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: 07/31/2027

| | | | |
|---|---|---|---|
| WILEY MISSION | Period: | Run Date Time: | 6/26/2026 1:36 |
| | From: 01/01/2025 | MCRIF32 | **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: | 2.7.181.0 |

# SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTHCARE COMPLEX COST REPORT STATUS, CERTIFICATION, AND SETTLEMENT SUMMARY

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

| **PART I - COST REPORT STATUS** | | 1 | 2 | 3 | |
|---|---|---|---|---|---|
| 1 | ELECTRONICALLY PREPARED | Y | | | 1 |
| 2 | MANUALLY PREPARED | | | | 2 |
| 3 | IF AMENDED, NUMBER OF TIMES AMENDED | 0 | | | 3 |
| 4 | MEDICARE UTILIZATION | F | | | 4 |
| 5 | CONTRACTOR: HCRIS STATUS CODE | 1 | | | 5 |
| 6 | CONTRACTOR: COST REPORT RECEIVED DATE | | | | 6 |
| 7 | CONTRACTOR: CONTRACTOR NUMBER | | | | 7 |
| 8 | CONTRACTOR: INITIAL COST REPORT FOR THIS CCN | | | | 8 |
| 9 | CONTRACTOR: FINAL COST REPORT FOR THIS CCN | | | | 9 |
| 10 | CONTRACTOR: NPR DATE | | | | 10 |
| 11 | CONTRACTOR: ADR SOFTWARE VENDOR CODE | 4 | | | 11 |
| 12 | CONTRACTOR: REOPENING NUMBER | 0 | | | 12 |

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

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

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, 31-5418 {PROVIDER NAME(S) AND PROVIDER CCN(S)} FOR THE COST REPORTING PERIOD BEGINNING 01/01/2025 AND ENDING 12/31/2025 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 | | 2 | | |
| 1 | *Victor Flamini* | | Y | I HAVE READ AND AGREE WITH THE ABOVE CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE. | 1 |
| 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**

| | | | Title XVIII | | | |
|---|---|---|---|---|---|---|
| | Cost Center Description | Title V | Part A | Part B | Title XIX | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | SNF | 0 | 9,075 | 191 | 0 | 1.00 |
| 2.00 | NF | 0 | | | 0 | 2.00 |
| 3.00 | ICF/IID | | | | 0 | 3.00 |
| 4.00 | SNF-BASED HHA I | 0 | | 0 | 0 | 4.00 |
| 100.00 | TOTAL | **0** | **9,075** | **191** | **0** | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

IDENTIFICATION DATA **Worksheet S-2**

**SNF / SNF HEALTHCARE COMPLEX INFORMATION**

| | | STREET ADDRESS | P O BOX | | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | | |
| 1.00 | ADDRESS LINE 1 | 99 EAST MAIN STREET | | | 1.00 |

| | | CITY | STATE | ZIP CODE | COUNTY | | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | | |
| 2.00 | ADDRESS LINE 2 | MARLTON | NJ | 08053 | BURLINGTON | | 2.00 |

| | COMPONENT TYPE | COMPONENT NAME | CCN | CBSA | RURAL OR URBAN | DATE CERTIFIED MEDICARE | DATE CERTIFIED MEDICAID | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | | |
| 3.00 | SNF | WILEY MISSION | 315418 | 15804 | U | 12/01/1997 | 12/01/1997 | | 3.00 |
| 4.00 | NF | | | | | | | | 4.00 |
| 5.00 | ICF/IID | | | | | | | | 5.00 |
| 6.00 | SNF-BASED HHA | | | | | | | | 6.00 |
| 7.00 | SNF-BASED HOSPICE | | | | | | | | 7.00 |
| 8.00 | CORF | | | | | | | | 8.00 |
| 8.10 | OPT | | | | | | | | 8.10 |
| 8.20 | OOT | | | | | | | | 8.20 |
| 8.30 | OSP | | | | | | | | 8.30 |

| | | FROM | TO | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| 9.00 | COST REPORTING PERIOD | 01/01/2025 | 12/31/2025 | 9.00 |

| | | TOC CODE | SPECIFY OTHER | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| 10.00 | TYPE OF CONTROL | 2 | CORPORATION | 10.00 |

**SNF ORGANIZATION AND OPERATION**

| | | 1.00 | |
|---|---|---|---|
| 11.00 | Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5? | N | 11.00 |
| 12.00 | Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5? | N | 12.00 |

| | | COMPONENT NAME | STREET ADDRESS | P O BOX | CITY | STATE | ZIP CODE | |
|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 13.00 | Non-contiguous component locations | | | | | | | 13.00 |

| | | Y/N | DATE | V OR I | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| 14.00 | COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination. | N | | | 14.00 |
| 15.00 | COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date. | N | | | 15.00 |
| 16.00 | COLUMN 1: Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? COLUMN 2: Enter the number of HO/COs allocating costs to this SNF. | N | 0 | | 16.00 |

| | | HO/CO NAME | STREET ADDRESS | P O BOX | CITY | STATE | ZIP CODE | HO/CO CCN | HO/CO CONTRACTOR # | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | |
| 17.00 | HO/CO ALLOCATING TO SNF | | | | | | | | | 17.00 |

| | | 1.00 | | |
|---|---|---|---|---|
| 18.00 | Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period? | N | | 18.00 |
| 19.00 | Did this SNF operate a ventilator care unit? | N | | 19.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

IDENTIFICATION DATA **Worksheet S-2**

**SNF OWNED SERVICES**

| | | 1.00 | 2.00 | |
|---|---|---|---|---|
| 20.00 | COLUMN 1: Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493? COLUMN 2: Enter the CLIA ID number. | N | | 20.00 |
| 21.00 | Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services? | N | | 21.00 |
| 22.00 | COLUMN 1: Did this SNF operate an institutional based ambulance service? COLUMN 2: Enter the ambulance provider number. | N | | 22.00 |

| | | 1.00 | |
|---|---|---|---|
| 23.00 | Is this SNF involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? | N | 23.00 |
| 24.00 | Indicate whether the provider is licensed in a State that certifies the provider as a SNF as described on line 3 above, regardless of the level of care given for Titles V and XIX patients. Enter Y or N. | N | 24.00 |

**PROFESSIONAL SERVICES PURCHASED BY THE SNF**

| | | 1.00 | 2.00 | | |
|---|---|---|---|---|---|
| 29.00 | COLUMN 1: Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? COLUMN 2: Were the majority of the expenses (i.e., greater than 50 percent of the total professional services expenses) for services purchased from unrelated organizations located outside of the SNF's local area labor market? | Y | N | | 29.00 |

**SNF-BASED HHA THERAPY COSTS**

| | | 1.00 | |
|---|---|---|---|
| 31.00 | Did the SNF-based HHA contract with outside suppliers for physical therapy services? | N | 31.00 |
| 32.00 | Did the SNF-based HHA contract with outside suppliers for occupational therapy services? | N | 32.00 |
| 33.00 | Did the SNF-based HHA contract with outside suppliers for speech therapy services? | N | 33.00 |

**MEDICAL MALPRACTICE COST**

| | | 1.00 | 2.00 | 3.00 | |
|---|---|---|---|---|---|
| 34.00 | Is the SNF legally required to carry malpractice insurance? | N | | | 34.00 |
| 35.00 | If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy. | 1 | | | 35.00 |
| 36.00 | If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3. | 0 | 0 | 0 | 36.00 |
| 37.00 | Are malpractice premiums and paid losses reported in other than the A&G cost center? | N | | | 37.00 |

**LOWER OF COST OR CHARGE EXEMPTION**

| | | PART A | PART B | | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | | |
| 40.00 | Did the SNF qualify for an exemption from the application of the lower of costs or charges? | N | N | | 40.00 |
| 41.00 | Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges? | N | N | | 41.00 |

**FINANCIAL STATEMENTS**

| | | 1.00 | 2.00 | 3.00 | |
|---|---|---|---|---|---|
| 50.00 | COLUMN 1: Were the financial statements prepared by a CPA? COLUMN 2: If column 1 is Y, enter "A" for audited, "C" for complied, or "R" for reviewed in column 2. COLUMN 3: If complete copy of the financial statements not submitted with cost report, enter date available. | Y | A | 05/29/2026 | 50.00 |
| 51.00 | Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If "Y", submit a reconciliation. | Y | | | 51.00 |

**BAD DEBTS**

| | | 1.00 | |
|---|---|---|---|
| 52.00 | Is the SNF seeking reimbursement for Medicare bad debts? | Y | 52.00 |
| 53.00 | If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period? | N | 53.00 |
| 54.00 | If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance? | N | 54.00 |

**PS&R REPORT DATA**

| | | Description | PART A Y/N | PART A DATE | PART B Y/N | PART B DATE | |
|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | |
| 55.00 | Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 55 "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions) | | Y | 06/03/2026 | Y | 06/03/2026 | 55.00 |
| 56.00 | Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions) | | N | | N | | 56.00 |
| 57.00 | If line 55 or 56 is Y, were adjustments made to PS&R data for additional claims that have been billed, but are not included on the PS&R used to file this cost report? | | N | | N | | 57.00 |
| 58.00 | If line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information? | | N | | N | | 58.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

IDENTIFICATION DATA **Worksheet S-2**

**PS&R REPORT DATA**

| | | Description | PART A Y/N | PART A DATE | PART B Y/N | PART B DATE | |
|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | |
| 59.00 | If line 55 or 56 is Y, were adjustments made to PS&R data for other reasons? If Y, describe the other adjustment: | | N | | N | | 59.00 |
| 60.00 | Is this cost report prepared using only the provider's records? | | N | | N | | 60.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

IDENTIFICATION DATA **Worksheet S-2**

**COST REPORT PREPARER CONTACT INFORMATION**

| | | | | | |
|---|---|---|---|---|---|
| | | FIRST NAME | LAST NAME | TITLE | |
| | | 1.00 | 2.00 | 3.00 | |
| 70.00 | PREPARER | DEANDRA | FALLON | DIRECTOR | 70.00 |
| | | NAME | | | |
| | | 1.00 | | | |
| 71.00 | EMPLOYER | BAKER TILLY ADVISORY GROUP, LP | | | 71.00 |
| | | TELEPHONE NUMBER | EMAIL ADDRESS | | |
| | | 1.00 | 2.00 | | |
| 72.00 | CONTACT INFORMATION | 570-820-0301 | DEANDRA.FALLON@BAKERTILLY.COM | | 72.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

STATISTICAL DATA

**Worksheet S-3**
**Part I**

**PART I - VISITS AND CENSUS DATA**

| | | | | INPATIENT DAYS | | | | | DISCHARGES | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | NUMBER OF BEDS | BED DAYS AVAILABLE | TITLE V | TITLE XVIII | TITLE XIX | OTHER | TOTAL | TITLE V | TITLE XVIII | TITLE XIX | OTHER | TOTAL | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | 12.00 | |
| 1.00 | SNF - FFS | 86 | 31,390 | 0 | 6,434 | 1,588 | 10,169 | **23,753** | 0 | 195 | 3 | 3 | **201** | 1.00 |
| 2.00 | SNF - HMO | | | 0 | 1,941 | 3,621 | | | 0 | 67 | 6 | 0 | **73** | 2.00 |
| 3.00 | NF - FFS | 0 | 0 | 0 | | 0 | 0 | **0** | 0 | | 0 | 0 | **0** | 3.00 |
| 4.00 | NF - HMO | | | 0 | | 0 | | | 0 | | 0 | 0 | **0** | 4.00 |
| 5.00 | ICF/IID | 0 | 0 | 0 | | 0 | 0 | **0** | 0 | | 0 | 0 | **0** | 5.00 |
| 6.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** | 6.00 |
| 7.00 | TOTAL | **86** | **31,390** | **0** | **8,375** | **5,209** | **10,169** | **23,753** | **0** | **262** | **9** | **3** | **274** | 7.00 |

**PART I - VISITS AND CENSUS DATA**

| | | AVERAGE LENGTH OF STAY | | | | | ADMISSIONS | | | | | FTE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | TITLE V | TITLE XVIII | TITLE XIX | OTHER | TOTAL | TITLE V | TITLE XVIII | TITLE XIX | OTHER | TOTAL | EMPLOYEE | NON-PAID | |
| | | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | 24.00 | |
| 1.00 | SNF - FFS | 0.00 | 32.99 | 529.33 | 3,389.67 | **118.17** | 0 | 202 | 0 | 22 | **224** | 165.30 | 0.00 | 1.00 |
| 2.00 | SNF - HMO | 0.00 | 28.97 | 603.50 | | | 0 | 91 | 3 | 0 | **94** | | | 2.00 |
| 3.00 | NF - FFS | 0.00 | | 0.00 | 0.00 | **0.00** | 0 | | 0 | 0 | **0** | 0.00 | 0.00 | 3.00 |
| 4.00 | NF - HMO | 0.00 | | 0.00 | | | 0 | | 0 | 0 | **0** | | | 4.00 |
| 5.00 | ICF/IID | 0.00 | | 0.00 | 0.00 | **0.00** | 0 | | 0 | 0 | **0** | 0.00 | 0.00 | 5.00 |
| 6.00 | HOSPICE | | | | | | | | | | | 0.00 | 0.00 | 6.00 |
| 7.00 | TOTAL | | | | | | | | | | | | | 7.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

