

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
WILEY MISSION Provider CCN: 315418	Period: From: 01/01/2024 To: 12/31/2024 Run Date Time: 7/1/2025 1:42 pm MCRIF32 Version: 11.1.179.2



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

**Worksheet S
 Parts I, II & III**

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WILEY MISSION, 315418 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT
1	1	2	
1	<i>Victor Flamini</i>	Y	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.
2	Signatory Printed Name: VICTOR FLAMINI		2
3	Signatory Title: CHIEF FINANCIAL OFFICER		3
4	Signature Date: (Dated when report is electronically signed.)		4

PART III - SETTLEMENT SUMMARY

	Cost Center Description	Title XVIII				
		Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	3,312	0	0	1.00
2.00	NURSING FACILITY	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	3,312	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.

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street:	99 EAST MAIN STREET	P.O. Box:				1.00	
2.00	City:	MARLTON	State:	NJ	ZIP Code:	08053	2.00	
3.00	County:	BURLINGTON	CBSA Code:	15804	Urban / Rural:	U	3.00	
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

SNF and SNF-Based Component Identification:							
Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
				V	XVIII	XIX	
				1.00	2.00	3.00	4.00
4.00	SNF	WILEY MISSION	315418	12/01/1997	N	P	N
5.00	Nursing Facility						5.00
6.00	ICF/IID						6.00
7.00	SNF-Based HHA						7.00
8.00	SNF-Based RHC						8.00
9.00	SNF-Based FQHC						9.00
10.00	SNF-Based CMHC						10.00
11.00	SNF-Based OLTC						11.00
12.00	SNF-Based HOSPICE						12.00
13.00	SNF-Based CORF						13.00
				From:	To:		
				1.00	2.00		
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2024	12/31/2024		14.00
15.00	Type of Control (See Instructions)	2 - Voluntary Nonprofit, Other			CORPORATION		15.00
						Y/N	
						1.00	

Type of Freestanding Skilled Nursing Facility			
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	N	18.00

Miscellaneous Cost Reporting Information			
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.01

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.			
20.00	Straight Line	835,008	20.00
21.00	Declining Balance	0	21.00
22.00	Sum of the Year's Digits	0	22.00
23.00	Sum of line 20 through 22	835,008	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)	N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)	N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N	28.00
		Part A	Part B
		1.00	2.00
			Other
			3.00

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.				
29.00	Skilled Nursing Facility	N	N	29.00
30.00	Nursing Facility		N	30.00
31.00	ICF/IID			31.00
32.00	SNF-Based HHA	N	N	32.00
33.00	SNF-Based RHC			33.00
34.00	SNF-Based FQHC			34.00
35.00	SNF-Based CMHC		N	35.00
36.00	SNF-Based OLTC			36.00
			Y/N	
			1.00	2.00
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)	N		38.00

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I
PPS

		Y/N		
		1.00	2.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.	1		39.00
		Premiums	Paid Losses	Self Insurance
		1.00	2.00	3.00
41.00	List malpractice premiums and paid losses:	0	0	0 41.00
			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 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 the home office on lines 45, 46 and 47.			44.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor Name:	Contractor Number:	45.00
46.00	Street:	P.O. Box:		46.00
47.00	City:	State:	ZIP Code:	47.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

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

Worksheet S-3
Part I
 PPS

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					Discharges					
				Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
1.00	SKILLED NURSING FACILITY	86	31,476	0	2,744	4,268	12,613	19,625	0	87	18	14	119	1.00
2.00	NURSING FACILITY													2.00
3.00	ICF/IID													3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care													5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE													7.00
8.00	Total (Sum of lines 1-7)	86	31,476	0	2,744	4,268	12,613	19,625	0	87	18	14	119	8.00

	Component	Average Length of Stay				Admissions					Full Time Equivalent		
		Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	
1.00	SKILLED NURSING FACILITY	0.00	31.54	237.11	164.92	0	107	22	22	151	133.77	0.00	1.00
2.00	NURSING FACILITY												2.00
3.00	ICF/IID												3.00
4.00	HOME HEALTH AGENCY COST												4.00
5.00	Other Long Term Care												5.00
6.00	SNF-Based CMHC												6.00
7.00	HOSPICE												7.00
8.00	Total (Sum of lines 1-7)	0.00	31.54	237.11	164.92	0	107	22	22	151	133.77	0.00	8.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



