19.01 19.01 19.01 19.01 10.01   | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your coeciation - Enter the amount of depreciation repo Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progr. Was there a substantial decrease in health insurance is facility contains a public or non-public provide qualifies for the exemption.  Skilled Nursing Facility  Nursing Facility  ICF/IID  SNF-Based HHA  SNF-Based RHC  SNF-Based CMHC | the end of the period.  e cost reporting period? (Y/N)  is in the current or any prior cost am at end of the period to which e proportion of allowable cost f  | w Medicare utilization od indicated on Line t reporting period? (Y h this cost report appl   | cost report, i es 20 - 22.  /N) lies? (Y/N) s? (Y/N) | indicate with a  | "Y", for yes, or "N  | Part A 1.00 ter "Y" for e | Part B 2.00 ach componer                | N N N S N N N N N N N N N N N N N N N N                                       | 9 20.0<br>0 21.0<br>0 22.0<br>9 23.0<br>0 24.0<br>25.0<br>26.0<br>27.0   |
| 19.00 19.01 19.01 19.01 19.01 19.01 19.01 19.01 19.01 19.01 10.01   | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your coeciation - Enter the amount of depreciation repo Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progr. Was there a substantial decrease in health insurance is facility contains a public or non-public provide qualifies for the exemption.  Skilled Nursing Facility  Nursing Facility  ICF/IID  SNF-Based HHA  SNF-Based RHC  SNF-Based CMHC | the end of the period.  e cost reporting period? (Y/N)  is in the current or any prior cost am at end of the period to which e proportion of allowable cost f  | w Medicare utilization od indicated on Line t reporting period? (Y h this cost report appl   | cost report, i es 20 - 22.  /N) lies? (Y/N) s? (Y/N) | indicate with a  | "Y", for yes, or "N  | Part A 1.00 ter "Y" for e | Part B 2.00 each componer               | N N N S N N N N N N N N N N N N N N N N                                       | 19.0<br>19.0<br>19.0<br>0 21.0<br>0 22.0<br>9 23.0<br>0 24.0<br>25.0<br>27.0<br>28.0<br>30.0<br>31.0<br>32.0<br>33.0<br>33.0<br>33.0   |
| 19.00 19.01 19.01 19.01 19.01 19.01 19.01 19.01 19.01 19.01 10.01   | Ellaneous Cost Reporting Information  If this is a low Medicare utilization cost report, ind If line 19 is yes, does this cost report meet your coeciation - Enter the amount of depreciation repo Straight Line  Declining Balance  Sum of the Year's Digits  Sum of line 20 through 22  If depreciation is funded, enter the balance as of t Were there any disposal of capital assets during the Was accelerated depreciation claimed on any assets Did you cease to participate in the Medicare progr. Was there a substantial decrease in health insurance is facility contains a public or non-public provide qualifies for the exemption.  Skilled Nursing Facility  Nursing Facility  ICF/IID  SNF-Based HHA  SNF-Based RHC  SNF-Based CMHC | ntractor's criteria for filing a low rted in this SNF for the method in this SNF for the method in this SNF for the method in the end of the period.  The end of the period (Y/N) in the current or any prior cost am at end of the period to which is proportion of allowable cost for that qualifies for an exemption of allowable cost for the period in the period to which it is proportion of allowable cost for the period in t | v Medicare utilization od indicated on Line t reporting period? (Y h this cost report application from the applica | cost report, i es 20 - 22.  /N) lies? (Y/N) s? (Y/N) | ower of the co   | "Y", for yes, or "N  | Part A 1.00 ter "Y" for e | Part B 2.00 each componer  N  N  N  Y/N | N<br>N<br>N<br>2,30<br>2,30<br>N<br>N<br>N<br>Other<br>3.00<br>at and type of | 19.0<br>19.0<br>19.0<br>0 21.0<br>0 22.0<br>9 23.0<br>0 24.0<br>25.0<br>27.0<br>28.0<br>30.0<br>31.0<br>32.0<br>33.0<br>33.0<br>33.0   |

Rev. 10

MOHAWK MEADOWS

Period:
From: 02/01/2024
Provider CCN: 315044

Run Date Time: 5/13/2025 2:15 pm
MCRIF32
Version: 10.23.179.0

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

State:

Worksheet S-2 Part I

47.00

| COIV    | TEEN INDERVIEW CATTON DATA  |                         |  |                    |          |             | •              | PPS   |
|---------|---|-------------------------|--|--------------------|----------|-------------|----------------|-------|
|         |   |                         |  |                    |          | Y/N         |                |       |
|         |   |                         |  |                    |          | 1.00        | 2.00           |       |
| 39.00   | Is the malpractice a "claims-made" or "occurrence" policy? If the p                                   | policy is "claims-made" | enter 1. If the policy is "occurrence", enter 2.   |                    |          |             |                | 39.00 |
|         |   |                         |  | Prem               | iums     | Paid Losses | Self Insurance |       |
|         |   |                         |  | 1.0                | 00       | 2.00        | 3.00           |       |
| 41.00   | List malpractice premiums and paid losses:  |                         |  |                    | 0        | 0           | 0              | 41.00 |
|         |   |                         |  |                    |          |             | Y/N            |       |
|         |   |                         |  |                    |          |             | 1.00           |       |
| 42.00   | Are malpractice premiums and paid losses reported in other than the listing cost centers and amounts. | the Administrative and  | General cost center? Enter Y or N. If yes, check I | box, and submit su | upportin | g schedule  | N              | 42.00 |
| 43.00   | Are there any home office costs as defined in CMS Pub. 15-1, Char                                     | pter 10?                |  |                    |          |             | N              | 43.00 |
|         |   |                         |  |                    |          |             | Provider CCN   |       |
|         |   |                         |  |                    |          |             | 1.00           |       |
| 44.00   | If line 43 is yes, enter the home office chain number and enter the                                   | name and address of th  | ne home office on lines 45, 46 and 47.             |                    |          |             |                | 44.00 |
| If this | facility is part of a chain organization, enter the name and add                                      | dress of the home offi  | ce on the lines below.                             |                    |          |             | •              |       |
| 45.00   | Name:   | Contractor Name:        | Contr  | actor Number:      |          |             |                | 45.00 |
| 46.00   | Street:   | P.O. Box:               |  |                    |          |             |                | 46.00 |

ZIP Code:

41-304

47.00 City:

 MOHAWK MEADOWS
 Period: From: 02/01/2024
 Run Date Time: MCRIF32
 5/13/2025 2:15 pm

 Provider CCN: 315044
 To: 12/31/2024
 Version: 10.23.179.0

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

Worksheet S-2 Part II

| Genera  | al Instruction: For all column 1 responses enter in column 1, "Y  | " for Yes or "N" for                    | No. For all the da    | te responses the form    | at will be (m     | m/dd/vvvv)    |      |             | PPS   |
|---------|---|---|-----------------------|--------------------------|-------------------|---------------|------|-------------|-------|
|         | eted by All Skilled Nursing Facilities  | 101 100 01 11 101                       | 110,101 un une un     | te responses the form    | at war be (m      | , aa, yyyy)   |      |             |       |
|         | er Organization and Operation   |   |                       |                          |                   |               |      |             |       |
|         |   |   |                       |                          |                   |               | Y/N  | Date        |       |
|         |   |   |                       |                          |                   |               | 1.00 | 2.00        |       |
| 1.00    | Has the provider changed ownership immediately prior to the begin 2. (see instructions)   | ning of the cost repor                  | ting period? If colur | nn 1 is "Y", enter the d | ate of the chai   | nge in column | Y    | 02/01/2024  | 1.00  |
|         |   |   |                       |                          |                   | Y/N           | Date | V/I         |       |
|         |   |   |                       |                          |                   | 1.00          | 2.00 | 3.00        |       |
| 2.00    | Has the provider terminated participation in the Medicare Program? 3, "V" for voluntary or "I" for involuntary.   | If column 1 is yes, en                  | ter in column 2 the   | date of termination and  | l in column       | N             |      |             | 2.00  |
| 3.00    | Is the provider involved in business transactions, including manager<br>medical supply companies) that are related to the provider or its offi<br>directors through ownership, control, or family and other similar rel | icers, medical staff, ma                | inagement personne    |                          |                   | N             |      |             | 3.00  |
|         |   |   |                       |                          |                   | Y/N           | Туре | Date        |       |
|         |   |   |                       |                          |                   | 1.00          | 2.00 | 3.00        |       |
|         | cial Data and Reports   |   |                       |                          |                   |               |      | 1           |       |
| 4.00    | Column 1: Were the financial statements prepared by a Certified Pul<br>Compiled, or "R" for Reviewed. Submit complete copy or enter date  |   |                       |                          | "C" for           | Y             | A    | 06/15/2025  | 4.00  |
| 5.00    | Are the cost report total expenses and total revenues different from reconciliation.  | those on the filed fina                 | incial statements? If | column 1 is "Y", subm    | it                | N             |      |             | 5.00  |
|         |   |   |                       |                          |                   |               | Y/N  | Legal Oper. |       |
|         |   |   |                       |                          |                   |               | 1.00 | 2.00        |       |
| Appro   | ved Educational Activities  |   |                       |                          |                   |               |      |             |       |
| 6.00    | Column 1: Were costs claimed for Nursing School? (Y/N) Column   | 1                                       | legal operator of th  | e program? (Y/N)         |                   |               | N    | N           | 6.00  |
| 7.00    | Were costs claimed for Allied Health Programs? (Y/N) see instruction  |   |                       |                          |                   |               | N    |             | 7.00  |
| 8.00    | Were approvals and/or renewals obtained during the cost reporting   | period for Nursing Sc                   | thool and/or Allied   | Health Program? (Y/N     | ) see instruction | ons.          | N    |             | 8.00  |
|         |   |   |                       |                          |                   |               |      | Y/N         |       |
| D. J.D. | 1   |   |                       |                          |                   |               |      | 1.00        |       |
| 9.00    | Is the provider seeking reimbursement for bad debts? $(Y/N)$ see ins  | terrations                              |                       |                          |                   |               |      | Y           | 9.00  |
|         | If line 9 is "Y", did the provider's bad debt collection policy change  |   | ing period? If "V"    | zuhmit conv              |                   |               |      | N           | 10.00 |
|         | If line 9 is "Y", are patient deductibles and/or coinsurance waived?  |   |                       | завине сору.             |                   |               |      | N           | 11.00 |
|         | omplement   | , | -                     |                          |                   |               |      |             |       |
| 12.00   | Have total beds available changed from prior cost reporting period?   | If "Y", see instruction                 | ıs.                   |                          |                   |               |      | N           | 12.00 |
|         |   |   |                       |                          | Pa                | ırt A         | P    | Part B      |       |
|         |   |   | Desc                  | ription                  | Y/N               | Date          | Y/N  | Date        |       |
|         |   |   |                       | 0                        | 1.00              | 2.00          | 3.00 | 4.00        |       |
| PS&R    | Data  |   |                       |                          |                   |               |      |             |       |
| 13.00   | Was the cost report prepared using the PS&R only? If either col. 1 or<br>paid through date of the PS&R used to prepare this cost report in co<br>Instructions.)   |   |                       |                          | Y                 | 05/12/2025    | Y    | 05/12/2025  | 13.00 |
| 14.00   | Was the cost report prepared using the PS&R for total and the prov<br>allocation? If either col. 1 or 3 is "Y" enter the paid through date of<br>prepare this cost report in columns 2 and 4.                           |   |                       |                          | N                 |               | N    |             | 14.00 |
| 15.00   | If line 13 or 14 is "Y", were adjustments made to PS&R data for add<br>have been billed but are not included on the PS&R used to file this of<br>see Instructions.  |   |                       |                          | N                 |               | N    |             | 15.00 |
| 16.00   | If line 13 or 14 is "Y", then were adjustments made to PS&R data for other PS&R Report information? If yes, see instructions.   | or corrections of                       |                       |                          | N                 |               | N    |             | 16.00 |
| 17.00   | If line 13 or 14 is "Y", then were adjustments made to PS&R data for the other adjustments:   | or Other? Describe                      |                       |                          | N                 |               | N    |             | 17.00 |
| 18.00   | Was the cost report prepared only using the provider's records? If "  | Y" see Instructions.                    |                       |                          | N                 |               | N    |             | 18.00 |
|         | 1 1 1 7 0 1   | 1.0                                     | 00                    | 2.0                      |                   |               | 3.00 |             |       |
| Cost R  | eport Preparer Contact Information  |   |                       |                          |                   |               |      |             |       |
| 19.00   | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.   | CHRIS                                   |                       | GUILBAULT                |                   | PREPARI       | ER   |             | 19.00 |
| 20.00   | Enter the employer/company name of the cost report preparer.  | HEALTH CARE RE                          | ESOURCES              |                          |                   |               |      |             | 20.00 |
| 21.00   | Enter the telephone number and email address of the cost report   | 609-987-1440                            |                       | CHRIS.GUILBAULT          | Г@HCRNJ.N         | ET            |      |             | 21.00 |
|         | preparer in columns 1 and 2, respectively.  | 1                                       |                       | 1                        | -                 |               |      |             |       |

5/13/2025 2:15 pm **2540-10** MOHAWK MEADOWS Period: Run Date Time: From: 02/01/2024 MCRIF32 To: 12/31/2024 Version:



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

Provider CCN:

315044

Worksheet S-3 Part I PPS

10.23.179.0

|      |                            |           |             |              | Inpa        | tient Days/V | isits       |            |         |             | Discharges              |                    |       |      |
|------|----------------------------|-----------|-------------|--------------|-------------|--------------|-------------|------------|---------|-------------|-------------------------|--------------------|-------|------|
|      | Component                  | Number of | Bed Days    |              |             |              |             |            |         |             |                         |                    |       |      |
|      | Component                  | Beds      | Available   | Title V      | Title XVIII | Title XIX    | Other       | Total      | Title V | Title XVIII | Title XIX               | Other              | Total |      |
|      |                            | 1.00      | 2.00        | 3.00         | 4.00        | 5.00         | 6.00        | 7.00       | 8.00    | 9.00        | 10.00                   | 11.00              | 12.00 |      |
| 1.00 | SKILLED NURSING FACILITY   | 159       | 53,265      | 0            | 5,195       | 27,589       | 10,764      | 43,548     | 0       | 61          | 18                      | 150                | 229   | 1.00 |
| 2.00 | NURSING FACILITY           | 0         | 0           | 0            |             | 0            | 0           | 0          | 0       |             | 0                       | 0                  | 0     | 2.00 |
| 3.00 | ICF/IID                    | 0         | 0           |              |             | 0            | 0           | 0          |         |             | 0                       | 0                  | 0     | 3.00 |
| 4.00 | HOME HEALTH AGENCY<br>COST |           |             |              |             |              |             |            |         |             |                         |                    |       | 4.00 |
| 5.00 | Other Long Term Care       | 0         | 0           |              |             |              | 0           | 0          |         |             |                         | 0                  | 0     | 5.00 |
| 6.00 | SNF-Based CMHC             |           |             |              |             |              |             |            |         |             |                         |                    |       | 6.00 |
| 7.00 | HOSPICE                    | 0         | 0           | 0            | 0           | 0            | 0           | 0          | 0       | 0           | 0                       | 0                  | 0     | 7.00 |
| 8.00 | Total (Sum of lines 1-7)   | 159       | 53,265      | 0            | 5,195       | 27,589       | 10,764      | 43,548     | 0       | 61          | 18                      | 150                | 229   | 8.00 |
|      |                            |           | Average Ler | ngth of Stay |             |              |             | Admissions |         |             | Full Time               | Equivalent         |       |      |
|      | Component                  | Title V   | Title XVIII | Title XIX    | Total       | Title V      | Title XVIII | Title XIX  | Other   | Total       | Employees<br>on Payroll | Nonpaid<br>Workers |       |      |
|      |                            | 13.00     | 14.00       | 15.00        | 16.00       | 17.00        | 18.00       | 19.00      | 20.00   | 21.00       | 22.00                   | 23.00              |       |      |
| 1.00 | SKILLED NURSING FACILITY   | 0.00      | 85.16       | 1,532.72     | 190.17      | 0            | 114         | 23         | 131     | 268         | 192.60                  | 0.00               |       | 1.00 |
| 2.00 | NURSING FACILITY           | 0.00      |             | 0.00         | 0.00        | 0            |             | 0          | 0       | 0           | 0.00                    | 0.00               |       | 2.00 |
| 3.00 | ICF/IID                    |           |             | 0.00         | 0.00        |              |             | 0          | 0       | 0           | 0.00                    | 0.00               |       | 3.00 |
| 4.00 | HOME HEALTH AGENCY<br>COST |           |             |              |             |              |             |            |         |             |                         |                    |       | 4.00 |
| 5.00 | Other Long Term Care       |           |             |              | 0.00        |              |             |            | 0       | 0           | 0.00                    | 0.00               |       | 5.00 |
| 6.00 | SNF-Based CMHC             |           |             |              |             |              |             |            |         |             |                         |                    |       | 6.00 |
| 7.00 | HOSPICE                    | 0.00      | 0.00        | 0.00         | 0.00        | 0            | 0           | 0          | 0       | 0           | 0.00                    | 0.00               |       | 7.00 |
| 8.00 | Total (Sum of lines 1-7)   | 0.00      | 85.16       | 1,532.72     | 190.17      | 0            | 114         | 23         | 131     | 268         | 192.60                  | 0.00               |       | 8.00 |

 
 MOHAWK MEADOWS
 Period: From: 02/01/2024
 Run Date Time: MCRIF32
 5/13/2025 2:15 pm

 Provider CCN:
 315044
 To: 12/31/2024
 Version:
 10.23.179.0



SNF WAGE INDEX INFORMATION

Worksheet S-3 Part II PPS

|       |  |                 | Reclass. of Salaries from | Adjusted Salaries (col. 1 | Paid Hours Related to | Average Hourly Wage |       |
|-------|--|-----------------|---------------------------|---------------------------|-----------------------|---------------------|-------|
|       |  | Amount Reported | Worksheet A-6             | ± col. 2)                 | Salary in col. 3      | (col. 3 ÷ col. 4)   |       |
|       |  | 1.00            | 2.00                      | 3.00                      | 4.00                  | 5.00                |       |
| SALA  | RIES   |                 |                           |                           |                       |                     |       |
| 1.00  | Total salaries (See Instructions)                    | 8,053,729       | 0                         | 8,053,729                 | 367,762.00            | 21.90               | 1.00  |
| 2.00  | Physician salaries-Part A                            | 0               | 0                         | 0                         | 0.00                  | 0.00                | 2.00  |
| 3.00  | Physician salaries-Part B                            | 0               | 0                         | 0                         | 0.00                  | 0.00                | 3.00  |
| 4.00  | Home office personnel                                | 0               | 0                         | 0                         | 0.00                  | 0.00                | 4.00  |
| 5.00  | Sum of lines 2 through 4                             | 0               | 0                         | 0                         | 0.00                  | 0.00                | 5.00  |
| 6.00  | Revised wages (line 1 minus line 5)                  | 8,053,729       | 0                         | 8,053,729                 | 367,762.00            | 21.90               | 6.00  |
| 7.00  | Other Long Term Care                                 | 0               | 0                         | 0                         | 0.00                  | 0.00                | 7.00  |
| 8.00  | HOME HEALTH AGENCY COST                              |                 |                           |                           |                       |                     | 8.00  |
| 9.00  | CMHC   |                 |                           |                           |                       |                     | 9.00  |
| 10.00 | HOSPICE  | 0               | 0                         | 0                         | 0.00                  | 0.00                | 10.00 |
| 11.00 | Other excluded areas                                 | 29,719          | 0                         | 29,719                    | 1,718.00              | 17.30               | 11.00 |
| 12.00 | Subtotal Excluded salary (Sum of lines 7 through 11) | 29,719          | 0                         | 29,719                    | 1,718.00              | 17.30               | 12.00 |
| 13.00 | Total Adjusted Salaries (line 6 minus line 12)       | 8,024,010       | 0                         | 8,024,010                 | 366,044.00            | 21.92               | 13.00 |
| отн   | ER WAGES & RELATED COSTS                             |                 |                           |                           |                       |                     |       |
| 14.00 | Contract Labor: Patient Related & Mgmt               | 78,283          | 0                         | 78,283                    | 1,087.00              | 72.02               | 14.00 |
| 15.00 | Contract Labor: Physician services-Part A            | 0               | 0                         | 0                         | 0.00                  | 0.00                | 15.00 |
| 16.00 | Home office salaries & wage related costs            | 0               | 0                         | 0                         | 0.00                  | 0.00                | 16.00 |
| WAG   | E-RELATED COSTS                                      |                 |                           |                           |                       |                     |       |
| 17.00 | Wage-related costs core (See Part IV)                | 1,541,377       | 0                         | 1,541,377                 |                       |                     | 17.00 |
| 18.00 | Wage-related costs other (See Part IV)               | 0               | 0                         | 0                         |                       |                     | 18.00 |
| 19.00 | Wage related costs (excluded units)                  | 6,072           | 0                         | 6,072                     |                       |                     | 19.00 |
| 20.00 | Physician Part A - WRC                               | 0               | 0                         | 0                         |                       |                     | 20.00 |
| 21.00 | Physician Part B - WRC                               | 0               | 0                         | 0                         |                       |                     | 21.00 |
| 22.00 | Total Adjusted Wage Related cost (see instructions)  | 1,535,305       | 0                         | 1,535,305                 |                       |                     | 22.00 |

MOHAWK MEADOWS

Period:
From: 02/01/2024
Provider CCN: 315044

Run Date Time: 5/13/2025 2:15 pm
MCRIF32 2540-10
To: 12/31/2024
Version: 10.23.179.0