STATISTICAL DATA

**Worksheet S-3**
**Part II**

**PART II - SNF WAGE INDEX - DIRECT SALARIES**

| | | AMOUNT REPORTED | RECLASS-IFICATIONS | ADJUSTMENTS | TOTAL | PAID HOURS | AVERAGE HOURLY WAGE | |
|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| **SALARIES** | | | | | | | | |
| 1.00 | TOTAL SALARY (SEE INSTRUCTIONS) | 10,218,569 | 0 | 0 | **10,218,569** | 343,818.00 | 29.72 | 1.00 |
| 2.00 | PHYSICIAN SALARIES-PART A | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 2.00 |
| 3.00 | PHYSICIAN SALARIES-PART B | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 3.00 |
| 4.00 | HOME OFFICE PERSONNEL | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 4.00 |
| 5.00 | SUM OF LINES 2 THROUGH 4 | **0** | **0** | **0** | **0** | **0.00** | 0.00 | 5.00 |
| 6.00 | REVISED WAGES (LINE 1 MINUS LINE 5) | 10,218,569 | 0 | 0 | **10,218,569** | 343,818.00 | 29.72 | 6.00 |
| 7.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 7.00 |
| 8.00 | HOSPICE | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 8.00 |
| 9.00 | OTHER EXCLUDED AREAS | 0 | 451,371 | 0 | **451,371** | 11,109.00 | 40.63 | 9.00 |
| 10.00 | SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9) | **0** | **451,371** | **0** | **451,371** | **11,109.00** | 40.63 | 10.00 |
| 11.00 | TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10) | **10,218,569** | **-451,371** | **0** | **9,767,198** | **332,709.00** | 29.36 | 11.00 |
| **OTHER WAGES AND RELATED COST** | | | | | | | | |
| 12.00 | CONTRACT LABOR: PATIENT RELATED & MGMT | 1,150,525 | 0 | 0 | **1,150,525** | 14,129.00 | 81.43 | 12.00 |
| 13.00 | CONTRACT LABOR: PHYSICIAN SERVICES-PART A | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 13.00 |
| 14.00 | HOME OFFICE SALARIES AND WAGE RELATED COSTS | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 14.00 |
| **WAGE RELATED COSTS** | | | | | | | | |
| 15.00 | WAGE RELATED COSTS CORE (SEE PT.IV) | 1,859,820 | 0 | 0 | **1,859,820** | | | 15.00 |
| 16.00 | WAGE RELATED COSTS (EXCLUDED UNITS) | 82,151 | 0 | 0 | **82,151** | | | 16.00 |
| 17.00 | PHYSICIANS PART A - WRC | 0 | 0 | 0 | **0** | | | 17.00 |
| 18.00 | PHYSICIANS PART B - WRC | 0 | 0 | 0 | **0** | | | 18.00 |
| 19.00 | TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUCTIONS) | **1,777,669** | **0** | **0** | **1,777,669** | | | 19.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

STATISTICAL DATA

**Worksheet S-3**
**Part III**

**PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES**

| | | WKST A LINE NUMBER | AMOUNT REPORTED | RECLASS OF SALARIES | ADJUSTED SALARIES | TOTAL | PAID HOURS | AVERAGE HOURLY WAGE | |
|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 1.00 | EMPLOYEE BENEFITS DEPARTMENT | 3.00 | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 1.00 |
| 2.00 | ADMINISTRATIVE AND GENERAL | 4.00 | 1,514,893 | 0 | 0 | **1,514,893** | 40,011.00 | 37.86 | 2.00 |
| 3.00 | PLANT OP, MAINT & REPAIRS | 5.00 | 612,937 | 0 | 0 | **612,937** | 22,386.00 | 27.38 | 3.00 |
| 4.00 | LAUNDRY AND LINEN SERVICE | 6.00 | 90,267 | 0 | 0 | **90,267** | 4,435.00 | 20.35 | 4.00 |
| 5.00 | HOUSEKEEPING | 7.00 | 448,275 | 0 | 0 | **448,275** | 22,860.00 | 19.61 | 5.00 |
| 6.00 | DIETARY | 8.00 | 964,222 | 0 | 0 | **964,222** | 50,152.00 | 19.23 | 6.00 |
| 7.00 | NURSING ADMINISTRATION | 9.00 | 0 | 147,630 | 0 | **147,630** | 2,160.00 | 68.35 | 7.00 |
| 8.00 | CENTRAL SERVICES AND SUPPLY | 10.00 | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 8.00 |
| 9.00 | PHARMACY | 11.00 | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 9.00 |
| 10.00 | MEDICAL RECORDS | 12.00 | 204,355 | 0 | 0 | **204,355** | 8,123.00 | 25.16 | 10.00 |
| 11.00 | MEDICAL SOCIAL SERVICES | 13.00 | 167,810 | 0 | 0 | **167,810** | 5,179.00 | 32.40 | 11.00 |
| 12.00 | ACTIVITIES PROGRAM | 14.00 | 415,951 | 0 | 0 | **415,951** | 19,925.00 | 20.88 | 12.00 |
| 13.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 15.00 | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 13.00 |
| 14.00 | TRAINING AND IN-SERVICE EDUCATION | 16.00 | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 14.00 |
| 15.00 | PATIENT TRANSPORTATION PART A | 17.00 | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 15.00 |
| 16.00 | OTHER GENERAL SERVICE | 18.00 | 0 | 0 | 0 | **0** | 0.00 | 0.00 | 16.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

STATISTICAL DATA

**Worksheet S-3**
**Part IV**

| | | | |
|---|---|---|---|
| **PART IV - SNF WAGE RELATED COSTS** | | | |
| | | AMOUNT | |
| | | 1.00 | |
| **RETIREMENT COST** | | | |
| 1.00 | 401k EMPLOYER CONTRIBUTIONS | 0 | 1.00 |
| 2.00 | TAX SHELTERED ANNUITY EMPLOYER CONTRIBUTION | 0 | 2.00 |
| 3.00 | QUALIFIED AND NON-QUALIFIED PENSION PLAN COST | 0 | 3.00 |
| 4.00 | PRIOR YEAR PENSION SERVICE COST | 59,315 | 4.00 |
| **PLAN ADMINISTRATIVE COSTS** | | | |
| 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 COSTS** | | | |
| 8.00 | HEALTH INSURANCE | 793,590 | 8.00 |
| 9.00 | PRESCRIPTION DRUG PLAN | 0 | 9.00 |
| 10.00 | DENTAL, HEARING AND VISION PLANS | 0 | 10.00 |
| 11.00 | LIFE INSURANCE | 0 | 11.00 |
| 12.00 | ACCIDENTAL INSURANCE | 0 | 12.00 |
| 13.00 | DISABILITY INSURANCE | 0 | 13.00 |
| 14.00 | LONG-TERM CARE INSURANCE | 0 | 14.00 |
| 15.00 | WORKERS' COMPENSATION INSURANCE | 166,253 | 15.00 |
| 16.00 | RETIREMENT HEALTH CARE COST | 0 | 16.00 |
| **TAXES** | | | |
| 17.00 | FICA - EMPLOYER'S PORTION ONLY | 605,571 | 17.00 |
| 18.00 | MEDICARE TAXES - EMPLOYER'S PORTION ONLY | 142,047 | 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 | 93,044 | 23.00 |
| 24.00 | TOTAL WAGE RELATED COST | **1,859,820** | 24.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

STATISTICAL DATA

**Worksheet S-3**
**Part V**

**PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES**

| | | AMOUNT REPORTED | EMPLOYEE WAGE-RELATED COSTS | 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 EMPLOYEES** | | | | | | | |
| 1.00 | REGISTERED NURSE | 1,669,700 | 303,885 | **1,973,585** | 35,972.00 | 54.86 | 1.00 |
| 2.00 | LICENSED PRACTICAL NURSE | 1,210,303 | 220,275 | **1,430,578** | 31,899.00 | 44.85 | 2.00 |
| 3.00 | CERTIFIED NURSING ASSISTANT | 2,281,514 | 415,236 | **2,696,750** | 87,890.00 | 30.68 | 3.00 |
| 4.00 | TOTAL NURSING EXPENDITURES | **5,161,517** | **939,396** | **6,100,913** | **155,761.00** | 39.17 | 4.00 |
| 5.00 | PHYSICAL THERAPIST | 0 | 0 | **0** | 0.00 | 0.00 | 5.00 |
| 6.00 | PHYSICAL THERAPY ASSISTANT | 0 | 0 | **0** | 0.00 | 0.00 | 6.00 |
| 7.00 | OCCUPATIONAL THERAPIST | 0 | 0 | **0** | 0.00 | 0.00 | 7.00 |
| 8.00 | OCCUPATIONAL THERAPY ASSISTANT | 0 | 0 | **0** | 0.00 | 0.00 | 8.00 |
| 9.00 | SPEECH-LANGUAGE PATHOLOGIST | 0 | 0 | **0** | 0.00 | 0.00 | 9.00 |
| 10.00 | THERAPY AIDES AND STUDENTS | 0 | 0 | **0** | 0.00 | 0.00 | 10.00 |
| 11.00 | RESPIRATORY THERAPIST | 0 | 0 | **0** | 0.00 | 0.00 | 11.00 |
| 12.00 | OTHER MEDICAL STAFF | 0 | 0 | **0** | 0.00 | 0.00 | 12.00 |
| **CONTRACT LABOR** | | | | | | | |
| **NURSING EMPLOYEES** | | | | | | | |
| 15.00 | REGISTERED NURSE | 0 | 0 | **0** | 0.00 | 0.00 | 15.00 |
| 16.00 | LICENSED PRACTICAL NURSE | 28,524 | 0 | **28,524** | 615.00 | 46.38 | 16.00 |
| 17.00 | CERTIFIED NURSING ASSISTANT | 86,631 | 0 | **86,631** | 2,752.00 | 31.48 | 17.00 |
| 18.00 | TOTAL NURSING EXPENDITURES | **115,155** | **0** | **115,155** | **3,367.00** | 34.20 | 18.00 |
| **TECHNICAL/PROFESSIONAL EMPLOYEES** | | | | | | | |
| 19.00 | PHYSICAL THERAPIST | 218,166 | 0 | **218,166** | 2,342.00 | 93.15 | 19.00 |
| 20.00 | PHYSICAL THERAPY ASSISTANT | 240,707 | 0 | **240,707** | 2,546.00 | 94.54 | 20.00 |
| 21.00 | OCCUPATIONAL THERAPIST | 124,071 | 0 | **124,071** | 1,339.00 | 92.66 | 21.00 |
| 22.00 | OCCUPATIONAL THERAPY ASSISTANT | 389,758 | 0 | **389,758** | 3,866.00 | 100.82 | 22.00 |
| 23.00 | SPEECH-LANGUAGE PATHOLOGIST | 62,668 | 0 | **62,668** | 669.00 | 93.67 | 23.00 |
| 24.00 | THERAPY AIDES AND STUDENTS | 0 | 0 | **0** | 0.00 | 0.00 | 24.00 |
| 25.00 | RESPIRATORY THERAPIST | 0 | 0 | **0** | 0.00 | 0.00 | 25.00 |
| 26.00 | OTHER MEDICAL STAFF | 0 | 0 | **0** | 0.00 | 0.00 | 26.00 |
| **HOME OFFICE/CHAIN ORGANIZATION** | | | | | | | |
| **NURSING EMPLOYEES** | | | | | | | |
| 29.00 | REGISTERED NURSE | 0 | 0 | **0** | 0.00 | 0.00 | 29.00 |
| 30.00 | LICENSED PRACTICAL NURSE | 28,524 | 0 | **28,524** | 615.00 | 46.38 | 30.00 |
| 31.00 | CERTIFIED NURSING ASSISTANT | 86,631 | 0 | **86,631** | 2,752.00 | 31.48 | 31.00 |
| 32.00 | TOTAL NURSING EXPENDITURES | **115,155** | **0** | **115,155** | **3,367.00** | 34.20 | 32.00 |
| **TECHNICAL/PROFESSIONAL EMPLOYEES** | | | | | | | |
| 33.00 | PHYSICAL THERAPIST | 0 | 0 | **0** | 0.00 | 0.00 | 33.00 |
| 34.00 | PHYSICAL THERAPY ASSISTANT | 0 | 0 | **0** | 0.00 | 0.00 | 34.00 |
| 35.00 | OCCUPATIONAL THERAPIST | 0 | 0 | **0** | 0.00 | 0.00 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY ASSISTANT | 0 | 0 | **0** | 0.00 | 0.00 | 36.00 |
| 37.00 | SPEECH-LANGUAGE PATHOLOGIST | 0 | 0 | **0** | 0.00 | 0.00 | 37.00 |
| 38.00 | THERAPY AIDES AND STUDENTS | 0 | 0 | **0** | 0.00 | 0.00 | 38.00 |
| 39.00 | RESPIRATORY THERAPIST | 0 | 0 | **0** | 0.00 | 0.00 | 39.00 |
| 40.00 | OTHER MEDICAL STAFF | 0 | 0 | **0** | 0.00 | 0.00 | 40.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