SNF WAGE INDEX INFORMATION

Worksheet S-3
Part II
PPS

PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALARIES							
1.00	Total salaries (See Instructions)	7,869,735	0	7,869,735	278,233.00	28.28	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)	7,869,735	0	7,869,735	278,233.00	28.28	6.00
7.00	Other Long Term Care						7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE						10.00
11.00	Other excluded areas	0	561,496	561,496	16,223.00	34.61	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	561,496	561,496	16,223.00	34.61	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7,869,735	-561,496	7,308,239	262,010.00	27.89	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	806,791	0	806,791	14,993.00	53.81	14.00
15.00	Contract Labor: Physician services-Part A	7,500	0	7,500	25.00	300.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	1,499,732	0	1,499,732			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	107,004	0	107,004			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)	1,392,728	0	1,392,728			22.00

WILEY MISSION Provider CCN: 315418	Period:	Run Date Time:	7/1/2025 1:42 pm
	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.2



SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	1,020,425	0	1,020,425	29,156.00	35.00	2.00
3.00	Plant Operation, Maintenance & Repairs	515,610	0	515,610	18,361.00	28.08	3.00
4.00	Laundry & Linen Service	87,561	0	87,561	4,615.00	18.97	4.00
5.00	Housekeeping	389,161	0	389,161	20,882.00	18.64	5.00
6.00	Dietary	865,140	0	865,140	47,410.00	18.25	6.00
7.00	Nursing Administration	0	144,679	144,679	2,560.00	56.52	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	145,563	0	145,563	6,241.00	23.32	10.00
11.00	Social Service	156,801	0	156,801	5,058.00	31.00	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	361,660	0	361,660	17,802.00	20.32	13.00
14.00	Total (sum lines 1 thru 13)	3,541,921	144,679	3,686,600	152,085.00	24.24	14.00

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.2



SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS

PART IV - WAGE RELATED COSTS		Amount Reported	
		1.00	
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	57,290	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	643,331	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	141,648	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	474,210	17.00
18.00	Medicare Taxes - Employers Portion Only	111,234	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	72,019	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,499,732	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,672,597	318,797	1,991,394	36,555.00	54.48	1.00
2.00	Licensed Practical Nurses (LPNs)	472,102	89,983	562,085	12,844.00	43.76	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,430,590	272,671	1,703,261	59,079.00	28.83	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,575,289	681,451	4,256,740	108,478.00	39.24	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	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
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	9,762		9,762	149.00	65.52	14.00
15.00	Licensed Practical Nurses (LPNs)	63,318		63,318	1,079.00	58.68	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	193,003		193,003	6,150.00	31.38	16.00
17.00	Total Nursing (sum of lines 14 through 16)	266,083		266,083	7,378.00	36.06	17.00
18.00	Physical Therapists	111,075		111,075	1,481.00	75.00	18.00
19.00	Physical Therapy Assistants	127,761		127,761	1,789.00	71.41	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	68,650		68,650	1,016.00	67.57	21.00
22.00	Occupational Therapy Assistants	155,501		155,501	2,156.00	72.12	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	77,721		77,721	1,173.00	66.26	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

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
1.00	RUX		1.00
2.00	RUL		2.00
3.00	RVX		3.00
4.00	RVL		4.00
5.00	RHX		5.00
6.00	RHL		6.00
7.00	RMX		7.00
8.00	RML		8.00
9.00	RLX		9.00
10.00	RUC		10.00
11.00	RUB		11.00
12.00	RUA		12.00
13.00	RVC		13.00
14.00	RVB		14.00
15.00	RVA		15.00
16.00	RHC		16.00
17.00	RHB		17.00
18.00	RHA		18.00
19.00	RMC		19.00
20.00	RMB		20.00
21.00	RMA		21.00
22.00	RLB		22.00
23.00	RLA		23.00
24.00	ES3		24.00
25.00	ES2		25.00
26.00	ES1		26.00
27.00	HE2		27.00
28.00	HE1		28.00
29.00	HD2		29.00
30.00	HD1		30.00
31.00	HC2		31.00
32.00	HC1		32.00
33.00	HB2		33.00
34.00	HB1		34.00
35.00	LE2		35.00
36.00	LE1		36.00
37.00	LD2		37.00
38.00	LD1		38.00
39.00	LC2		39.00
40.00	LC1		40.00
41.00	LB2		41.00
42.00	LB1		42.00
43.00	CE2		43.00
44.00	CE1		44.00
45.00	CD2		45.00
46.00	CD1		46.00
47.00	CC2		47.00
48.00	CC1		48.00
49.00	CB2		49.00
50.00	CB1		50.00
51.00	CA2		51.00
52.00	CA1		52.00
53.00	SE3		53.00
54.00	SE2		54.00
55.00	SE1		55.00
56.00	SSC		56.00
57.00	SSB		57.00