SNF WAGE INDEX INFORMATION

Worksheet S-3 Part III PPS

| PART  | III - OVERHEAD COST - DIRECT SALARIES     |                 |                           |                           |                       |                     |       |
|-------|---|-----------------|---------------------------|---------------------------|-----------------------|---------------------|-------|
|       |   |                 | Reclass. of Salaries from | Adjusted Salaries (col. 1 | Paid Hours Related to | Average Hourly Wage |       |
|       |   | Amount Reported | Worksheet A-6             | ± col. 2)                 | Salary in col. 3      | (col. 3 ÷ col. 4)   |       |
|       |   | 1.00            | 2.00                      | 3.00                      | 4.00                  | 5.00                |       |
| 1.00  | Employee Benefits                         | 0               | 0                         | 0                         | 0.00                  | 0.00                | 1.00  |
| 2.00  | Administrative & General                  | 695,309         | 0                         | 695,309                   | 19,659.00             | 35.37               | 2.00  |
| 3.00  | Plant Operation, Maintenance & Repairs    | 307,300         | 0                         | 307,300                   | 17,841.00             | 17.22               | 3.00  |
| 4.00  | Laundry & Linen Service                   | 76,111          | 0                         | 76,111                    | 5,994.00              | 12.70               | 4.00  |
| 5.00  | Housekeeping                              | 460,757         | 0                         | 460,757                   | 27,787.00             | 16.58               | 5.00  |
| 6.00  | Dietary                                   | 690,947         | 0                         | 690,947                   | 28,638.00             | 24.13               | 6.00  |
| 7.00  | Nursing Administration                    | 435,755         | 0                         | 435,755                   | 5,277.00              | 82.58               | 7.00  |
| 8.00  | Central Services and Supply               | 40,206          | 0                         | 40,206                    | 1,625.00              | 24.74               | 8.00  |
| 9.00  | Pharmacy                                  | 0               | 0                         | 0                         | 0.00                  | 0.00                | 9.00  |
| 10.00 | Medical Records & Medical Records Library | 4,442           | 0                         | 4,442                     | 269.00                | 16.51               | 10.00 |
| 11.00 | Social Service                            | 199,795         | 0                         | 199,795                   | 4,008.00              | 49.85               | 11.00 |
| 12.00 | Nursing and Allied Health Ed. Act.        |                 |                           |                           |                       |                     | 12.00 |
| 13.00 | Other General Service                     | 304,279         | 0                         | 304,279                   | 18,151.00             | 16.76               | 13.00 |
| 14.00 | Total (sum lines 1 thru 13)               | 3,214,901       | 0                         | 3,214,901                 | 129,249.00            | 24.87               | 14.00 |

 
 MOHAWK MEADOWS
 Period: From: 02/01/2024
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 Version:
 10.23.179.0

SNF WAGE RELATED COSTS

Worksheet S-3 Part IV PPS

|  | Amount Reported |     |
|--|-----------------|-----|
|  | 1.00            |     |
| Part A - Core List   |                 |     |
| RETIREMENT COST  |                 |     |
| .00 401K Employer Contributions  | -90             | 1.  |
| 2.00 Tax Sheltered Annuity (TSA) Employer Contribution   | 0               | ) 2 |
| 3.00 Qualified and Non-Qualified Pension Plan Cost   | 0               | 3   |
| 1.00 Prior Year Pension Service Cost   | 0               | ) 4 |
| PLAN ADMINISTRATIVE COSTS (Paid to External Organization)  |                 |     |
| 5.00 401K/TSA Plan Administration fees   | 0               | 5   |
| 5.00 Legal/Accounting/Management Fees-Pension Plan   | 0               | 6   |
| 7.00 Employee Managed Care Program Administration Fees   | 0               | 7   |
| HEALTH AND INSURANCE COST  |                 |     |
| Health Insurance (Purchased or Self Funded)  | 403,364         | 8   |
| 2.00 Prescription Drug Plan  | 0               | 9   |
| 0.00 Dental, Hearing and Vision Plan   | 0               | 1(  |
| 11.00 Life Insurance (If employee is owner or beneficiary)   | 0               | 1:  |
| 2.00 Accident Insurance (If employee is owner or beneficiary)  | 0               | 12  |
| 13.00 Disability Insurance (If employee is owner or beneficiary)   | 0               | 13  |
| 4.00 Long-Term Care Insurance (If employee is owner or beneficiary)  | 0               | 14  |
| 5.00 Workers' Compensation Insurance   | 317,508         | 15  |
| 6.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) | 0               | 10  |
| FAXES  |                 |     |
| 17.00 FICA-Employers Portion Only  | 615,166         | 17  |
| 18.00   Medicare Taxes - Employers Portion Only  | 0               | 18  |
| 9.00 Unemployment Insurance  | 195,667         | 19  |
| 20.00   State or Federal Unemployment Taxes  | 9,762           | 20  |
| OTHER  |                 |     |
| 21.00 Executive Deferred Compensation  | 0               | 21  |
| 22.00 Day Care Cost and Allowances   | 0               | 22  |
| Z3.00 Tuition Reimbursement  | 0               | 23  |
| 24.00 Total Wage Related cost (Sum of lines 1 - 23)  | 1,541,377       | 24  |
|  | Amount Reported |     |
|  | 1.00            |     |
| Part B - Other than Core Related Cost  |                 |     |
| 25.00 OTHER WAGE RELATED COSTS (SPECIFY)   | 0               | 25  |

 
 MOHAWK MEADOWS
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# SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3 Part V PPS

|       |  |                 |                 |                                     |   |  | FFS   |
|-------|--|-----------------|-----------------|-------------------------------------|---|--|-------|
|       | OCCUPATIONAL CATEGORY                                | Amount Reported | Fringe Benefits | Adjusted Salaries (col. 1 + col. 2) | Paid Hours Related to<br>Salary in col. 3 | Average Hourly Wage<br>(col. 3 ÷ col. 4) |       |
|       |  | 1.00            | 2.00            | 3.00                                | 4.00                                      | 5.00                                     |       |
| Direc | t Salaries   |                 |                 |                                     |   |  |       |
| Nursi | ng Occupations                                       |                 |                 |                                     |   |  |       |
| 1.00  | Registered Nurses (RNs)                              | 1,007,656       | 192,092         | 1,199,748                           | 32,745.00                                 | 36.64                                    | 1.00  |
| 2.00  | Licensed Practical Nurses (LPNs)                     | 1,005,775       | 191,734         | 1,197,509                           | 41,827.00                                 | 28.63                                    | 2.00  |
| 3.00  | Certified Nursing Assistant/Nursing Assistants/Aides | 2,375,105       | 452,773         | 2,827,878                           | 152,229.00                                | 18.58                                    | 3.00  |
| 4.00  | Total Nursing (sum of lines 1 through 3)             | 4,388,536       | 836,599         | 5,225,135                           | 226,801.00                                | 23.04                                    | 4.00  |
| 5.00  | Physical Therapists                                  | 141,976         | 27,065          | 169,041                             | 3,070.00                                  | 55.06                                    | 5.00  |
| 6.00  | Physical Therapy Assistants                          | 0               | 0               | 0                                   | 0.00                                      | 0.00                                     | 6.00  |
| 7.00  | Physical Therapy Aides                               | 0               | 0               | 0                                   | 0.00                                      | 0.00                                     | 7.00  |
| 8.00  | Occupational Therapists                              | 277,405         | 52,883          | 330,288                             | 6,919.00                                  | 47.74                                    | 8.00  |
| 9.00  | Occupational Therapy Assistants                      | 0               | 0               | 0                                   | 0.00                                      | 0.00                                     | 9.00  |
| 10.00 | Occupational Therapy Aides                           | 0               | 0               | 0                                   | 0.00                                      | 0.00                                     | 10.00 |
| 11.00 | Speech Therapists                                    | 150             | 29              | 179                                 | 5.00                                      | 35.80                                    | 11.00 |
| 12.00 | Respiratory Therapists                               | 0               | 0               | 0                                   | 0.00                                      | 0.00                                     | 12.00 |
| 13.00 | Other Medical Staff                                  | 0               | 0               | 0                                   | 0.00                                      | 0.00                                     | 13.00 |
| Conti | act Labor  |                 |                 |                                     |   |  |       |
| Nursi | ng Occupations                                       |                 |                 |                                     |   |  |       |
| 14.00 | Registered Nurses (RNs)                              | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 14.00 |
| 15.00 | Licensed Practical Nurses (LPNs)                     | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 15.00 |
| 16.00 | Certified Nursing Assistant/Nursing Assistants/Aides | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 16.00 |
| 17.00 | Total Nursing (sum of lines 14 through 16)           | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 17.00 |
| 18.00 | Physical Therapists                                  | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 18.00 |
| 19.00 | Physical Therapy Assistants                          | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 19.00 |
| 20.00 | Physical Therapy Aides                               | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 20.00 |
| 21.00 | Occupational Therapists                              | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 21.00 |
| 22.00 | Occupational Therapy Assistants                      | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 22.00 |
| 23.00 | Occupational Therapy Aides                           | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 23.00 |
| 24.00 | Speech Therapists                                    | 78,283          |                 | 78,283                              | 1,087.00                                  | 72.02                                    | 24.00 |
| 25.00 | Respiratory Therapists                               | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 25.00 |
| 26.00 | Other Medical Staff                                  | 0               |                 | 0                                   | 0.00                                      | 0.00                                     | 26.00 |

MOHAWK MEADOWS

Period:
From: 02/01/2024
Provider CCN: 315044

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# PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

# Worksheet S-7

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

MOHAWK MEADOWS

Period:
From: 02/01/2024
Provider CCN: 315044

Run Date Time: 5/13/2025 2:15 pm
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2540-10
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# PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

# Worksheet S-7

PPS

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

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

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

5/13/2025 2:15 pm **2540-10** MOHAWK MEADOWS Period: Run Date Time: From: 02/01/2024 MCRIF32 To: 12/31/2024 Version:

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# RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider CCN:

315044

# Worksheet A

|        |        |                                      |           |            |   |                   |                    |                |                    | PPS    |
|--------|--------|--------------------------------------|-----------|------------|---|-------------------|--------------------|----------------|--------------------|--------|
|        |        |                                      |           |            |   | Reclassifications | Reclassified Trial | Adjustments to | Net Expenses       |        |
|        |        | Cost Center Description              |           |            | Total (col. 1 +                         | Increase/Decrease | Balance (col. 3 +- | Expenses (Fr   | For Allocation     |        |
|        |        |                                      | Salaries  | Other      | col. 2)                                 | (Fr Wkst A-6)     | col. 4)            | Wkst A-8)      | (col. 5 +- col. 6) |        |
|        |        |                                      | 1.00      | 2.00       | 3.00                                    | 4.00              | 5.00               | 6.00           | 7.00               |        |
| GENE   |        | ERVICE COST CENTERS                  |           |            |   |                   |                    |                | 1                  |        |
| 1.00   |        | CAP REL COSTS - BLDGS & FIXTURES     |           | 981,780    | 981,780                                 | 0                 | ,                  | -160,000       | 821,780            |        |
| 3.00   | 00300  | EMPLOYEE BENEFITS                    | 0         | 1,645,619  | 1,645,619                               | 0                 | 1,645,619          | 0              | 1,645,619          | 3.00   |
| 4.00   | 00400  | ADMINISTRATIVE & GENERAL             | 695,309   | 2,305,781  | 3,001,090                               | 0                 | 3,001,090          | -352,149       | 2,648,941          | 4.00   |
| 5.00   | 00500  | PLANT OPERATION, MAINT. & REPAIRS    | 307,300   | 406,072    | 713,372                                 | 0                 | 713,372            | 0              | 713,372            | 5.00   |
| 6.00   | 00600  | LAUNDRY & LINEN SERVICE              | 76,111    | 65,232     | 141,343                                 | 0                 | 141,343            | 0              | 141,343            | 6.00   |
| 7.00   | 00700  | HOUSEKEEPING                         | 460,757   | 38,110     | 498,867                                 | 0                 | 498,867            | 0              | 498,867            | 7.00   |
| 8.00   | 00800  | DIETARY                              | 690,947   | 490,124    | 1,181,071                               | 0                 | 1,181,071          | 0              | 1,181,071          | 8.00   |
| 9.00   | 00900  | NURSING ADMINISTRATION               | 435,755   | 2,330      | 438,085                                 | 0                 | 438,085            | 0              | 438,085            | 9.00   |
| 10.00  | 01000  | CENTRAL SERVICES & SUPPLY            | 40,206    | 0          | 40,206                                  | 0                 | 40,206             | 0              | 40,206             | 10.00  |
| 12.00  | 01200  | MEDICAL RECORDS & LIBRARY            | 4,442     | 0          | 4,442                                   | 0                 | 4,442              | 0              | 4,442              | 12.00  |
| 13.00  | 01300  | SOCIAL SERVICE                       | 199,795   | 0          | 199,795                                 | 0                 | 199,795            | 0              | 199,795            | 13.00  |
| 15.00  | 01500  | PATIENT ACTIVITIES                   | 304,279   | 2,665      | 306,944                                 | 0                 | 306,944            | 0              | 306,944            | 15.00  |
| INPA'  | TIENT  | ROUTINE SERVICE COST CENTERS         |           |            |   |                   |                    |                |                    |        |
| 30.00  | 03000  | SKILLED NURSING FACILITY             | 4,388,536 | 207,432    | 4,595,968                               | 0                 | 4,595,968          | 0              | 4,595,968          | 30.00  |
| 31.00  | 03100  | NURSING FACILITY                     | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 31.00  |
| 32.00  | 03200  | ICF/IID                              | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 32.00  |
| 33.00  | 03300  | OTHER LONG TERM CARE                 | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 33.00  |
| ANCI   | LLARY  | SERVICE COST CENTERS                 | '         |            | 1                                       | •                 |                    |                |                    |        |
| 40.00  | 04000  | RADIOLOGY                            | 0         | 1,018      | 1,018                                   | 0                 | 1,018              | 0              | 1,018              | 40.00  |
| 41.00  | 04100  | LABORATORY                           | 0         | 14,197     | 14,197                                  | 0                 | 14,197             | 0              | 14,197             | 41.00  |
| 42.00  | 04200  | INTRAVENOUS THERAPY                  | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 42.00  |
| 43.00  | 04300  | OXYGEN (INHALATION) THERAPY          | 1,042     | 0          | 1,042                                   | 0                 | 1,042              | 0              | 1,042              | 43.00  |
| 44.00  | 04400  | PHYSICAL THERAPY                     | 141,976   | 49,333     | 191,309                                 | 0                 | 191,309            | 0              | 191,309            | 44.00  |
| 45.00  | 04500  | OCCUPATIONAL THERAPY                 | 277,405   | 0          | 277,405                                 | 0                 | 277,405            | 0              | 277,405            | 45.00  |
| 46.00  | 04600  | SPEECH PATHOLOGY                     | 150       | 78,283     | 78,433                                  | 0                 | 78,433             | 0              | 78,433             | 46.00  |
| 47.00  | 04700  | ELECTROCARDIOLOGY                    | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 47.00  |
| 48.00  | 04800  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0         | 6,991      | 6,991                                   | 0                 | 6,991              | 0              | 6,991              | 48.00  |
| 49.00  | 04900  | DRUGS CHARGED TO PATIENTS            | 0         | 179,277    | 179,277                                 | 0                 | 179,277            | 0              | 179,277            | 49.00  |
| 51.00  | 05100  | SUPPORT SURFACES                     | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 51.00  |
| отні   | ER REI | MBURSABLE COST CENTERS               |           |            |   | l                 |                    |                |                    |        |
| 71.00  | 07100  | AMBULANCE                            | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 71.00  |
| SPEC   |        | RPOSE COST CENTERS                   | -1        |            |   |                   |                    |                |                    |        |
| 83.00  |        | HOSPICE                              | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 83.00  |
| 89.00  |        | SUBTOTALS (sum of lines 1-84)        | 8,024,010 | 6,474,244  | 14,498,254                              | 0                 |                    | -512,149       | 13,986,105         |        |
|        | REIMB  | URSABLE COST CENTERS                 | 0,021,020 | 9,11,1,211 | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   | 1,1.0,201          | 0.12,1.1.      | 10,100,100         |        |
| 90.00  |        | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0         | 0          | 0                                       | 0                 | 0                  | 0              | 0                  | 90.00  |
| 91.00  |        | BARBER AND BEAUTY SHOP               | 29,719    | 0          | 29,719                                  | 0                 |                    | 0              |                    |        |
| 92.00  |        | PHYSICIANS PRIVATE OFFICES           | 0         | 0          | 0                                       |                   | ,                  | 0              |                    |        |
| 93.00  |        | NONPAID WORKERS                      | 0         | 0          | 0                                       |                   |                    | 0              |                    |        |
| 94.00  | 09400  | PATIENTS LAUNDRY                     | 0         | 0          | 0                                       |                   |                    | 0              | 0                  |        |
| 100.00 | 02400  | TOTAL                                | 8,053,729 | 6,474,244  | 14,527,973                              | 0                 |                    | -512,149       | 14,015,824         |        |
| 100.00 |        | TOTAL                                | 0,033,729 | 0,7/7,244  | 17,341,973                              |                   | 17,341,973         | -512,149       | 17,015,624         | 100.00 |

MOHAWK MEADOWS Period: Run Date Time: 5/13/2025 2:15 pm From: 02/01/2024 MCRIF32 To: 12/31/2024 Version: 2540-10 Provider CCN: 315044 10.23.179.0

### RECLASSIFICATIONS Worksheet A-6

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

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

MOHAWK MEADOWS

Period:
From: 02/01/2024
Provider CCN: 315044

Run Date Time: 5/13/2025 2:15 pm
MCRIF32 2540-10
Version: 10.23.179.0

# RECONCILIATION OF CAPITAL COSTS CENTERS

# Worksheet A-7

|      |   |           |           |              |        |               |         |             | 113  |
|------|---|-----------|-----------|--------------|--------|---------------|---------|-------------|------|
|      |   |           |           | Acquisitions |        |               |         |             |      |
|      |   |           |           |              |        |               |         | Fully       |      |
|      |   | Beginning |           |              |        | Disposals and | Ending  | Depreciated |      |
|      |   | Balances  | Purchases | Donation     | Total  | Retirements   | Balance | Assets      |      |
|      |   | 1.00      | 2.00      | 3.00         | 4.00   | 5.00          | 6.00    | 7.00        |      |
| ANAL | YSIS OF CHANGES IN CAPITAL ASSET BALANCES |           |           |              |        |               |         |             |      |
| 1.00 | Land                                      | 0         | 0         | 0            | 0      | 0             | 0       | 0           | 1.00 |
| 2.00 | Land Improvements                         | 0         | 0         | 0            | 0      | 0             | 0       | 0           | 2.00 |
| 3.00 | Buildings and Fixtures                    | 0         | 0         | 0            | 0      | 0             | 0       | 0           | 3.00 |
| 4.00 | Building Improvements                     | 0         | 6,220     | 0            | 6,220  | 0             | 6,220   | 0           | 4.00 |
| 5.00 | Fixed Equipment                           | 0         | 0         | 0            | 0      | 0             | 0       | 0           | 5.00 |
| 6.00 | Movable Equipment                         | 0         | 19,808    | 0            | 19,808 | 0             | 19,808  | 0           | 6.00 |
| 7.00 | Subtotal (sum of lines 1-6)               | 0         | 26,028    | 0            | 26,028 | 0             | 26,028  | 0           | 7.00 |
| 8.00 | Reconciling Items                         | 0         | 0         | 0            | 0      | 0             | 0       | 0           | 8.00 |
| 9.00 | Total (line 7 minus line 8)               | 0         | 26,028    | 0            | 26,028 | 0             | 26,028  | 0           | 9.00 |

MOHAWK MEADOWS Period: Run Date Time: 5/13/2025 2:15 pm From: 02/01/2024 MCRIF32 To: 12/31/2024 Version: 2540-10 Provider CCN: 315044 10.23.179.0

# ADJUSTMENTS TO EXPENSES

# Worksheet A-8

|         |   |                             |          |  |              | PPS    |
|---------|---|-----------------------------|----------|--|--------------|--------|
|         |   |                             |          | Expense Classification on Worksheet A To/Fro<br>Amount is to be Adjusted | om Which the |        |
|         | Description (1)   | (2) Basis For<br>Adjustment | Amount   | Cost Center  | Line No.     |        |
|         |   | 1.00                        | 2.00     | 3.00   | 4.00         |        |
| 1.00    | Investment income on restricted funds (chapter 2)                                       | В                           | -778     | ADMINISTRATIVE & GENERAL   | 4.00         | 1.00   |
| 2.00    | Trade, quantity, and time discounts (chapter 8)   |                             | 0        |  | 0.00         | 2.00   |
| 3.00    | Refunds and rebates of expenses (chapter 8)   |                             | 0        |  | 0.00         | 3.00   |
| 4.00    | Rental of provider space by suppliers (chapter 8)                                       |                             | 0        |  | 0.00         | 4.00   |
| 5.00    | Telephone services (pay stations excluded) (chapter 21)                                 |                             | 0        |  | 0.00         | 5.00   |
| 6.00    | Television and radio service (chapter 21)   |                             | 0        |  | 0.00         | 6.00   |
| 7.00    | Parking lot (chapter 21)  |                             | 0        |  | 0.00         | 7.00   |
| 8.00    | Remuneration applicable to provider-based physician adjustment                          | A-8-2                       | 0        |  |              | 8.00   |
| 9.00    | Home office cost (chapter 21)   |                             | 0        |  | 0.00         | 9.00   |
| 10.00   | Sale of scrap, waste, etc. (chapter 23)   |                             | 0        |  | 0.00         | 10.00  |
| 11.00   | Nonallowable costs related to certain Capital expenditures (chapter 24)                 |                             | 0        |  | 0.00         | 11.00  |
| 12.00   | Adjustment resulting from transactions with related organizations (chapter 10)          | A-8-1                       | 0        |  |              | 12.00  |
| 13.00   | Laundry and linen service   |                             | 0        |  | 0.00         | 13.00  |
| 14.00   | Revenue - Employee meals  |                             | 0        |  | 0.00         | 14.00  |
| 15.00   | Cost of meals - Guests  |                             | 0        |  | 0.00         | 15.00  |
| 16.00   | Sale of medical supplies to other than patients   |                             | 0        |  | 0.00         | 16.00  |
| 17.00   | Sale of drugs to other than patients  |                             | 0        |  | 0.00         | 17.00  |
| 18.00   | Sale of medical records and abstracts   |                             | 0        |  | 0.00         | 18.00  |
| 19.00   | Vending machines  |                             | 0        |  | 0.00         | 19.00  |
| 20.00   | Income from imposition of interest, finance or penalty charges (chapter 21)             |                             | 0        |  | 0.00         | 20.00  |
| 21.00   | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                             | 0        |  | 0.00         | 21.00  |
| 22.00   | Utilization reviewphysicians' compensation (chapter 21)                                 |                             | 0        | *** Cost Center Deleted ***  | 82.00        | 22.00  |
| 23.00   | Depreciationbuildings and fixtures  |                             | 0        | CAP REL COSTS - BLDGS & FIXTURES   | 1.00         | 23.00  |
| 24.00   | Depreciationmovable equipment   |                             | 0        | *** Cost Center Deleted ***  | 2.00         | 24.00  |
| 25.00   | MISC INCOME   | В                           | -160,000 | CAP REL COSTS - BLDGS & FIXTURES   | 1.00         | 25.00  |
| 25.02   | WAGES - MARKETING   | A                           | -44,746  | ADMINISTRATIVE & GENERAL   | 4.00         | 25.02  |
| 25.03   | NON-OPERATING EXPENSE   | A                           | -10,680  | ADMINISTRATIVE & GENERAL   | 4.00         | 25.03  |
| 25.04   | BAD DEBT  | A                           | -281,945 | ADMINISTRATIVE & GENERAL   | 4.00         | 25.04  |
| 25.05   | PENALTIES   | A                           | -14,000  | ADMINISTRATIVE & GENERAL   | 4.00         | 25.05  |
| 100.00  | Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)           |                             | -512,149 |  |              | 100.00 |
| (1) Des | scription - All chapter references in this column pertain to CMS Pub. 15-1.             |                             |          |  |              |        |

<sup>(1)</sup> Description - All chapter references in this column pertain to CMS Pub. 15-1.