| | | Cost Center Description | SALARIES & WAGES | CONTRACT LABOR COSTS | LABOR SUBTOTAL | OTHER COSTS | SUBTOTAL | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | |
| 1.00 | 00100 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | | 1,062,259 | **1,062,259** | 1.00 |
| 1.01 | 00101 | NON-SNF CAPITAL | | | | 0 | **0** | 1.01 |
| 1.02 | 00102 | SNF SPECIFIC CAPITAL | | | | 0 | **0** | 1.02 |
| 1.03 | 00103 | CAPITAL COMMON AREA | | | | 0 | **0** | 1.03 |
| 2.00 | 00200 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | 0 | **0** | 2.00 |
| 3.00 | 00300 | EMPLOYEE BENEFITS DEPARTMENT | 0 | 0 | **0** | 1,860,177 | **1,860,177** | 3.00 |
| 4.00 | 00400 | ADMINISTRATIVE AND GENERAL | 1,514,893 | 378,189 | **1,893,082** | 872,308 | **2,765,390** | 4.00 |
| 5.00 | 00500 | PLANT OP, MAINT. & REPAIRS | 612,937 | 0 | **612,937** | 780,076 | **1,393,013** | 5.00 |
| 6.00 | 00600 | LAUNDRY AND LINEN SERVICE | 90,267 | 0 | **90,267** | 9,508 | **99,775** | 6.00 |
| 7.00 | 00700 | HOUSEKEEPING | 448,275 | 0 | **448,275** | 82,268 | **530,543** | 7.00 |
| 8.00 | 00800 | DIETARY | 964,222 | 281,870 | **1,246,092** | 840,928 | **2,087,020** | 8.00 |
| 9.00 | 00900 | NURSING ADMINISTRATION | 0 | 0 | **0** | 0 | **0** | 9.00 |
| 10.00 | 01000 | CENTRAL SERVICES AND SUPPLY | 0 | 0 | **0** | 149,927 | **149,927** | 10.00 |
| 11.00 | 01100 | PHARMACY | 0 | 0 | **0** | 33,434 | **33,434** | 11.00 |
| 12.00 | 01200 | MEDICAL RECORDS | 204,355 | 0 | **204,355** | 0 | **204,355** | 12.00 |
| 13.00 | 01300 | MEDICAL SOCIAL SERVICES | 167,810 | 0 | **167,810** | 8,600 | **176,410** | 13.00 |
| 14.00 | 01400 | ACTIVITIES PROGRAM | 415,951 | 0 | **415,951** | 66,952 | **482,903** | 14.00 |
| 15.00 | 01500 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | 12,030 | **12,030** | 0 | **12,030** | 15.00 |
| 16.00 | 01600 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | **0** | 0 | **0** | 16.00 |
| 17.00 | 01700 | PATIENT TRANSPORTATION PART A | 0 | 0 | **0** | 0 | **0** | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | |
| 25.00 | 02500 | SKILLED NURSING FACILITY | 5,799,859 | 115,155 | **5,915,014** | 120,108 | **6,035,122** | 25.00 |
| 26.00 | 02600 | NURSING FACILITY | 0 | 0 | **0** | 0 | **0** | 26.00 |
| 27.00 | 02700 | ICF/IID | 0 | 0 | **0** | 0 | **0** | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | |
| 30.00 | 03000 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | **0** | 49,449 | **49,449** | 30.00 |
| 31.00 | 03100 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | **0** | 0 | **0** | 31.00 |
| 32.00 | 03200 | LABORATORY | 0 | 0 | **0** | 54,637 | **54,637** | 32.00 |
| 33.00 | 03300 | INTRAVENOUS THERAPY | 0 | 0 | **0** | 0 | **0** | 33.00 |
| 34.00 | 03400 | RESPIRATORY THERAPY | 0 | 0 | **0** | 29,068 | **29,068** | 34.00 |
| 35.00 | 03500 | PHYSICAL THERAPY | 0 | 1,035,370 | **1,035,370** | 3,575 | **1,038,945** | 35.00 |
| 36.00 | 03600 | OCCUPATIONAL THERAPY | 0 | 0 | **0** | 0 | **0** | 36.00 |
| 37.00 | 03700 | SPEECH LANGUAGE PATHOLOGIST | 0 | 0 | **0** | 0 | **0** | 37.00 |
| 38.00 | 03800 | AUDIOLOGY | 0 | 0 | **0** | 0 | **0** | 38.00 |
| 39.00 | 03900 | ELECTROCARDIOLOGY | 0 | 0 | **0** | 0 | **0** | 39.00 |
| 40.00 | 04000 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | **0** | 0 | **0** | 40.00 |
| 41.00 | 04100 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | 0 | **0** | 285,286 | **285,286** | 41.00 |
| 42.00 | 04200 | DRUGS: IV SOLUTIONS | 0 | 0 | **0** | 0 | **0** | 42.00 |
| 43.00 | 04300 | DENTAL CARE | 0 | 0 | **0** | 0 | **0** | 43.00 |
| 44.00 | 04400 | APPLIANCES AND EQUIPMENT | 0 | 0 | **0** | 0 | **0** | 44.00 |
| 45.00 | 04500 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | **0** | 0 | **0** | 45.00 |
| 46.00 | 04600 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | **0** | 0 | **0** | 46.00 |
| 47.00 | 04700 | OTHER ANCILLARY SERVICE COST | 0 | 0 | **0** | 0 | **0** | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | |
| 60.00 | 06000 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | **0** | 0 | **0** | 60.00 |
| 61.00 | 06100 | OUTPATIENT LABORATORY | 0 | 0 | **0** | 0 | **0** | 61.00 |
| 62.00 | 06200 | PORTABLE X-RAY SERVICES | 0 | 0 | **0** | 0 | **0** | 62.00 |
| 63.00 | 06300 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | **0** | 0 | **0** | 63.00 |
| 64.00 | 06400 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | **0** | 0 | **0** | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | |
| 70.00 | 07000 | HOME HEALTH AGENCY | 0 | 0 | **0** | 0 | **0** | 70.00 |
| 71.00 | 07100 | AMBULANCE | 0 | 0 | **0** | 0 | **0** | 71.00 |
| 72.00 | 07200 | HOSPICE | 0 | 0 | **0** | 0 | **0** | 72.00 |
| 73.00 | 07300 | CORF | 0 | 0 | **0** | 0 | **0** | 73.00 |
| 74.00 | 07400 | OPT | 0 | 0 | **0** | 0 | **0** | 74.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

| | | Cost Center Description | SALARIES & WAGES | CONTRACT LABOR COSTS | LABOR SUBTOTAL | OTHER COSTS | SUBTOTAL | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 75.00 | 07500 | OOT | 0 | 0 | **0** | 0 | **0** | 75.00 |
| 76.00 | 07600 | OSP | 0 | 0 | **0** | 0 | **0** | 76.00 |
| 77.00 | 07700 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | **0** | 0 | **0** | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | |
| 80.00 | 08000 | PREVENTIVE VACCINES | | | | 0 | **0** | 80.00 |
| 81.00 | 08100 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | **0** | 0 | **0** | 81.00 |
| 89.00 | | SUBTOTAL | **10,218,569** | **1,822,614** | **12,041,183** | **6,308,560** | **18,349,743** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | |
| 90.00 | 09000 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | **0** | 0 | **0** | 90.00 |
| 91.00 | 09100 | NONPAID WORKERS | 0 | 0 | **0** | 0 | **0** | 91.00 |
| 92.00 | 09200 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | **0** | 0 | **0** | 92.00 |
| 93.00 | 09300 | RHC AND ALLOC NON SNF | 0 | 0 | **0** | 0 | **0** | 93.00 |
| 100.00 | | TOTAL | **10,218,569** | **1,822,614** | **12,041,183** | **6,308,560** | **18,349,743** | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

| | | Cost Center Description | RECLASS-IFICATIONS | RECLASSIFIED TRIAL BALANCE | ADJUSTMENTS | EXPENSES FOR COST ALLOCATION | | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | |
| 1.00 | 00100 | CAPITAL RELATED-BUILDINGS & FIXTURES | 0 | **1,062,259** | 0 | **1,062,259** | | 1.00 |
| 1.01 | 00101 | NON-SNF CAPITAL | 0 | **0** | 0 | **0** | | 1.01 |
| 1.02 | 00102 | SNF SPECIFIC CAPITAL | 0 | **0** | 0 | **0** | | 1.02 |
| 1.03 | 00103 | CAPITAL COMMON AREA | 0 | **0** | 0 | **0** | | 1.03 |
| 2.00 | 00200 | CAPITAL RELATED-MOVABLE EQUIPMENT | 0 | **0** | 0 | **0** | | 2.00 |
| 3.00 | 00300 | EMPLOYEE BENEFITS DEPARTMENT | 0 | **1,860,177** | 0 | **1,860,177** | | 3.00 |
| 4.00 | 00400 | ADMINISTRATIVE AND GENERAL | -92,050 | **2,673,340** | -269,364 | **2,403,976** | | 4.00 |
| 5.00 | 00500 | PLANT OP, MAINT. & REPAIRS | 0 | **1,393,013** | -7,869 | **1,385,144** | | 5.00 |
| 6.00 | 00600 | LAUNDRY AND LINEN SERVICE | 0 | **99,775** | 0 | **99,775** | | 6.00 |
| 7.00 | 00700 | HOUSEKEEPING | 0 | **530,543** | 0 | **530,543** | | 7.00 |
| 8.00 | 00800 | DIETARY | 0 | **2,087,020** | -51,985 | **2,035,035** | | 8.00 |
| 9.00 | 00900 | NURSING ADMINISTRATION | 147,630 | **147,630** | 0 | **147,630** | | 9.00 |
| 10.00 | 01000 | CENTRAL SERVICES AND SUPPLY | 0 | **149,927** | 0 | **149,927** | | 10.00 |
| 11.00 | 01100 | PHARMACY | 0 | **33,434** | 0 | **33,434** | | 11.00 |
| 12.00 | 01200 | MEDICAL RECORDS | 0 | **204,355** | -9 | **204,346** | | 12.00 |
| 13.00 | 01300 | MEDICAL SOCIAL SERVICES | 0 | **176,410** | 0 | **176,410** | | 13.00 |
| 14.00 | 01400 | ACTIVITIES PROGRAM | 0 | **482,903** | 0 | **482,903** | | 14.00 |
| 15.00 | 01500 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | **12,030** | 0 | **12,030** | | 15.00 |
| 16.00 | 01600 | TRAINING AND IN-SERVICE EDUCATION | 0 | **0** | 0 | **0** | | 16.00 |
| 17.00 | 01700 | PATIENT TRANSPORTATION PART A | 0 | **0** | 0 | **0** | | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | |
| 25.00 | 02500 | SKILLED NURSING FACILITY | -518,201 | **5,516,921** | -3,085 | **5,513,836** | | 25.00 |
| 26.00 | 02600 | NURSING FACILITY | 0 | **0** | 0 | **0** | | 26.00 |
| 27.00 | 02700 | ICF/IID | 0 | **0** | 0 | **0** | | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | |
| 30.00 | 03000 | RADIOLOGY-DIAGNOSTIC | 0 | **49,449** | 0 | **49,449** | | 30.00 |
| 31.00 | 03100 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | **0** | 0 | **0** | | 31.00 |
| 32.00 | 03200 | LABORATORY | 0 | **54,637** | 0 | **54,637** | | 32.00 |
| 33.00 | 03300 | INTRAVENOUS THERAPY | 0 | **0** | 0 | **0** | | 33.00 |
| 34.00 | 03400 | RESPIRATORY THERAPY | -29,068 | **0** | 0 | **0** | | 34.00 |
| 35.00 | 03500 | PHYSICAL THERAPY | -576,497 | **462,448** | 0 | **462,448** | | 35.00 |
| 36.00 | 03600 | OCCUPATIONAL THERAPY | 513,829 | **513,829** | 0 | **513,829** | | 36.00 |
| 37.00 | 03700 | SPEECH LANGUAGE PATHOLOGIST | 62,668 | **62,668** | 0 | **62,668** | | 37.00 |
| 38.00 | 03800 | AUDIOLOGY | 0 | **0** | 0 | **0** | | 38.00 |
| 39.00 | 03900 | ELECTROCARDIOLOGY | 0 | **0** | 0 | **0** | | 39.00 |
| 40.00 | 04000 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 29,068 | **29,068** | 0 | **29,068** | | 40.00 |
| 41.00 | 04100 | DRUGS: DRUGS CHARGED TO PATIENTS | -1,692 | **283,594** | -831 | **282,763** | | 41.00 |
| 42.00 | 04200 | DRUGS: IV SOLUTIONS | 0 | **0** | 0 | **0** | | 42.00 |
| 43.00 | 04300 | DENTAL CARE | 0 | **0** | 0 | **0** | | 43.00 |
| 44.00 | 04400 | APPLIANCES AND EQUIPMENT | 0 | **0** | 0 | **0** | | 44.00 |
| 45.00 | 04500 | BLOOD AND BLOOD PRODUCTS | 0 | **0** | 0 | **0** | | 45.00 |
| 46.00 | 04600 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | **0** | 0 | **0** | | 46.00 |
| 47.00 | 04700 | OTHER ANCILLARY SERVICE COST | 0 | **0** | 0 | **0** | | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | |
| 60.00 | 06000 | SCREENING & PREVENTIVE SERVICES | 0 | **0** | 0 | **0** | | 60.00 |
| 61.00 | 06100 | OUTPATIENT LABORATORY | 0 | **0** | 0 | **0** | | 61.00 |
| 62.00 | 06200 | PORTABLE X-RAY SERVICES | 0 | **0** | 0 | **0** | | 62.00 |
| 63.00 | 06300 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | **0** | 0 | **0** | | 63.00 |
| 64.00 | 06400 | OTHER OUTPATIENT SERVICE COST | 0 | **0** | 0 | **0** | | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | |
| 70.00 | 07000 | HOME HEALTH AGENCY | 0 | **0** | 0 | **0** | | 70.00 |
| 71.00 | 07100 | AMBULANCE | 0 | **0** | 0 | **0** | | 71.00 |
| 72.00 | 07200 | HOSPICE | 0 | **0** | 0 | **0** | | 72.00 |
| 73.00 | 07300 | CORF | 0 | **0** | 0 | **0** | | 73.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