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

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

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries 1.00	Other 2.00	Total (col. 1 + col. 2) 3.00	Reclassifications Increase/Decrease (Fr Wkst A-6) 4.00	Reclassified Trial Balance (col. 3 +- col. 4) 5.00	Adjustments to Expenses (Fr Wkst A-8) 6.00	Net Expenses For Allocation (col. 5 +- col. 6) 7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		274,172	274,172	0	274,172	-750	273,422	1.00
1.01	00101	NON-SNF CAPITAL		127,716	127,716	0	127,716	0	127,716	1.01
1.02	00102	SNF SPECIFIC CAPITAL		631,206	631,206	0	631,206	0	631,206	1.02
1.03	00103	CAPITAL COMMON AREA		76,086	76,086	0	76,086	0	76,086	1.03
3.00	00300	EMPLOYEE BENEFITS	0	1,499,732	1,499,732	0	1,499,732	0	1,499,732	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	1,020,425	815,550	1,835,975	-21,710	1,814,265	-273,095	1,541,170	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	515,610	759,639	1,275,249	660	1,275,909	-7,555	1,268,354	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	87,561	18,389	105,950	0	105,950	0	105,950	6.00
7.00	00700	HOUSEKEEPING	389,161	80,073	469,234	0	469,234	0	469,234	7.00
8.00	00800	DIETARY	865,140	940,379	1,805,519	0	1,805,519	-14,649	1,790,870	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	144,679	144,679	0	144,679	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	104,954	104,954	0	104,954	0	104,954	10.00
11.00	01100	PHARMACY	0	21,415	21,415	0	21,415	0	21,415	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	145,563	0	145,563	0	145,563	0	145,563	12.00
13.00	01300	SOCIAL SERVICE	156,801	2,253	159,054	0	159,054	0	159,054	13.00
15.00	01500	ACTIVITIES	361,660	66,258	427,918	0	427,918	0	427,918	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	4,327,814	328,772	4,656,586	-694,125	3,962,461	-5,973	3,956,488	30.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	20,679	20,679	0	20,679	0	20,679	40.00
41.00	04100	LABORATORY	0	17,791	17,791	0	17,791	0	17,791	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	10,520	10,520	0	10,520	0	10,520	43.00
44.00	04400	PHYSICAL THERAPY	0	542,137	542,137	-301,872	240,265	0	240,265	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	224,151	224,151	0	224,151	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	77,721	77,721	0	77,721	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	148,567	148,567	9,000	157,567	0	157,567	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	08100	INTEREST EXPENSE		0	0	0	0	0	0	81.00
89.00		SUBTOTALS (sum of lines 1-84)	7,869,735	6,486,288	14,356,023	-561,496	13,794,527	-302,022	13,492,505	89.00
NONREIMBURSABLE COST CENTERS										
95.00	09500	RHC AND ALLOC NON SNF	0	0	0	561,496	561,496	0	561,496	95.00
100.00		TOTAL	7,869,735	6,486,288	14,356,023	0	14,356,023	-302,022	14,054,001	100.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

RECLASSIFICATIONS

Worksheet A-6

PPS

Increases					Decreases				
Cost Center	Line #	Salary	Non Salary		Cost Center	Line #	Salary	Non Salary	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - CONTRACTED THERAPY									
1.00	OCCUPATIONAL THERAPY	45.00	0	224,151	PHYSICAL THERAPY	44.00	0	301,872	1.00
2.00	SPEECH PATHOLOGY	46.00	0	77,721		0.00	0	0	2.00
B - RECLASS DON									
1.00	NURSING ADMINISTRATION	9.00	144,679	0	SKILLED NURSING FACILITY	30.00	144,679	0	1.00
C - RECLASS NON-SNF NURSING									
1.00	RHC AND ALLOC NON SNF	95.00	561,496	0	SKILLED NURSING FACILITY	30.00	561,496	0	1.00
E - RECLASS CONSULTANTS FROM ADMIN									
1.00	PLANT OPERATION, MAINT. & REPAIRS	5.00	0	660	ADMINISTRATIVE & GENERAL	4.00	0	21,710	1.00
2.00	SKILLED NURSING FACILITY	30.00	0	12,050		0.00	0	0	2.00
3.00	DRUGS CHARGED TO PATIENTS	49.00	0	9,000		0.00	0	0	3.00
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))		706,175	323,582			706,175	323,582	100.00

- (1) 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.