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

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

B. Amount Received - if cost cannot be determined.

5/13/2025 2:15 pm **2540-10** MOHAWK MEADOWS Period: Run Date Time:

From: 02/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315044 10.23.179.0



# COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B Part I PPS

|        |                                      |                         |                     |           |            |                      |                        |                    |            | PPS     |
|--------|--------------------------------------|-------------------------|---------------------|-----------|------------|----------------------|------------------------|--------------------|------------|---------|
|        |                                      | Net Expenses            |                     |           |            |                      |                        |                    |            |         |
|        |                                      | for Cost                |                     |           |            |                      | PLANT                  |                    |            |         |
|        | Cost Center Description              | Allocation              | DIDGE 8             | EMPLOYEE  |            | ADMINISTRA<br>TIVE & | OPERATION,<br>MAINT. & | LAUNDRY &<br>LINEN | HOUSEKEEPI |         |
|        |                                      | (from Wkst A<br>col. 7) | BLDGS &<br>FIXTURES | BENEFITS  | Subtotal   | GENERAL              | REPAIRS                | SERVICE            | NG         |         |
|        |                                      | 0                       | 1.00                | 3.00      | 3A         | 4.00                 | 5.00                   | 6.00               | 7.00       | _       |
| GENI   | L<br>ERAL SERVICE COST CENTERS       | U                       | 1.00                | 5.00      | 511        | 4.00                 | 3.00                   | 0.00               | 7.00       |         |
| 1.00   | CAP REL COSTS - BLDGS & FIXTURES     | 821,780                 | 821.780             |           |            |                      |                        |                    |            | 1.00    |
| 3.00   | EMPLOYEE BENEFITS                    | 1,645,619               | 021,700             | 1,645,619 |            |                      |                        |                    |            | 3.00    |
| 4.00   | ADMINISTRATIVE & GENERAL             | 2,648,941               | 118,215             | 142,072   | 2,909,228  | 2,909,228            |                        |                    |            | 4.00    |
| 5.00   | PLANT OPERATION, MAINT. & REPAIRS    | 713,372                 | 65,087              | 62,791    | 841,250    | 220,355              | 1,061,605              |                    |            | 5.00    |
| 6.00   | LAUNDRY & LINEN SERVICE              | 141,343                 | 20,092              | 15,552    | 176,987    | 46,359               | 33,406                 | 256,752            |            | 6.00    |
| 7.00   | HOUSEKEEPING                         | 498,867                 | 7,074               | 94,146    | 600,087    |                      | 11,762                 | 250,/52            | 769,034    | _       |
| 8.00   | DIETARY                              |                         | 81,810              | 141,181   |            | 157,185              | 136,026                | 0                  | 102,917    | 8.00    |
|        |                                      | 1,181,071               | ,                   |           | 1,404,062  | 367,776              | ,                      | V                  | · · · · ·  |         |
| 9.00   | NURSING ADMINISTRATION               | 438,085                 | 49,278              | 89,038    | 576,401    | 150,981              | 81,936                 | 0                  | - , ,      |         |
| 10.00  | CENTRAL SERVICES & SUPPLY            | 40,206                  | 15,303              | 8,215     | 63,724     | 16,692               | 25,445                 | 0                  | .,         |         |
| 12.00  | MEDICAL RECORDS & LIBRARY            | 4,442                   | 3,345               | 908       | 8,695      | 2,278                | 5,561                  | 0                  | 1,=        |         |
| 13.00  | SOCIAL SERVICE                       | 199,795                 | 0                   | 40,824    | 240,619    | 63,027               | 0                      | 0                  | · ·        | 13.00   |
| 15.00  | PATIENT ACTIVITIES                   | 306,944                 | 0                   | 62,173    | 369,117    | 96,685               | 0                      | 0                  | 0          | 15.00   |
| _      | TIENT ROUTINE SERVICE COST CENTERS   |                         |                     |           |            |                      |                        |                    |            |         |
| 30.00  | SKILLED NURSING FACILITY             | 4,595,968               | 443,843             | 896,711   | 5,936,522  | 1,554,993            | 737,984                | 256,752            | 558,356    |         |
| 31.00  | NURSING FACILITY                     | 0                       | 0                   | 0         | 0          |                      | 0                      |                    |            |         |
| 32.00  | ICF/IID                              | 0                       | 0                   | 0         | 0          |                      |                        |                    | <b>_</b>   | 0 = 100 |
| 33.00  | OTHER LONG TERM CARE                 | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 33.00   |
| _      | LLARY SERVICE COST CENTERS           |                         |                     | -         |            |                      |                        |                    |            |         |
| 40.00  | RADIOLOGY                            | 1,018                   | 0                   | 0         | 1,018      | 267                  | 0                      | 0                  | · ·        | 10100   |
| 41.00  | LABORATORY                           | 14,197                  | 0                   | 0         | 14,197     | 3,719                | 0                      | 0                  | 0          | 41.00   |
| 42.00  | INTRAVENOUS THERAPY                  | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 42.00   |
| 43.00  | OXYGEN (INHALATION) THERAPY          | 1,042                   | 0                   | 213       | 1,255      | 329                  | 0                      | 0                  | 0          | 43.00   |
| 44.00  | PHYSICAL THERAPY                     | 191,309                 | 13,426              | 29,010    | 233,745    | 61,226               | 22,324                 | 0                  | ,          | 44.00   |
| 45.00  | OCCUPATIONAL THERAPY                 | 277,405                 | 0                   | 56,682    | 334,087    | 87,510               | 0                      | 0                  | 0          | 45.00   |
| 46.00  | SPEECH PATHOLOGY                     | 78,433                  | 0                   | 31        | 78,464     | 20,553               | 0                      | 0                  | 0          | 46.00   |
| 47.00  | ELECTROCARDIOLOGY                    | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 47.00   |
| 48.00  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 6,991                   | 0                   | 0         | 6,991      | 1,831                | 0                      | 0                  | 0          | 48.00   |
| 49.00  | DRUGS CHARGED TO PATIENTS            | 179,277                 | 0                   | 0         | 179,277    | 46,959               | 0                      | 0                  | 0          | 49.00   |
| 51.00  | SUPPORT SURFACES                     | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 51.00   |
| OTH    | ER REIMBURSABLE COST CENTERS         |                         |                     |           |            |                      |                        |                    |            |         |
| 71.00  | AMBULANCE                            | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 71.00   |
| SPEC   | IAL PURPOSE COST CENTERS             |                         |                     |           |            |                      |                        |                    |            |         |
| 83.00  | HOSPICE                              | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 83.00   |
| 89.00  | SUBTOTALS (sum of lines 1-84)        | 13,986,105              | 817,473             | 1,639,547 | 13,975,726 | 2,898,725            | 1,054,444              | 256,752            | 763,616    | 89.00   |
| NON    | REIMBURSABLE COST CENTERS            |                         |                     |           |            |                      |                        |                    |            |         |
| 90.00  | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 90.00   |
| 91.00  | BARBER AND BEAUTY SHOP               | 29,719                  | 4,307               | 6,072     | 40,098     | 10,503               | 7,161                  | 0                  | 5,418      | 91.00   |
| 92.00  | PHYSICIANS PRIVATE OFFICES           | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 92.00   |
| 93.00  | NONPAID WORKERS                      | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 93.00   |
| 94.00  | PATIENTS LAUNDRY                     | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 94.00   |
| 98.00  | Cross Foot Adjustments               | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 98.00   |
| 99.00  | Negative Cost Centers                | 0                       | 0                   | 0         | 0          | 0                    | 0                      | 0                  | 0          | 99.00   |
| 100,00 | TOTAL                                | 14,015,824              | 821,780             | 1,645,619 | 14,015,824 | 2,909,228            | 1,061,605              | 256,752            | 769 034    | 100.00  |

5/13/2025 2:15 pm **2540-10** MOHAWK MEADOWS Period: Run Date Time: From: 02/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315044

10.23.179.0



# COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B Part I

|               |                                      |           |            |            |           |         |            |            |               | PPS    |
|---------------|--------------------------------------|-----------|------------|------------|-----------|---------|------------|------------|---------------|--------|
|               |                                      |           | NURSING    | CENTRAL    | MEDICAL   |         |            |            |               |        |
|               | Cost Center Description              |           | ADMINISTRA | SERVICES & | RECORDS & | SOCIAL  | PATIENT    |            | Post Stepdown |        |
|               |                                      | DIETARY   | TION       | SUPPLY     | LIBRARY   | SERVICE | ACTIVITIES | Subtotal   | Adjustments   |        |
|               |                                      | 8.00      | 9.00       | 10.00      | 12.00     | 13.00   | 15.00      | 16.00      | 17.00         |        |
|               | RAL SERVICE COST CENTERS             |           |            |            |           |         |            |            |               |        |
|               | CAP REL COSTS - BLDGS & FIXTURES     |           |            |            |           |         |            |            |               | 1.00   |
|               | EMPLOYEE BENEFITS                    |           |            |            |           |         |            |            |               | 3.00   |
| -             | ADMINISTRATIVE & GENERAL             |           |            |            |           |         |            |            |               | 4.00   |
|               | PLANT OPERATION, MAINT. & REPAIRS    |           |            |            |           |         |            |            |               | 5.00   |
|               | LAUNDRY & LINEN SERVICE              |           |            |            |           |         |            |            |               | 6.00   |
|               | HOUSEKEEPING                         |           |            |            |           |         |            |            |               | 7.00   |
| 8.00          | DIETARY                              | 2,010,781 |            |            |           |         |            |            |               | 8.00   |
| 9.00          | NURSING ADMINISTRATION               | 0         | 871,311    |            |           |         |            |            |               | 9.00   |
| 10.00         | CENTRAL SERVICES & SUPPLY            | 0         | 0          | 125,113    |           |         |            |            |               | 10.00  |
| 12.00         | MEDICAL RECORDS & LIBRARY            | 0         | 0          | 0          | 20,741    |         |            |            |               | 12.00  |
| 13.00         | SOCIAL SERVICE                       | 0         | 0          | 0          | 0         | 303,646 |            |            |               | 13.00  |
| 15.00         | PATIENT ACTIVITIES                   | 0         | 0          | 0          | 0         | 0       | 465,802    |            |               | 15.00  |
| INPAT         | IENT ROUTINE SERVICE COST CENTERS    |           |            |            |           |         |            |            |               |        |
| 30.00         | SKILLED NURSING FACILITY             | 2,010,781 | 871,311    | 0          | 20,741    | 303,646 | 465,802    | 12,716,888 | 0             | 30.00  |
| 31.00         | NURSING FACILITY                     | 0         | 0          | 0          | 0         | 0       | 0          | 0          | 0             | 31.00  |
| 32.00         | ICF/IID                              | 0         | 0          | 0          | 0         | 0       | 0          | 0          | 0             | 32.00  |
| 33.00         | OTHER LONG TERM CARE                 | 0         | 0          | 0          | 0         | 0       | 0          | 0          | 0             | 33.00  |
| ANCIL         | LARY SERVICE COST CENTERS            |           |            |            | '         |         |            |            |               |        |
| 40.00         | RADIOLOGY                            | 0         | 0          | 0          | 0         | 0       | 0          | 1,285      | 0             | 40.00  |
| 41.00         | LABORATORY                           | 0         | 0          | 0          | 0         | 0       | 0          | 17,916     | 0             | 41.00  |
| 42.00         | INTRAVENOUS THERAPY                  | 0         | 0          | 0          | 0         | 0       | 0          | 0          | 0             | 42.00  |
|               | OXYGEN (INHALATION) THERAPY          | 0         | 0          | 0          | 0         | 0       | 0          | 1,584      | 0             | 43.00  |
|               | PHYSICAL THERAPY                     | 0         | 0          | 0          | 0         | 0       | 0          | 334,186    | 0             |        |
|               | OCCUPATIONAL THERAPY                 | 0         |            | 0          |           | 0       | 0          | 421,597    | 0             |        |
| -             | SPEECH PATHOLOGY                     | 0         |            | 0          |           | 0       | 0          | 99,017     | 0             |        |
|               | ELECTROCARDIOLOGY                    | 0         |            | 0          | 0         | 0       | 0          | 0          | 0             |        |
|               | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0         |            | 125,113    | 0         | 0       | 0          | 133,935    | 0             |        |
|               | DRUGS CHARGED TO PATIENTS            | 0         | -          | 0          |           | 0       | 0          | 226,236    | 0             |        |
| -             | SUPPORT SURFACES                     | 0         | -          | 0          |           | 0       | 0          | 0          |               |        |
|               | R REIMBURSABLE COST CENTERS          | 0         |            |            | <u> </u>  | 0       | - V        |            |               | 31.00  |
|               | AMBULANCE                            | 0         | 0          | 0          | 0         | 0       | 0          | 0          | 0             | 71.00  |
|               | AL PURPOSE COST CENTERS              | 0         | 0          |            | 0         | · ·     | 0          | 0          |               | /1.00  |
|               | HOSPICE                              | 0         | 0          | 0          | 0         | 0       | 0          | 0          | 0             | 83.00  |
|               | SUBTOTALS (sum of lines 1-84)        | 2,010,781 | 871,311    | 125,113    | 20,741    | 303,646 | 465,802    | 13,952,644 | 0             |        |
|               | EIMBURSABLE COST CENTERS             | 2,010,781 | 6/1,311    | 125,115    | 20,741    | 303,040 | 405,602    | 13,932,044 |               | 69.00  |
| $\overline{}$ |                                      | 0         | 0          | 0          | 0         | 0       | 0          | 0          | 0             | 90.00  |
|               | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0         |            |            |           | -       | 0          |            | 0             |        |
| -             | BARBER AND BEAUTY SHOP               | -         | -          | 0          |           | 0       |            | 63,180     |               |        |
| -             | PHYSICIANS PRIVATE OFFICES           | 0         | 0          | 0          |           | 0       | 0          | 0          |               |        |
| -             | NONPAID WORKERS                      |           | 0          | 0          |           | 0       | 0          | 0          |               | ,      |
| $\overline{}$ | PATIENTS LAUNDRY                     | 0         | 0          | 0          | 0         | 0       | 0          | 0          | · · ·         | 7 1100 |
| $\overline{}$ | Cross Foot Adjustments               | 0         | 0          | 0          |           |         | 0          | 0          | · · ·         | 7 0.00 |
| -             | Negative Cost Centers                | 0         | 0          | 0          | 0         | 0       | 0          | 0          |               | 77.00  |
| 100.00        | TOTAL                                | 2,010,781 | 871,311    | 125,113    | 20,741    | 303,646 | 465,802    | 14,015,824 | 0             | 100.00 |

 
 MOHAWK MEADOWS
 Period: From: 02/01/2024
 Run Date Time: MCRIF32
 5/13/2025 2:15 pm