| | | Cost Center Description | RECLASS-IFICATIONS | RECLASSIFIED TRIAL BALANCE | ADJUSTMENTS | EXPENSES FOR COST ALLOCATION | | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | | |
| 74.00 | 07400 | OPT | 0 | **0** | 0 | **0** | | 74.00 |
| 75.00 | 07500 | OOT | 0 | **0** | 0 | **0** | | 75.00 |
| 76.00 | 07600 | OSP | 0 | **0** | 0 | **0** | | 76.00 |
| 77.00 | 07700 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | **0** | 0 | **0** | | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | |
| 80.00 | 08000 | PREVENTIVE VACCINES | 12,942 | **12,942** | 0 | **12,942** | | 80.00 |
| 81.00 | 08100 | OTHER COST REIMBURSED SERVICE COST | 0 | **0** | 0 | **0** | | 81.00 |
| 89.00 | | SUBTOTAL | **-451,371** | **17,898,372** | **-333,143** | **17,565,229** | | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | |
| 90.00 | 09000 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | **0** | 0 | **0** | | 90.00 |
| 91.00 | 09100 | NONPAID WORKERS | 0 | **0** | 0 | **0** | | 91.00 |
| 92.00 | 09200 | PHYSICIAN PRIVATE OFFICES | 0 | **0** | 0 | **0** | | 92.00 |
| 93.00 | 09300 | RHC AND ALLOC NON SNF | 451,371 | **451,371** | 0 | **451,371** | | 93.00 |
| 100.00 | | TOTAL | **0** | **18,349,743** | **-333,143** | **18,016,600** | | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

RECLASSIFICATIONS **Worksheet A-6**

| | INCREASES | | | | DECREASES | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | COST CENTER | LINE # | SALARY | OTHER | COST CENTER | LINE # | SALARY | OTHER | |
| | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| **A - CONTRACTED THERAPY** | | | | | | | | | |
| 1.00 | OCCUPATIONAL THERAPY | 36.00 | 0 | 513,829 | PHYSICAL THERAPY | 35.00 | 0 | 576,497 | 1.00 |
| 2.00 | SPEECH LANGUAGE PATHOLOGIST | 37.00 | 0 | 62,668 | | 0.00 | 0 | 0 | 2.00 |
| **B - RECLASS DON** | | | | | | | | | |
| 1.00 | NURSING ADMINISTRATION | 9.00 | 147,630 | 0 | SKILLED NURSING FACILITY | 25.00 | 147,630 | 0 | 1.00 |
| **C - RECLASS NON-SNF NURSING** | | | | | | | | | |
| 1.00 | RHC AND ALLOC NON SNF | 93.00 | 419,183 | 0 | SKILLED NURSING FACILITY | 25.00 | 419,183 | 0 | 1.00 |
| **E - RECLASS CONSULTANTS FROM ADMIN** | | | | | | | | | |
| 1.00 | PLANT OP, MAINT. & REPAIRS | 5.00 | 0 | 0 | ADMINISTRATIVE AND GENERAL | 4.00 | 0 | 92,050 | 1.00 |
| 2.00 | SKILLED NURSING FACILITY | 25.00 | 0 | 80,800 | | 0.00 | 0 | 0 | 2.00 |
| 3.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 41.00 | 0 | 11,250 | | 0.00 | 0 | 0 | 3.00 |
| **F - RECLASS CHAUFFER WAGES** | | | | | | | | | |
| 1.00 | RHC AND ALLOC NON SNF | 93.00 | 32,188 | 0 | SKILLED NURSING FACILITY | 25.00 | 32,188 | 0 | 1.00 |
| **G - RECLASS VACCINE COSTS** | | | | | | | | | |
| 1.00 | PREVENTIVE VACCINES | 80.00 | 0 | 12,942 | DRUGS: DRUGS CHARGED TO PATIENTS | 41.00 | 0 | 12,942 | 1.00 |
| **H - OXYGEN COSTS** | | | | | | | | | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 40.00 | 0 | 29,068 | RESPIRATORY THERAPY | 34.00 | 0 | 29,068 | 1.00 |
| **GRAND TOTAL** | | | | | | | | | |
| 500.00 | **TOTAL RECLASSIFICATIONS** | | **599,001** | **710,557** | | | **599,001** | **710,557** | 500.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

RECONCILIATION OF CAPITAL COSTS CENTERS **Worksheet A-7**

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES**

| | | | 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 | |
| 1.00 | LAND | 15 | 0 | 0 | **0** | 0 | 15 | 0 | 1.00 |
| 2.00 | LAND IMPROVEMENTS | 590,879 | 0 | 0 | **0** | 0 | 590,879 | 0 | 2.00 |
| 3.00 | BUILDINGS AND FIXTURES | 20,540,643 | 59,080 | 0 | **59,080** | 0 | 20,599,723 | 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 | 4,930,037 | 421,789 | 0 | **421,789** | 0 | 5,351,826 | 0 | 6.00 |
| 7.00 | SUBTOTAL | **26,061,574** | **480,869** | **0** | **480,869** | **0** | **26,542,443** | **0** | 7.00 |
| 8.00 | RECONCILING ITEMS | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 8.00 |
| 9.00 | TOTAL | **26,061,574** | **480,869** | **0** | **480,869** | **0** | **26,542,443** | **0** | 9.00 |

**PART II - RECONCILIATION OF CAPITAL COST CENTERS (SUMMARY OF CAPITAL)**

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| 1.00 | CAPITAL RELATED COSTS - BUILDINGS & FIXTURES | 854,964 | 0 | 187,695 | 0 | 0 | 19,600 | **1,062,259** | 1.00 |
| 2.00 | CAPITAL RELATED COSTS - MOVABLE EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 2.00 |
| 3.00 | TOTAL | **854,964** | **0** | **187,695** | **0** | **0** | **19,600** | **1,062,259** | 3.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ADJUSTMENTS TO EXPENSES

**Worksheet A-8**

| | | | | WORKSHEET A | | |
|---|---|---|---|---|---|---|
| | DESCRIPTION OF ADJUSTMENT | BASIS | AMOUNT | COST CENTER | LINE NO. | |
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 1.00 | INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2) | B | 0 | CAPITAL RELATED-BUILDINGS & FIXTURES | 1.00 | 1.00 |
| 2.00 | TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTER 8) | | 0 | | 0.00 | 2.00 |
| 3.00 | REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8) | | 0 | | 0.00 | 3.00 |
| 4.00 | RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8) | | 0 | | 0.00 | 4.00 |
| 5.00 | TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21) | B | -960 | ADMINISTRATIVE AND GENERAL | 4.00 | 5.00 |
| 6.00 | TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21) | A | -7,649 | PLANT OP, MAINT. & REPAIRS | 5.00 | 6.00 |
| 7.00 | PARKING LOT (CMS PUB. 15-1, CHAPTER 21) | | 0 | | 0.00 | 7.00 |
| 8.00 | REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT | A-8-2 | 0 | | | 8.00 |
| 9.00 | SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23) | | 0 | | 0.00 | 9.00 |
| 10.00 | RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPTER 10) | A-8-1 | 0 | | | 10.00 |
| 11.00 | LAUNDRY AND LINEN SERVICE | | 0 | | 0.00 | 11.00 |
| 12.00 | REVENUE - EMPLOYEE MEALS | | 0 | | 0.00 | 12.00 |
| 13.00 | COST OF MEALS - GUESTS | B | -51,310 | DIETARY | 8.00 | 13.00 |
| 14.00 | SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS | | 0 | | 0.00 | 14.00 |
| 15.00 | SALE OF DRUGS TO OTHER THAN PATIENTS | | 0 | | 0.00 | 15.00 |
| 16.00 | REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS | | 0 | | 0.00 | 16.00 |
| 17.00 | VENDING MACHINES | | 0 | | 0.00 | 17.00 |
| 18.00 | INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21) | | 0 | | 0.00 | 18.00 |
| 19.00 | INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS | | 0 | | 0.00 | 19.00 |
| 20.00 | DEPRECIATION--BUILDINGS AND FIXTUES | | 0 | CAPITAL RELATED-BUILDINGS & FIXTURES | 1.00 | 20.00 |
| 21.00 | DEPRECIATION--MOVABLE EQUIPMENT | | 0 | CAPITAL RELATED-MOVABLE EQUIPMENT | 2.00 | 21.00 |
| 22.00 | SHORT TERM INPATIENT HOSPICE CARE | | 0 | | 0.00 | 22.00 |
| 23.00 | HOSPICE NON-CORE CONTRACTED SERVICES | | 0 | | 0.00 | 23.00 |
| 24.00 | BAD DEBT | A | -226,044 | ADMINISTRATIVE AND GENERAL | 4.00 | 24.00 |
| 24.01 | PUBLIC RELATIONS/ADVERTISING | A | -7,764 | ADMINISTRATIVE AND GENERAL | 4.00 | 24.01 |
| 24.02 | MISC INCOME | B | -20,177 | ADMINISTRATIVE AND GENERAL | 4.00 | 24.02 |
| 24.04 | MISCELLANEOUS INCOME | B | -220 | PLANT OP, MAINT. & REPAIRS | 5.00 | 24.04 |
| 24.05 | PHYSICIAN FEES | A | -3,000 | SKILLED NURSING FACILITY | 25.00 | 24.05 |
| 24.06 | PERSONAL PURCHASES | B | -11,089 | ADMINISTRATIVE AND GENERAL | 4.00 | 24.06 |
| 24.07 | MISC INCOME - DIETARY | B | -675 | DIETARY | 8.00 | 24.07 |
| 24.08 | MISC INCOME - SNF | B | -85 | SKILLED NURSING FACILITY | 25.00 | 24.08 |
| 24.09 | MISC INCOME - PHARMACY | A | -831 | DRUGS: DRUGS CHARGED TO PATIENTS | 41.00 | 24.09 |
| 25.00 | SALE OF MEDICAL RECORDS | B | -9 | MEDICAL RECORDS | 12.00 | 25.00 |
| 25.01 | FUNDRAISING EXPENSE | A | -3,330 | ADMINISTRATIVE AND GENERAL | 4.00 | 25.01 |
| 100.00 | **TOTAL** | | **-333,143** | | | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B**
**Part I**

