

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

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



COMPLETE CARE AT PROSPECT HEIGHTS  
Provider CCN: 315460

Period: 01/01/2024 From: 12/31/2024 Run Date Time: 5/27/2025 10:40 am  
MCRIF32 Version: 11.1.179.1

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

Worksheet S  
Parts I, II & III

**PART I - COST REPORT STATUS**

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

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

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2			
1				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				2
3	Signatory Title	CEO			3
4	Signature Date				4

**PART III - SETTLEMENT SUMMARY**

	Cost Center Description	Title V	Title XVIII			
			Part A	Part B	Title XIX	
1.00	SKILLED NURSING FACILITY	1.00	0	141,504	0	0 1.00
2.00	NURSING FACILITY		0			0 2.00
3.00	ICF/IID					0 3.00
4.00	SNF - BASED HHA I		0	0	0	4.00
5.00	SNF - BASED RHC I		0		0	5.00
6.00	SNF - BASED FQHC I		0		0	6.00
7.00	SNF - BASED CMHC I		0		0	7.00
100.00	TOTAL		0	141,504	0	0 100.00

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

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

COMPLETE CARE AT PROSPECT HEIGHTS

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From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/27/2025 10:40 am  
MCRIF32  
2540-10  
Version: 11.1.179.1SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

Worksheet S-2

Part I  
PPS

## Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1.00	Street:	336 PROSPECT AVENUE	P.O. Box:					1.00
2.00	City:	HACKENSACK	State:	NJ	ZIP Code:	07601		2.00
3.00	County:	BERGEN	CBSA Code:	35614	Urban / Rural:	U		3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

## SNF and SNF-Based Component Identification:

	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)		
					V	XVIII	XIX
4.00	SNF	COMPLETE CARE AT PROSPECT HEIGHTS	315460	01/05/2000	N	P	N
5.00	Nursing Facility						5.00
6.00	ICF/IID						6.00
7.00	SNF-Based HHA						7.00
8.00	SNF-Based RHC						8.00
9.00	SNF-Based FQHC						9.00
10.00	SNF-Based CMHC						10.00
11.00	SNF-Based OLTC						11.00
12.00	SNF-Based HOSPICE						12.00
13.00	SNF-Based CORF						13.00
				From:		To:	
				1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2024		12/31/2024	14.00
15.00	Type of Control (See Instructions)		6 - Proprietary, Other		LLC		15.00
						Y/N	
						1.00	

## Type of Freestanding Skilled Nursing Facility

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

## Miscellaneous Cost Reporting Information

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

## Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.

20.00	Straight Line	521,063	20.00
21.00	Declining Balance	0	21.00
22.00	Sum of the Year's Digits	0	22.00
23.00	Sum of line 20 through 22	521,063	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)	N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)	N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N	28.00
		Part A	Part B
		1.00	2.00
		3.00	

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.

29.00	Skilled Nursing Facility	N	N	29.00
30.00	Nursing Facility		N	30.00
31.00	ICF/IID			31.00
32.00	SNF-Based HHA	N	N	32.00
33.00	SNF-Based RHC			33.00
34.00	SNF-Based FQHC			34.00
35.00	SNF-Based CMHC		N	35.00
36.00	SNF-Based OLTC			36.00
		Y/N		
		1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)	N		38.00

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATAWorksheet S-2  
Part I  
PPS

			Y/N		
			1.00	2.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.				39.00
		Premiums	Paid Losses	Self Insurance	
41.00	List malpractice premiums and paid losses:			0	41.00
				Y/N	
				1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N	43.00
				Provider CCN	
				1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.				44.00
<b>If this facility is part of a chain organization, enter the name and address of the home office on the lines below.</b>					
45.00	Name:	Contractor Name:	Contractor Number:		45.00
46.00	Street:	P.O. Box:			46.00
47.00	City:	State:	ZIP Code:		47.00

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COMPLEX REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2

Part II

PPS

**General Instruction:** For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)

Completed by All Skilled Nursing Facilities

**Provider Organization and Operation**

		Y/N	Date	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) 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? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00

**Financial Data and Reports**

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		

**Approved Educational Activities**

6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
		Y/N		
		1.00		

**Bad Debts**

9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.	Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.	N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.	N	11.00

**Bed Complement**

12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
		Part A	Part B	
		Description	Y/N	Date
		0	1.00	2.00
			3.00	4.00

**PS&R Data**

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)		Y	05/22/2025	Y	05/22/2025	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		N		N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N		18.00
		1.00		2.00		3.00	

**Cost Report Preparer Contact Information**

19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHLEEN	MESKER	PREPARER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	KATHLEEN.MESKER@HCRN.J.NET		21.00