 Provider CCN:
 315044
 To: 12/31/2024
 Version:
 10.23.179.0



# COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

| Cost Center Description   Total  |        |
|--|--------|
| GENERAL SERVICE COST CENTERS   |        |
| 1.00   |        |
| SAME      |        |
| ADMINISTRATIVE & GENERAL   | 1.00   |
| Solid   Plant Operation, Maint, & Repairs  | 3.00   |
| 6.00 LAUNDRY & LINEN SERVICE 7.00 HOUSEKEEPING 8.00 DETARY 9.00 NURSING ADMINISTRATION 10.00 CENTRAL SERVICES & SUPPLY 12.00 MEDICAL RECORDS & LIBRARY 13.00 SOCIAL SERVICE 15.00 PATIENT ACTIVITIES 15.00 PATIENT ROUTINE SERVICE COST CENTERS 10.00 SKILLED NURSING FACILITY 10.00 SK | 4.00   |
| Top   Housekeeping   Top   | 5.00   |
| B.00   DIETARY   | 6.00   |
| 9.00 NURSING ADMINISTRATION 10.00 CENTRAL SERVICES & SUPPLY 12.00 MEDICAL RECORDS & LIBRARY 13.00 SOCIAL SERVICE 15.00 PATIENT ACTIVITIES 15.00 PATIENT ROUTINE SERVICE COST CENTERS 15.00 NURSING FACILITY 10.00 NURSING FACILITY 10 | 7.00   |
| 10.00   CENTRAL SERVICES & SUPPLY     12.00   MEDICAL RECORDS & LIBRARY     13.00   SOCIAL SERVICE     15.00   PATEENT ACTIVITIES     15.00   PATEENT ACTIVITIES     15.00   PATEENT ACTIVITIES     17.00   SKILLED NURSING FACILITY   12,716,888     13.00   NURSING FACILITY   0     13.00   OTHER LONG TERM CARE   0     13.00   OTHER LONG TERM CARE   0     ANCILLARY SERVICE COST CENTERS     14.00   RADIOLOGY   1,285     14.00   LABORATORY   17,916     14.00   LABORATORY   17,916     14.00   OXYGEN (INHALATION) THERAPY   0     14.00   OXYGEN (INHALATION) THERAPY   1,584     14.00   PHYSICAL THERAPY   334,186     14.00   OCCUPATIONAL THERAPY   421,597     14.00   SEECH PATHOLOGY   99,017     14.00   SEECH PATHOLOGY   99,017     14.00   ELECTROCARDIOLOGY   0     14.00   ORUGO CHARGED TO PATIENTS   133,935     14.00   DRUGS CHARGED TO PATIENTS   226,236     15.10   SUPPORT SURFACES   0     OTHER REIMBURSABLE COST CENTERS   | 8.00   |
| 12:00   MEDICAL RECORDS & LIBRARY  | 9.00   |
| 13.00   SOCIAL SERVICE   | 10.00  |
| 15.00   PATIENT ACTIVITIES   | 12.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 13.00  |
| 30.00   SKILLED NURSING FACILITY   12,716,888     31.00   NURSING FACILITY   0     32.00   ICF/IID   0     33.00   OTHER LONG TERM CARE   0     ANCILLARY SERVICE COST CENTERS     40.00   RADIOLOGY   1,285     41.00   LABORATORY   17,916     42.00   INTRAVENOUS THERAPY   0     43.00   OXYGEN (INHALATION) THERAPY   1,584     44.00   PHYSICAL THERAPY   334,186     45.00   OCCUPATIONAL THERAPY   421,597     46.00   SPECH PATHOLOGY   99,017     47.00   ELECTROCARDIOLOGY   0     48.00   MEDICAL SUPPLIES CHARGED TO PATIENTS   133,935     49.00   DRUGS CHARGED TO PATIENTS   226,236     51.00   SUPPORT SURFACES   0     OTHER REIMBURSABLE COST CENTERS  | 15.00  |
| 31.00   NURSING FACILITY   |        |
| 32.00   CF/IID   | 30.00  |
| 33.00         OTHER LONG TERM CARE         0           ANCILLARY SERVICE COST CENTERS         40.00         RADIOLOGY         1,285           41.00         LABORATORY         17,916           42.00         INTRAVENOUS THERAPY         0           43.00         OXYGEN (INHALATION) THERAPY         1,584           44.00         PHYSICAL THERAPY         334,186           45.00         OCCUPATIONAL THERAPY         421,597           46.00         SPEECH PATHOLOGY         99,017           47.00         ELECTROCARDIOLOGY         0           48.00         MEDICAL SUPPLIES CHARGED TO PATIENTS         133,935           49.00         DRUGS CHARGED TO PATIENTS         226,236           51.00         SUPPORT SURFACES         0           OTHER REIMBURSABLE COST CENTERS  | 31.00  |
| ANCILLARY SERVICE COST CENTERS  40.00 RADIOLOGY 1,285  41.00 LABORATORY 17,916  42.00 INTRAVENOUS THERAPY 0  43.00 OXYGEN (INHALATION) THERAPY 1,584  44.00 PHYSICAL THERAPY 334,186  45.00 OCCUPATIONAL THERAPY 421,597  46.00 SPEECH PATHOLOGY 99,017  47.00 ELECTROCARDIOLOGY 0  48.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 133,935  49.00 DRUGS CHARGED TO PATIENTS 226,236  51.00 SUPPORT SURFACES 0  OTHER REIMBURSABLE COST CENTERS   | 32.00  |
| 40.00       RADIOLOGY       1,285         41.00       LABORATORY       17,916         42.00       INTRAVENOUS THERAPY       0         43.00       OXYGEN (INHALATION) THERAPY       1,584         44.00       PHYSICAL THERAPY       334,186         45.00       OCCUPATIONAL THERAPY       421,597         46.00       SPEECH PATHOLOGY       99,017         47.00       ELECTROCARDIOLOGY       0         48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       133,935         49.00       DRUGS CHARGED TO PATIENTS       226,236         51.00       SUPPORT SURFACES       0         OTHER REIMBURSABLE COST CENTERS  | 33.00  |
| 41.00       LABORATORY       17,916         42.00       INTRAVENOUS THERAPY       0         43.00       OXYGEN (INHALATION) THERAPY       1,584         44.00       PHYSICAL THERAPY       334,186         45.00       OCCUPATIONAL THERAPY       421,597         46.00       SPEECH PATHOLOGY       99,017         47.00       ELECTROCARDIOLOGY       0         48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       133,935         49.00       DRUGS CHARGED TO PATIENTS       226,236         51.00       SUPPORT SURFACES       0         OTHER REIMBURSABLE COST CENTERS  |        |
| 42.00       INTRAVENOUS THERAPY       0         43.00       OXYGEN (INHALATION) THERAPY       1,584         44.00       PHYSICAL THERAPY       334,186         45.00       OCCUPATIONAL THERAPY       421,597         46.00       SPEECH PATHOLOGY       99,017         47.00       ELECTROCARDIOLOGY       0         48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       133,935         49.00       DRUGS CHARGED TO PATIENTS       226,236         51.00       SUPPORT SURFACES       0         OTHER REIMBURSABLE COST CENTERS  | 40.00  |
| 43.00       OXYGEN (INHALATION) THERAPY       1,584         44.00       PHYSICAL THERAPY       334,186         45.00       OCCUPATIONAL THERAPY       421,597         46.00       SPEECH PATHOLOGY       99,017         47.00       ELECTROCARDIOLOGY       0         48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       133,935         49.00       DRUGS CHARGED TO PATIENTS       226,236         51.00       SUPPORT SURFACES       0         OTHER REIMBURSABLE COST CENTERS  | 41.00  |
| 44.00       PHYSICAL THERAPY       334,186         45.00       OCCUPATIONAL THERAPY       421,597         46.00       SPEECH PATHOLOGY       99,017         47.00       ELECTROCARDIOLOGY       0         48.00       MEDICAL SUPPLIES CHARGED TO PATIENTS       133,935         49.00       DRUGS CHARGED TO PATIENTS       226,236         51.00       SUPPORT SURFACES       0         OTHER REIMBURSABLE COST CENTERS  | 42.00  |
| 45.00         OCCUPATIONAL THERAPY         421,597           46.00         SPEECH PATHOLOGY         99,017           47.00         ELECTROCARDIOLOGY         0           48.00         MEDICAL SUPPLIES CHARGED TO PATIENTS         133,935           49.00         DRUGS CHARGED TO PATIENTS         226,236           51.00         SUPPORT SURFACES         0           OTHER REIMBURSABLE COST CENTERS         0   | 43.00  |
| 46.00         SPEECH PATHOLOGY         99,017           47.00         ELECTROCARDIOLOGY         0           48.00         MEDICAL SUPPLIES CHARGED TO PATIENTS         133,935           49.00         DRUGS CHARGED TO PATIENTS         226,236           51.00         SUPPORT SURFACES         0           OTHER REIMBURSABLE COST CENTERS         0  | 44.00  |
| 47.00         ELECTROCARDIOLOGY         0           48.00         MEDICAL SUPPLIES CHARGED TO PATIENTS         133,935           49.00         DRUGS CHARGED TO PATIENTS         226,236           51.00         SUPPORT SURFACES         0           OTHER REIMBURSABLE COST CENTERS         0  | 45.00  |
| 48.00         MEDICAL SUPPLIES CHARGED TO PATIENTS         133,935           49.00         DRUGS CHARGED TO PATIENTS         226,236           51.00         SUPPORT SURFACES         0           OTHER REIMBURSABLE COST CENTERS  | 46.00  |
| 49.00 DRUGS CHARGED TO PATIENTS 226,236 51.00 SUPPORT SURFACES 0 OTHER REIMBURSABLE COST CENTERS   | 47.00  |
| 51.00 SUPPORT SURFACES 0 OTHER REIMBURSABLE COST CENTERS   | 48.00  |
| OTHER REIMBURSABLE COST CENTERS  | 49.00  |
|  | 51.00  |
| 71 00 AMBULANCE  |        |
|  | 71.00  |
| SPECIAL PURPOSE COST CENTERS   |        |
| 83.00 HOSPICE 0  | 83.00  |
| 89.00 SUBTOTALS (sum of lines 1-84) 13,952,644   | 89.00  |
| NONREIMBURSABLE COST CENTERS   |        |
| 90.00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN 0   | 90.00  |
| 91.00 BARBER AND BEAUTY SHOP 63,180  | 91.00  |
| 92.00 PHYSICIANS PRIVATE OFFICES 0   | 92.00  |
| 93.00 NONPAID WORKERS 0  | 93.00  |
| 94.00 PATIENTS LAUNDRY 0   | 94.00  |
| 98.00 Cross Foot Adjustments 0   | 98.00  |
| 99.00 Negative Cost Centers 0  | 99.00  |
| 100.00 TOTAL 14,015,824  | 100.00 |

 
 MOHAWK MEADOWS
 Period: From: 02/01/2024
 Run Date Time: MCRIF32
 5/13/2025 2:15 pm

 Provider CCN:
 315044
 To: 12/31/2024
 Version:
 10.23.179.0



# ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

|        |                                      |  |                     |          |                      |                                 |  |                                       |                  | PPS    |
|--------|--------------------------------------|--|---------------------|----------|----------------------|---------------------------------|--|---------------------------------------|------------------|--------|
|        | Cost Center Description              | Directly<br>Assigned New<br>Capital Related<br>Costs | BLDGS &<br>FIXTURES | Subtotal | EMPLOYEE<br>BENEFITS | ADMINISTRA<br>TIVE &<br>GENERAL | PLANT<br>OPERATION,<br>MAINT. &<br>REPAIRS | LAUNDRY &<br>LINEN<br>SERVICE         | HOUSEKEEPI<br>NG |        |
|        |                                      | 0  | 1.00                | 2A       | 3.00                 | 4.00                            | 5.00                                       | 6.00                                  | 7.00             |        |
| GENI   | ERAL SERVICE COST CENTERS            |  |                     |          |                      |                                 |  |                                       |                  |        |
| 1.00   | CAP REL COSTS - BLDGS & FIXTURES     |  |                     |          |                      |                                 |  |                                       |                  | 1.00   |
| 3.00   | EMPLOYEE BENEFITS                    | 0  | 0                   | 0        |                      |                                 |  |                                       |                  | 3.00   |
| 4.00   | ADMINISTRATIVE & GENERAL             | 0  | 118,215             | 118,215  | 0                    | 118,215                         |  |                                       |                  | 4.00   |
| 5.00   | PLANT OPERATION, MAINT. & REPAIRS    | 0  | 65,087              | 65,087   | 0                    | 8,954                           | 74,041                                     |                                       |                  | 5.00   |
| 6.00   | LAUNDRY & LINEN SERVICE              | 0  | 20,092              | 20,092   | 0                    | 1,884                           | 2,330                                      | 24,306                                |                  | 6.00   |
| 7.00   | HOUSEKEEPING                         | 0  | 7,074               | 7,074    | 0                    | 6,387                           | 820  | 0                                     | 14,281           | 7.00   |
| 8.00   | DIETARY                              | 0  | 81,810              | 81,810   | 0                    | 14,945                          | 9,487                                      | 0                                     | 1,911            | 8.00   |
| 9.00   | NURSING ADMINISTRATION               | 0  | 49,278              | 49,278   | 0                    | 6,135                           | 5,715                                      | 0                                     | 1,151            | 9.00   |
| 10.00  | CENTRAL SERVICES & SUPPLY            | 0  | 15,303              | 15,303   | 0                    | 678                             | 1,775                                      | 0                                     | 358              | 10.00  |
| 12.00  | MEDICAL RECORDS & LIBRARY            | 0  | 3,345               | 3,345    | 0                    | 93                              | 388  | 0                                     | 78               | 12.00  |
| 13.00  | SOCIAL SERVICE                       | 0  | 0                   | 0        | 0                    | 2,561                           | 0  | 0                                     | 0                | 13.00  |
| 15.00  | PATIENT ACTIVITIES                   | 0  | 0                   | 0        | 0                    | 3,929                           | 0  | 0                                     | 0                | 15.00  |
| INPA'  | TIENT ROUTINE SERVICE COST CENTERS   |  |                     |          |                      |                                 |  |                                       | •                |        |
| 30.00  | SKILLED NURSING FACILITY             | 0  | 443,843             | 443,843  | 0                    | 63,186                          | 51,470                                     | 24,306                                | 10,368           | 30.00  |
| 31.00  | NURSING FACILITY                     | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     | 0                | 31.00  |
| 32.00  | ICF/IID                              | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     | 0                | 32.00  |
| 33.00  | OTHER LONG TERM CARE                 | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     | 0                | 33.00  |
| ANCI   | LLARY SERVICE COST CENTERS           |  | <u>'</u>            |          | •                    |                                 |  |                                       | •                |        |
| 40.00  | RADIOLOGY                            | 0  | 0                   | 0        | 0                    | 11                              | 0  | 0                                     | 0                | 40.00  |
| 41.00  | LABORATORY                           | 0  | 0                   | 0        | 0                    | 151                             | 0  | 0                                     | 0                | 41.00  |
| 42.00  | INTRAVENOUS THERAPY                  | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     | 0                | 42.00  |
| 43.00  | OXYGEN (INHALATION) THERAPY          | 0  | 0                   | 0        | 0                    | 13                              | 0  | 0                                     | 0                | 43.00  |
| 44.00  | PHYSICAL THERAPY                     | 0  | 13,426              | 13,426   | 0                    | 2,488                           | 1,557                                      | 0                                     | 314              | 44.00  |
| 45.00  | OCCUPATIONAL THERAPY                 | 0  | 0                   | 0        | 0                    | 3,556                           | 0  | 0                                     |                  | 45.00  |
| 46.00  | SPEECH PATHOLOGY                     | 0  | 0                   | 0        | 0                    | 835                             | 0  | 0                                     | 0                | 46,00  |
| 47.00  | ELECTROCARDIOLOGY                    | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     | 0                | 47.00  |
| 48.00  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0  | 0                   | 0        | 0                    | 74                              | 0  |                                       | · ·              | 48.00  |
| 49.00  | DRUGS CHARGED TO PATIENTS            | 0  | 0                   | 0        | 0                    | 1,908                           | 0  |                                       | 0                | 49.00  |
| 51.00  | SUPPORT SURFACES                     | 0  | 0                   | 0        | 0                    | 0                               | 0  | · · · · · · · · · · · · · · · · · · · | 0                | 51.00  |
|        | ER REIMBURSABLE COST CENTERS         |  | <u> </u>            |          |                      |                                 |  |                                       |                  | 31.00  |
|        | AMBULANCE                            | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     | 0                | 71.00  |
|        | IAL PURPOSE COST CENTERS             |  | V <sub>I</sub>      |          |                      |                                 |  |                                       |                  | 71.00  |
| 83.00  | HOSPICE                              | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     | 0                | 83.00  |
| 89.00  | SUBTOTALS (sum of lines 1-84)        | 0  | 817,473             | 817,473  | 0                    |                                 | 73,542                                     | 24,306                                | · ·              |        |
|        | REIMBURSABLE COST CENTERS            | 0  | 017,475             | 017,475  | 0                    | 117,700                         | 73,342                                     | 24,300                                | 14,100           | 02.00  |
| 90.00  | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     | 0                | 90.00  |
| 91.00  | BARBER AND BEAUTY SHOP               | 0  | 4,307               | 4,307    | 0                    |                                 | 499  | 0                                     | · ·              | 91.00  |
| 92.00  | PHYSICIANS PRIVATE OFFICES           | 0  | 4,307               | 4,307    |                      |                                 |  |                                       |                  |        |
| 93.00  | NONPAID WORKERS                      | 0  | 0                   | 0        |                      |                                 |  |                                       | · ·              |        |
| 94.00  |                                      | 0  | 0                   | 0        |                      |                                 |  |                                       | · ·              | ,,,,,, |
|        | PATIENTS LAUNDRY                     | 0  | 0                   | 0        | 0                    | 0                               | 0  | 0                                     |                  |        |
| 98.00  | Cross Foot Adjustments               |  |                     |          | _                    |                                 | _  |                                       | · ·              |        |
| 99.00  | Negative Cost Centers                | 0  | 0                   | 0 0 700  | 0                    |                                 |  |                                       | · ·              | ,,,,,, |
| 100.00 | TOTAL                                | 0  | 821,780             | 821,780  | 0                    | 118,215                         | 74,041                                     | 24,306                                | 14,281           | 100.00 |

 
 MOHAWK MEADOWS
 Period: From: 02/01/2024
 Run Date Time: MCRIF32
 5/13/2025 2:15 pm

 Provider CCN:
 315044
 To: 12/31/2024
 Version:
 10.23.179.0



# ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II

|   |         |            |            |           |         |            |          |             | PPS       |
|---|---------|------------|------------|-----------|---------|------------|----------|-------------|-----------|
|   |         | NURSING    | CENTRAL    | MEDICAL   |         |            |          | Post        |           |
| Cost Center Description                                   | DIEWANA | ADMINISTRA | SERVICES & | RECORDS & | SOCIAL  | PATIENT    | 0.11     | Step-Down   |           |
|   | DIETARY | TION       | SUPPLY     | LIBRARY   | SERVICE | ACTIVITIES | Subtotal | Adjustments |           |
| CENTER AT CERTIFICE COOK CENTERS                          | 8.00    | 9.00       | 10.00      | 12.00     | 13.00   | 15.00      | 16.00    | 17.00       |           |
| GENERAL SERVICE COST CENTERS                              |         |            |            |           |         |            |          |             |           |
| 1.00 CAP REL COSTS - BLDGS & FIXTURES                     |         |            |            |           |         |            |          |             | 1.00      |
| 3.00 EMPLOYEE BENEFITS                                    |         |            |            |           |         |            |          |             | 3.00      |
| 4.00 ADMINISTRATIVE & GENERAL                             |         |            |            |           |         |            |          |             | 4.00      |
| 5.00 PLANT OPERATION, MAINT. & REPAIRS                    |         |            |            |           |         |            |          |             | 5.00      |
| 6.00 LAUNDRY & LINEN SERVICE                              |         |            |            |           |         |            |          |             | 6.00      |
| 7.00 HOUSEKEEPING   |         |            |            |           |         |            |          |             | 7.00      |
| 8.00 DIETARY  | 108,153 |            |            |           |         |            |          |             | 8.00      |
| 9.00 NURSING ADMINISTRATION                               | 0       |            |            |           |         |            |          |             | 9.00      |
| 10.00 CENTRAL SERVICES & SUPPLY                           | 0       |            | 18,114     |           |         |            |          |             | 10.00     |
| 12.00 MEDICAL RECORDS & LIBRARY                           | 0       |            | 0          | 3,904     |         |            |          |             | 12.00     |
| 13.00 SOCIAL SERVICE                                      | 0       |            | 0          | 0         | 2,561   |            |          |             | 13.00     |
| 15.00 PATIENT ACTIVITIES                                  | 0       | 0          | 0          | 0         | 0       | 3,929      |          |             | 15.00     |
| INPATIENT ROUTINE SERVICE COST CENTERS                    |         |            |            |           |         |            |          |             |           |
| 30.00 SKILLED NURSING FACILITY                            | 108,153 | 62,279     | 0          | 3,904     | 2,561   | 3,929      | 773,999  | 0           | 30.00     |
| 31.00 NURSING FACILITY                                    | 0       | 0          | 0          | 0         | 0       | 0          | 0        | 0           | 31.00     |
| 32.00 ICF/IID   | 0       | 0          | 0          | 0         | 0       | 0          | 0        | 0           | 32.00     |
| 33.00 OTHER LONG TERM CARE                                | 0       | 0          | 0          | 0         | 0       | 0          | 0        | 0           | 33.00     |
| ANCILLARY SERVICE COST CENTERS                            |         |            |            |           |         |            |          |             |           |
| 40.00 RADIOLOGY   | 0       | 0          | 0          | 0         | 0       | 0          | 11       | 0           | 40.00     |
| 41.00 LABORATORY  | 0       | 0          | 0          | 0         | 0       | 0          | 151      | 0           | 41.00     |
| 42.00 INTRAVENOUS THERAPY                                 | 0       | 0          | 0          | 0         | 0       | 0          | 0        | 0           | 42.00     |
| 43.00 OXYGEN (INHALATION) THERAPY                         | 0       | 0          | 0          | 0         | 0       | 0          | 13       | 0           | 43.00     |
| 44.00 PHYSICAL THERAPY                                    | 0       | 0          | 0          | 0         | 0       | 0          | 17,785   | 0           | 44.00     |
| 45.00 OCCUPATIONAL THERAPY                                | 0       | 0          | 0          | 0         | 0       | 0          | 3,556    | 0           | 45.00     |
| 46.00 SPEECH PATHOLOGY                                    | 0       | 0          | 0          | 0         | 0       | 0          | 835      | 0           | 46.00     |
| 47.00 ELECTROCARDIOLOGY                                   | 0       | 0          | 0          | 0         | 0       | 0          | 0        | 0           |           |
| 48.00 MEDICAL SUPPLIES CHARGED TO PATIENTS                | 0       | 0          | 18,114     | 0         | 0       | 0          | 18,188   | 0           |           |
| 49.00 DRUGS CHARGED TO PATIENTS                           | 0       | 0          | 0          | 0         | 0       | 0          | 1,908    | 0           |           |
| 51.00 SUPPORT SURFACES                                    | 0       |            | 0          | 0         | 0       | 0          | 0        | 0           |           |
| OTHER REIMBURSABLE COST CENTERS                           |         |            |            | ,         | ~       |            |          |             |           |
| 71.00 AMBULANCE   | 0       | 0          | 0          | 0         | 0       | 0          | 0        | 0           | 71.00     |
| SPECIAL PURPOSE COST CENTERS                              |         |            |            | · ·       | V       |            | •        |             | 71.00     |
| 83.00 HOSPICE   | 0       | 0          | 0          | 0         | 0       | 0          | 0        | 0           | 83.00     |
| 89.00 SUBTOTALS (sum of lines 1-84)                       | 108,153 |            | 18,114     | 3,904     | 2,561   | 3,929      | 816,446  | 0           |           |
| NONREIMBURSABLE COST CENTERS                              | 100,133 | 02,277     | 10,114     | 3,701     | 2,501   | 3,727      | 010,110  |             | 02.00     |
| 90.00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN                | 0       | 0          | 0          | 0         | 0       | 0          | 0        | 0           | 90.00     |
| 91.00 BARBER AND BEAUTY SHOP                              | 0       |            | 0          | 0         | 0       | 0          | 5,334    | 0           |           |
| 92.00 PHYSICIANS PRIVATE OFFICES                          | 0       |            | 0          | 0         | 0       | 0          | 0,334    | 0           |           |
| 93.00 NONPAID WORKERS                                     | 0       |            | 0          | 0         | 0       | 0          | 0        | 0           |           |
| 94.00 PATIENTS LAUNDRY                                    | 0       |            | 0          | 0         | 0       | 0          | 0        | 0           | , , , , , |
| 98.00 Cross Foot Adjustments                              | 0       |            | 0          | 0         | 0       | 0          | 0        | 0           |           |
| 98.00 Cross Foot Adjustments  99.00 Negative Cost Centers | 0       |            | 0          | 0         | 0       | 0          | 0        | 0           | 7 0.00    |
| 100.00 TOTAL  |         |            | · ·        | , ,       | 2,561   |            |          |             | 100.00    |
| 100.00 TOTAL  | 108,153 | 62,279     | 18,114     | 3,904     | 2,561   | 3,929      | 821,780  | 0           | 100.00    |

 
 MOHAWK MEADOWS
 Period: From: 02/01/2024
 Run Date Time: MCRIF32
 5/13/2025 2:15 pm