| | Cost Center Description | NET EXPENSES FOR COST ALLOCATION | CRC - B&F | NON-SNF CAPITAL | SNF SPECIFIC CAPITAL | CAPITAL COMMON AREA | CRC - ME | EMPLOYEE BENEFITS DEPARTMENT | Subtotal | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 1.01 | 1.02 | 1.03 | 2.00 | 3.00 | 3A | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | 1,062,259 | 1,062,259 | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | 0 | 0 | 0 | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | 0 | 0 | 0 | 0 | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | 0 | 0 | 0 | 0 | 0 | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | 0 | | | | | 0 | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | 1,860,177 | 0 | 0 | 0 | 0 | 0 | 1,860,177 | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | 2,403,976 | 0 | 0 | 0 | 0 | 0 | 275,770 | **2,679,746** | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | 1,385,144 | 0 | 0 | 0 | 0 | 0 | 111,578 | **1,496,722** | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | 99,775 | 0 | 0 | 0 | 0 | 0 | 16,432 | **116,207** | 6.00 |
| 7.00 | HOUSEKEEPING | 530,543 | 0 | 0 | 0 | 0 | 0 | 81,604 | **612,147** | 7.00 |
| 8.00 | DIETARY | 2,035,035 | 0 | 0 | 0 | 0 | 0 | 175,526 | **2,210,561** | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 147,630 | 0 | 0 | 0 | 0 | 0 | 26,874 | **174,504** | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | 149,927 | 0 | 0 | 0 | 0 | 0 | 0 | **149,927** | 10.00 |
| 11.00 | PHARMACY | 33,434 | 0 | 0 | 0 | 0 | 0 | 0 | **33,434** | 11.00 |
| 12.00 | MEDICAL RECORDS | 204,346 | 0 | 0 | 0 | 0 | 0 | 37,201 | **241,547** | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 176,410 | 0 | 0 | 0 | 0 | 0 | 30,548 | **206,958** | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 482,903 | 0 | 0 | 0 | 0 | 0 | 75,719 | **558,622** | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 12,030 | 0 | 0 | 0 | 0 | 0 | 0 | **12,030** | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 5,513,836 | 698,136 | 0 | 0 | 0 | 0 | 946,758 | **7,158,730** | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 49,449 | 0 | 0 | 0 | 0 | 0 | 0 | **49,449** | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 31.00 |
| 32.00 | LABORATORY | 54,637 | 0 | 0 | 0 | 0 | 0 | 0 | **54,637** | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 34.00 |
| 35.00 | PHYSICAL THERAPY | 462,448 | 0 | 0 | 0 | 0 | 0 | 0 | **462,448** | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 513,829 | 0 | 0 | 0 | 0 | 0 | 0 | **513,829** | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 62,668 | 0 | 0 | 0 | 0 | 0 | 0 | **62,668** | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 29,068 | 0 | 0 | 0 | 0 | 0 | 0 | **29,068** | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 282,763 | 0 | 0 | 0 | 0 | 0 | 0 | **282,763** | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 64.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B**
**Part I**

| | Cost Center Description | NET EXPENSES FOR COST ALLOCATION | CRC - B&F | NON-SNF CAPITAL | SNF SPECIFIC CAPITAL | CAPITAL COMMON AREA | CRC - ME | EMPLOYEE BENEFITS DEPARTMENT | Subtotal | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 1.01 | 1.02 | 1.03 | 2.00 | 3.00 | 3A | |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 70.00 |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 12,942 | 0 | 0 | 0 | 0 | 0 | 0 | **12,942** | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 81.00 |
| 89.00 | SUBTOTAL | **17,565,229** | **698,136** | **0** | **0** | **0** | **0** | **1,778,010** | **17,118,939** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 451,371 | 364,123 | 0 | 0 | 0 | 0 | 82,167 | **897,661** | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 99.00 |
| 100.00 | TOTAL | **18,016,600** | **1,062,259** | **0** | **0** | **0** | **0** | **1,860,177** | **18,016,600** | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B**
**Part I**

| | Cost Center Description | ADMINISTRATIVE AND GENERAL | PLANT OP, MAINT & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | NURSING ADMIN | CENTRAL SERVICES & SUPPLY | PHARMACY | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | | | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | | | | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | 2,679,746 | | | | | | | | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | 261,516 | 1,758,238 | | | | | | | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | 20,304 | 0 | 136,511 | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | 106,958 | 0 | 0 | 719,105 | | | | | 7.00 |
| 8.00 | DIETARY | 386,242 | 0 | 0 | 0 | 2,596,803 | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 30,490 | 0 | 0 | 0 | 0 | 204,994 | | | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | 26,196 | 0 | 0 | 0 | 0 | 0 | 176,123 | | 10.00 |
| 11.00 | PHARMACY | 5,842 | 0 | 0 | 0 | 0 | 0 | 0 | 39,276 | 11.00 |
| 12.00 | MEDICAL RECORDS | 42,205 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 36,161 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 97,606 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 2,102 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 1,250,815 | 1,155,546 | 113,818 | 503,392 | 1,720,842 | 204,994 | 39,730 | 39,276 | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 8,640 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | LABORATORY | 9,547 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | PHYSICAL THERAPY | 80,802 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 89,779 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 10,950 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5,079 | 0 | 0 | 0 | 0 | 0 | 85,639 | 0 | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 49,406 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 70.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B**
**Part I**

| | Cost Center Description | ADMINISTRATIVE AND GENERAL | PLANT OP, MAINT & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | NURSING ADMIN | CENTRAL SERVICES & SUPPLY | PHARMACY | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 2,261 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 81.00 |
| 89.00 | SUBTOTAL | **2,522,901** | **1,155,546** | **113,818** | **503,392** | **1,720,842** | **204,994** | **125,369** | **39,276** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 156,845 | 602,692 | 22,693 | 215,713 | 875,961 | 0 | 50,754 | 0 | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 100.00 | TOTAL | **2,679,746** | **1,758,238** | **136,511** | **719,105** | **2,596,803** | **204,994** | **176,123** | **39,276** | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B**
**Part I**

| | Cost Center Description | MEDICAL RECORDS | MEDICAL SOCIAL SERVICES | ACTIVITIES PROGRAM | QUALITY & PERFORM IMPROV PGM | TRAINING & IN-SERVICE EDUCATION | PATIENT TRANSPORT PART A | SUBTOTAL | POST STEPDOWN ADJ | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 12.00 | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 19.00 | 20.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | | | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | | | | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | | | | | | | | | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | | | | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | | | | | | | 7.00 |
| 8.00 | DIETARY | | | | | | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | | | | | | | | | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | | | | | | | | | 10.00 |
| 11.00 | PHARMACY | | | | | | | | | 11.00 |
| 12.00 | MEDICAL RECORDS | 283,752 | | | | | | | | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 0 | 243,119 | | | | | | | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 0 | 0 | 656,228 | | | | | | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | 0 | 0 | 14,132 | | | | | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | 0 | | | | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | 0 | | | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 283,752 | 243,119 | 434,867 | 14,132 | 0 | 0 | 13,163,013 | 0 | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | | 58,089 | 0 | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 31.00 |
| 32.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | | 64,184 | 0 | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | | 543,250 | 0 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | | 603,608 | 0 | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0 | 0 | 0 | 0 | 0 | | 73,618 | 0 | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | | 119,786 | 0 | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | | 332,169 | 0 | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 70.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B**
**Part I**

| | Cost Center Description | MEDICAL RECORDS | MEDICAL SOCIAL SERVICES | ACTIVITIES PROGRAM | QUALITY & PERFORM IMPROV PGM | TRAINING & IN-SERVICE EDUCATION | PATIENT TRANSPORT PART A | SUBTOTAL | POST STEPDOWN ADJ | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 12.00 | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 19.00 | 20.00 | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 0 | 0 | 0 | 0 | 0 | | 15,203 | 0 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 81.00 |
| 89.00 | SUBTOTAL | **283,752** | **243,119** | **434,867** | **14,132** | **0** | **0** | **14,972,920** | **0** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 0 | 0 | 221,361 | 0 | 0 | | 3,043,680 | 0 | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 100.00 | TOTAL | **283,752** | **243,119** | **656,228** | **14,132** | **0** | **0** | **18,016,600** | **0** | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B**
**Part I**

| | Cost Center Description | TOTAL | | |
|---|---|---|---|---|
| | | 21.00 | | |
| **GENERAL SERVICE COST CENTERS** | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | | | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | | | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | 7.00 |
| 8.00 | DIETARY | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | | | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | | | 10.00 |
| 11.00 | PHARMACY | | | 11.00 |
| 12.00 | MEDICAL RECORDS | | | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | | | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | | | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | | | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | | | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | |
| 25.00 | SKILLED NURSING FACILITY | 13,163,013 | | 25.00 |
| 26.00 | NURSING FACILITY | 0 | | 26.00 |
| 27.00 | ICF/IID | 0 | | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 58,089 | | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | | 31.00 |
| 32.00 | LABORATORY | 64,184 | | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | | 34.00 |
| 35.00 | PHYSICAL THERAPY | 543,250 | | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 603,608 | | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 73,618 | | 37.00 |
| 38.00 | AUDIOLOGY | 0 | | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 119,786 | | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 332,169 | | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | | 42.00 |
| 43.00 | DENTAL CARE | 0 | | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | | 70.00 |
| 71.00 | AMBULANCE | 0 | | 71.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B**
**Part I**

| | Cost Center Description | TOTAL | | |
|---|---|---|---|---|
| | | 21.00 | | |
| 72.00 | HOSPICE | 0 | | 72.00 |
| 73.00 | CORF | 0 | | 73.00 |
| 74.00 | OPT | 0 | | 74.00 |
| 75.00 | OOT | 0 | | 75.00 |
| 76.00 | OSP | 0 | | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | |
| 80.00 | PREVENTIVE VACCINES | 15,203 | | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | | 81.00 |
| 89.00 | SUBTOTAL | **14,972,920** | | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 3,043,680 | | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENTS | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | 0 | | 99.00 |
| 100.00 | TOTAL | **18,016,600** | | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**

| | Cost Center Description | DIRECTLY ASSIGNED CAPITAL RELATED COST | CRC - B&F | NON-SNF CAPITAL | SNF SPECIFIC CAPITAL | CAPITAL COMMON AREA | CRC - ME | Subtotal | EMPLOYEE BENEFITS DEPARTMENT | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 1.01 | 1.02 | 1.03 | 2.00 | 2A | 3.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | | | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | | | | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 5.00 |
| 6.00 | LAUNDRY AND 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 AND 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 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 0 | 698,136 | 0 | 0 | 0 | 0 | **698,136** | 0 | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 31.00 |
| 32.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 64.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**

| | Cost Center Description | DIRECTLY ASSIGNED CAPITAL RELATED COST | CRC - B&F | NON-SNF CAPITAL | SNF SPECIFIC CAPITAL | CAPITAL COMMON AREA | CRC - ME | Subtotal | EMPLOYEE BENEFITS DEPARTMENT | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 1.01 | 1.02 | 1.03 | 2.00 | 2A | 3.00 | |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 70.00 |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 81.00 |
| 89.00 | SUBTOTAL | **0** | **698,136** | **0** | **0** | **0** | **0** | **698,136** | **0** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 0 | 364,123 | 0 | 0 | 0 | 0 | **364,123** | 0 | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 99.00 |
| 100.00 | TOTAL | **0** | **1,062,259** | **0** | **0** | **0** | **0** | **1,062,259** | **0** | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**

| | Cost Center Description | ADMINISTRATIVE AND GENERAL | PLANT OP, MAINT & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | NURSING ADMIN | CENTRAL SERVICES & SUPPLY | PHARMACY | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | | | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | | | | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | 0 | | | | | | | | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | 0 | 0 | | | | | | | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | 0 | 0 | 0 | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | 0 | 0 | 0 | 0 | | | | | 7.00 |
| 8.00 | DIETARY | 0 | 0 | 0 | 0 | 0 | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 0 | 0 | 0 | 0 | 0 | 0 | | | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 70.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**

| | Cost Center Description | ADMINISTRATIVE AND GENERAL | PLANT OP, MAINT & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | NURSING ADMIN | CENTRAL SERVICES & SUPPLY | PHARMACY | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 81.00 |
| 89.00 | SUBTOTAL | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | 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: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**

| | Cost Center Description | MEDICAL RECORDS | MEDICAL SOCIAL SERVICES | ACTIVITIES PROGRAM | QUALITY & PERFORM IMPROV PGM | TRAINING & IN-SERVICE EDUCATION | PATIENT TRANSPORT PART A | SUBTOTAL | POST STEPDOWN ADJ | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 12.00 | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 19.00 | 20.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | | | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | | | | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | | | | | | | | | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | | | | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | | | | | | | 7.00 |
| 8.00 | DIETARY | | | | | | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | | | | | | | | | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | | | | | | | | | 10.00 |
| 11.00 | PHARMACY | | | | | | | | | 11.00 |
| 12.00 | MEDICAL RECORDS | 0 | | | | | | | | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 0 | 0 | | | | | | | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 0 | 0 | 0 | | | | | | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | 0 | 0 | 0 | | | | | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | 0 | | | | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | 0 | | | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 698,136 | 0 | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 31.00 |
| 32.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 70.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**

| | Cost Center Description | MEDICAL RECORDS | MEDICAL SOCIAL SERVICES | ACTIVITIES PROGRAM | QUALITY & PERFORM IMPROV PGM | TRAINING & IN-SERVICE EDUCATION | PATIENT TRANSPORT PART A | SUBTOTAL | POST STEPDOWN ADJ | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 12.00 | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 19.00 | 20.00 | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 81.00 |
| 89.00 | SUBTOTAL | **0** | **0** | **0** | **0** | **0** | **0** | **698,136** | **0** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 0 | 0 | 0 | 0 | 0 | | 364,123 | 0 | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENTS | | | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 100.00 | TOTAL | **0** | **0** | **0** | **0** | **0** | **0** | **1,062,259** | **0** | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**