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COMPLEX STATISTICAL DATA

Worksheet S-3

Part I  
PPS

	Component	Number of Beds	Inpatient Days/Visits						Discharges					
			Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	196	71,736	0	9,510	10,935	15,060	35,505	0	284	40	478	802	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	196	71,736	0	9,510	10,935	15,060	35,505	0	284	40	478	802	8.00
	Average Length of Stay						Admissions				Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	33.49	273.38	44.27	0	326	28	468	822	121.60	0.00	1.00	
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00	2.00	
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00	3.00	
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00	5.00	
6.00	SNF-Based CMHC										0.00	0.00	6.00	
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00	7.00	
8.00	Total (Sum of lines 1-7)	0.00	33.49	273.38	44.27	0	326	28	468	822	121.60	0.00	8.00	

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## SNF WAGE INDEX INFORMATION

Worksheet S-3

Part II

PPS

## PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SALARIES</b>							
1.00	Total salaries (See Instructions)	8,621,941	0	8,621,941	253,691.00	33.99	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	8,621,941	0	8,621,941	253,691.00	33.99	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	8,621,941	0	8,621,941	253,691.00	33.99	13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
14.00	Contract Labor: Patient Related & Mgmt	1,330,876	0	1,330,876	26,266.00	50.67	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs core (See Part IV)	1,597,997	0	1,597,997			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,597,997	0	1,597,997			22.00

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## SNF WAGE INDEX INFORMATION

## Worksheet S-3

Part III  
PPS

## PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	827,468	0	827,468	17,042.00	48.55	2.00
3.00	Plant Operation, Maintenance & Repairs	168,780	0	168,780	6,606.00	25.55	3.00
4.00	Laundry & Linen Service	49,046	0	49,046	2,805.00	17.49	4.00
5.00	Housekeeping	578,212	0	578,212	29,097.00	19.87	5.00
6.00	Dietary	672,101	0	672,101	27,903.00	24.09	6.00
7.00	Nursing Administration	795,734	0	795,734	18,238.00	43.63	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	50,212	0	50,212	1,827.00	27.48	10.00
11.00	Social Service	212,459	0	212,459	4,757.00	44.66	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	150,904	0	150,904	7,354.00	20.52	13.00
14.00	Total (sum lines 1 thru 13)	3,504,916	0	3,504,916	115,629.00	30.31	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3

Part IV  
PPS**PART IV - WAGE RELATED COSTS**

		Amount Reported	
		1.00	
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	295,887	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,375	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	2,920	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	402,668	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	644,837	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	250,310	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,597,997	24.00
		Amount Reported	
		1.00	
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/27/2025 10:40 am

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## SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3

Part V

PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	

## Direct Salaries

## Nursing Occupations

1.00	Registered Nurses (RNs)	1,075,199	199,278	1,274,477	18,732.00	68.04	1.00
2.00	Licensed Practical Nurses (LPNs)	2,065,550	382,831	2,448,381	45,006.00	54.40	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,976,277	366,285	2,342,562	74,325.00	31.52	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,117,026	948,394	6,065,420	138,063.00	43.93	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00

## Contract Labor

## Nursing Occupations

14.00	Registered Nurses (RNs)	3,538		3,538	56.00	63.18	14.00
15.00	Licensed Practical Nurses (LPNs)	9,162		9,162	356.00	25.74	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	25,089		25,089	1,190.00	21.08	16.00
17.00	Total Nursing (sum of lines 14 through 16)	37,789		37,789	1,602.00	23.59	17.00
18.00	Physical Therapists	452,592		452,592	7,430.00	60.91	18.00
19.00	Physical Therapy Assistants	148,035		148,035	2,673.00	55.38	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	288,005		288,005	5,413.00	53.21	21.00
22.00	Occupational Therapy Assistants	326,489		326,489	6,750.00	48.37	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	77,966		77,966	2,397.00	32.53	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

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## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

## Worksheet S-7

PPS

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

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

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## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

## Worksheet S-7

PPS

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

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

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

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period:  
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To: 12/31/2024Run Date Time: 5/27/2025 10:40 am  
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## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

## Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			4,867,567	<b>4,867,567</b>	0	4,867,567	<b>-350,386</b>	<b>4,517,181</b>
3.00	00300	EMPLOYEE BENEFITS		0	1,637,907	<b>1,637,907</b>	0	1,637,907	0	<b>1,637,907</b>
4.00	00400	ADMINISTRATIVE & GENERAL		827,468	2,954,848	<b>3,782,316</b>	0	3,782,316	<b>-925,658</b>	<b>2,856,658</b>
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS		168,780	677,519	<b>846,299</b>	0	846,299	0	<b>846,299</b>
6.00	00600	LAUNDRY & LINEN SERVICE		49,046	9,373	<b>58,419</b>	0	58,419	0	<b>58,419</b>
7.00	00700	HOUSEKEEPING		578,212	51,211	<b>629,423</b>	0	629,423	0	<b>629,423</b>
8.00	00800	DIETARY		672,101	389,899	<b>1,062,000</b>	0	1,062,000	0	<b>1,062,000</b>
9.00	00900	NURSING ADMINISTRATION		795,734	0	<b>795,734</b>	0	795,734	0	<b>795,734</b>
10.00	01000	CENTRAL SERVICES & SUPPLY		0	0	<b>0</b>	0	0	0	<b>0</b>
12.00	01200	MEDICAL RECORDS & LIBRARY		50,212	0	<b>50,212</b>	0	50,212	0	<b>50,212</b>
13.00	01300	SOCIAL SERVICE		212,459	0	<b>212,459</b>	0	212,459	0	<b>212,459</b>
15.00	01500	PATIENT ACTIVITIES		150,904	46,557	<b>197,461</b>	0	197,461	0	<b>197,461</b>
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	03000	SKILLED NURSING FACILITY		5,117,025	345,238	<b>5,462,263</b>	0	5,462,263	0	<b>5,462,263</b>
31.00	03100	NURSING FACILITY		0	0	<b>0</b>	0	0	0	<b>0</b>
32.00	03200	ICF/IID		0	0	<b>0</b>	0	0	0	<b>0</b>
33.00	03300	OTHER LONG TERM CARE		0	0	<b>0</b>	0	0	0	<b>0</b>
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	04000	RADIOLOGY		0	43,628	<b>43,628</b>	0	43,628	0	<b>43,628</b>
41.00	04100	LABORATORY		0	64,563	<b>64,563</b>	0	64,563	0	<b>64,563</b>
42.00	04200	INTRAVENOUS THERAPY		0	0	<b>0</b>	0	0	0	<b>0</b>
43.00	04300	OXYGEN (INHALATION) THERAPY		0	2,559	<b>2,559</b>	0	2,559	0	<b>2,559</b>
44.00	04400	PHYSICAL THERAPY		0	581,542	<b>581,542</b>	0	581,542	0	<b>581,542</b>
45.00	04500	OCCUPATIONAL THERAPY		0	583,719	<b>583,719</b>	0	583,719	0	<b>583,719</b>
46.00	04600	SPEECH PATHOLOGY		0	128,363	<b>128,363</b>	0	128,363	0	<b>128,363</b>
47.00	04700	ELECTROCARDIOLOGY		0	0	<b>0</b>	0	0	0	<b>0</b>
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	<b>0</b>	0	0	0	<b>0</b>
49.00	04900	DRUGS CHARGED TO PATIENTS		0	542,253	<b>542,253</b>	0	542,253	0	<b>542,253</b>
51.00	05100	SUPPORT SURFACES		0	0	<b>0</b>	0	0	0	<b>0</b>
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	07100	AMBULANCE		0	12,105	<b>12,105</b>	0	12,105	0	<b>12,105</b>
73.00	07300	CMHC		0	0	<b>0</b>	0	0	0	<b>0</b>
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	<b>0</b>	0	0	0	<b>0</b>
81.00	08100	INTEREST EXPENSE		0	0	<b>0</b>	0	0	0	<b>0</b>
82.00	08200	UTILIZATION REVIEW - SNF		0	0	<b>0</b>	0	0	0	<b>0</b>
83.00	08300	HOSPICE		0	0	<b>0</b>	0	0	0	<b>0</b>
89.00		SUBTOTALS (sum of lines 1-84)		8,621,941	12,938,851	<b>21,560,792</b>	0	21,560,792	<b>-1,276,044</b>	<b>20,284,748</b>
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN		0	0	<b>0</b>	0	0	0	<b>0</b>
91.00	09100	BARBER AND BEAUTY SHOP		0	0	<b>0</b>	0	0	0	<b>0</b>
92.00	09200	PHYSICIANS PRIVATE OFFICES		0	0	<b>0</b>	0	0	0	<b>0</b>
93.00	09300	NONPAID WORKERS		0	0	<b>0</b>	0	0	0	<b>0</b>
94.00	09400	PATIENTS LAUNDRY		0	0	<b>0</b>	0	0	0	<b>0</b>
95.00	09500	OUTSIDE HOSPICE		0	0	<b>0</b>	0	0	0	<b>0</b>
100.00		TOTAL		8,621,941	12,938,851	<b>21,560,792</b>	0	21,560,792	<b>-1,276,044</b>	<b>20,284,748</b>
										100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 5/27/2025 10:40 am

From: 01/01/2024 MCRIF32

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## RECLASSIFICATIONS

## Worksheet A-6

PPS

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

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.