 Provider CCN:
 315044
 To: 12/31/2024
 Version:
 10.23.179.0



# ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B Part II PPS

| Cost Center Description                    | Total   |       |
|--|---------|-------|
| ,  | 18.00   |       |
| GENERAL SERVICE COST CENTERS               |         |       |
| 1.00 CAP REL COSTS - BLDGS & FIXTURES      |         | 1.0   |
| 3.00 EMPLOYEE BENEFITS                     |         | 3.0   |
| 4.00 ADMINISTRATIVE & GENERAL              |         | 4.0   |
| 5.00 PLANT OPERATION, MAINT. & REPAIRS     |         | 5.0   |
| 6.00 LAUNDRY & LINEN SERVICE               |         | 6.0   |
| 7.00 HOUSEKEEPING                          |         | 7.0   |
| 8.00 DIETARY                               |         | 8.0   |
| 9.00 NURSING ADMINISTRATION                |         | 9.0   |
| 10.00 CENTRAL SERVICES & SUPPLY            |         | 10.0  |
| 12.00 MEDICAL RECORDS & LIBRARY            |         | 12.0  |
| 13.00 SOCIAL SERVICE                       |         | 13.0  |
| 15.00 PATIENT ACTIVITIES                   |         | 15.0  |
| INPATIENT ROUTINE SERVICE COST CENTERS     |         |       |
| 30.00 SKILLED NURSING FACILITY             | 773,999 | 30.0  |
| 31.00 NURSING FACILITY                     | 0       | 31.0  |
| 32.00 ICF/IID                              | 0       | 32.0  |
| 33.00 OTHER LONG TERM CARE                 | 0       | 33.0  |
| ANCILLARY SERVICE COST CENTERS             | -       |       |
| 40.00 RADIOLOGY                            | 11      | 40.0  |
| 41.00 LABORATORY                           | 151     | 41.0  |
| 42.00 INTRAVENOUS THERAPY                  | 0       | 42.0  |
| 43.00 OXYGEN (INHALATION) THERAPY          | 13      | 43.0  |
| 44.00 PHYSICAL THERAPY                     | 17,785  | 44.0  |
| 45.00 OCCUPATIONAL THERAPY                 | 3,556   | 45.0  |
| 46.00 SPEECH PATHOLOGY                     | 835     | 46.0  |
| 47.00 ELECTROCARDIOLOGY                    | 0       | 47.0  |
| 48.00 MEDICAL SUPPLIES CHARGED TO PATIENTS | 18,188  | 48.0  |
| 49.00 DRUGS CHARGED TO PATIENTS            | 1,908   | 49.0  |
| 51.00 SUPPORT SURFACES                     | 0       | 51.0  |
| OTHER REIMBURSABLE COST CENTERS            | U       | 510   |
| 71.00 AMBULANCE                            | 0       | 71.0  |
| SPECIAL PURPOSE COST CENTERS               |         |       |
| 83.00 HOSPICE                              | 0       | 83.0  |
| 89.00 SUBTOTALS (sum of lines 1-84)        | 816,446 | 89.0  |
| NONREIMBURSABLE COST CENTERS               | 010,110 | 02.0  |
| 90.00 GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0       | 90.0  |
| 91.00 BARBER AND BEAUTY SHOP               | 5,334   | 91.0  |
| 92.00 PHYSICIANS PRIVATE OFFICES           | 0,554   | 92.6  |
| 93.00 NONPAID WORKERS                      | 0       | 93.0  |
| 94.00 PATIENTS LAUNDRY                     | 0       | 93.0  |
| 98.00 Cross Foot Adjustments               | 0       | 98.0  |
| 99.00 Negative Cost Centers                | 0       | 99.0  |
| 100.00 TOTAL                               | 821,780 | 100.0 |
| 100.00 TOTAL                               | 841,/80 | 100.0 |

5/13/2025 2:15 pm **2540-10** MOHAWK MEADOWS Period: Run Date Time: From: 02/01/2024 MCRIF32 To: 12/31/2024 Version:

10.23.179.0



# 315044 COST ALLOCATION - STATISTICAL BASIS

Provider CCN:

Worksheet B-1

|          |   |   |   |                |  |  |  |  |                              | PPS    |
|----------|---|---|---|----------------|--|--|--|--|------------------------------|--------|
|          | Cost Center Description                     | BLDGS &<br>FIXTURES<br>(SQUARE<br>FEET) | EMPLOYEE<br>BENEFITS<br>(GROSS<br>SALARIES) | Reconciliation | ADMINISTRA<br>TIVE &<br>GENERAL<br>(ACCUM<br>COST) | PLANT<br>OPERATION,<br>MAINT. &<br>REPAIRS<br>(SQUARE<br>FEET) | LAUNDRY &<br>LINEN<br>SERVICE<br>(PATIENT<br>CENSUS) | HOUSEKEEPI<br>NG<br>(SQUARE<br>FEET)             | DIETARY<br>(MEALS<br>SERVED) |        |
|          |   | 1.00                                    | 3.00  | 4A             | 4.00   | 5.00   | 6.00   | 7.00   | 8.00                         |        |
|          | AL SERVICE COST CENTERS                     |   |   |                |  |  |  |  |                              |        |
|          | CAP REL COSTS - BLDGS & FIXTURES            | 34,153                                  |   |                |  |  |  |  |                              | 1.00   |
|          | EMPLOYEE BENEFITS                           | 0                                       | 8,053,729                                   |                |  |  |  |  |                              | 3.00   |
|          | ADMINISTRATIVE & GENERAL                    | 4,913                                   | 695,309                                     | -2,909,228     | 11,106,596   |  |  |  |                              | 4.00   |
| 5.00 P   | LANT OPERATION, MAINT. & REPAIRS            | 2,705                                   | 307,300                                     | 0              | 841,250  | 26,535   |  |  |                              | 5.00   |
| 6.00 L   | AUNDRY & LINEN SERVICE                      | 835                                     | 76,111                                      | 0              | 176,987  | 835  | 43,548   |  |                              | 6.00   |
| 7.00 F   | HOUSEKEEPING                                | 294                                     | 460,757                                     | 0              | 600,087  | 294  | 0  | 25,406   |                              | 7.00   |
| 8.00 E   | DIETARY                                     | 3,400                                   | 690,947                                     | 0              | 1,404,062  | 3,400  | 0  | 3,400  | 130,644                      | 8.00   |
| 9.00 N   | JURSING ADMINISTRATION                      | 2,048                                   | 435,755                                     | 0              | 576,401  | 2,048  | 0  | 2,048  | 0                            | 9.00   |
| 10.00 C  | CENTRAL SERVICES & SUPPLY                   | 636                                     | 40,206                                      | 0              | 63,724   | 636  | 0  | 636  | 0                            | 10.00  |
| 12.00 N  | MEDICAL RECORDS & LIBRARY                   | 139                                     | 4,442                                       | 0              | 8,695  | 139  | 0  | 139  | 0                            | 12.00  |
| 13.00 S  | OCIAL SERVICE                               | 0                                       | 199,795                                     | 0              | 240,619  | 0  | 0  | 0  | 0                            | 13.00  |
| 15.00 P  | ATIENT ACTIVITIES                           | 0                                       | 304,279                                     | 0              | 369,117  | 0  | 0  | 0  | 0                            | 15.00  |
| INPATI   | ENT ROUTINE SERVICE COST CENTERS            |   |   |                |  |  |  |  |                              |        |
| 30.00 S  | KILLED NURSING FACILITY                     | 18,446                                  | 4,388,536                                   | 0              | 5,936,522  | 18,446   | 43,548   | 18,446   | 130,644                      | 30.00  |
| 31.00 N  | URSING FACILITY                             | 0                                       | 0   | 0              | 0  | 0  | 0  | 0  | 0                            | 31.00  |
| 32.00 I  | CF/IID                                      | 0                                       | 0   | 0              | 0  | 0  | 0  | 0  | 0                            | 32.00  |
| 33.00 C  | OTHER LONG TERM CARE                        | 0                                       | 0   | 0              | 0  | 0  | 0  | 0  | 0                            | 33.00  |
| ANCILI   | LARY SERVICE COST CENTERS                   |   |   |                |  |  |  | '  |                              |        |
| 40.00 R  | ADIOLOGY                                    | 0                                       | 0   | 0              | 1,018  | 0  | 0  | 0  | 0                            | 40.00  |
| 41.00 L  | ABORATORY                                   | 0                                       | 0   | 0              | 14,197   | 0  | 0  | 0  | 0                            | 41.00  |
| 42.00 II | NTRAVENOUS THERAPY                          | 0                                       | 0   | 0              |  | 0  | 0  | 0  | 0                            | 42.00  |
|          | OXYGEN (INHALATION) THERAPY                 | 0                                       | 1,042                                       | 0              | 1,255  | 0  | 0  | 0  | 0                            | 43.00  |
|          | PHYSICAL THERAPY                            | 558                                     | 141,976                                     | 0              | 233,745  | 558  | 0  | 558  | 0                            |        |
|          | OCCUPATIONAL THERAPY                        | 0                                       | 277,405                                     | 0              |  | 0  | 0  |  | 0                            |        |
|          | PEECH PATHOLOGY                             | 0                                       | 150   | 0              | 78,464   | 0  | 0  | 0  | 0                            | 46.00  |
|          | ELECTROCARDIOLOGY                           | 0                                       | 0   | 0              |  | 0  | 0  | 0  | 0                            | 47.00  |
|          | MEDICAL SUPPLIES CHARGED TO PATIENTS        | 0                                       | 0   | 0              |  | 0  |  | 0  | 0                            |        |
|          | DRUGS CHARGED TO PATIENTS                   | 0                                       | 0   | 0              |  | 0  | 0  |  | 0                            | 49.00  |
|          | UPPORT SURFACES                             | 0                                       | 0   | 0              |  | 0  | 0  |  | 0                            | 51.00  |
|          | REIMBURSABLE COST CENTERS                   | ~                                       |   |                |  |  |  |  |                              | 0.1100 |
|          | AMBULANCE                                   | 0                                       | 0   | 0              | 0  | 0  | 0  | 0  | 0                            | 71.00  |
|          | L PURPOSE COST CENTERS                      | V                                       |   |                |  |  |  | , v  |                              | 71.00  |
|          | IOSPICE                                     | 0                                       | 0   | 0              | 0  | 0  | 0  | 0  | 0                            | 83.00  |
|          | UBTOTALS (sum of lines 1-84)                | 33,974                                  | 8,024,010                                   | -2,909,228     | 11,066,498   | 26,356   | 43,548   | 25,227   | 130,644                      | 89.00  |
|          | EIMBURSABLE COST CENTERS                    | 55,771                                  | 0,021,010                                   | 2,505,220      | 11,000,170   | 20,000   | 10,010   |  | 100,011                      | 07.00  |
|          | GIFT, FLOWER, COFFEE SHOPS & CANTEEN        | 0                                       | 0   | 0              | 0  | 0  | 0  | 0  | 0                            | 90.00  |
|          | BARBER AND BEAUTY SHOP                      | 179                                     | 29,719                                      | 0              |  | 179  | 0  |  | 0                            | 91.00  |
|          | PHYSICIANS PRIVATE OFFICES                  |   | ,   |                | ,  |  |  |  | 0                            | 92.00  |
|          | NONPAID WORKERS                             | 0                                       | 0   |                |  |  |  |  |                              | 93.00  |
|          | PATIENTS LAUNDRY                            | 0                                       | 0   | 0              | <del> </del>                                       | 0  | 0  |  | 0                            |        |
|          | Cross Foot Adjustments                      | 0                                       | 0   | 0              | 0  | 0  | 0  | 0  | 0                            | 98.00  |
|          | Vegative Cost Centers                       |   |   |                |  |  |  |  |                              | 99.00  |
|          |   | 921 790                                 | 1 645 610                                   |                | 2,000,220  | 1.061.605  | 257.752  | 760.024  | 2.010.791                    |        |
|          | Cost to be allocated (per Wkst. B, Part I)  | 821,780                                 | 1,645,619                                   |                | 2,909,228  | 1,061,605  | 256,752  | 1  | 2,010,781                    | 102.00 |
|          | Unit cost multiplier (Wkst. B, Part I)      | 24.061722                               | 0.204330                                    |                | 0.261937   | 40.007726  | 5.895839   | 30.269779  | 15.391300                    |        |
|          | Cost to be allocated (per Wkst. B, Part II) |   | 0.000000                                    |                | 118,215  | 74,041   | 24,306   | <del>                                     </del> | 108,153                      |        |
| 105.00 C | Init cost multiplier (Wkst. B, Part II)     |   | 0.000000                                    |                | 0.010644   | 2.790315   | 0.558143   | 0.562111   | 0.827845                     | 105.00 |

 MOHAWK MEADOWS
 Period: From: 02/01/2024
 Run Date Time: MCRIF32
 5/13/2025 2:15 pm

 Provider CCN: 315044
 To: 12/31/2024
 Version: 10.23.179.0



# COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

|        |   |                     |                     |                     |                     |                     | PPS    |
|--------|---|---------------------|---------------------|---------------------|---------------------|---------------------|--------|
|        |   | NURSING             | CENTRAL             | MEDICAL             |                     |                     |        |
|        |   | ADMINISTRA          |                     | RECORDS &           | SOCIAL              | PATIENT             |        |
|        | Cost Center Description                     | TION                | SUPPLY              | LIBRARY             | SERVICE             | ACTIVITIES          |        |
|        |   | (DIRECT<br>NURSING) | (COSTED<br>REQUIS.) | (PATIENT<br>CENSUS) | (PATIENT<br>CENSUS) | (PATIENT<br>CENSUS) |        |
|        |   | 9.00                | 10.00               | 12.00               | 13.00               | 15.00               |        |
| GENE   | LERAL SERVICE COST CENTERS                  | 9.00                | 10.00               | 12.00               | 15.00               | 15.00               |        |
| 1.00   | CAP REL COSTS - BLDGS & FIXTURES            |                     |                     |                     |                     |                     | 1.00   |
| 3.00   | EMPLOYEE BENEFITS                           |                     |                     |                     |                     |                     | 3.00   |
| 4.00   | ADMINISTRATIVE & GENERAL                    |                     |                     |                     |                     |                     | 4.00   |
| 5.00   | PLANT OPERATION, MAINT. & REPAIRS           |                     |                     |                     |                     |                     | 5.00   |
| 6.00   | LAUNDRY & LINEN SERVICE                     |                     |                     |                     |                     |                     | 6.00   |
| 7.00   | HOUSEKEEPING                                |                     |                     |                     |                     |                     | 7.00   |
| 8.00   | DIETARY                                     |                     |                     |                     |                     |                     | 8.00   |
| 9.00   | NURSING ADMINISTRATION                      | 226,801             |                     |                     |                     |                     | 9.00   |
| 10.00  | CENTRAL SERVICES & SUPPLY                   | 0                   | 6,991               |                     |                     |                     | 10.00  |
| 12.00  | MEDICAL RECORDS & LIBRARY                   | 0                   | 0                   | 43,548              |                     |                     | 12.00  |
| 13.00  | SOCIAL SERVICE                              | 0                   | 0                   | 0                   | 43,548              |                     | 13.00  |
| 15.00  | PATIENT ACTIVITIES                          | 0                   | 0                   | 0                   | 0                   | 43,548              | 15.00  |
|        | TIENT ROUTINE SERVICE COST CENTERS          |                     |                     |                     | - 1                 | ,                   |        |
| 30.00  | SKILLED NURSING FACILITY                    | 226,801             | 0                   | 43,548              | 43,548              | 43,548              | 30.00  |
| 31.00  | NURSING FACILITY                            | 0                   | 0                   | 0                   | 0                   | 0                   | 31.00  |
| 32.00  | ICF/IID                                     | 0                   | 0                   | 0                   | 0                   | 0                   | 32.00  |
|        | OTHER LONG TERM CARE                        | 0                   | 0                   | 0                   | 0                   | 0                   | 33.00  |
|        | LLARY SERVICE COST CENTERS                  |                     |                     |                     |                     |                     |        |
| 40.00  | RADIOLOGY                                   | 0                   | 0                   | 0                   | 0                   | 0                   | 40.00  |
| 41.00  | LABORATORY                                  | 0                   | 0                   | 0                   | 0                   | 0                   | 41.00  |
| 42.00  | INTRAVENOUS THERAPY                         | 0                   | 0                   | 0                   | 0                   | 0                   | 42.00  |
| 43.00  | OXYGEN (INHALATION) THERAPY                 | 0                   | 0                   | 0                   | 0                   | 0                   | 43.00  |
| 44.00  | PHYSICAL THERAPY                            | 0                   | 0                   | 0                   | 0                   | 0                   | 44.00  |
| 45.00  | OCCUPATIONAL THERAPY                        | 0                   | 0                   | 0                   | 0                   | 0                   | 45.00  |
| 46.00  | SPEECH PATHOLOGY                            | 0                   | 0                   | 0                   | 0                   | 0                   | 46.00  |
| 47.00  | ELECTROCARDIOLOGY                           | 0                   | 0                   | 0                   | 0                   | 0                   | 47.00  |
| 48.00  | MEDICAL SUPPLIES CHARGED TO PATIENTS        | 0                   | 6,991               | 0                   | 0                   | 0                   | 48.00  |
| 49.00  | DRUGS CHARGED TO PATIENTS                   | 0                   | 0                   | 0                   | 0                   | 0                   | 49.00  |
| 51.00  | SUPPORT SURFACES                            | 0                   | 0                   | 0                   | 0                   | 0                   | 51.00  |
| OTHI   | ER REIMBURSABLE COST CENTERS                | •                   | •                   | 1                   | •                   |                     |        |
| 71.00  | AMBULANCE                                   | 0                   | 0                   | 0                   | 0                   | 0                   | 71.00  |
| SPEC   | IAL PURPOSE COST CENTERS                    |                     |                     |                     |                     |                     |        |
| 83.00  | HOSPICE                                     | 0                   | 0                   | 0                   | 0                   | 0                   | 83.00  |
| 89.00  | SUBTOTALS (sum of lines 1-84)               | 226,801             | 6,991               | 43,548              | 43,548              | 43,548              | 89.00  |
| NON    | REIMBURSABLE COST CENTERS                   |                     |                     |                     |                     |                     |        |
| 90.00  | GIFT, FLOWER, COFFEE SHOPS & CANTEEN        | 0                   | 0                   | 0                   | 0                   | 0                   | 90.00  |
|        | BARBER AND BEAUTY SHOP                      | 0                   | 0                   | 0                   | 0                   | 0                   | 91.00  |
| 92.00  | PHYSICIANS PRIVATE OFFICES                  | 0                   | 0                   | 0                   | 0                   | 0                   | 92.00  |
| 93.00  | NONPAID WORKERS                             | 0                   | 0                   | 0                   | 0                   | 0                   | 93.00  |
| 94.00  | PATIENTS LAUNDRY                            | 0                   | 0                   | 0                   | 0                   | 0                   | 94.00  |
| 98.00  | Cross Foot Adjustments                      |                     |                     |                     |                     |                     | 98.00  |
| 99.00  | Negative Cost Centers                       |                     |                     |                     |                     |                     | 99.00  |
| 102.00 |   | 871,311             | 125,113             | 20,741              | 303,646             | 465,802             | 102.00 |
| 103.00 | Unit cost multiplier (Wkst. B, Part I)      | 3.841742            | 17.896295           | 0.476279            | 6.972674            | 10.696289           | 103.00 |
| 104.00 | Cost to be allocated (per Wkst. B, Part II) | 62,279              | 18,114              | 3,904               | 2,561               | 3,929               | 104.00 |
| 105.00 | Unit cost multiplier (Wkst. B, Part II)     | 0.274598            | 2.591046            | 0.089648            | 0.058809            | 0.090222            | 105.00 |

MOHAWK MEADOWS

Period:
From: 02/01/2024
Provider CCN: 315044

Run Date Time: 5/13/2025 2:15 pm
MCRIF32 2540-10
Version: 10.23.179.0

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

# Worksheet C

|        | FFS                                  |                                     |               |                                 |        |  |  |  |  |  |  |  |
|--------|--------------------------------------|-------------------------------------|---------------|---------------------------------|--------|--|--|--|--|--|--|--|
|        | Cost Center Description              | Total (from Wkst. B, Pt I, col. 18) | Total Charges | Ratio (col. 1 divided by col. 2 |        |  |  |  |  |  |  |  |
|        |                                      | 1.00                                | 2.00          | 3.00                            |        |  |  |  |  |  |  |  |
| ANCI   | LLARY SERVICE COST CENTERS           |                                     |               |                                 |        |  |  |  |  |  |  |  |
| 40.00  | RADIOLOGY                            | 1,285                               | 0             | 0.000000                        | 40.00  |  |  |  |  |  |  |  |
| 41.00  | LABORATORY                           | 17,916                              | 9,660         | 1.854658                        | 41.00  |  |  |  |  |  |  |  |
| 42.00  | INTRAVENOUS THERAPY                  | 0                                   | 0             | 0.000000                        | 42.00  |  |  |  |  |  |  |  |
| 43.00  | OXYGEN (INHALATION) THERAPY          | 1,584                               | 0             | 0.000000                        | 43.00  |  |  |  |  |  |  |  |
| 44.00  | PHYSICAL THERAPY                     | 334,186                             | 374,404       | 0.892581                        | 44.00  |  |  |  |  |  |  |  |
| 45.00  | OCCUPATIONAL THERAPY                 | 421,597                             | 617,503       | 0.682745                        | 45.00  |  |  |  |  |  |  |  |
| 46.00  | SPEECH PATHOLOGY                     | 99,017                              | 168,145       | 0.588879                        | 46.00  |  |  |  |  |  |  |  |
| 47.00  | ELECTROCARDIOLOGY                    | 0                                   | 0             | 0.000000                        | 47.00  |  |  |  |  |  |  |  |
| 48.00  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 133,935                             | 0             | 0.000000                        | 48.00  |  |  |  |  |  |  |  |
| 49.00  | DRUGS CHARGED TO PATIENTS            | 226,236                             | 130,276       | 1.736590                        | 49.00  |  |  |  |  |  |  |  |
| 51.00  | SUPPORT SURFACES                     | 0                                   | 0             | 0.000000                        | 51.00  |  |  |  |  |  |  |  |
| OUTP   | ATIENT SERVICE COST CENTERS          |                                     |               |                                 |        |  |  |  |  |  |  |  |
| 71.00  | AMBULANCE                            | 0                                   | 0             | 0.000000                        | 71.00  |  |  |  |  |  |  |  |
| 100.00 | Total                                | 1,235,756                           | 1,299,988     |                                 | 100.00 |  |  |  |  |  |  |  |