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

		Acquisitions								
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES										
1.00	Land	15	0	0	0	0	15	0	1.00	
2.00	Land Improvements	559,663	31,216	0	31,216	0	590,879	0	2.00	
3.00	Buildings and Fixtures	20,426,508	114,135	0	114,135	0	20,540,643	0	3.00	
4.00	Building Improvements	0	0	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00	
6.00	Movable Equipment	4,689,964	240,073	0	240,073	0	4,930,037	0	6.00	
7.00	Subtotal (sum of lines 1-6)	25,676,150	385,424	0	385,424	0	26,061,574	0	7.00	
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00	
9.00	Total (line 7 minus line 8)	25,676,150	385,424	0	385,424	0	26,061,574	0	9.00	

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

	Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
				1.00	2.00	3.00	4.00
						Cost Center	Line No.
1.00	Investment income on restricted funds (chapter 2)	B	-750		CAP REL COSTS - BLDGS & FIXTURES	1.00	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)	B	-1,592		ADMINISTRATIVE & GENERAL	4.00	5.00
6.00	Television and radio service (chapter 21)	A	-7,148		PLANT OPERATTON, MAINT. & REPAIRS	5.00	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	B	-14,649		DIETARY	8.00	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	B	0		MEDICAL RECORDS & LIBRARY	12.00	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 review--physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	82.00	22.00
23.00	Depreciation--buildings and fixtures		0		CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0		*** Cost Center Deleted ***	2.00	24.00
25.00	BAD DEBT	A	-238,651		ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	PUBLIC RELATIONS/ADVERTISING	A	-7,821		ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	MISC INCOME	B	-10,008		ADMINISTRATIVE & GENERAL	4.00	25.02
25.04	MISCELLANEOUS INCOME	B	-407		PLANT OPERATION, MAINT. & REPAIRS	5.00	25.04
25.05	PHYSICIAN FEES	A	-4,250		SKILLED NURSING FACILITY	30.00	25.05
25.06	PERSONAL PURCHASES	B	-15,023		ADMINISTRATIVE & GENERAL	4.00	25.06
25.08	MISC INCOME - SNF	B	-1,723		SKILLED NURSING FACILITY	30.00	25.08
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-302,022				100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

WILEY MISSION	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 7/1/2025 1:42 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315418			

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	NON-SNF CAPITAL	SNF SPECIFIC CAPITAL	CAPITAL COMMON AREA	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	1.01	1.02	1.03	3.00	3A	4.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	273,422	273,422							1.00
1.01	NON-SNF CAPITAL	127,716	0	127,716						1.01
1.02	SNF SPECIFIC CAPITAL	631,206	0	0	631,206					1.02
1.03	CAPITAL COMMON AREA	76,086	0	0	0	76,086				1.03
3.00	EMPLOYEE BENEFITS	1,499,732	0	0	0	0	1,499,732			3.00
4.00	ADMINISTRATIVE & GENERAL	1,541,170	0	0	0	0	194,462	1,735,632	1,735,632	4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,268,354	0	0	0	0	98,260	1,366,614	192,553	5.00
6.00	LAUNDRY & LINEN SERVICE	105,950	0	0	0	0	16,686	122,636	17,279	6.00
7.00	HOUSEKEEPING	469,234	0	0	0	0	74,162	543,396	76,563	7.00
8.00	DIETARY	1,790,870	0	0	0	0	164,870	1,955,740	275,560	8.00
9.00	NURSING ADMINISTRATION	144,679	0	0	0	0	27,571	172,250	24,270	9.00
10.00	CENTRAL SERVICES & SUPPLY	104,954	0	0	0	0	0	104,954	14,788	10.00
11.00	PHARMACY	21,415	0	0	0	0	0	21,415	3,017	11.00
12.00	MEDICAL RECORDS & LIBRARY	145,563	0	0	0	0	27,740	173,303	24,418	12.00
13.00	SOCIAL SERVICE	159,054	0	0	0	0	29,882	188,936	26,621	13.00
15.00	ACTIVITIES	427,918	0	0	0	0	68,922	496,840	70,004	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	3,956,488	179,698	0	631,206	43,202	690,173	5,500,767	775,045	30.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	20,679	0	0	0	0	0	20,679	2,914	40.00
41.00	LABORATORY	17,791	0	0	0	0	0	17,791	2,507	41.00
43.00	OXYGEN (INHALATION) THERAPY	10,520	0	0	0	0	0	10,520	1,482	43.00
44.00	PHYSICAL THERAPY	240,265	0	0	0	0	0	240,265	33,853	44.00
45.00	OCCUPATIONAL THERAPY	224,151	0	0	0	0	0	224,151	31,582	45.00
46.00	SPEECH PATHOLOGY	77,721	0	0	0	0	0	77,721	10,951	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	157,567	0	0	0	0	0	157,567	22,201	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	13,492,505	179,698	0	631,206	43,202	1,392,728	13,131,177	1,605,608	89.00
NONREIMBURSABLE COST CENTERS										
95.00	RHC AND ALLOC NON SNF	561,496	93,724	127,716	0	32,884	107,004	922,824	130,024	95.00
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	14,054,001	273,422	127,716	631,206	76,086	1,499,732	14,054,001	1,735,632	100.00