| | Cost Center Description | TOTAL | | |
|---|---|---|---|---|
| | | 21.00 | | |
| **GENERAL SERVICE COST CENTERS** | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | | | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | | | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | 7.00 |
| 8.00 | DIETARY | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | | | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | | | 10.00 |
| 11.00 | PHARMACY | | | 11.00 |
| 12.00 | MEDICAL RECORDS | | | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | | | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | | | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | | | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | | | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | | | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | |
| 25.00 | SKILLED NURSING FACILITY | 698,136 | | 25.00 |
| 26.00 | NURSING FACILITY | 0 | | 26.00 |
| 27.00 | ICF/IID | 0 | | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 0 | | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | | 31.00 |
| 32.00 | LABORATORY | 0 | | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0 | | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0 | | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0 | | 37.00 |
| 38.00 | AUDIOLOGY | 0 | | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | | 42.00 |
| 43.00 | DENTAL CARE | 0 | | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | | 70.00 |
| 71.00 | AMBULANCE | 0 | | 71.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**
**Part II**

| | Cost Center Description | TOTAL | | |
|---|---|---|---|---|
| | | 21.00 | | |
| 72.00 | HOSPICE | 0 | | 72.00 |
| 73.00 | CORF | 0 | | 73.00 |
| 74.00 | OPT | 0 | | 74.00 |
| 75.00 | OOT | 0 | | 75.00 |
| 76.00 | OSP | 0 | | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | |
| 80.00 | PREVENTIVE VACCINES | 0 | | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | | 81.00 |
| 89.00 | SUBTOTAL | **698,136** | | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 364,123 | | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENTS | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | 0 | | 99.00 |
| 100.00 | TOTAL | **1,062,259** | | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

| | Cost Center Description | CRC - B&F (SQUARE FEET) | NON-SNF CAPITAL (ACTUAL) | SNF SPECIFIC CAPITAL (ACTUAL) | CAPITAL COMMON AREA (SQUARE FEET) | CRC - ME (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | RECONCIL-IATION | ADMINISTRATIVE AND GENERAL (ACCUM COST) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 1.01 | 1.02 | 1.03 | 2.00 | 3.00 | 4A | 4.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | 64,700 | | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | 0 | 0 | | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | 0 | 0 | 0 | | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | 0 | 0 | 0 | 0 | | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | 0 | | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | 0 | 0 | 0 | 0 | 0 | 10,218,569 | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | 0 | 0 | 0 | 0 | 0 | 1,514,893 | **-2,679,746** | 15,336,854 | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | 0 | 0 | 0 | 0 | 0 | 612,937 | **0** | 1,496,722 | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | 0 | 0 | 0 | 0 | 0 | 90,267 | **0** | 116,207 | 6.00 |
| 7.00 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 448,275 | **0** | 612,147 | 7.00 |
| 8.00 | DIETARY | 0 | 0 | 0 | 0 | 0 | 964,222 | **0** | 2,210,561 | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 0 | 0 | 0 | 0 | 0 | 147,630 | **0** | 174,504 | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 149,927 | 10.00 |
| 11.00 | PHARMACY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 33,434 | 11.00 |
| 12.00 | MEDICAL RECORDS | 0 | 0 | 0 | 0 | 0 | 204,355 | **0** | 241,547 | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 0 | 0 | 0 | 0 | 0 | 167,810 | **0** | 206,958 | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 0 | 0 | 0 | 0 | 0 | 415,951 | **0** | 558,622 | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 12,030 | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 42,522 | 0 | 0 | 0 | 0 | 5,200,858 | **0** | 7,158,730 | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 49,449 | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 31.00 |
| 32.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 54,637 | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 462,448 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 513,829 | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 62,668 | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 29,068 | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 282,763 | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 63.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

| | Cost Center Description | CRC - B&F (SQUARE FEET) | NON-SNF CAPITAL (ACTUAL) | SNF SPECIFIC CAPITAL (ACTUAL) | CAPITAL COMMON AREA (SQUARE FEET) | CRC - ME (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | RECONCIL-IATION | ADMINISTRATIVE AND GENERAL (ACCUM COST) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 1.01 | 1.02 | 1.03 | 2.00 | 3.00 | 4A | 4.00 | |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 70.00 |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 12,942 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 81.00 |
| 89.00 | SUBTOTAL | **42,522** | **0** | **0** | **0** | **0** | **9,767,198** | **-2,679,746** | **14,439,193** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 22,178 | 0 | 0 | 0 | 0 | 451,371 | **0** | 897,661 | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENT | | | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | | | | | | | | | 99.00 |
| 102.00 | COST TO BE ALLOCATED - WKST B, PART I | 1,062,259 | 0 | 0 | 0 | 0 | 1,860,177 | | 2,679,746 | 102.00 |
| 103.00 | UNIT COST MULTIPLIER - WKST B, PART I | 16.418223 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.182039 | | 0.174726 | 103.00 |
| 104.00 | COST TO BE ALLOCATED - WKST B, PART II | | | | | | 0 | | 0 | 104.00 |
| 105.00 | UNIT COST MULTIPLIER - WKST B, PART II | | | | | | 0.000000 | | 0.000000 | 105.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

| | Cost Center Description | PLANT OP, MAINT & REPAIRS (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS) | HOUSEKEEPING (TIME SPENT) | DIETARY (MEALS SERVED) | NURSING ADMIN (DIRECT NRS G HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQ UIS) | PHARMACY (COSTED REQ UIS) | MEDICAL RECORDS (PATIENT DAYS) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | 12.00 | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | | | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | | | | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | | | | | | | | | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | 64,700 | | | | | | | | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | 0 | 340,791 | | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | 0 | 0 | 22,792 | | | | | | 7.00 |
| 8.00 | DIETARY | 0 | 0 | 0 | 107,532 | | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 0 | 0 | 0 | 0 | 155,761 | | | | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | 0 | 0 | 0 | 0 | 0 | 149,927 | | | 10.00 |
| 11.00 | PHARMACY | 0 | 0 | 0 | 0 | 0 | 0 | 33,434 | | 11.00 |
| 12.00 | MEDICAL RECORDS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23,753 | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 42,522 | 284,140 | 15,955 | 71,259 | 155,761 | 33,821 | 33,434 | 23,753 | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 72,901 | 0 | 0 | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 64.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

| | Cost Center Description | PLANT OP, MAINT & REPAIRS (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS) | HOUSEKEEPING (TIME SPENT) | DIETARY (MEALS SERVED) | NURSING ADMIN (DIRECT NRS G HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQ UIS) | PHARMACY (COSTED REQ UIS) | MEDICAL RECORDS (PATIENT DAYS) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | 12.00 | |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 70.00 |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 81.00 |
| 89.00 | SUBTOTAL | **42,522** | **284,140** | **15,955** | **71,259** | **155,761** | **106,722** | **33,434** | **23,753** | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 22,178 | 56,651 | 6,837 | 36,273 | 0 | 43,205 | 0 | 0 | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENT | | | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | | | | | | | | | 99.00 |
| 102.00 | COST TO BE ALLOCATED - WKST B, PART I | 1,758,238 | 136,511 | 719,105 | 2,596,803 | 204,994 | 176,123 | 39,276 | 283,752 | 102.00 |
| 103.00 | UNIT COST MULTIPLIER - WKST B, PART I | 27.175240 | 0.400571 | 31.550763 | 24.149118 | 1.316080 | 1.174725 | 1.174732 | 11.945944 | 103.00 |
| 104.00 | COST TO BE ALLOCATED - 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: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

| | Cost Center Description | MEDICAL SOCIAL SERVICES (TIME SPENT) | ACTIVITIES PROGRAM (PATIENT DAYS) | QUALITY & PERFORM IMPROV PGM (TIME SPENT) | TRAINING & IN-SERVICE EDUCATION (TIME SPENT) | PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS) | | |
|---|---|---|---|---|---|---|---|---|
| | | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | | |
| **GENERAL SERVICE COST CENTERS** | | | | | | | | |
| 1.00 | CAPITAL RELATED-BUILDINGS & FIXTURES | | | | | | | 1.00 |
| 1.01 | NON-SNF CAPITAL | | | | | | | 1.01 |
| 1.02 | SNF SPECIFIC CAPITAL | | | | | | | 1.02 |
| 1.03 | CAPITAL COMMON AREA | | | | | | | 1.03 |
| 2.00 | CAPITAL RELATED-MOVABLE EQUIPMENT | | | | | | | 2.00 |
| 3.00 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | | 3.00 |
| 4.00 | ADMINISTRATIVE AND GENERAL | | | | | | | 4.00 |
| 5.00 | PLANT OP, MAINT. & REPAIRS | | | | | | | 5.00 |
| 6.00 | LAUNDRY AND LINEN SERVICE | | | | | | | 6.00 |
| 7.00 | HOUSEKEEPING | | | | | | | 7.00 |
| 8.00 | DIETARY | | | | | | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | | | | | | | 9.00 |
| 10.00 | CENTRAL SERVICES AND SUPPLY | | | | | | | 10.00 |
| 11.00 | PHARMACY | | | | | | | 11.00 |
| 12.00 | MEDICAL RECORDS | | | | | | | 12.00 |
| 13.00 | MEDICAL SOCIAL SERVICES | 5,179 | | | | | | 13.00 |
| 14.00 | ACTIVITIES PROGRAM | 0 | 35,844 | | | | | 14.00 |
| 15.00 | QA & PERFORMANCE IMPROVEMENT PROGRAM | 0 | 0 | 100 | | | | 15.00 |
| 16.00 | TRAINING AND IN-SERVICE EDUCATION | 0 | 0 | 0 | 0 | | | 16.00 |
| 17.00 | PATIENT TRANSPORTATION PART A | 0 | 0 | 0 | 0 | 0 | | 17.00 |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 5,179 | 23,753 | 100 | 0 | 0 | | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | | | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | | | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | | | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | | | 31.00 |
| 32.00 | LABORATORY | 0 | 0 | 0 | 0 | | | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | | | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | | | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0 | 0 | 0 | 0 | | | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | | | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0 | 0 | 0 | 0 | | | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | | | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | | | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | | | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | | | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | | | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | | | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | | | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | | | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | | | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | | | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | |
| 60.00 | SCREENING & PREVENTIVE SERVICES | 0 | 0 | 0 | 0 | | | 60.00 |
| 61.00 | OUTPATIENT LABORATORY | 0 | 0 | 0 | 0 | | | 61.00 |
| 62.00 | PORTABLE X-RAY SERVICES | 0 | 0 | 0 | 0 | | | 62.00 |
| 63.00 | OUTPATIENT DURABLE MEDICAL EQUIPMENT | 0 | 0 | 0 | 0 | | | 63.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

| | Cost Center Description | MEDICAL SOCIAL SERVICES (TIME SPENT) | ACTIVITIES PROGRAM (PATIENT DAYS) | QUALITY & PERFORM IMPROV PGM (TIME SPENT) | TRAINING & IN-SERVICE EDUCATION (TIME SPENT) | PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS ) | | |
|---|---|---|---|---|---|---|---|---|
| | | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | | |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | | | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | |
| 70.00 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | | | 70.00 |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0 | | 71.00 |
| 72.00 | HOSPICE | 0 | 0 | 0 | 0 | | | 72.00 |
| 73.00 | CORF | 0 | 0 | 0 | 0 | | | 73.00 |
| 74.00 | OPT | 0 | 0 | 0 | 0 | | | 74.00 |
| 75.00 | OOT | 0 | 0 | 0 | 0 | | | 75.00 |
| 76.00 | OSP | 0 | 0 | 0 | 0 | | | 76.00 |
| 77.00 | OTHER OUTPATIENT REIMBURSABLE COST | 0 | 0 | 0 | 0 | | | 77.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 0 | 0 | 0 | 0 | | | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | | | 81.00 |
| 89.00 | SUBTOTAL | **5,179** | **23,753** | **100** | **0** | **0** | | 89.00 |
| **NONREIMBURSABLE COST CENTERS** | | | | | | | | |
| 90.00 | GIFT, FLOWER, COFFEE SHOPS & CANTEEN | 0 | 0 | 0 | 0 | | | 90.00 |
| 91.00 | NONPAID WORKERS | 0 | 0 | 0 | 0 | | | 91.00 |
| 92.00 | PHYSICIAN PRIVATE OFFICES | 0 | 0 | 0 | 0 | | | 92.00 |
| 93.00 | RHC AND ALLOC NON SNF | 0 | 12,091 | 0 | 0 | | | 93.00 |
| 98.00 | CROSS FOOT ADJUSTMENT | | | | | | | 98.00 |
| 99.00 | NEGATIVE COST CENTER | | | | | | | 99.00 |
| 102.00 | COST TO BE ALLOCATED - WKST B, PART I | 243,119 | 656,228 | 14,132 | 0 | 0 | | 102.00 |
| 103.00 | UNIT COST MULTIPLIER - WKST B, PART I | 46.943232 | 18.307890 | 141.320000 | 0.000000 | 0.000000 | | 103.00 |
| 104.00 | COST TO BE ALLOCATED - WKST B, PART II | 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 | | 105.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS **Worksheet C**

| | | | CHARGES | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center Description | TOTAL COST | TOTAL CHARGES | RECLASS-IFICATIONS | RECLASSIFIED CHARGES | COST TO CHARGE RATIO | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| **INPATIENT ROUTINE SERVICE COST CENTERS** | | | | | | | |
| 25.00 | SKILLED NURSING FACILITY | 13,163,013 | 12,018,013 | 0 | 12,018,013 | | 25.00 |
| 26.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | | 26.00 |
| 27.00 | ICF/IID | 0 | 0 | 0 | 0 | | 27.00 |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 58,089 | 49,172 | 0 | 49,172 | 1.181343 | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0 | 0 | 0 | 0 | 0.000000 | 31.00 |
| 32.00 | LABORATORY | 64,184 | 49,524 | 0 | 49,524 | 1.296018 | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0.000000 | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0.000000 | 34.00 |
| 35.00 | PHYSICAL THERAPY | 543,250 | 855,702 | 0 | 855,702 | 0.634859 | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 603,608 | 744,993 | 0 | 744,993 | 0.810220 | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 73,618 | 117,921 | 0 | 117,921 | 0.624299 | 37.00 |
| 38.00 | AUDIOLOGY | 0 | 0 | 0 | 0 | 0.000000 | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0.000000 | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 119,786 | 145,207 | 0 | 145,207 | 0.824933 | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 332,169 | 276,744 | 0 | 276,744 | 1.200275 | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0 | 0 | 0 | 0 | 0.000000 | 42.00 |
| 43.00 | DENTAL CARE | 0 | 0 | 0 | 0 | 0.000000 | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0 | 0 | 0 | 0 | 0.000000 | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0 | 0 | 0 | 0 | 0.000000 | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0 | 0 | 0 | 0 | 0.000000 | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0 | 0 | 0 | 0 | 0.000000 | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0 | 0 | 0 | 0 | 0.000000 | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | |
| 71.00 | AMBULANCE | 0 | 0 | 0 | 0 | 0.000000 | 71.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 15,203 | 14,313 | 0 | 14,313 | 1.062181 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0 | 0 | 0 | 0 | 0.000000 | 81.00 |
| 100.00 | Total | **14,972,920** | **14,271,589** | **0** | **14,271,589** | | 100.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