MOHAWK MEADOWS

Period: Run Date Time: 5/13/2025 2:15 pm

From: 02/01/2024 MCRIF32 **2540-10**Provider CCN: 315044 To: 12/31/2024 Version: 10.23.179.0



# APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D Part I

Title XVIII Skilled Nursing Facility PPS

| 1 x col. 3) |  |
|-------------|--|
| x col. 3)   |  |
| x col. 3)   |  |
| 1 x col. 3) |  |
|             |  |
| )           |  |
|             |  |
| 0           | 40.00  |
| 0           | 41.00  |
| 0           | 42.00  |
| 0           | 43.00  |
| 0           | 44.00  |
| 0           | 45.00  |
| 0           | 46.00  |
| 0           | 47.00  |
| 0           | 48.00  |
| 0           | 49.00  |
| 0           | 51.00  |
|             |  |
| 0           | 71.00  |
| 0           | 100.00   |
| _           | 00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |

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

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

MOHAWK MEADOWS Period: Run Date Time: 5/13/2025 2:15 pm From: 02/01/2024 MCRIF32 2540-10 Provider CCN: 12/31/2024 Version: 10.23.179.0 315044 To:



# APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

44.00 PHYSICAL THERAPY

46.00 SPEECH PATHOLOGY

51.00 SUPPORT SURFACES

100.00 Total (Sum of lines 40 - 52)

47.00

45.00 OCCUPATIONAL THERAPY

ELECTROCARDIOLOGY

49.00 DRUGS CHARGED TO PATIENTS

MEDICAL SUPPLIES CHARGED TO PATIENTS

Worksheet D Parts II-III

> 0 44.00

> 0 45.00

0

0 47.00

048.00

0

0 51.00

46.00

49.00

0 100.00

| Title XVIII | Skilled Nursing Facility | PPS |
|-------------|--------------------------|-----|

176,329

154,328

44,870

217,623

611,066

0

|  |   | rans                       | 11-111                  |                        |                       |                           |       |
|--|---|----------------------------|-------------------------|------------------------|-----------------------|---------------------------|-------|
|  | Title XVIII Skilled Nursing   |                            |                         |                        |                       |                           | PPS   |
| PART   | II - APPORTIONMENT OF VACCINE COST  |                            |                         |                        |                       |                           |       |
|  |   |                            |                         |                        |                       | 1.00                      |       |
| 1.00   | Drugs charged to patients - ratio of cost to charges (From Wor  | ksheet C, column 3, line 4 | 9)                      |                        |                       | 1.736590                  | 1.00  |
| 2.00   | Program vaccine charges (From your records, or the PS&R)  |                            |                         |                        |                       | 0                         | 2.00  |
| 3.00   | 3.00 Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18) |                            |                         |                        |                       |                           |       |
| PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH |   |                            |                         |                        |                       |                           |       |
|  |   |                            |                         | Ratio of Nursing &     |                       |                           |       |
|  | Cont Control Description  |                            | Nursing & Allied Health | Allied Health Costs to | Program Part A Cost   | Part A Nursing & Allied   |       |
|  | Cost Center Description   | Total Cost (From Wkst.     | (From Wkst. B, Part I,  | Total Costs - Part A   | (From Wkst. D Part I, | Health Costs for Pass     |       |
|  |   | B, Part I, Col. 18         | Col. 14)                | (Col. 2 / Col. 1)      | Col. 4)               | Through (Col. 3 x Col. 4) |       |
|  |   | 1.00                       | 2.00                    | 3.00                   | 4.00                  | 5.00                      |       |
| ANCI   | LLARY SERVICE COST CENTERS  |                            |                         |                        |                       |                           |       |
| 40.00  | RADIOLOGY   | 1,285                      | 0                       | 0.000000               | 0                     | 0                         | 40.00 |
| 41.00  | LABORATORY  | 17,916                     | 0                       | 0.000000               | 17,916                | 0                         | 41.00 |
| 42.00  | INTRAVENOUS THERAPY   | 0                          | 0                       | 0.000000               | 0                     | 0                         | 42.00 |
| 43.00  | OXYGEN (INHALATION) THERAPY   | 1,584                      | 0                       | 0.000000               | 0                     | 0                         | 43.00 |

0

0

0

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0

0

0

0.000000

0.000000

0.000000

0.000000

0.000000

0.000000

0.000000

334,186

421,597

99,017

133,935

226,236

1,235,756

 
 MOHAWK MEADOWS
 Period: From: 02/01/2024
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 315044
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# COMPUTATION OF INPATIENT ROUTINE COSTS

5.00 Program nursing & allied health costs for pass-through. (line 3 times line 4)

Worksheet D-1 Part I

|       | Title XVIII Skille   | ed Nursing Facility | Part 1<br>PPS |
|-------|--|---------------------|---------------|
| PART  | I CALCULATION OF INPATIENT ROUTINE COSTS   |                     |               |
|       |  | 1.00                |               |
| INPA  | TIENT DAYS   | •                   |               |
| 1.00  | Inpatient days including private room days   | 43,548              | 1.00          |
| 2.00  | Private room days  | 0                   | 2.00          |
| 3.00  | Inpatient days including private room days applicable to the Program   | 5,195               | 3.00          |
| 4.00  | Medically necessary private room days applicable to the Program  | 0                   | 4.00          |
| 5.00  | Total general inpatient routine service cost   | 12,716,888          | 5.00          |
| PRIV  | ATE ROOM DIFFERENTIAL ADJUSTMENT   |                     |               |
| 6.00  | General inpatient routine service charges  | 13,956,992          | 6.00          |
| 7.00  | General inpatient routine service cost/charge ratio (Line 5 divided by line 6)   | 0.911148            | 7.00          |
| 8.00  | Enter private room charges from your records   | 0                   | 8.00          |
| 9.00  | Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)  | 0.00                | 9.00          |
| 10.00 | Enter semi-private room charges from your records  | 0                   | 10.00         |
| 11.00 | Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)   | 0.00                | 11.00         |
| 12.00 | Average per diem private room charge differential (Line 9 minus line 11)   | 0.00                | 12.00         |
| 13.00 | Average per diem private room cost differential (Line 7 times line 12)   | 0.00                | 13.00         |
| 14.00 | Private room cost differential adjustment (Line 2 times line 13)   | 0                   | 14.00         |
| 15.00 | General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)  | 12,716,888          | 15.00         |
| PROC  | GRAM INPATIENT ROUTINE SERVICE COSTS   |                     |               |
| 16.00 | Adjusted general inpatient service cost per diem (Line 15 divided by line 1)   | 292.02              | 16.00         |
| 17.00 | Program routine service cost (Line 3 times line 16)  | 1,517,044           | 17.00         |
| 18.00 | Medically necessary private room cost applicable to program (line 4 times line 13)   | 0                   | 18.00         |
| 19.00 | Total program general inpatient routine service cost (Line 17 plus line 18)  | 1,517,044           | 19.00         |
| 20.00 | Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID) | 773,999             | 20.00         |
| 21.00 | Per diem capital related costs (Line 20 divided by line 1)   | 17.77               | 21.00         |
| 22.00 | Program capital related cost (Line 3 times line 21)  | 92,315              | 22.00         |
| 23.00 | Inpatient routine service cost (Line 19 minus line 22)   | 1,424,729           | 23.00         |
| 24.00 | Aggregate charges to beneficiaries for excess costs (From provider records)  | 0                   | 24.00         |
| 25.00 | Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)  | 1,424,729           | 25.00         |
| 26.00 | Enter the per diem limitation (1)  |                     | 26.00         |
| 27.00 | Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)   |                     | 27.00         |
| 28.00 | Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)   |                     | 28.00         |
| PART  | II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH   |                     |               |
|       |  | 1.00                |               |
| 1.00  | Total SNF inpatient days   | 43,548              | 1.00          |
| 2.00  | Program inpatient days (see instructions)  | 5,195               | 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)  | 0.119294            | 4.00          |
|       |  |                     |               |

5.00

 
 MOHAWK MEADOWS
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# CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E Part I

Title XVIII Skilled Nursing Facility PPS

| PART  | A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT                                    |           |      |
|-------|--|-----------|------|
|       |  | 1.00      |      |
| 1.00  | Inpatient PPS amount (See Instructions)  | 3,758,238 | 1.00 |
| 2.00  | Nursing and Allied Health Education Activities (pass through payments)                             | 0         | 2.0  |
| 3.00  | Subtotal (Sum of lines 1 and 2)  | 3,758,238 | 3.0  |
| 4.00  | Primary payor amounts  | 0         | 4.0  |
| 5.00  | Coinsurance  | 758,268   | 5.0  |
| 6.00  | Allowable bad debts (From your records)  | 159,600   | 6.0  |
| 7.00  | Allowable Bad debts for dual eligible beneficiaries (See instructions)                             | 78,480    | 7.0  |
| 8.00  | Adjusted reimbursable bad debts. (See instructions)  | 103,740   | 8.0  |
| 9.00  | Recovery of bad debts - for statistical records only   | 0         | 9.0  |
| 10.00 | Utilization review   | 0         | 10.0 |
| 11.00 | Subtotal (See instructions)  | 3,103,710 | 11.0 |
| 12.00 | Interim payments (See instructions)  | 3,250,747 | 12.0 |
| 13.00 | Tentative adjustment   | 0         | 13.0 |
| 14.00 | OTHER adjustment (See instructions)  | 0         | 14.0 |
| 14.50 | Demonstration payment adjustment amount before sequestration                                       | 0         | 14.5 |
| 14.55 | Demonstration payment adjustment amount after sequestration  | 0         | 14.5 |
| 14.75 | Sequestration for non-claims based amounts (see instructions)                                      | 2,075     | 14.7 |
| 14.99 | Sequestration amount (see instructions)  | 59,999    | 14.9 |
| 15.00 | Balance due provider/program (see Instructions)  | -209,111  | 15.0 |
| 16.00 | Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2) | 0         | 16.0 |
| PART  | B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY    |           |      |
| 17.00 | Ancillary services Part B  | 0         | 17.0 |
| 18.00 | Vaccine cost (From Wkst D, Part II, line 3)  | 0         | 18.0 |
| 19.00 | Total reasonable costs (Sum of lines 17 and 18)  | 0         | 19.0 |
| 20.00 | Medicare Part B ancillary charges (See instructions)   | 0         | 20.0 |
| 21.00 | Cost of covered services (Lesser of line 19 or line 20)  | 0         | 21.0 |
| 22.00 | Primary payor amounts  | 0         | 22.0 |
| 23.00 | Coinsurance and deductibles  | 0         | 23.0 |
| 24.00 | Allowable bad debts (From your records)  | 0         | 24.0 |
| 24.01 | Allowable Bad debts for dual eligible beneficiaries (see instructions)                             | 0         | 24.0 |
| 24.02 | Adjusted reimbursable bad debts (see instructions)   | 0         | 24.0 |
| 25.00 | Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)   | 0         | 25.0 |
| 26.00 | Interim payments (See instructions)  | 0         | 26.0 |
| 27.00 | Tentative adjustment   | 0         | 27.0 |
| 28.00 | Other Adjustments (See instructions) Specify   | 0         | 28.0 |
| 28.50 | Demonstration payment adjustment amount before sequestration                                       | 0         | 28.5 |
| 28.55 | Demonstration payment adjustment amount after sequestration  | 0         | 28.5 |
| 28.99 | Sequestration amount (see instructions)  | 0         | 28.9 |
| 29.00 | Balance due provider/program (see instructions)  | 0         | 29.0 |
| 30,00 | Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2  | 0         | 30.0 |

MOHAWK MEADOWS

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# F

# ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

|        | Т  | itle XVIII | Skilled Nu | ırsing Facility |        | PPS  |
|--------|--|------------|------------|-----------------|--------|------|
|        |  | Inpatien   | t Part A   | Par             | t B    |      |
|        | DESCRIPTION  | mm/dd/yyyy | Amount     | mm/dd/yyyy      | Amount |      |
|        |  | 1.00       | 2.00       | 3.00            | 4.00   |      |
| 1.00   | Total interim payments paid to provider  |            | 3,250,747  |                 | 0      | 1.00 |
| 2.00   | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero  |            | 0          |                 | 0      | 2.00 |
| 3.00   | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |            |            |                 |        | 3.00 |
| Progra | nm to Provider   |            |            |                 |        |      |
| 3.01   | ADJUSTMENTS TO PROVIDER  |            | 0          |                 | 0      | 3.01 |
| 3.02   |  |            | 0          |                 | 0      | 3.02 |
| 3.03   |  |            | 0          |                 | 0      | 3.03 |
| 3.04   |  |            | 0          |                 | 0      | 3.04 |
| 3.05   |  |            | 0          |                 | 0      | 3.05 |
| Provid | ler to Program   | <u>'</u>   |            | '               |        |      |
| 3.50   | ADJUSTMENTS TO PROGRAM   |            | 0          |                 | 0      | 3.50 |
| 3.51   |  |            | 0          |                 | 0      | 3.51 |
| 3.52   |  |            | 0          |                 | 0      | 3.52 |
| 3.53   |  |            | 0          |                 | 0      | 3.53 |
| 3.54   |  |            | 0          |                 | 0      | 3.54 |
| 3.99   | Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)   |            | 0          |                 | 0      | 3.99 |
| 4.00   | Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)  |            | 3,250,747  |                 | 0      | 4.00 |
| TO BI  | E COMPLETED BY CONTRACTOR  | ·          |            | '               |        |      |
| 5.00   | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" of enter a zero. (1)  | or         |            |                 |        | 5.00 |
| Progra | n to Provider  |            |            |                 |        |      |
| 5.01   | TENTATIVE TO PROVIDER  |            | 0          |                 | 0      | 5.01 |
| 5.02   |  |            | 0          |                 | 0      | 5.02 |
| 5.03   |  |            | 0          |                 | 0      | 5.03 |
| Provid | er to Program  | '          |            | '               |        |      |
| 5.50   | TENTATIVE TO PROGRAM   |            | 0          |                 | 0      | 5.50 |
| 5.51   |  |            | 0          |                 | 0      | 5.51 |
| 5.52   |  |            | 0          |                 | 0      | 5.52 |
| 5.99   | Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)   |            | 0          |                 | 0      | 5.99 |
| 6.00   | Determined net settlement amount (balance due) based on the cost report. (1)   |            |            |                 |        | 6.00 |
| 6.01   | PROGRAM TO PROVIDER  |            | 0          |                 | 0      |      |
| 6.02   | PROVIDER TO PROGRAM  |            | 209,111    |                 | 0      | 6.02 |
| 7.00   | Total Medicare program liability (see instructions)  |            | 3,041,636  |                 | 0      |      |
|        | Contractor Name  | Contractor |            |                 |        |      |
|        | 1.00   | 2.0        | )          |                 |        |      |
| 8.00   |  |            |            |                 |        | 8.00 |

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

5/13/2025 2:15 pm **2540-10** MOHAWK MEADOWS Period: Run Date Time:

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

Worksheet G

|   |              |                       |                |            | PP     |
|---|--------------|-----------------------|----------------|------------|--------|
|   | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund |        |
|   | 1.00         | 2.00                  | 3.00           | 4.00       |        |
| Assets CURRENT ASSETS   |              |                       |                |            |        |
|   | 349,880      | 0                     | 0              | 0          | 0 1.0  |
| 1.00 Cash on hand and in banks 2.00 Temporary investments                       | 349,880      | 0                     | 0              |            | 0 2.0  |
| 3.00 Notes receivable   | 0            | 0                     | 0              | 0          |        |
| 4.00 Accounts receivable  | 5,083,768    | 0                     | 0              | 0          |        |
| 5.00 Other receivables  | 79,259       | 0                     | 0              | 0          |        |
| 6.00 Less: allowances for uncollectible notes and accounts receivable           | -281,945     | 0                     | 0              | 0          | 0 6.0  |
| 7.00 Inventory  | 0            | 0                     | 0              | 0          |        |
| 8.00 Prepaid expenses   | 79,628       | 0                     | 0              | 0          |        |
| 9.00 Other current assets   | 108,750      | 0                     | 0              | 0          |        |
| 10.00 Due from other funds  | 0            | 0                     | 0              | 0          | 0 10.0 |
| 11.00 TOTAL CURRENT ASSETS (Sum of lines 1 - 10)                                | 5,419,340    | 0                     | 0              | 0          | 0 11.0 |
| FIXED ASSETS  | , ,          |                       |                |            |        |
| 12.00 Land  | 0            | 0                     | 0              | C          | 0 12.0 |
| 13.00 Land improvements   | 0            | 0                     | 0              | 0          | 0 13.0 |
| 14.00 Less: Accumulated depreciation  | 0            | 0                     | 0              | C          |        |
| 15.00 Buildings   | 0            | 0                     | 0              | 0          | 0 15.0 |
| 16.00 Less Accumulated depreciation   | 0            | 0                     | 0              | 0          | 0 16.0 |
| 17.00 Leasehold improvements  | 6,220        | 0                     | 0              | C          | 0 17.0 |
| 18.00 Less: Accumulated Amortization  | -74          | 0                     | 0              | C          | 0 18.0 |
| 19.00 Fixed equipment   | 0            | 0                     | 0              | C          | 0 19.0 |
| 20.00 Less: Accumulated depreciation  | 0            | 0                     | 0              | C          | 0 20.0 |
| 21.00 Automobiles and trucks  | 0            | 0                     | 0              | C          | 0 21.0 |
| 22.00 Less: Accumulated depreciation  | 0            | 0                     | 0              | 0          | 0 22.0 |
| 23.00 Major movable equipment   | 19,808       | 0                     | 0              | 0          | 0 23.0 |
| 24.00 Less: Accumulated depreciation  | -2,047       | 0                     | 0              | 0          | 0 24.0 |
| 25.00 Minor equipment - Depreciable   | 0            | 0                     | 0              | C          | 0 25.0 |
| 26.00 Minor equipment nondepreciable  | 0            | 0                     | 0              | C          |        |
| 27.00 Other fixed assets  | 0            | 0                     | 0              | C          |        |
| 28.00 TOTAL FIXED ASSETS (Sum of lines 12 - 27)                                 | 23,907       | 0                     | 0              | 0          | 0 28.0 |
| OTHER ASSETS  |              | .1                    |                |            |        |
| 29.00 Investments   | 0            | 0                     | 0              |            | 0 29.0 |
| 30.00 Deposits on leases  | 1,250,000    | 0                     | 0              | C          | 0 30.0 |
| 31.00 Due from owners/officers  | 80,161       | 0                     | 0              | C          | 0 31.0 |
| 32.00 Other assets  | 31,798       | 0                     | 0              | (          | 0 32.0 |
| 33.00 TOTAL OTHER ASSETS (Sum of lines 29 - 32)                                 | 1,361,959    | 0                     | 0              | 0          | _      |
| 34.00 TOTAL ASSETS (Sum of lines 11, 28, and 33)  Liabilities and Fund Balances | 6,805,206    | 0                     | 0              | U          | 0 34.0 |
| CURRENT LIABILITIES   |              |                       |                |            |        |
|   | 1,497,925    | 0                     | 0              |            | 0 35.0 |
| 35.00 Accounts payable 36.00 Salaries, wages, and fees payable                  | 668,913      | 0                     | 0              |            | 0 36.0 |
| 37.00 Payroll taxes payable   | 000,913      |                       | 0              |            | 0 37.0 |
| 38.00 Notes & loans payable (Short term)  | 0            | 0                     | 0              | 0          | 0 38.0 |
| 39.00 Deferred income   | 0            | 0                     | 0              | 0          | 0 39.0 |
| 40.00 Accelerated payments  | 0            | · ·                   | 0              | C          | 40.0   |
| 41.00 Due to other funds  | 0            | 0                     | 0              | 0          | 0 41.0 |
| 12.00 Other current liabilities   | 0            | 0                     | 0              | 0          |        |
| 43.00 TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)                          | 2,166,838    | 0                     | 0              |            | 0 43.0 |
| LONG TERM LIABILITIES   |              | •                     | V              |            | 1010   |
| 14.00 Mortgage payable  | 0            | 0                     | 0              | 0          | 0 44.0 |
| 45.00 Notes payable   | 2,572,000    | 0                     | 0              | 0          | 0 45.0 |
| 6.00 Unsecured loans  | 0            | 0                     | 0              | 0          | 0 46.0 |
| 47.00 Loans from owners:  | 0            | 0                     | 0              |            | 0 47.0 |
| 48.00 Other long term liabilities   | 0            | 0                     | 0              |            | 0 48.0 |
| 49.00 OTHER (SPECIFY)   | 0            | 0                     | 0              | 0          |        |
| 50.00 TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49                         | 2,572,000    | 0                     | 0              |            | 0 50.0 |