WILEY MISSION	Period: 01/01/2024	Run Date Time: 7/1/2025 1:42 pm	
Provider CCN: 315418	To: 12/31/2024	MCRIF32 2540-10	
		Version: 11.1.179.2	

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
1.01	NON-SNF CAPITAL									1.01
1.02	SNF SPECIFIC CAPITAL									1.02
1.03	CAPTAL COMMON AREA									1.03
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,559,167								5.00
6.00	LAUNDRY & LINEN SERVICE	0	139,915							6.00
7.00	HOUSEKEEPING	0	0	619,959						7.00
8.00	DIETARY	0	0	0	2,231,300					8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	196,520				9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	119,742			10.00
11.00	PHARMACY	0	0	0	0	0	0	24,432		11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	197,721	12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0	0	13.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	1,024,713	114,463	433,968	1,423,300	196,520	32,263	0	197,721	30.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	37,617	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	24,432	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	1,024,713	114,463	433,968	1,423,300	196,520	69,880	24,432	197,721	89.00
NONREIMBURSABLE COST CENTERS										
95.00	RHC AND ALLOC NON SNF	534,454	25,452	185,991	808,000	0	49,862	0	0	95.00
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	1,559,167	139,915	619,959	2,231,300	196,520	119,742	24,432	197,721	100.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	SOCIAL SERVICE	ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total	
		13.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
1.01	NON-SNF CAPITAL						1.01
1.02	SNF SPECIFIC CAPITAL						1.02
1.03	CAPITAL COMMON AREA						1.03
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE	215,557					13.00
15.00	ACTIVITIES	0	566,844				15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	215,557	361,578	10,275,895	0	10,275,895	30.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	0	23,593	0	23,593	40.00
41.00	LABORATORY	0	0	20,298	0	20,298	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	12,002	0	12,002	43.00
44.00	PHYSICAL THERAPY	0	0	274,118	0	274,118	44.00
45.00	OCCUPATIONAL THERAPY	0	0	255,733	0	255,733	45.00
46.00	SPEECH PATHOLOGY	0	0	88,672	0	88,672	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	37,617	0	37,617	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	204,200	0	204,200	49.00
SPECIAL PURPOSE COST CENTERS							
81.00	INTEREST EXPENSE						81.00
89.00	SUBTOTALS (sum of lines 1-84)	215,557	361,578	11,192,128	0	11,192,128	89.00
NONREIMBURSABLE COST CENTERS							
95.00	RHC AND ALLOC NON SNF	0	205,266	2,861,873	0	2,861,873	95.00
98.00	Cross Foot Adjustments		0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	215,557	566,844	14,054,001	0	14,054,001	100.00

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.2



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	NON-SNF CAPITAL	SNF SPECIFIC CAPITAL	CAPITAL COMMON AREA	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		0	1.00	1.01	1.02	1.03	2A	3.00	4.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
1.01	NON-SNF CAPITAL									1.01
1.02	SNF SPECIFIC CAPITAL									1.02
1.03	CAPITAL COMMON AREA									1.03
3.00	EMPLOYEE BENEFITS	0	0	0	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	0	0	0	4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0	0	13.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	179,698	0	631,206	43,202	854,106	0	0	30.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	0	179,698	0	631,206	43,202	854,106	0	0	89.00
NONREIMBURSABLE COST CENTERS										
95.00	RHC AND ALLOC NON SNF	0	93,724	127,716	0	32,884	254,324	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	273,422	127,716	631,206	76,086	1,108,430	0	0	100.00