COMPUTATION OF INPATIENT ROUTINE COSTS **Worksheet D**

Title XVIII Skilled Nursing Facility

| | | | HEALTHCARE CHARGES | | | HEALTHCARE COSTS | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | RATIO OF COST TO CHARGES | INPATIENT | OUTPATIENT | PREVENTIVE VACCINES | INPATIENT | OUTPATIENT | PREVENTIVE VACCINES | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| **ANCILLARY SERVICE COST CENTERS** | | | | | | | | | |
| 30.00 | RADIOLOGY-DIAGNOSTIC | 1.181343 | 35,632 | 0 | | 42,094 | 0 | | 30.00 |
| 31.00 | RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY | 0.000000 | 0 | 0 | | 0 | 0 | | 31.00 |
| 32.00 | LABORATORY | 1.296018 | 35,462 | 0 | | 45,959 | 0 | | 32.00 |
| 33.00 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | | 0 | 0 | | 33.00 |
| 34.00 | RESPIRATORY THERAPY | 0.000000 | 0 | 0 | | 0 | 0 | | 34.00 |
| 35.00 | PHYSICAL THERAPY | 0.634859 | 426,444 | 0 | | 270,732 | 0 | | 35.00 |
| 36.00 | OCCUPATIONAL THERAPY | 0.810220 | 470,162 | 0 | | 380,935 | 0 | | 36.00 |
| 37.00 | SPEECH LANGUAGE PATHOLOGIST | 0.624299 | 69,922 | 0 | | 43,652 | 0 | | 37.00 |
| 38.00 | AUDIOLOGY | 0.000000 | 0 | 0 | | 0 | 0 | | 38.00 |
| 39.00 | ELECTROCARDIOLOGY | 0.000000 | 0 | 0 | | 0 | 0 | | 39.00 |
| 40.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.824933 | 49,636 | 0 | | 40,946 | 0 | | 40.00 |
| 41.00 | DRUGS: DRUGS CHARGED TO PATIENTS | 1.200275 | 209,937 | 0 | | 251,982 | 0 | | 41.00 |
| 42.00 | DRUGS: IV SOLUTIONS | 0.000000 | 0 | 0 | | 0 | 0 | | 42.00 |
| 43.00 | DENTAL CARE | 0.000000 | 0 | 0 | | 0 | 0 | | 43.00 |
| 44.00 | APPLIANCES AND EQUIPMENT | 0.000000 | 0 | 0 | | 0 | 0 | | 44.00 |
| 45.00 | BLOOD AND BLOOD PRODUCTS | 0.000000 | 0 | 0 | | 0 | 0 | | 45.00 |
| 46.00 | BLOOD TRANSFUSION/PROCESSING/STORAGE | 0.000000 | 0 | 0 | | 0 | 0 | | 46.00 |
| 47.00 | OTHER ANCILLARY SERVICE COST | 0.000000 | 0 | 0 | | 0 | 0 | | 47.00 |
| **OUTPATIENT SERVICE COST CENTERS** | | | | | | | | | |
| 64.00 | OTHER OUTPATIENT SERVICE COST | 0.000000 | 0 | 0 | | 0 | 0 | | 64.00 |
| **OUTPATIENT REIMBURSABLE COST CENTERS** | | | | | | | | | |
| 71.00 | AMBULANCE | 0.000000 | 0 | 0 | | 0 | 0 | | 71.00 |
| **COST REIMBURSED SERVICES COST CENTERS** | | | | | | | | | |
| 80.00 | PREVENTIVE VACCINES | 1.062181 | | | 14,313 | | | 15,203 | 80.00 |
| 81.00 | OTHER COST REIMBURSED SERVICE COST | 0.000000 | 0 | 0 | | 0 | 0 | | 81.00 |
| 100.00 | Total | | **1,297,195** | **0** | **14,313** | **1,076,300** | **0** | **15,203** | 100.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

COMPUTATION OF INPATIENT ROUTINE COSTS **Worksheet D-1**

Title XVIII Skilled Nursing Facility

| | | 1.00 | |
|---|---|---|---|
| **INPATIENT DAYS** | | | |
| 1.00 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS | 23,753 | 1.00 |
| 2.00 | PRIVATE ROOM DAYS | 0 | 2.00 |
| 3.00 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM | 6,434 | 3.00 |
| 4.00 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM | 0 | 4.00 |
| 5.00 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | **13,163,013** | 5.00 |
| **PRIVATE ROOM DIFFERENTIAL ADJUSTMENT** | | | |
| 6.00 | GENERAL INPATIENT ROUTINE SERVICE CHARGES | 12,018,013 | 6.00 |
| 7.00 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.095274 | 7.00 |
| 8.00 | ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS | 0 | 8.00 |
| 9.00 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | 0.00 | 9.00 |
| 10.00 | ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS | 12,018,013 | 10.00 |
| 11.00 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 505.96 | 11.00 |
| 12.00 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | 0.00 | 12.00 |
| 13.00 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | 0.00 | 13.00 |
| 14.00 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | 0 | 14.00 |
| 15.00 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL | 13,163,013 | 15.00 |
| **PROGRAM INPATIENT ROUTINE SERVICE COSTS** | | | |
| 16.00 | ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM | 554.16 | 16.00 |
| 17.00 | PROGRAM ROUTINE SERVICE COST | 3,565,465 | 17.00 |
| 18.00 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | 0 | 18.00 |
| 19.00 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | **3,565,465** | 19.00 |
| 20.00 | CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS | 698,136 | 20.00 |
| 21.00 | PER DIEM CAPITAL RELATED COSTS | 29.39 | 21.00 |
| 22.00 | PROGRAM CAPITAL RELATED COST | 189,095 | 22.00 |
| 23.00 | INPATIENT ROUTINE SERVICE COST | 3,376,370 | 23.00 |
| 24.00 | AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | 0 | 24.00 |
| 25.00 | TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION | **3,376,370** | 25.00 |
| 26.00 | ENTER THE PER DIEM LIMITATION | | 26.00 |
| 27.00 | INPATIENT ROUTINE SERVICE COST LIMITATION | | 27.00 |
| 28.00 | REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS | | 28.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A

**Worksheet E**
**Part A**

Title XVIII Skilled Nursing Facility

| | | 1.00 | |
|---|---|---|---|
| 1.00 | INPATIENT PPS AMOUNT | 4,353,451 | 1.00 |
| 2.00 | ALLOWABLE BAD DEBTS | 14,246 | 2.00 |
| 3.00 | ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES | 14,246 | 3.00 |
| 4.00 | REIMBURSABLE BAD DEBTS | 9,260 | 4.00 |
| 5.00 | TOTAL REIMBURSABLE COST | **4,362,711** | 5.00 |
| 6.00 | PRIMARY PAYER AMOUNTS | 0 | 6.00 |
| 7.00 | COINSURANCE | 702,663 | 7.00 |
| 8.00 | OTHER ADJUSTMENTS (SPECIFY) | 0 | 8.00 |
| 9.00 | DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION | 0 | 9.00 |
| 10.00 | SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS | 185 | 10.00 |
| 11.00 | SEQUESTRATION AMOUNT | 73,016 | 11.00 |
| 12.00 | DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION | 0 | 12.00 |
| 13.00 | NET REIMBURSABLE COST | **3,586,847** | 13.00 |
| 14.00 | INTERIM PAYMENTS | 3,577,772 | 14.00 |
| 15.00 | TENTATIVE ADJUSTMENT | 0 | 15.00 |
| 16.00 | BALANCE DUE PROVIDER/PROGRAM | **9,075** | 16.00 |
| 17.00 | PROTESTED AMOUNTS | 0 | 17.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART B

**Worksheet E**
**Part B**

Title XVIII Skilled Nursing Facility

| | | 1.00 | |
|---|---|---|---|
| 1.00 | PART B ANCILLARY SERVICE COSTS | 0 | 1.00 |
| 2.00 | PREVENTIVE VACCINES | 15,203 | 2.00 |
| 3.00 | TOTAL REASONABLE COSTS | **15,203** | 3.00 |
| 4.00 | MEDICARE PART B ANCILLARY CHARGES | 14,313 | 4.00 |
| 5.00 | COST OF COVERED SERVICES | 14,313 | 5.00 |
| 6.00 | ALLOWABLE BAD DEBTS | 0 | 6.00 |
| 7.00 | ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES | 0 | 7.00 |
| 8.00 | REIMBURSABLE BAD DEBTS | 0 | 8.00 |
| 9.00 | TOTAL REIMBURSABLE COST | **14,313** | 9.00 |
| 10.00 | PRIMARY PAYER AMOUNTS | 0 | 10.00 |
| 11.00 | COINSURANCE AND DEDUCTIBLES | 0 | 11.00 |
| 12.00 | OTHER ADJUSTMENTS (SPECIFY) | 0 | 12.00 |
| 13.00 | DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION | 0 | 13.00 |
| 14.00 | SEQUESTRATION AMOUNT | 286 | 14.00 |
| 15.00 | DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION | 0 | 15.00 |
| 16.00 | NET REIMBURSABLE COST | 14,027 | 16.00 |
| 17.00 | INTERIM PAYMENTS | 13,836 | 17.00 |
| 18.00 | TENTATIVE ADJUSTMENT | 0 | 18.00 |
| 19.00 | BALANCE DUE PROVIDER/PROGRAM | 191 | 19.00 |
| 20.00 | PROTESTED AMOUNTS | 0 | 20.00 |

| | | |
|---|---|---|
| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES

**Worksheet E-1**

Title XVIII Skilled Nursing Facility

| | | PART A | | PART B | | |
|---|---|---|---|---|---|---|
| | | DATE | AMOUNT | DATE | AMOUNT | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 3,577,772 | | 13,836 | 1.00 |
| 2.00 | INTERIM PAYMENTS PAYABLE | | 0 | | 0 | 2.00 |
| 3.00 | RETROACTIVE LUMP SUM ADJUSTMENTS | | | | | 3.00 |
| **PROGRAM TO PROVIDER** | | | | | | |
| 3.01 | ADJUSTMENT 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 | ADJUSTMENT 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 | | **0** | | **0** | 3.99 |
| 4.00 | TOTAL INTERIM PAYMENTS | | **3,577,772** | | **13,836** | 4.00 |
| 5.00 | CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS | | | | | 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 | | **0** | | **0** | 5.99 |
| 6.00 | CONTRACTOR: NET SETTLEMENT AMOUNT | | | | | 6.00 |
| 6.01 | PROGRAM TO PROVIDER | | 9,075 | | 191 | 6.01 |
| 6.02 | PROVIDER TO PROGRAM | | 0 | | 0 | 6.02 |
| 7.00 | CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY | | **3,586,847** | | **14,027** | 7.00 |

| | NAME OF CONTRACTOR | CONTRACTOR NUMBER | DATE OF NPR | |
|---|---|---|---|---|
| | 1.00 | 2.00 | 3.00 | |
| 8.00 | | | | 8.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER **Worksheet E-2**