MOHAWK MEADOWS

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P

PPS

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

Worksheet G

**0** 59.00

**0** 60.00

0

0

General Fund Specific Purpose Fund Endowment Fund Plant Fund 1.00 2.00 3.00 4.00 51.00 TOTAL LIABILITIES (Sum of lines 43 and 50) 4,738,838 0 0 **0** 51.00 CAPITAL ACCOUNTS 52.00 General fund balance 2,066,368 52.00 53.00 Specific purpose fund 53.00 54.00 54.00 Donor created - endowment fund balance - restricted 0 55.00 Donor created - endowment fund balance - unrestricted 0 55.00 56.00 Governing body created - endowment fund balance 0 56.00 57.00 57.00 Plant fund balance - invested in plant 058.00 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 0

2,066,368

6,805,206

0

0

( ) = contra amount

TOTAL FUND BALANCES (Sum of lines 52 thru 58)

TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)

5/13/2025 2:15 pm **2540-10** MOHAWK MEADOWS Period: Run Date Time: From: 02/01/2024 MCRIF32 To: 12/31/2024 Version: Provider CCN: 315044 10.23.179.0

# STATEMENT OF CHANGES IN FUND BALANCES

# Worksheet G-1

|       |   |              |           |                                   |      |                |      |            |      | 110   |
|-------|---|--------------|-----------|-----------------------------------|------|----------------|------|------------|------|-------|
|       |   | General Fund |           | General Fund Special Purpose Fund |      | Endowment Fund |      | Plant Fund |      |       |
|       |   | 4.00         | 2.00      | 2.00                              | 1.00 | 5.00           |      | = 00       | 0.00 |       |
|       |   | 1.00         | 2.00      | 3.00                              | 4.00 | 5.00           | 6.00 | 7.00       | 8.00 |       |
| 1.00  | Fund balances at beginning of period                                |              | 2,358,000 |                                   | 0    |                | 0    |            | 0    | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 31)                         |              | -291,632  |                                   |      |                |      |            |      | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                    |              | 2,066,368 |                                   | 0    |                | 0    |            | 0    | 3.00  |
| 4.00  | Additions (credit adjustments)                                      |              |           |                                   |      |                |      |            |      | 4.00  |
| 5.00  |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 5.00  |
| 6.00  |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 6.00  |
| 7.00  |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 7.00  |
| 8.00  |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 8.00  |
| 9.00  |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 9.00  |
| 10.00 | Total additions (sum of line 5 - 9)                                 |              | 0         |                                   | 0    |                | 0    |            | 0    | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                      |              | 2,066,368 |                                   | 0    |                | 0    |            | 0    | 11.00 |
| 12.00 | Deductions (debit adjustments)                                      |              |           |                                   |      |                |      |            |      | 12.00 |
| 13.00 |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 13.00 |
| 14.00 |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 14.00 |
| 15.00 |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 15.00 |
| 16.00 |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 16.00 |
| 17.00 |   | 0            |           | 0                                 |      | 0              |      | 0          |      | 17.00 |
| 18.00 | Total deductions (sum of lines 13 - 17)                             |              | 0         |                                   | 0    |                | 0    |            | 0    | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (Line 11 - line 18) |              | 2,066,368 |                                   | 0    |                | 0    |            | 0    | 19.00 |

 
 MOHAWK MEADOWS
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# STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2 Part I PPS

| Cost Center Description   | Inpatient  | Outpatient | Total      |      |
|---|------------|------------|------------|------|
| Out defice Description  | 1.00       | 2.00       | 3.00       |      |
| General Inpatient Routine Care Services   | 1100       | 2100       | 3.00       |      |
| 1.00 SKILLED NURSING FACILITY   | 13,956,992 |            | 13,956,992 | 1.0  |
| 2.00 NURSING FACILITY   | 0          |            | 0          | 2.0  |
| 3.00 ICF/IID  | 0          |            | 0          | 3.0  |
| 4.00 OTHER LONG TERM CARE   | 0          |            | 0          | 4.0  |
| 5.00 Total general inpatient care services (Sum of lines 1 - 4)                                 | 13,956,992 |            | 13,956,992 | 5.0  |
| All Other Care Services   | .,,        |            | -,,-       |      |
| 6.00 ANCILLARY SERVICES   | 1,299,988  | 0          | 1,299,988  | 6.0  |
| 7.00 CLINIC   |            | 0          | 0          | 7.0  |
| 8.00 HOME HEALTH AGENCY COST  |            | 0          | 0          | 8.0  |
| 9.00 AMBULANCE  |            | 0          | 0          | 9.0  |
| 10.00 RURAL HEALTH CLINIC   |            | 0          | 0          | 10.0 |
| 10.10 FQHC  |            | 0          | 0          | 10.1 |
| 11.00 CMHC  |            | 0          | 0          | 11.0 |
| 12.00 HOSPICE   | 0          | 0          | 0          | 12.0 |
| 13.00 ROUTINE CHARGES / BED HOLD  | 37,585     | 0          | 37,585     | 13.0 |
| 14.00 Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1) | 15,294,565 | 0          | 15,294,565 | 14.0 |
| PART II - OPERATING EXPENSES  |            |            |            |      |
|   |            | 1.00       | 2.00       |      |
| 1.00 Operating Expenses (Per Worksheet A, Col. 3, Line 100)                                     |            |            | 14,527,973 | 1.0  |
| 2.00 Add (Specify)  |            | 0          |            | 2.0  |
| 3.00  |            | 0          |            | 3.0  |
| 4.00  |            | 0          |            | 4.0  |
| 5.00  |            | 0          |            | 5.0  |
| 6.00  |            | 0          |            | 6.0  |
| 7.00  |            | 0          |            | 7.0  |
| 8.00 Total Additions (Sum of lines 2 - 7)   |            |            | 0          | 8.0  |
| 9.00 Deduct (Specify)   |            | 0          |            | 9.0  |
| 10.00   |            | 0          |            | 10.0 |
| 11.00   |            | 0          |            | 11.0 |
| 12.00   |            | 0          |            | 12.0 |
| 13.00   |            | 0          |            | 13.0 |
| 14.00 Total Deductions (Sum of lines 9 - 13)  |            |            | 0          | 14.0 |
| 15.00 Total Operating Expenses (Sum of lines 1 and 8, minus line 14)                            |            |            | 14,527,973 | 15.0 |

5/13/2025 2:15 pm **2540-10** MOHAWK MEADOWS Period: Run Date Time: From: 02/01/2024 MCRIF32 To: 12/31/2024 Version: 10.23.179.0 Provider CCN: 315044

# STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

# Worksheet G-3

|       |   |            | PPS   |
|-------|---|------------|-------|
|       |   | 1.00       |       |
| 1.00  | Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)          | 15,294,565 | 1.00  |
| 2.00  | Less: contractual allowances and discounts on patients accounts           | 1,218,977  | 2.00  |
| 3.00  | Net patient revenues (Line 1 minus line 2)                                | 14,075,588 | 3.00  |
| 4.00  | Less: total operating expenses (From Worksheet G-2, Part II, line 15)     | 14,527,973 | 4.00  |
| 5.00  | Net income from service to patients (Line 3 minus 4)                      | -452,385   | 5.00  |
| Other | rincome:  |            |       |
| 6.00  | Contributions, donations, bequests, etc                                   | 0          | 6.00  |
| 7.00  | Income from investments   | 778        | 7.00  |
| 8.00  | Revenues from communications (Telephone and Internet service)             | 0          | 8.00  |
| 9.00  | Revenue from television and radio service                                 | 0          | 9.00  |
| 10.00 | Purchase discounts  | 0          | 10.00 |
| 11.00 | Rebates and refunds of expenses   | 0          | 11.00 |
| 12.00 | Parking lot receipts  | 0          | 12.00 |
| 13.00 | Revenue from laundry and linen service                                    | 0          | 13.00 |
| 14.00 | Revenue from meals sold to employees and guests                           | 0          | 14.00 |
| 15.00 | Revenue from rental of living quarters                                    | 0          | 15.00 |
| 16.00 | Revenue from sale of medical and surgical supplies to other than patients | 0          | 16.00 |
| 17.00 | Revenue from sale of drugs to other than patients                         | 0          | 17.00 |
| 18.00 | Revenue from sale of medical records and abstracts                        | 0          | 18.00 |
| 19.00 | Tuition (fees, sale of textbooks, uniforms, etc.)                         | 0          | 19.00 |
| 20.00 | Revenue from gifts, flower, coffee shops, canteen                         | 0          | 20.00 |
| 21.00 | Rental of vending machines  | 0          | 21.00 |
| 22.00 | Rental of skilled nursing space   | 0          | 22.00 |
| 23.00 | Governmental appropriations   | 0          | 23.00 |
| 24.00 | PRIOR YEAR  | -25        | 24.00 |
| 24.01 | NON PATIENT REVENUE   | 160,000    | 24.01 |
| 24.50 | COVID-19 PHE Funding  | 0          | 24.50 |
| 25.00 | Total other income (Sum of lines 6 - 24)                                  | 160,753    | 25.00 |
| 26.00 | Total (Line 5 plus line 25)   | -291,632   | 26.00 |
| 27.00 | Other expenses (specify)  | 0          | 27.00 |
| 28.00 |   | 0          | 28.00 |
| 29.00 |   | 0          | 29.00 |
| 30.00 | Total other expenses (Sum of lines 27 - 29)                               | 0          | 30.00 |
| 31.00 | Net income (or loss) for the period (Line 26 minus line 30)               | -291,632   | 31.00 |

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# BEMET LLC D/B/A MOHAWK MEADOWS (a limited liability company)

# FINANCIAL STATEMENTS FROM FEBRUARY 1, 2024 (COMMENCED OPERATIONS) TO DECEMBER 31, 2024



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#### INDEPENDENT AUDITORS' REPORT

To the Member of Bemet LLC d/b/a Mohawk Meadows

### **Opinion**

We have audited the accompanying financial statements of Bemet LLC d/b/a Mohawk Meadows (a limited liability company), which comprise the balance sheet as of December 31, 2024, and the related statements of operations and member's deficiency and cash flows for the period from February 1, 2024 (commenced operations) to December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bemet LLC d/b/a Mohawk Meadows as of December 31, 2024, and the results of its operations, changes in member's deficiency, and its cash flows for the period from February 1, 2024 (commenced operations) to December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

# **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Bemet LLC d/b/a Mohawk Meadows and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Bemet LLC d/b/a Mohawk Meadows's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve

collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Bemet LLC d/b/a Mohawk Meadows's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Bemet LLC d/b/a Mohawk Meadows's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

May 15, 2025

Grand Sonnerschine LLP

# **BEMET LLC** D/B/A MOHAWK MEADOWS (a limited liability company) **BALANCE SHEET AT DECEMBER 31, 2024**

| ASSETS  |     |              |
|---|-----|--------------|
| Current assets  |     |              |
| Cash and cash equivalents (note 2)                              | \$  | 349,879      |
| Restricted cash - patient funds (note 2)                        | Ψ   | 57,737       |
| Accounts receivable - net (note 3)                              |     | 3,972,620    |
|   |     | 701,398      |
| Due from prior owner (note 12)  Factory density (notes 2 and 5) |     | 51,013       |
| Escrow deposits (notes 2 and 5)                                 |     |              |
| Prepaid expenses and other                                      | -   | 119,542      |
| Total current assets  |     | 5,252,189    |
| Property and equipment - net (note 4)                           |     | 17,761       |
| Security deposit (note 5)                                       |     | 1,250,000    |
| Right-of-use asset (note 5)                                     | _   | 15,947,642   |
| TOTAL ASSETS  | \$_ | 22,467,592   |
| A LA DAL VINEG A NEL MENTERIG DE PAGNENCA                       | _   |              |
| LIABILITIES AND MEMBER'S DEFICIENCY                             |     |              |
| Current liabilities   | Φ.  | 1 22 4 1 7 6 |
| Accounts payable  | \$  | 1,324,156    |
| Accrued expenses  |     | 729,248      |
| Operating lease obligation (note 5)                             |     | 202,341      |
| Due to private and third-party payors                           |     | 85,433       |
| Patients' funds payable   | _   | 57,737       |
| Total current liabilities                                       |     | 2,398,915    |
| Loan payable (note 10)  |     | 1,572,000    |
| Due to member (note 11)   |     | 3,358,000    |
| Operating lease obligation (note 5)                             |     | 17,332,498   |
| Total liabilities   |     | 24,661,413   |
| Member's deficiency   | _   | (2,193,821)  |
| TOTAL LIABILITIES AND MEMBER'S DEFICIENCY                       | \$_ | 22,467,592   |

# BEMET LLC D/B/A MOHAWK MEADOWS

# (a limited liability company)

# STATEMENTS OF OPERATIONS AND MEMBER'S DEFICIENCY FROM FEBRUARY 1, 2024 (COMMENCED OPERATIONS) TO DECEMBER 31, 2024

| Revenues  | \$ | 14,005,797  |
|---|----|-------------|
| Operating expenses                                    | _  | 16,133,237  |
| Loss from operations                                  |    | (2,127,440) |
| Non-operating revenue (expense):                      |    |             |
| Interest income                                       |    | 778         |
| Interest expense                                      | _  | (67,159)    |
| NET LOSS AND MEMBER'S DEFICIENCY AT DECEMBER 31, 2024 | \$ | (2,193,821) |

# D/B/A MOHAWK MEADOWS

# (a limited liability company)

# STATEMENT OF CASH FLOWS

| Cash flows from operating activities            |             |
|---|-------------|
| Net loss  | (2,193,821) |
| Adjustments to reconcile net loss               |             |
| to net cash used in operating activities:       |             |
| Depreciation                                    | 2,047       |
| Decrease in right-of-use asset net of operating |             |
| lease obligation due to straight-lining of rent | 1,587,197   |
| Increase in assets                              |             |
| Accounts receivable                             | (3,972,620) |
| Prepaid expenses and other                      | (119,542)   |
| Increase in liabilities                         |             |
| Accounts payable                                | 1,324,156   |
| Accrued expenses                                | 729,248     |
| Due to private and third-party payors           | 85,433      |
| Patients' funds payable                         | 57,737      |
| Net cash used in operating activities           | (2,500,165) |
| Cash flows from investing activities            |             |
| Purchase of property and equipment              | (19,808)    |
| Increase in security deposits                   | (1,250,000) |
| Net cash used in investing activities           | (1,269,808) |
| Cash flows from financing activities            |             |
| Net receipts from member                        | 3,358,000   |
| Proceeds from loan payable                      | 1,572,000   |
| Net payments to prior owner                     | (701,398)   |
| Net cash provided by financing activities       | 4,228,602   |
| The cash provided by mancing activities         | 7,220,002   |
| NET INCREASE IN AND CASH, RESTRICTED CASH, AND  |             |
| CASH EQUIVALENTS AT DECEMBER 31, 2024           | 458,629     |

# NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Organization and business** – Bemet LLC d/b/a Mohawk Meadows (the "Company") was formed in the State of New Jersey on February 20, 2023, without a finite life, and commenced operations on February 1, 2024. The Company leases the land, building, and the rights to its license in Andover, New Jersey from an unrelated landlord. The Company is licensed to operate a long-term care facility with 159 long-term care beds, which it operates under the name Mohawk Meadows. The member of the Company is generally protected from liability for the acts and obligations of the Company.

**Basis of accounting** – The books and records of the Company are maintained on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Cash equivalents** – Cash equivalents represent short-term investments with original maturity dates of three months or less.

**Restricted cash - patient funds** – The Company adopted Financial Accounting Standards Board ("FASB") standard "Accounting Standards Update ("ASU") 2016-18, Statement of Cash Flows (Topic 230): Restricted Cash". This standard requires that cash, restricted cash, and cash equivalents be included in beginning and ending cash, restricted cash, and cash equivalents on the statement of cash flows. The Company is required to maintain patient funds in a separate, restricted account. The amount at all times must be equal to or exceed the aggregate of all outstanding obligations to the patients.

**Restricted deposits - escrowed** – The escrow deposits recorded by the Company represent restricted funds for capital improvements. The funds consist of deposits by the Company to guarantee that funds are available for capital improvements in the future. The Company requests reimbursement from the escrow upon proof of capital improvements. Future monthly required commitments for the funding of the escrow are \$4,638.

**Trade accounts receivable** – Trade accounts receivable are stated at the amount management expects to collect from outstanding balances. The Company adopted "ASU 2016-13, Measurement of Credit Losses on Financial Instruments" and its related amendments using the prospective method. The standard changes the impairment model for most financial assets that are measured at amortized cost and certain other instruments, including trade receivables, from an incurred loss model to an expected loss model and adds certain new required disclosures. Under the expected loss model, entities recognize credit losses to be incurred over the entire contractual term of the instrument rather than delaying recognition of credit losses until it is probable that the loss has been incurred. In accordance with Accounting Standards Codification ("ASC") 326, the Company evaluates certain criteria, including aging and historical write-offs, current economic conditions of specific payors, and future economic conditions, to determine the appropriate allowance for credit losses. The impact of the adoption of ASC 326 on the Company's opening balance of net assets was not material.

**Property and equipment** – Property and equipment are stated at cost. Depreciation is computed by the straight-line method over the estimated useful lives of the assets. Expenditures for maintenance and repairs are charged to operations as incurred. Significant renovations and replacements which improve and extend the life of the asset are capitalized.

# NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Leases – The Company adopted "ASC 842, Leases". With this adoption, the Company determined which contracts conveyed the Company a right to control identified property, plant, or equipment for a period of time in exchange for consideration, that were deemed leases. The Company classified these contracts as right-of-use ("ROU") assets. ROU assets and lease liabilities are recognized based on the present value of lease payments over the lease term, with lease expense recognized on a straight-line basis.

Lease agreements may contain rent escalation clauses, rent holidays, or certain landlord incentives, including tenant improvement allowances. ROU assets include amounts for scheduled rent increases and may be reduced by lease incentive amounts. Using the transition approach, the Company elected to use the following practical expedients and, therefore, did not reassess any of the following: (1) whether any expired or existing contracts are or contain leases; (2) the lease classification of pre-ASC 842 operating leases, which continue to be reported as operating leases, and the lease classification of pre-ASC 842 capital leases, which are now reported as financing leases; and (3) initial direct costs for any existing leases.

With implementation, the Company also elected the following practical expedients of (1) using the Company's implicit borrowing rate (if available at the time of the lease origination); or (2) using a risk-free discount rate (US Treasury Rate) for the lease-derived ROU assets. ROU assets were treated separately from non-lease components of all asset classes. For leases utilizing the risk-free rate expedient, the Company elected to use a period comparable with that of the lease term, as an accounting policy election for all leases. The Company also made an accounting policy election to not record ROU assets or lease liabilities for leases with an initial term of 12 months or less and recognizes payments for such leases in its statement of earnings on a straight-line basis over the lease term. There were no residual value guarantees in any of the leases. The Company used hindsight in determining the lease term.

Revenues – Revenue is derived primarily from providing healthcare services to the Company's patients. Revenues are recognized when services are provided to the patients at the amount that reflects the consideration to which the Company expects to be entitled from patients and third-party payors, including Medicaid, Medicare, and insurers (private and Medicare replacement plans), in exchange for providing patient care. The healthcare services in transitional and skilled, home health, and hospice patient contracts include routine services in exchange for a contractual agreed-upon amount or rate. Routine services are treated as a single-performance obligation, satisfied over time as services are rendered. As such, patient care services represent a bundle of services that are not capable of being distinct. Additionally, there may be ancillarly services which are not included in the daily rates for routine services, but instead are treated as separate performance obligations satisfied at a point in time, if and when those services are rendered.

Revenues recognized from healthcare services are adjusted for estimates of variable consideration to arrive at the transaction price. The Company determines the transaction price based on contractually agreed-upon amounts or rates, adjusted for estimates of variable consideration. The Company uses the expected value method to determine the variable component that should be used to arrive at the transaction price, using contractual agreements and historical reimbursement experience within each payor type. The amount of variable consideration which is included in the transaction price may be constrained and is included in the net revenue only to the extent that it is probable that a significant reversal in the amount of the cumulative revenue recognized will not occur in a future period. If actual amounts of consideration ultimately received differ from estimates, the Company adjusts these estimates, which would affect net service revenue in the period such variances become known.

# NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

**Income taxes** – The Company is treated as a disregarded entity for federal income tax purposes and does not incur income taxes. Instead, its earnings and losses are included on the return of the Parent. The policy of the Company is to record interest expenses and penalties relating to income taxes in operating expenses. During the period, there were no income tax-related interest or penalty expenses and no accrued interest or penalties.

**Advertising** – Advertising costs, except for costs associated with direct-response advertising, are charged to operations when incurred. The costs of direct-response advertising are capitalized and amortized over the period during which future benefits are expected to be received.

**Fair value of financial instruments** – The carrying amounts of the Company's assets and liabilities approximate their fair value.

**Estimates** – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Subsequent events** – The Company has reviewed subsequent events and transactions for potential recognition and disclosure in the financial statements through May 15, 2025, the date the financial statements were available to be issued. No subsequent events were identified that were required to be disclosed.