WILEY MISSION	Period: 01/01/2024	Run Date Time: 7/1/2025 1:42 pm	
Provider CCN: 315418	To: 12/31/2024	MCRIF32 2540-10	
		Version: 11.1.179.2	

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
1.01	NON-SNF CAPITAL									1.01
1.02	SNF SPECIFIC CAPITAL									1.02
1.03	CAPTAL COMMON AREA									1.03
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0								5.00
6.00	LAUNDRY & LINEN SERVICE	0	0							6.00
7.00	HOUSEKEEPING	0	0	0						7.00
8.00	DIETARY	0	0	0	0					8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0				9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0			10.00
11.00	PHARMACY	0	0	0	0	0	0	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0	0	13.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	0	30.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	0	0	0	0	0	0	0	0	89.00
NONREIMBURSABLE COST CENTERS										
95.00	RHC AND ALLOC NON SNF	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	0	0	0	0	100.00

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.2



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	SOCIAL SERVICE	ACTIVITIES	Subtotal	Post Step-Down Adjustments	Total	
		13.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
1.01	NON-SNF CAPITAL						1.01
1.02	SNF SPECIFIC CAPITAL						1.02
1.03	CAPITAL COMMON AREA						1.03
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	CENTRAL SERVICES & SUPPLY						10.00
11.00	PHARMACY						11.00
12.00	MEDICAL RECORDS & LIBRARY						12.00
13.00	SOCIAL SERVICE	0					13.00
15.00	ACTIVITIES	0	0				15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	0	0	854,106	0	854,106	30.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	41.00
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
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
SPECIAL PURPOSE COST CENTERS							
81.00	INTEREST EXPENSE						81.00
89.00	SUBTOTALS (sum of lines 1-84)	0	0	854,106	0	854,106	89.00
NONREIMBURSABLE COST CENTERS							
95.00	RHC AND ALLOC NON SNF	0	0	254,324	0	254,324	95.00
98.00	Cross Foot Adjustments		0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	99.00
100.00	TOTAL	0	0	1,108,430	0	1,108,430	100.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	NON-SNF CAPITAL (ACTUAL)	SNF SPECIFIC CAPITAL (ACTUAL)	CAPITAL COMMON AREA (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
		1.00	1.01	1.02	1.03	3.00	4A	4.00	5.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	64,700								1.00
1.01	NON-SNF CAPITAL	0	100							1.01
1.02	SNF SPECIFIC CAPITAL	0	0	100						1.02
1.03	CAPITAL COMMON AREA	0	0	0	10,000					1.03
3.00	EMPLOYEE BENEFITS	0	0	0	0	7,869,735				3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	0	1,020,425	-1,735,632	12,318,369		4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	0	0	0	515,610	0	1,366,614	64,700	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	87,561	0	122,636	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	389,161	0	543,396	0	7.00
8.00	DIETARY	0	0	0	0	865,140	0	1,955,740	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	144,679	0	172,250	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	104,954	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	21,415	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	145,563	0	173,303	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	156,801	0	188,936	0	13.00
15.00	ACTIVITIES	0	0	0	0	361,660	0	496,840	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	42,522	0	100	5,678	3,621,639	0	5,500,767	42,522	30.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	20,679	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	17,791	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	10,520	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	240,265	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	224,151	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	77,721	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	157,567	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	42,522	0	100	5,678	7,308,239	-1,735,632	11,395,545	42,522	89.00
NONREIMBURSABLE COST CENTERS										
95.00	RHC AND ALLOC NON SNF	22,178	100	0	4,322	561,496	0	922,824	22,178	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	273,422	127,716	631,206	76,086	1,499,732		1,735,632	1,559,167	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	4.225997	1,277.160000	6,312.060000	7.608600	0.190570		0.140898	24.098408	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)					0		0	0	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)					0.000000		0.000000	0.000000	105.00

WILEY MISSION		Period:	Run Date Time:
Provider CCN: 315418		From: 01/01/2024	7/1/2025 1:42 pm
		To: 12/31/2024	MCRIF32 Version: 11.1.179.2