COMPLETE CARE AT PROSPECT HEIGHTS

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## RECONCILIATION OF CAPITAL COSTS CENTERS

## Worksheet A-7

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	

## ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	25,958	113,088	0	113,088	0	139,046	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	136,914	78,918	0	78,918	0	215,832	0	6.00
7.00	Subtotal (sum of lines 1-6)	162,872	192,006	0	192,006	0	354,878	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	162,872	192,006	0	192,006	0	354,878	0	9.00

COMPLETE CARE AT PROSPECT HEIGHTS

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## ADJUSTMENTS TO EXPENSES

## Worksheet A-8

PPS

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		(2) Basis For Adjustment	Amount	Cost Center	Line No.
			1.00	2.00	3.00
1.00	Investment income on restricted funds (chapter 2)	B	-4,443	CAP REL COSTS - BLDGS & FIXTURES	1.00 1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00 3.00
4.00	Rental of provider space by suppliers (chapter 8)	B	-200	CAP REL COSTS - BLDGS & FIXTURES	1.00 4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 5.00
6.00	Television and radio service (chapter 21)		0		0.00 6.00
7.00	Parking lot (chapter 21)		0		0.00 7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0		8.00
9.00	Home office cost (chapter 21)		0		0.00 9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00 11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-862,041		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Revenue - Employee meals		0		0.00 14.00
15.00	Cost of meals - Guests		0		0.00 15.00
16.00	Sale of medical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts	B	-968	ADMINISTRATIVE & GENERAL	4.00 18.00
19.00	Vending machines		0		0.00 19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00 22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00 23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00 24.00
25.00	OTHER REVENUE - MISC	B	-85	ADMINISTRATIVE & GENERAL	4.00 25.00
25.01	BAD DEBT	A	-277,784	ADMINISTRATIVE & GENERAL	4.00 25.01
25.02	RESIDENT MISSING ITEMS	A	-25	ADMINISTRATIVE & GENERAL	4.00 25.02
25.03	FINES & PENALTIES	A	-111,776	ADMINISTRATIVE & GENERAL	4.00 25.03
25.04	MARKETING	A	-18,722	ADMINISTRATIVE & GENERAL	4.00 25.04
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,276,044		100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/27/2025 10:40 am  
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Version: 11.1.179.1STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND  
HOME OFFICE COSTSWorksheet A-8-1  
Parts I & II  
PPS

## PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
1.00	2.00	3.00	4.00	5.00	6.00	
1.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	RENT	0	3,732,035	<b>-3,732,035</b>	1.00
2.00	4.00 ADMINISTRATIVE & GENERAL	REALTY A&G COSTS	4,783	0	<b>4,783</b>	2.00
3.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	INTEREST	1,914,443	0	<b>1,914,443</b>	3.00
4.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	DEPRECIATION	475,482	0	<b>475,482</b>	4.00
5.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	REAL ESTATE TAX	941,217	0	<b>941,217</b>	5.00
6.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	INSURANCE	55,150	0	<b>55,150</b>	6.00
7.00	4.00 ADMINISTRATIVE & GENERAL	MANAGEMENT	437,355	958,436	<b>-521,081</b>	7.00
8.00	0.00		0	0	<b>0</b>	8.00
9.00	0.00		0	0	<b>0</b>	9.00
10.00	<b>TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.</b>		<b>3,828,430</b>	<b>4,690,471</b>	<b>-862,041</b>	10.00

## PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

Related Organization(s) and/or Home Office						
Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
1.00	2.00	3.00	4.00	5.00	6.00	
1.00	B PEACE CAP HOLDINGS	100.00	COMPLETE CARE MANAGEMENT	100.00	MANAGEMENT	1.00
2.00	B PC HMH PROPCO HOLDINGS 2 LLC	100.00	PC HMH PROPCO HOLDINGS 2 LLC	100.00	REALTY	2.00
3.00		0.00		0.00		3.00
4.00		0.00		0.00		4.00
5.00		0.00		0.00		5.00
6.00		0.00		0.00		6.00
7.00		0.00		0.00		7.00
8.00		0.00		0.00		8.00
9.00		0.00		0.00		9.00
10.00		0.00		0.00		10.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or organization.
- E. Individual is director, officer, administrator or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial or non-financial) specify:

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/27/2025 10:40 am

MCRIF32

2540-10

Version: 11.1.179.1



## COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	4,517,181	4,517,181							1.00
3.00	EMPLOYEE BENEFITS	1,637,907	0	1,637,907						3.00
4.00	ADMINISTRATIVE & GENERAL	2,856,658	1,583,433	157,194	4,597,285	4,597,285				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	846,299	239,333	32,063	1,117,695	327,546	1,445,241			5.00
6.00	LAUNDRY & LINEN SERVICE	58,419	108,211	9,317	175,947	51,562	58,043	285,552		6.00
7.00	HOUSEKEEPING	629,423	22,403	109,843	761,669	223,211	12,017	0	996,897	7.00
8.00	DIETARY	1,062,000	318,716	127,679	1,508,395	442,043	170,954	0	123,928	8.00
9.00	NURSING ADMINISTRATION	795,734	28,744	151,166	975,644	285,917	15,418	0	11,177	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	50,212	0	9,539	59,751	17,510	0	0	0	12.00
13.00	SOCIAL SERVICE	212,459	7,186	40,361	260,006	76,196	3,854	0	2,794	13.00
15.00	PATIENT ACTIVITIES	197,461	137,377	28,667	363,505	106,527	73,687	0	53,417	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	5,462,263	1,884,393	972,078	8,318,734	2,437,844	1,010,758	285,552	732,719	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	43,628	0	0	43,628	12,785	0	0	0	40.00
41.00	LABORATORY	64,563	0	0	64,563	18,921	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	2,559	0	0	2,559	750	0	0	0	43.00
44.00	PHYSICAL THERAPY	581,542	54,740	0	636,282	186,466	29,361	0	21,285	44.00
45.00	OCCUPATIONAL THERAPY	583,719	28,744	0	612,463	179,485	15,418	0	11,177	45.00
46.00	SPEECH PATHOLOGY	128,363	4,016	0	132,379	38,794	2,154	0	1,561	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,245	0	49,245	14,431	26,414	0	19,148	48.00
49.00	DRUGS CHARGED TO PATIENTS	542,253	0	0	542,253	158,910	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	12,105	0	0	12,105	3,547	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	Subtotals (sum of lines 1-84)	20,284,748	4,466,541	1,637,907	20,234,108	4,582,445	1,418,078	285,552	977,206	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	20,712	0	20,712	6,070	11,110	0	8,054	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	3,382	0	3,382	991	1,814	0	1,315	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OUTSIDE HOSPICE	0	26,546	0	26,546	7,779	14,239	0	10,322	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	20,284,748	4,517,181	1,637,907	20,284,748	4,597,285	1,445,241	285,552	996,897	100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 5/27/2025 10:40 am

From: 01/01/2024 MCRIF32

To: 12/31/2024 Version: 11.1.179.1



## COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	2,245,320								8.00
9.00	NURSING ADMINISTRATION	0	1,288,156							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	77,261					12.00
13.00	SOCIAL SERVICE	0	0	0	0	342,850				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	597,136			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	2,245,320	1,288,156	0	77,261	342,850	597,136	17,336,330	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	56,413	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	83,484	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	3,309	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	873,394	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	818,543	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	174,888	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	109,238	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	701,163	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	0	0	0	0	0	0	15,652	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	2,245,320	1,288,156	0	77,261	342,850	597,136	20,172,414	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	45,946	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	7,502	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OUTSIDE HOSPICE	0	0	0	0	0	0	58,886	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	2,245,320	1,288,156	0	77,261	342,850	597,136	20,284,748	0	100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024  
From: 01/01/2024  
To: 12/31/2024  
Run Date Time: 5/27/2025 10:40 am  
MCRIF32  
2540-10  
Version: 11.1.179.1

## COST ALLOCATION - GENERAL SERVICE COSTS

## Worksheet B

Part I  
PPS

	Cost Center Description	Total	
		18.00	

## GENERAL SERVICE COST CENTERS

1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00

## INPATIENT ROUTINE SERVICE COST CENTERS

30.00	SKILLED NURSING FACILITY	17,336,330		30.00
31.00	NURSING FACILITY	0		31.00
32.00	ICF/IID	0		32.00
33.00	OTHER LONG TERM CARE	0		33.00

## ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	56,413		40.00
41.00	LABORATORY	83,484		41.00
42.00	INTRAVENOUS THERAPY	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	3,309		43.00
44.00	PHYSICAL THERAPY	873,394		44.00
45.00	OCCUPATIONAL THERAPY	818,543		45.00
46.00	SPEECH PATHOLOGY	174,888		46.00
47.00	ELECTROCARDIOLOGY	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	109,238		48.00
49.00	DRUGS CHARGED TO PATIENTS	701,163		49.00
51.00	SUPPORT SURFACES	0		51.00