# NOTE 2 – CASH, RESTRICTED CASH, AND CASH EQUIVALENTS

The balance in cash, restricted cash, and cash equivalents at December 31, 2024, consists of the following:

| Operating cash                                    | \$<br>349879  |
|---|---------------|
| Restricted cash – patient funds                   | 57,737        |
| Escrow deposits – lease                           | 51,013        |
| Total cash, restricted cash, and cash equivalents | \$<br>458,629 |

# BEMET LLC D/B/A MOHAWK MEADOWS (a limited liability company)

# NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024

#### NOTE 3 – ALLOWANCE FOR CREDIT LOSSES

The change in the allowance for credit losses included in accounts receivable at December 31, 2024, is summarized as follows:

| Balance – February 1, 2024  | \$<br>-              |
|-----------------------------|----------------------|
| Provision for credit losses | 517,000              |
| Less: write-offs            |                      |
| Balance – December 31, 2024 | \$<br><u>517,000</u> |

#### **NOTE 4 – PROPERTY AND EQUIPMENT**

Property and equipment at December 31, 2024, are summarized as follows:

|                                | Estimated life |              |
|--------------------------------|----------------|--------------|
|                                | <u>(years)</u> |              |
| Furniture and equipment        | 5-7            | \$<br>19,808 |
| Less: accumulated depreciation |                | 2,047        |
|                                |                | \$<br>17,761 |

Depreciation expense was \$2,047 for the period.

#### **NOTE 5 – LEASE**

The Company has an operating lease for the nursing facility premises. ROU assets represent the Company's right to use an underlying asset for the lease term if greater than twelve months. Lease obligations represent the Company's liability to make lease payments arising from the lease. Operating lease ROU assets and related obligations are recognized at the commencement date based on the present value of lease payments over the lease term discounted using an appropriate incremental borrowing rate. The incremental borrowing rate is based on the information available at the commencement date in determining the present value of lease payments. The value of an option to extend or terminate a lease is reflected to the extent it is reasonably certain management will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

The Company occupies its premises from an unrelated landlord under an operating lease that expires on January 31, 2034, with two successive extension options of five years each. The lease provides for a monthly base rent of \$30,000 in months 1-8 of the lease, \$50,000 in months 9-12, \$75,000 in months 13-24, \$183,333 in months 25-32, \$191,667 in months 33-44, \$200,000 in months 45-55, and annual 3% increases thereafter. The Company is responsible for additional rent of real estate taxes and operating expenses. The Company elected to exclude variable payments for real estate taxes and operating expenses from ROU operating lease present value computations. The lease is secured by the Company's accounts receivable, equipment, furniture, fixtures, and property. The lease arrangement has a remaining lease term of 9.08 years.

The lease requires monthly escrow deposits for capital improvements. The balance of the escrow at December 31, 2024 was \$51,013.

# BEMET LLC D/B/A MOHAWK MEADOWS

# (a limited liability company) NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024

# **NOTE 5 – LEASE (continued)**

Beginning February 1, 2027, the Company has the option to purchase the premises for \$11,130,000 until such time the lease is no longer in effect. As a condition of the option, the Company sent a deposit in the amount of \$1,250,000, which will be credited against the purchase price should the purchase option be exercised.

The following table is a summary of components of lease expense and year-end ROU assets and lease liabilities relating to operating leases at December 31, 2024, and for the period then ended.

| Operating lease cost Short-term lease costs Variable lease costs                | \$<br>1,977,197<br>14,138<br>344,940 |
|---|--------------------------------------|
| Total   | \$<br><u>2,336,275</u>               |
| Operating lease ROU assets  | \$<br>15,947,642                     |
| Other current liabilities   | \$<br>202,341                        |
| Operating lease liabilities Total operating lease liabilities                   | \$<br>17,332,498<br>17,534,839       |
| Weighted-average remaining lease term   | 9.08 years                           |
| Weighted-average discount rate  | 3.87%                                |
| Future lease liability maturities at December 31, 2024, are as follows:         |                                      |
| 2025  | \$<br>875,000                        |
| 2026  | 2,108,331                            |
| 2027  | 2,316,670                            |
| 2028  | 2,418,000                            |
| 2029  | 2,490,540                            |
| Thereafter  | <u>10,970,885</u>                    |
| Total undiscounted lease liabilities  | 21,179,426                           |
| Less: imputed interest on lease liabilities                                     | 3,644,587                            |
| Total lease liabilities   | \$<br>17,534,839                     |
| The following table presents supplemental cash flow information for the period. |                                      |
| Operating cash flows for operating leases                                       | \$<br>390,000                        |
| ROU assets obtained in exchange for operating lease obligations                 | \$<br>17,307,694                     |

#### NOTE 6 – CAPITAL EXPENDITURES PROMISSORY NOTE

In connection with the Company's lease (note 5), the Company entered into a \$1,500,000 promissory note with its landlord. Draws on the note are available for capital expenditures. Interest on advances is payable at 8% per annum. Monthly payments are required once funds are drawn. The note expires when the lease terminates or the purchase option is exercised, at which time all unpaid principal and interest are to become due. No advances on the note were made to the Company during the period, and there was no balance due at December 31, 2024.

#### **NOTE 7 – REVENUES**

Approximately 6% of revenues for the period were derived from billings to the New Jersey Department of Health for stays by Medicaid patients. Approximately 3% of revenues for the period were derived from billings to the New York Department of Social Services for stays by Medicaid patients. Approximately 39% of revenues for the period were derived from billings to Managed Care Organizations ("MCOs") for stays by Managed Medicaid patients approved by the New Jersey Department of Health. Approximately 27% of revenues for the period were derived from billings to the Federal government for stays by Medicare patients covered by Part A and for services provided which are covered by Medicare Part B.

Effective July 2014, the New Jersey Department of Human Services changed its reimbursement methodology to an MCO system. The Company entered into contracts with state-approved MCOs that are paying for all new Medicaid admissions. Subsequent rates are negotiated between the Company and each MCO.

Effective January 2012, the methodology for Medicaid reimbursement in the State of New York was changed to a regional pricing methodology.

# NOTE 8 - CONCENTRATION OF CREDIT RISK

The Company maintains its cash balances at several financial institutions. At December 31, 2024, accounts at each institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At December 31, 2024, the Company had uninsured bank balances of approximately \$155,000.

At December 31, 2024, the Company had approximately 10% of its receivables due from the New Jersey Department of Health, 9% % of its receivables due from the New York Department of Social Services, 16% of its receivables due from MCOs approved by the New Jersey Department of Health, and 11% of its receivables due from the Federal government for Medicare recipients.

At December 31, 2024, approximately 33% of the accounts payable balance was payable to one vendor.

#### **NOTE 9 – ADVERTISING**

Advertising and recruiting expenses were \$100,422 for the period. There were no direct-response advertising costs either capitalized or expensed.

#### NOTE 10 - LOAN PAYABLE

The Company received advances during the period from its unrelated management company. The balance of loan at December 31, 2024, was \$1,572,000. The loan does not bear interest, and there is no formal repayment plan.

#### **NOTE 11 – DUE TO MEMBER**

The member of the Company advanced funds to the Company. The balance of loan at December 31, 2024, was \$3,358,000. The loan bears interest without formal terms. Interest expense recorded on the loan was \$60,288 for the period, and accrued interest on the loan at December 31, 2024, was \$60,288, which was included in accrued expenses. There is no formal repayment plan on the loan.

# NOTE 12 - DUE FROM PRIOR OWNER

The Company has either received payments due to the prior owner or has had recoupments which the prior owner was required to reimburse. The balance owed by the prior owner at December 31, 2024 was \$701,398.

#### NOTE 13 - MULTIEMPLOYER HEALTH PLAN

Pursuant to a collective-bargaining agreement, the Company makes contributions to a multiemployer health plan for its union-represented employees. Required contributions are \$38 per member per month. The Company incurred contribution expenses of \$36,093 for the period.

#### **NOTE 14 – EMPLOYEE BENEFIT PLANS**

The Company maintains a qualified salary-reduction profit-sharing plan for eligible employees under section 401(k) of the Internal Revenue Code. The plan provides for voluntary employee contributions through salary reductions, with no required employer contributions. The Company did not incur any contribution expenses related to the plan for the period.

#### **NOTE 15 – CONTINGENCIES**

Revenues are based on current billings. Certain adjustments may be made in subsequent periods as a result of audits or appeals, the final results of which are not determinable as of the date of the financial statements. Such adjustments, if any, will be reflected in revenues in the period in which they are ascertained.

At times, the Company may be involved in various lawsuits and is subject to certain contingencies in the normal course of business. Management vigorously defends any claims that are asserted.

# **NOTE 15 – CONTINGENCIES (CONTINUED)**

The Company provides health coverage to its employees through a self-funded healthcare arrangement, which runs on a fiscal year from July 1 through June 30, and assumes direct risk for payment of the claims for benefits. The Company also purchased a stop-loss insurance plan, which caps the employer liability on any individual claimant to a \$50,000 deductible. Additionally, once aggregate deductibles on the policy reach approximately \$358,000, based on the current population of employees, the policy covers the next \$1,000,000 of deductibles. The Company is responsible for deductibles in excess of \$1,000,000 above the aggregate deductible.

In October 2019, the NYS Department of Health issued Medicaid rates for all Nursing Facilities in the state, effective July 1, 2019, utilizing a new methodology to calculate the Case Mix Index ("CMI") used as part of the rate calculation. A lawsuit was filed on behalf of the nursing home industry to block the implementation of this new methodology. The court issued an injunction to the implementation of the new calculation until such time as the case can be litigated and resolved in court. As required by the Court, the Department of Health restored the rates to the previously used methodology and updated the rate in February 2020 to use the most accurate CMI date as allowed under the old methodology. There exists a possibility of a change to these rates at a future time, when the legal case is finally resolved in court. A material amount may be awarded or recovered from the Company at that time. No amount has been recorded in the financial statements at this time to account for this uncertainty.

The New Jersey Department of Health is currently in the process of revising the methodology used to calculate the Medicaid reimbursement rate paid to the Company. The effect of these revisions on future operations cannot be determined at this time.

# D/B/A MOHAWK MEADOWS

# (a limited liability company)

# SUPPLEMENTARY INFORMATION

# **REVENUES**

|                                     |      | Per<br>Patient<br>Day |
|-------------------------------------|------|-----------------------|
| Current year                        |      |                       |
| Medicaid - New Jersey \$ 889,637    | 7 \$ | 255.06                |
| Medicaid - New York 384,223         | 3    | 255.64                |
| Managed Medicaid 5,403,344          | ļ    | 254.10                |
| Medicare - Part A 3,549,386         | 5    | 712.59                |
| Medicare - Part A bad debt (55,860  | ))   | (11.21)               |
| HMO - Medicaid 153,220              | )    | 254.52                |
| HMO - Medicare 123,954              | ļ    | 420.18                |
| HMO - Commerical 83,022             | 2    | 456.16                |
| Private 2,937,126                   | 5    | 279.73                |
| Hospice 212,292                     | 2    | 253.94                |
| Total current year 13,680,344       | \$   | 313.40                |
|                                     |      |                       |
| Miscellaneous                       |      |                       |
| Ancillary 325,453                   | 3    |                       |
| 325,453                             | 3    |                       |
| <b>TOTAL REVENUES</b> \$ 14,005,797 | 7    |                       |

# D/B/A MOHAWK MEADOWS

# (a limited liability company)

# SUPPLEMENTARY INFORMATION

# **OPERATING EXPENSES**

|  |    |           |    | Per            |
|--|----|-----------|----|----------------|
|  |    |           |    | <b>Patient</b> |
| DIRECT PATIENT CARE COST                           |    |           |    | Day            |
| Direct routine patient care costs                  |    |           |    |                |
| Salaries - RN                                      | \$ | 1,007,656 | \$ | 23.08          |
| - LPN  |    | 1,005,775 |    | 23.04          |
| - CNA  |    | 2,430,880 |    | 55.69          |
| Employee benefits                                  |    | 906,135   |    | 20.76          |
|  | _  | 5,350,446 | -  | 122.57         |
| Routine patient care costs - not directly reported |    |           |    |                |
| Medical supplies                                   |    | 95,157    |    | 2.18           |
| Oxygen   |    | 24,462    |    | 0.56           |
| OTC drugs  |    | 11,042    |    | 0.25           |
| Incontinency products                              |    | 45,988    |    | 1.05           |
|  | _  | 176,649   | -  | 4.04           |
| TOTAL DIRECT PATIENT CARE COST                     | _  | 5,527,095 | -  | 126.61         |
| ANCILLARY PATIENT CARE COSTS                       |    |           |    |                |
| Radiology and laboratory                           |    | 15,215    |    | 0.35           |
| Salaries - Therapy                                 |    | 552,424   |    | 12.66          |
| Employee benefits                                  |    | 112,632   |    | 2.58           |
| Prescription drugs                                 |    | 179,277   |    | 4.11           |
| Ancillary supplies                                 | _  | 7,744     | -  | 0.18           |
| TOTAL ANCILLARY                                    |    |           |    |                |
| PATIENT CARE COSTS                                 | _  | 867,292   | _  | 19.88          |
|  |    |           |    |                |

# D/B/A MOHAWK MEADOWS

# (a limited liability company)

# SUPPLEMENTARY INFORMATION

# **OPERATING EXPENSES**

| INDIRECT PATIENT CARE COSTS            |            |    | Per<br>Patient<br>Day |
|--|------------|----|-----------------------|
| Nursing administration                 |            |    |                       |
| _                                      | \$ 209,367 | \$ | 4.80                  |
| - Nursing administration               | 303,958    |    | 6.96                  |
| - Medical records                      | 4,443      |    | 0.10                  |
| Employee benefits                      | 43,593     |    | 1.00                  |
|  | 561,361    | -  | 12.86                 |
| Workforce-related costs - patient care |            |    |                       |
| Direct patient care recruitment        | 676        |    | 0.02                  |
|  | 676        | -  | 0.02                  |
| Patient support services               |            |    |                       |
| Food and supplements                   | 445,224    |    | 10.20                 |
| Salaries - Dietary                     | 701,965    |    | 16.08                 |
| Employee benefits                      | 143,121    |    | 3.28                  |
| Dietary supplies and services          | 47,479     |    | 1.09                  |
| Salaries - Laundry                     | 78,235     |    | 1.79                  |
| Employee benefits                      | 15,951     |    | 0.37                  |
| Laundry supplies and services          | 70,129     |    | 1.61                  |
| Salaries - Housekeeping                | 463,676    |    | 10.62                 |
| Employee benefits                      | 94,537     |    | 2.17                  |
| Housekeeping supplies and services     | 38,110     |    | 0.87                  |
| Salaries - Social services             | 208,773    |    | 4.78                  |
| Employee benefits                      | 42,566     |    | 0.98                  |
| Social services supplies and services  | 141,571    |    | 3.24                  |
| Salaries - Recreation                  | 346,205    |    | 7.93                  |
| Employee benefits                      | 70,587     |    | 1.62                  |
| Recreation supplies and services       | 2,665      |    | 0.06                  |
| Medical director                       | 21,462     |    | 0.49                  |
| Pharmacy consultant                    | 21,578     |    | 0.49                  |
| Garbage disposal                       | 44,636     |    | 1.02                  |
| Landscaping and snow removal           | 32         |    | -                     |
| Exterminating                          | 813        |    | 0.02                  |
|  | 2,999,315  | -  | 68.71                 |
| TOTAL INDIRECT PATIENT CARE COSTS      | 3,561,352  | _  | 81.59                 |

# D/B/A MOHAWK MEADOWS

# (a limited liability company)

# SUPPLEMENTARY INFORMATION

# **OPERATING EXPENSES**

|  |    |           |    | Per     |
|--|----|-----------|----|---------|
|  |    |           |    | Patient |
| ADMINISTRATIVE AND OPERATING COSTS       |    |           |    | Day     |
| Property operating costs                 |    |           |    |         |
| Salaries - Maintenance                   | \$ | 315,695   | \$ | 7.23    |
| Employee benefits                        |    | 64,366    |    | 1.47    |
| Maintenance supplies and services        |    | 134,257   |    | 3.08    |
| Contracted security                      |    | 5,165     |    | 0.12    |
| Gas                                      |    | 29,031    |    | 0.67    |
| Electric                                 |    | 95,283    |    | 2.18    |
| Water and sewer                          |    | 61,705    |    | 1.41    |
| Cable                                    |    | 23,176    |    | 0.53    |
| Telephone                                |    | 41,521    |    | 0.95    |
| Real estate tax                          |    | 330,448   |    | 7.57    |
| Property insurance                       |    | 14,492    | _  | 0.33    |
|  |    | 1,115,139 |    | 25.54   |
|  |    |           |    |         |
| Administrative and operating costs       |    |           |    |         |
| Salaries - Administrator                 |    | 193,663   |    | 4.44    |
| Employee benefits                        |    | 39,485    |    | 0.90    |
| Salaries - Assistant administrator       |    | 167,688   |    | 3.84    |
| Employee benefits                        |    | 34,189    |    | 0.78    |
| Salaries - Office                        |    | 190,942   |    | 4.37    |
| Employee benefits                        |    | 38,931    |    | 0.89    |
| Data processing                          |    | 169,060   |    | 3.87    |
| Management fees                          |    | 680,516   |    | 15.59   |
| Office supplies and expenses             |    | 24,601    |    | 0.56    |
| Insurance                                |    | 232,314   |    | 5.32    |
| Legal                                    |    | 90,386    |    | 2.07    |
| Advertising                              |    | 44,746    |    | 1.03    |
| Travel                                   |    | 1,430     |    | 0.03    |
| License, dues, and seminars              |    | 8,955     |    | 0.21    |
|  | _  | 1,916,906 |    | 43.90   |
| TOTAL ADMINISTRATIVE                     |    |           |    |         |
| TOTAL ADMINISTRATIVE AND OPERATING COSTS |    | 3,032,045 |    | 69.44   |
| THE CLEANING CONTR                       | _  | 2,022,012 | -  |         |

# D/B/A MOHAWK MEADOWS

# (a limited liability company)

# SUPPLEMENTARY INFORMATION

# **OPERATING EXPENSES**

| CAPITAL COSTS                  |     |            |     | Per<br>Patient<br>Day |
|--------------------------------|-----|------------|-----|-----------------------|
| Rent                           | \$  | 1,977,197  | \$  | 45.29                 |
| Depreciation                   |     | 2,047      |     | 0.05                  |
| Equipment leases               | _   | 14,138     | -   | 0.32                  |
| TOTAL CAPITAL COSTS            | _   | 1,993,382  | _   | 45.66                 |
| NON-ALLOWABLE COSTS            |     |            |     |                       |
| Marketing                      |     | 55,000     |     | 1.26                  |
| Medicaid assessment tax        |     | 566,071    |     | 12.97                 |
| Bad debt expense               |     | 517,000    |     | 11.84                 |
| Miscellaneous non-reimbursable | _   | 14,000     | -   | 0.32                  |
| TOTAL NON-ALLOWABLE COSTS      | _   | 1,152,071  | _   | 26.39                 |
| TOTAL OPERATING EXPENSES       | \$_ | 16,133,237 | \$_ | 369.57                |

# D/B/A MOHAWK MEADOWS

# (a limited liability company)

# SUPPLEMENTARY INFORMATION

# SCHEDULES OF PAYROLL AND BENEFITS

|                              |                |                 |    | Per<br>Patient<br>Day |
|------------------------------|----------------|-----------------|----|-----------------------|
| SALARIES                     |                |                 |    | J                     |
| RN                           | \$             | 1,007,656       | \$ | 23.08                 |
| LPN                          |                | 1,005,775       |    | 23.04                 |
| CNA                          |                | 2,430,880       |    | 55.69                 |
| Therapy                      |                | 552,424         |    | 12.66                 |
| DON and ADON                 |                | 209,367         |    | 4.80                  |
| Medical records              |                | 4,443           |    | 0.10                  |
| Dietary                      |                | 701,965         |    | 16.08                 |
| Laundry                      |                | 78,235          |    | 1.79                  |
| Housekeeping                 |                | 463,676         |    | 10.62                 |
| Social services              |                | 208,773         |    | 4.78                  |
| Recreation                   |                | 346,205         |    | 7.93                  |
| Maintenance                  |                | 315,695         |    | 7.23                  |
| Administrator                |                | 193,663         |    | 4.44                  |
| Assistant administrator      |                | 167,688         |    | 3.84                  |
| Office                       | _              | 190,942         | -  | 4.37                  |
| TOTAL SALARIES               | \$ <sub></sub> | 7,877,387       | \$ | 180.46                |
| EMPLOYEE BENEFITS            | Φ.             | 050 100         |    |                       |
| Payroll taxes                | \$             | 859,109         |    |                       |
| Workers' compensation        |                | 277,981         |    |                       |
| Employee benefits            | _              | 469,003         |    |                       |
| TOTAL EMPLOYEE BENEFITS      | \$=            | 1,606,093       |    |                       |
| TOTAL EMPLOYEE BENEFITS AS A |                | <b>A</b> 0.2007 |    |                       |
| PERCENT OF SALARIES          | =              | 20.39%          |    |                       |

# D/B/A MOHAWK MEADOWS

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# SUPPLEMENTARY INFORMATION PATIENT DAYS

|                              |        | Percent |  |
|------------------------------|--------|---------|--|
|                              |        | of      |  |
|                              |        | Total   |  |
| SKILLED NURSING FACILITY     |        |         |  |
| Medicaid - New Jersey        | 3,488  | 7.99%   |  |
| Medicaid - New York          | 1,503  | 3.44%   |  |
| Managed Medicaid             | 21,265 | 48.71%  |  |
| Medicare - Part A            | 4,981  | 11.41%  |  |
| HMO - Medicaid               | 602    | 1.38%   |  |
| HMO - Medicare               | 295    | 0.68%   |  |
| HMO - Commerical             | 182    | 0.42%   |  |
| Private                      | 10,500 | 24.05%  |  |
| Hospice                      | 836    | 1.92%   |  |
|                              | 43,652 | 100.00% |  |
| Percent occupancy - 159 beds | 81.95% |         |  |