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS G HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (TIME SPENT)	
		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
1.01	NON-SNF CAPITAL									1.01
1.02	SNF SPECIFIC CAPITAL									1.02
1.03	CAPITAL COMMON AREA									1.03
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	286,960								6.00
7.00	HOUSEKEEPING	0	21,523							7.00
8.00	DIETARY	0	0	92,298						8.00
9.00	NURSING ADMINISTRATION	0	0	0	110,560					9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	104,955				10.00
11.00	PHARMACY	0	0	0	0	0	21,415			11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	19,625		12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0	5,058	13.00
15.00	ACTIVITIES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	234,760	15,066	58,875	110,560	28,279	0	19,625	5,058	30.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	32,972	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	21,415	0	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	234,760	15,066	58,875	110,560	61,251	21,415	19,625	5,058	89.00
NONREIMBURSABLE COST CENTERS										
95.00	RHC AND ALLOC NON SNF	52,200	6,457	33,423	0	43,704	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	139,915	619,959	2,231,300	196,520	119,742	24,432	197,721	215,557	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	0.487577	28.804488	24.174955	1.777496	1.140889	1.140883	10.074955	42.617042	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	0	0	0	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	105.00

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	ACTIVITIES (PATIENT DAYS)	
		15.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS - BLDGS & FIXTURES		1.00
1.01	NON-SNF CAPITAL		1.01
1.02	SNF SPECIFIC CAPITAL		1.02
1.03	CAPITAL COMMON AREA		1.03
3.00	EMPLOYEE BENEFITS		3.00
4.00	ADMINISTRATIVE & GENERAL		4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	LAUNDRY & LINEN SERVICE		6.00
7.00	HOUSEKEEPING		7.00
8.00	DIETARY		8.00
9.00	NURSING ADMINISTRATION		9.00
10.00	CENTRAL SERVICES & SUPPLY		10.00
11.00	PHARMACY		11.00
12.00	MEDICAL RECORDS & LIBRARY		12.00
13.00	SOCIAL SERVICE		13.00
15.00	ACTIVITIES	30,766	15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	SKILLED NURSING FACILITY	19,625	30.00
ANCILLARY SERVICE COST CENTERS			
40.00	RADIOLOGY	0	40.00
41.00	LABORATORY	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	43.00
44.00	PHYSICAL THERAPY	0	44.00
45.00	OCCUPATIONAL THERAPY	0	45.00
46.00	SPEECH PATHOLOGY	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	49.00
SPECIAL PURPOSE COST CENTERS			
81.00	INTEREST EXPENSE		81.00
89.00	SUBTOTALS (sum of lines 1-84)	19,625	89.00
NONREIMBURSABLE COST CENTERS			
95.00	RHC AND ALLOC NON SNF	11,141	95.00
98.00	Cross Foot Adjustments		98.00
99.00	Negative Cost Centers		99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	566,844	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	18.424365	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	0	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	105.00

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	23,593	18,169	1.298530	40.00
41.00	LABORATORY	20,298	17,539	1.157307	41.00
43.00	OXYGEN (INHALATION) THERAPY	12,002	10,520	1.140875	43.00
44.00	PHYSICAL THERAPY	274,118	425,173	0.644721	44.00
45.00	OCCUPATIONAL THERAPY	255,733	345,463	0.740262	45.00
46.00	SPEECH PATHOLOGY	88,672	141,577	0.626316	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,617	106,789	0.352255	48.00
49.00	DRUGS CHARGED TO PATIENTS	204,200	155,351	1.314443	49.00
100.00	Total	916,233	1,220,581		100.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Part I
PPS

Title XVIII Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	1.298530	13,380	0	17,374	0	40.00
41.00	LABORATORY	1.157307	12,491	0	14,456	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	1.140875	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.644721	175,481	0	113,136	0	44.00
45.00	OCCUPATIONAL THERAPY	0.740262	172,226	0	127,492	0	45.00
46.00	SPEECH PATHOLOGY	0.626316	42,228	0	26,448	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352255	26,769	0	9,430	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.314443	116,293	0	152,861	0	49.00
100.00	Total (Sum of lines 40 - 71)		558,868	0	461,197	0	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.
 (2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

WILEY MISSION Provider CCN: 315418	Period:	Run Date Time:	7/1/2025 1:42 pm	
	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Parts II-III
PPS

Title XVIII Skilled Nursing Facility

PART II - APPORTIONMENT OF VACCINE COST

		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.314443	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH

	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	

ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	23,593	0	0.000000	17,374	0	40.00
41.00	LABORATORY	20,298	0	0.000000	14,456	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	12,002	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	274,118	0	0.000000	113,136	0	44.00
45.00	OCCUPATIONAL THERAPY	255,733	0	0.000000	127,492	0	45.00
46.00	SPEECH PATHOLOGY	88,672	0	0.000000	26,448	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,617	0	0.000000	9,430	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	204,200	0	0.000000	152,861	0	49.00
100.00	Total (Sum of lines 40 - 52)	916,233	0		461,197	0	100.00