## OTHER REIMBURSABLE COST CENTERS

71.00	AMBULANCE	15,652		71.00
73.00	CMHC	0		73.00

## SPECIAL PURPOSE COST CENTERS

80.00	MALPRACTICE PREMIUMS & PAID LOSSES			80.00
81.00	INTEREST EXPENSE			81.00
82.00	UTILIZATION REVIEW - SNF			82.00
83.00	HOSPICE	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	20,172,414		89.00

## NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91.00	BARBER AND BEAUTY SHOP	45,946		91.00
92.00	PHYSICIANS PRIVATE OFFICES	7,502		92.00
93.00	NONPAID WORKERS	0		93.00
94.00	PATIENTS LAUNDRY	0		94.00
95.00	OUTSIDE HOSPICE	58,886		95.00
98.00	Cross Foot Adjustments	0		98.00
99.00	Negative Cost Centers	0		99.00
100.00	TOTAL	20,284,748		100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/27/2025 10:40 am

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Version: 11.1.179.1



## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	1,583,433	1,583,433	0	1,583,433				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	239,333	239,333	0	112,816	352,149			5.00
6.00	LAUNDRY & LINEN SERVICE	0	108,211	108,211	0	17,759	14,143	140,113		6.00
7.00	HOUSEKEEPING	0	22,403	22,403	0	76,880	2,928	0	102,211	7.00
8.00	DIETARY	0	318,716	318,716	0	152,251	41,655	0	12,706	8.00
9.00	NURSING ADMINISTRATION	0	28,744	28,744	0	98,478	3,757	0	1,146	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	6,031	0	0	0	12.00
13.00	SOCIAL SERVICE	0	7,186	7,186	0	26,244	939	0	286	13.00
15.00	PATIENT ACTIVITIES	0	137,377	137,377	0	36,691	17,955	0	5,477	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	0	1,884,393	1,884,393	0	839,661	246,282	140,113	75,126	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/HID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	4,404	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	6,517	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	258	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	54,740	54,740	0	64,224	7,154	0	2,182	44.00
45.00	OCCUPATIONAL THERAPY	0	28,744	28,744	0	61,820	3,757	0	1,146	45.00
46.00	SPEECH PATHOLOGY	0	4,016	4,016	0	13,362	525	0	160	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,245	49,245	0	4,971	6,436	0	1,963	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	54,733	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	0	0	0	0	1,222	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	4,466,541	4,466,541	0	1,578,322	345,531	140,113	100,192	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	20,712	20,712	0	2,091	2,707	0	826	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	3,382	3,382	0	341	442	0	135	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OUTSIDE HOSPICE	0	26,546	26,546	0	2,679	3,469	0	1,058	95.00
98.00	Cross Foot Adjustments							0	0	98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	4,517,181	4,517,181	0	1,583,433	352,149	140,113	102,211	100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/27/2025 10:40 am

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Version: 11.1.179.1



## ALLOCATION OF CAPITAL RELATED COSTS

## Worksheet B

## Part II

PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	525,328								8.00
9.00	NURSING ADMINISTRATION	0	132,125							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	6,031					12.00
13.00	SOCIAL SERVICE	0	0	0	0	34,655				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	197,500			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	525,328	132,125	0	6,031	34,655	197,500	4,081,214	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	4,404	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	6,517	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	258	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	128,300	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	95,467	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	18,063	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	62,615	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	54,733	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	0	0	0	0	0	0	1,222	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	525,328	132,125	0	6,031	34,655	197,500	4,452,793	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	26,336	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	4,300	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OUTSIDE HOSPICE	0	0	0	0	0	0	33,752	0	95.00
98.00	Cross Foot Adjustments	0	0	0			0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	525,328	132,125	0	6,031	34,655	197,500	4,517,181	0	100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024  
From: 01/01/2024  
To: 12/31/2024  
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## ALLOCATION OF CAPITAL RELATED COSTS

## Worksheet B

Part II  
PPS

	Cost Center Description	Total	
		18.00	

## GENERAL SERVICE COST CENTERS

1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00

## INPATIENT ROUTINE SERVICE COST CENTERS

30.00	SKILLED NURSING FACILITY	4,081,214		30.00
31.00	NURSING FACILITY	0		31.00
32.00	ICF/IID	0		32.00
33.00	OTHER LONG TERM CARE	0		33.00

## ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	4,404		40.00
41.00	LABORATORY	6,517		41.00
42.00	INTRAVENOUS THERAPY	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	258		43.00
44.00	PHYSICAL THERAPY	128,300		44.00
45.00	OCCUPATIONAL THERAPY	95,467		45.00
46.00	SPEECH PATHOLOGY	18,063		46.00
47.00	ELECTROCARDIOLOGY	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,615		48.00
49.00	DRUGS CHARGED TO PATIENTS	54,733		49.00
51.00	SUPPORT SURFACES	0		51.00