Title XIX Skilled Nursing Facility

| | | 1.00 | |
|---|---|---|---|
| **COMPUTATION OF NET COST OF COVERED SERVICES** | | | |
| 1.00 | INPATIENT ANCILLARY SERVICES | 0 | 1.00 |
| 2.00 | OUTPATIENT SERVICES | 0 | 2.00 |
| 3.00 | INPATIENT ROUTINE SERVICES | 0 | 3.00 |
| 4.00 | COST OF COVERED SERVICES | **0** | 4.00 |
| 5.00 | DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS | 0.000000 | 5.00 |
| 6.00 | SUBTOTAL | **0** | 6.00 |
| 7.00 | PRIMARY PAYER AMOUNTS | 0 | 7.00 |
| 8.00 | TOTAL REASONABLE COST | **0** | 8.00 |
| **REASONABLE CHARGES** | | | |
| 9.00 | INPATIENT ANCILLARY SERVICES CHARGES | 0 | 9.00 |
| 10.00 | OUTPATIENT SERVICES CHARGES | 0 | 10.00 |
| 11.00 | INPATIENT ROUTINE SERVICES CHARGES | 0 | 11.00 |
| 12.00 | DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS | 0.000000 | 12.00 |
| 13.00 | TOTAL REASONABLE CHARGES | **0** | 13.00 |
| **CUSTOMARY CHARGES** | | | |
| 14.00 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 0 | 14.00 |
| 15.00 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | 0 | 15.00 |
| 16.00 | RATIO OF LINE 14 TO LINE 15 (NOT TO EXCEED 1.000000) | 0.000000 | 16.00 |
| 17.00 | TOTAL CUSTOMARY CHARGES | 0 | 17.00 |
| **COMPUTATION OF REIMBURSEMENT SETTLEMENT** | | | |
| 18.00 | COST OF COVERED SERVICES | 0 | 18.00 |
| 19.00 | COST SHARING | 0 | 19.00 |
| 20.00 | SUBTOTAL | **0** | 20.00 |
| 21.00 | ALLOWABLE BAD DEBTS | **0** | 21.00 |
| 22.00 | SUBTOTAL | 0 | 22.00 |
| 23.00 | OTHER ADJUSTMENTS (SPECIFY) | 0 | 23.00 |
| 24.00 | SUBTOTAL | **0** | 24.00 |
| 25.00 | INTERIM PAYMENTS | 0 | 25.00 |
| 26.00 | BALANCE DUE PROVIDER/PROGRAM (INDICATE OVERPAYMENT IN PARENTHESES) | **0** | 26.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

BALANCE SHEET **Worksheet G**

| | | 1.00 | |
|---|---|---|---|
| **ASSETS** | | | |
| **CURRENT ASSETS** | | | |
| 1.00 | CASH ON HAND AND IN BANKS | 1,167,948 | 1.00 |
| 2.00 | TEMPORARY INVESTMENTS | 0 | 2.00 |
| 3.00 | NOTES RECEIVABLE | 0 | 3.00 |
| 4.00 | ACCOUNTS RECEIVABLE | 2,489,940 | 4.00 |
| 5.00 | OTHER RECEIVABLES | 0 | 5.00 |
| 6.00 | LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE | 478,516 | 6.00 |
| 7.00 | INVENTORY | 0 | 7.00 |
| 8.00 | PREPAID EXPENSES | 0 | 8.00 |
| 9.00 | OTHER CURRENT ASSETS | 0 | 9.00 |
| 10.00 | DUE FROM OTHER FUNDS | 0 | 10.00 |
| 11.00 | TOTAL CURRENT ASSETS) | **3,179,372** | 11.00 |
| **FIXED ASSETS** | | | |
| 12.00 | LAND | 15 | 12.00 |
| 13.00 | LAND IMPROVEMENTS | 590,879 | 13.00 |
| 14.00 | LESS: ACCUMULATED DEPRECIATION | 373,873 | 14.00 |
| 15.00 | BUILDINGS | 20,599,723 | 15.00 |
| 16.00 | LESS: ACCUMULATED DEPRECIATION | 12,265,874 | 16.00 |
| 17.00 | LEASEHOLD IMPROVEMENTS | 0 | 17.00 |
| 18.00 | LESS: ACCUMULATED AMORTIZATION | 0 | 18.00 |
| 19.00 | FIXED EQUIPMENT | 0 | 19.00 |
| 20.00 | LESS: ACCUMULATED DEPRECIATION | 0 | 20.00 |
| 21.00 | AUTOMOBILES AND TRUCKS | 288,554 | 21.00 |
| 22.00 | LESS: ACCUMULATED DEPRECIATION | 217,501 | 22.00 |
| 23.00 | MAJOR MOVABLE EQUIPMENT | 5,063,272 | 23.00 |
| 24.00 | LESS: ACCUMULATED DEPRECIATION | 3,902,782 | 24.00 |
| 25.00 | MINOR EQUIPMENT - DEPRECIABLE | 0 | 25.00 |
| 26.00 | MINOR EQUIPMENT NONDEPRECIABLE | 0 | 26.00 |
| 27.00 | OTHER FIXED ASSETS | 0 | 27.00 |
| 28.00 | TOTAL FIXED ASSETS | **9,782,413** | 28.00 |
| **OTHER ASSETS** | | | |
| 29.00 | INVESTMENTS | 0 | 29.00 |
| 30.00 | DEPOSITS ON LEASES | 0 | 30.00 |
| 31.00 | DUE FROM OWNERS/OFFICERS | 0 | 31.00 |
| 32.00 | OTHER ASSETS | 1,343,806 | 32.00 |
| 33.00 | TOTAL OTHER ASSETS | **1,343,806** | 33.00 |
| 34.00 | TOTAL ASSETS | **14,305,591** | 34.00 |
| **LIABILITIES** | | | |
| **CURRENT LIABILITIES** | | | |
| 35.00 | ACCOUNTS PAYABLE | 606,951 | 35.00 |
| 36.00 | SALARIES, WAGES, AND FEES PAYABLE | 886,418 | 36.00 |
| 37.00 | PAYROLL TAXES PAYABLE | -52,627 | 37.00 |
| 38.00 | NOTES & LOANS PAYABLE (SHORT TERM) | 1,012,281 | 38.00 |
| 39.00 | DEFERRED INCOME | 140,001 | 39.00 |
| 40.00 | ACCELERATED PAYMENTS | 0 | 40.00 |
| 41.00 | DUE TO OTHER FUNDS | 0 | 41.00 |
| 42.00 | OTHER CURRENT LIABILITIES | 0 | 42.00 |
| 43.00 | TOTAL CURRENT LIABILITIES | **2,593,024** | 43.00 |
| **LONG TERM LIABILITIES** | | | |
| 44.00 | MORTGAGE PAYABLE | 0 | 44.00 |
| 45.00 | NOTES PAYABLE | 2,023,225 | 45.00 |
| 46.00 | UNSECURED LOANS | 0 | 46.00 |
| 47.00 | LOANS FROM OWNERS | 0 | 47.00 |
| 48.00 | OTHER LONG TERM LIABILITIES | 698,255 | 48.00 |
| 49.00 | TOTAL LONG TERM LIABILITIES | **2,721,480** | 49.00 |
| 50.00 | TOTAL LIABILITIES | **5,314,504** | 50.00 |
| **CAPITAL ACCOUNTS** | | | |
| 51.00 | FUND BALANCE | 8,991,087 | 51.00 |
| 52.00 | TOTAL LIABILITIES AND FUND BALANCES | **14,305,591** | 52.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES **Worksheet G-2**

**PART I - PATIENT REVENUES**

| | | INPATIENT | | | | | OUTPATIENT | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MEDICARE FFS | MEDICARE HMO | MEDICAID | MEDICAID HMO | OTHER | MEDICARE FFS | MEDICARE HMO | MEDICAID | MEDICAID HMO | OTHER | TOTAL | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | |
| **GENERAL INPATIENT ROUTINE CARE SERVICES** | | | | | | | | | | | | | |
| 1.00 | SKILLED NURSING FACILITY | 3,282,990 | 990,408 | 810,988 | 1,849,235 | 5,084,392 | | | | | | **12,018,013** | 1.00 |
| 2.00 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | | | | | | **0** | 2.00 |
| 3.00 | ICF/IID | 0 | 0 | 0 | 0 | 0 | | | | | | **0** | 3.00 |
| 4.00 | TOTAL GENERAL INPATIENT CARE SERVICES | **3,282,990** | **990,408** | **810,988** | **1,849,235** | **5,084,392** | | | | | | **12,018,013** | 4.00 |
| **ALL OTHER SERVICES** | | | | | | | | | | | | | |
| 5.00 | ANCILLARY SERVICES | 2,172,950 | 0 | 0 | 0 | 80,626 | 0 | 0 | 0 | 0 | 0 | **2,253,576** | 5.00 |
| 6.00 | HOME HEALTH AGENCY | | | | | | 0 | 0 | 0 | 0 | 0 | **0** | 6.00 |
| 7.00 | AMBULANCE | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 7.00 |
| 8.00 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | 8.00 |
| 9.00 | ALL OTHER REVENUES | 0 | 0 | 0 | 0 | 2,246,047 | 0 | 0 | 0 | 0 | 346,521 | **2,592,568** | 9.00 |
| 10.00 | TOTAL PATIENT REVENUES | **5,455,940** | **990,408** | **810,988** | **1,849,235** | **7,411,065** | **0** | **0** | **0** | **0** | **346,521** | **16,864,157** | 10.00 |

**PART II - OPERATING EXPENSES**

| | | TOTAL | |
|---|---|---|---|
| | | 1.00 | |
| 11.00 | OPERATING EXPENSES | 18,349,743 | 11.00 |
| 12.00 | ADD (SPECIFY) | 0 | 12.00 |
| 13.00 | TOTAL ADDITIONS | 0 | 13.00 |
| 14.00 | DEDUCT (SPECIFY) | 0 | 14.00 |
| 15.00 | TOTAL DEDUCTIONS | 0 | 15.00 |
| 16.00 | TOTAL OPERATING EXPENSES | **18,349,743** | 16.00 |

| WILEY MISSION | Period: | Run Date Time: 6/26/2026 1:36 pm |
|---|---|---|
| | From: 01/01/2025 | MCRIF32 **2540-24** |
| Provider CCN: 31-5418 | To: 12/31/2025 | Version: 2.7.181.0 |

STATEMENT OF REVENUES AND EXPENSES **Worksheet G-3**

| | | 1.00 | |
|---|---|---|---|
| **INCOME FROM SERVICES TO PATIENTS** | | | |
| 1.00 | TOTAL PATIENT REVENUES | 16,864,157 | 1.00 |
| 2.00 | LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS | 2,557,228 | 2.00 |
| 3.00 | NET PATIENT REVENUES | 14,306,929 | 3.00 |
| 4.00 | LESS: TOTAL OPERATING EXPENSES | 18,349,743 | 4.00 |
| 5.00 | NET INCOME FROM SERVICES TO PATIENTS | **-4,042,814** | 5.00 |
| **OTHER INCOME** | | | |
| 6.00 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 49,287 | 6.00 |
| 7.00 | INCOME FROM INVESTMENTS | 0 | 7.00 |
| 8.00 | REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES) | 960 | 8.00 |
| 9.00 | REVENUE FROM TELEVISION AND RADIO SERVICES | 8,012 | 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 | 51,310 | 14.00 |
| 15.00 | REVENUE FROM RENTAL OF LIVING QUARTERS | 0 | 15.00 |
| 16.00 | REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | 0 | 16.00 |
| 17.00 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | 0 | 17.00 |
| 18.00 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | 0 | 18.00 |
| 19.00 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | 0 | 19.00 |
| 20.00 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | 0 | 20.00 |
| 21.00 | RENTAL OF VENDING MACHINES | 0 | 21.00 |
| 22.00 | RENTAL OF SKILLED NURSING SPACE | 0 | 22.00 |
| 23.00 | GOVERNMENTAL APPROPRIATIONS | 0 | 23.00 |
| 24.00 | OTHER MISCELLANEOUS REVENUE (SPECIFY) | 0 | 24.00 |
| 24.01 | NON-SNF ACCOUNTS | 17,718,086 | 24.01 |
| 24.02 | GRANT INCOME | 191,925 | 24.02 |
| 24.03 | TRANSPORTATION | 11,089 | 24.03 |
| 24.04 | MISCELLANEOUS INCOME | 22,011 | 24.04 |
| 24.05 | GAIN ON SALE OF ASSETS | 11,823 | 24.05 |
| 24.06 | OTHER MISCELLANEOUS REVENUE (SPECIFY) | 0 | 24.06 |
| 24.07 | BARBER AND BEAUTY | 27,324 | 24.07 |
| 25.00 | PHE FUNDING | 0 | 25.00 |
| 26.00 | TOTAL OTHER INCOME | **18,091,827** | 26.00 |
| 27.00 | TOTAL INCOME | **14,049,013** | 27.00 |
| **EXPENSES** | | | |
| 28.00 | COVID RELATED EXPENSES | 22,827 | 28.00 |
| 29.00 | | 0 | 29.00 |
| 30.00 | | 0 | 30.00 |
| 31.00 | TOTAL OTHER EXPENSES | **22,827** | 31.00 |
| 32.00 | NET INCOME (LOSS) FOR THE PERIOD | **14,026,186** | 32.00 |