WILEY MISSION	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 7/1/2025 1:42 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315418			

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I
PPS

Title XVIII Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS			1.00	
INPATIENT DAYS				
1.00	Inpatient days including private room days		19,625	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		2,744	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		10,275,895	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
6.00	General inpatient routine service charges		9,611,179	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.069161	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		9,611,179	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		489.74	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)		10,275,895	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		523.61	16.00
17.00	Program routine service cost (Line 3 times line 16)		1,436,786	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)		1,436,786	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)		854,106	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		43.52	21.00
22.00	Program capital related cost (Line 3 times line 21)		119,419	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		1,317,367	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)		1,317,367	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		19,625	1.00
2.00	Program inpatient days (see instructions)		2,744	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)		0.139822	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

WILEY MISSION	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 7/1/2025 1:42 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315418			

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E
Part I
PPS

Title XVIII Skilled Nursing Facility

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	1,734,756	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	1,734,756	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	247,656	5.00
6.00	Allowable bad debts (From your records)	5,200	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	3,380	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	1,490,480	11.00
12.00	Interim payments (See instructions)	1,457,358	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	68	14.75
14.99	Sequestration amount (see instructions)	29,742	14.99
15.00	Balance due provider/program (see Instructions)	3,312	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

WILEY MISSION	Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,457,358		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
Program 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
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,457,358		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider 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		3,312		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,460,670		0	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	748,066	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,562,335	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-478,516	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	1,831,885	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15	0	0	0	12.00
13.00	Land improvements	590,879	0	0	0	13.00
14.00	Less: Accumulated depreciation	-355,648	0	0	0	14.00
15.00	Buildings	20,540,643	0	0	0	15.00
16.00	Less Accumulated depreciation	-11,699,611	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	265,643	0	0	0	21.00
22.00	Less: Accumulated depreciation	-187,181	0	0	0	22.00
23.00	Major movable equipment	4,664,394	0	0	0	23.00
24.00	Less: Accumulated depreciation	-3,662,627	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	10,156,507	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	9,282,213	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	9,282,213	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	21,270,605	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	380,609	0	0	0	35.00
36.00	Salaries, wages, and fees payable	712,558	0	0	0	36.00
37.00	Payroll taxes payable	-43,689	0	0	0	37.00
38.00	Notes & loans payable (Short term)	1,108,796	0	0	0	38.00
39.00	Deferred income	160,001	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,318,275	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	3,017,901	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	8,309,479	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	11,327,380	0	0	0	50.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	13,645,655	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	7,624,950				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	7,624,950	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	21,270,605	0	0	0	60.00

() = contra amount

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

	General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period			0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)	6,583,260							2.00
3.00	Total (sum of line 1 and line 2)	19,758,765		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)	19,758,765		0		0		0	11.00
12.00	Deductions (debit adjustments)								12.00
13.00	NON-SNF NET ASSETS	12,133,815	0		0		0		13.00
14.00	ADJUST OPENING BALANCE	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)	12,133,815		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	7,624,950		0		0		0	19.00

WILEY MISSION	Period: 01/01/2024	Run Date Time: 7/1/2025 1:42 pm	
Provider CCN: 315418	From: 01/01/2024	MCRIF32 2540-10	
	To: 12/31/2024	Version: 11.1.179.2	

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	9,611,179		9,611,179	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	9,611,179		9,611,179	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	1,417,230	0	1,417,230	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER PATIENT REVENUES	2,130,970	0	2,130,970	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	13,159,379	0	13,159,379	14.00
PART II - OPERATING EXPENSES					
			1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			14,356,023	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			14,356,023	15.00

WILEY MISSION		Period:	Run Date Time:	7/1/2025 1:42 pm	
Provider CCN: 315418		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

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)	13,159,379	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,598,396	2.00
3.00	Net patient revenues (Line 1 minus line 2)	10,560,983	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	14,356,023	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-3,795,040	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	30,689	6.00
7.00	Income from investments	750	7.00
8.00	Revenues from communications (Telephone and Internet service)	1,592	8.00
9.00	Revenue from television and radio service	7,952	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	14,649	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	MISC INCOME	73,778	24.00
24.01	NON SNF ACCOUNTS	16,792,632	24.01
24.02	GRANT INCOME	65,533	24.02
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	16,987,575	25.00
26.00	Total (Line 5 plus line 25)	13,192,535	26.00
27.00	COVID EXPENSE	17,030	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	17,030	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	13,175,505	31.00