## OTHER REIMBURSABLE COST CENTERS

71.00	AMBULANCE	1,222		71.00
73.00	CMHC	0		73.00

## SPECIAL PURPOSE COST CENTERS

80.00	MALPRACTICE PREMIUMS & PAID LOSSES			80.00
81.00	INTEREST EXPENSE			81.00
82.00	UTILIZATION REVIEW - SNF			82.00
83.00	HOSPICE	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	4,452,793		89.00

## NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91.00	BARBER AND BEAUTY SHOP	26,336		91.00
92.00	PHYSICIANS PRIVATE OFFICES	4,300		92.00
93.00	NONPAID WORKERS	0		93.00
94.00	PATIENTS LAUNDRY	0		94.00
95.00	OUTSIDE HOSPICE	33,752		95.00
98.00	Cross Foot Adjustments	0		98.00
99.00	Negative Cost Centers	0		99.00
100.00	TOTAL	4,517,181		100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period:

From: 01/01/2024

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## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	BLDG'S & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	106,865								1.00
3.00	EMPLOYEE BENEFITS	0	8,621,941							3.00
4.00	ADMINISTRATIVE & GENERAL	37,460	827,468	-4,597,285	15,687,463					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	5,662	168,780	0	1,117,695	63,743				5.00
6.00	LAUNDRY & LINEN SERVICE	2,560	49,046	0	175,947	2,560	35,505			6.00
7.00	HOUSEKEEPING	530	578,212	0	761,669	530	0	60,653		7.00
8.00	DIETARY	7,540	672,101	0	1,508,395	7,540	0	7,540	106,515	8.00
9.00	NURSING ADMINISTRATION	680	795,734	0	975,644	680	0	680	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	50,212	0	59,751	0	0	0	0	12.00
13.00	SOCIAL SERVICE	170	212,459	0	260,006	170	0	170	0	13.00
15.00	PATIENT ACTIVITIES	3,250	150,904	0	363,505	3,250	0	3,250	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	44,580	5,117,025	0	8,318,734	44,580	35,505	44,580	106,515	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	43,628	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	64,563	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	2,559	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,295	0	0	636,282	1,295	0	1,295	0	44.00
45.00	OCCUPATIONAL THERAPY	680	0	0	612,463	680	0	680	0	45.00
46.00	SPEECH PATHOLOGY	95	0	0	132,379	95	0	95	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,165	0	0	49,245	1,165	0	1,165	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	542,253	0	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	0	0	0	12,105	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	105,667	8,621,941	-4,597,285	15,636,823	62,545	35,505	59,455	106,515	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	490	0	0	20,712	490	0	490	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	80	0	0	3,382	80	0	80	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OUTSIDE HOSPICE	628	0	0	26,546	628	0	628	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	4,517,181	1,637,907		4,597,285	1,445,241	285,552	996,897	2,245,320	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	42.269976	0.189970		0.293055	22,672937	8,042586	16,436071	21,079848	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		1,583,433	352,149	140,113	102,211	525,328	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.100936	5,524512	3,946289	1,685176	4,931963	105.00

COMPLETE CARE AT PROSPECT HEIGHTS

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## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	PATIENT ACTIVITIES (CENSUS)	
		9.00	10.00	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	139,665					9.00
10.00	CENTRAL SERVICES & SUPPLY	0	542,253				10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	35,505			12.00
13.00	SOCIAL SERVICE	0	0	0	35,505		13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	35,505	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	SKILLED NURSING FACILITY	139,665	0	35,505	35,505	35,505	30.00
31.00	NURSING FACILITY	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	542,253	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	AMBULANCE	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	INTEREST EXPENSE						81.00
82.00	UTILIZATION REVIEW - SNF						82.00
83.00	HOSPICE	0	0	0	0	0	83.00
89.00	Subtotals (sum of lines 1-84)	139,665	542,253	35,505	35,505	35,505	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	OUTSIDE HOSPICE	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,288,156	0	77,261	342,850	597,136	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	9.223184	0.000000	2.176060	9.656386	16.818364	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	132,125	0	6,031	34,655	197,500	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.946014	0.000000	0.169863	0.976060	5.562597	105.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024  
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## RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

## Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	56,413	0	0.000000	40.00
41.00	LABORATORY	83,484	341	244.821114	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	3,309	0	0.000000	43.00
44.00	PHYSICAL THERAPY	873,394	954,435	0.915090	44.00
45.00	OCCUPATIONAL THERAPY	818,543	1,040,685	0.786543	45.00
46.00	SPEECH PATHOLOGY	174,888	351,896	0.496988	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	109,238	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	701,163	542,253	1.293055	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
71.00	AMBULANCE	15,652	0	0.000000	71.00
100.00	Total	2,836,084	2,889,610		100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period:

From: 01/01/2024

To: 12/31/2024

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## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I

Title XVIII

Skilled Nursing Facility

PPS

## PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost	
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	RADIOLOGY	0.000000	0	0	0	0 40.00
41.00	LABORATORY	244.821114	341	0	83,484	0 41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0 42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0 43.00
44.00	PHYSICAL THERAPY	0.915090	429,820	0	393,324	0 44.00
45.00	OCCUPATIONAL THERAPY	0.786543	475,178	0	373,748	0 45.00
46.00	SPEECH PATHOLOGY	0.496988	173,992	0	86,472	0 46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0 48.00
49.00	DRUGS CHARGED TO PATIENTS	1.293055	181,639	0	234,869	0 49.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0 51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
71.00	AMBULANCE (2)	0.000000		0		0 71.00
100.00	Total (Sum of lines 40 - 71)		1,260,970	0	1,171,897	0 100.00

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

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

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period:

From: 01/01/2024

To: 12/31/2024

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## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

## PART II - APPORTIONMENT OF VACCINE COST

				1.00		
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.293055	1.00
2.00	Program vaccine charges (From your records, or the PS&R)				100	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				129	3.00

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

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

## ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	56,413	0	0.000000	0	0	40.00
41.00	LABORATORY	83,484	0	0.000000	83,484	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	3,309	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	873,394	0	0.000000	393,324	0	44.00
45.00	OCCUPATIONAL THERAPY	818,543	0	0.000000	373,748	0	45.00
46.00	SPEECH PATHOLOGY	174,888	0	0.000000	86,472	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	109,238	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	701,163	0	0.000000	234,869	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	2,820,432	0		1,171,897	0	100.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024

From: 01/01/2024

To: 12/31/2024

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## COMPUTATION OF INPATIENT ROUTINE COSTS

## Worksheet D-1

## Part I

Title XVIII

Skilled Nursing Facility

PPS

## PART I CALCULATION OF INPATIENT ROUTINE COSTS

		1.00	
<b>INPATIENT DAYS</b>			
1.00	Inpatient days including private room days	35,505	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	9,510	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	17,336,330	5.00

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

6.00	General inpatient routine service charges	19,494,930	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.889274	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	17,336,330	15.00

## PROGRAM INPATIENT ROUTINE SERVICE COSTS

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	488.28	16.00
17.00	Program routine service cost (Line 3 times line 16)	4,643,543	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	4,643,543	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	4,081,214	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	114.95	21.00
22.00	Program capital related cost (Line 3 times line 21)	1,093,175	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	3,550,368	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	3,550,368	25.00
26.00	Enter the per diem limitation (1)	26.00	
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	27.00	
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)	28.00	

## PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH

		1.00	
1.00	Total SNF inpatient days	35,505	1.00
2.00	Program inpatient days (see instructions)	9,510	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.267850	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024 From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/27/2025 10:40 am MCRIF32 Version: 11.1.179.1



## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

## Worksheet E

## Part I

Title XVIII Skilled Nursing Facility

PPS

## PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	8,667,268	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)	8,667,268	3.00
4.00	Primary payor amounts	16,124	4.00
5.00	Coinurance	1,186,360	5.00
6.00	Allowable bad debts (From your records)	393,351	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	86,868	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	255,678	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	7,720,462	11.00
12.00	Interim payments (See instructions)	7,424,548	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	5,114	14.75
14.99	Sequestration amount (see instructions)	149,296	14.99
15.00	Balance due provider/program (see Instructions)	141,504	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

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

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	129	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	129	19.00
20.00	Medicare Part B ancillary charges (See instructions)	100	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	100	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	100	25.00
26.00	Interim payments (See instructions)	98	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	2	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024 From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/27/2025 10:40 am MCRIF32 Version: 11.1.179.1



## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

## Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient	Part A	Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
1.00	Total interim payments paid to provider	1.00	2.00	3.00	4.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00

## Program to Provider

3.01	ADJUSTMENTS TO PROVIDER		0	0	0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05

## Provider to Program

3.50	ADJUSTMENTS TO PROGRAM		0	0	0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		7,424,548		98	4.00

## TO BE COMPLETED BY CONTRACTOR

5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
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## Program to Provider

5.01	TENTATIVE TO PROVIDER		0	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	0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		141,504		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,566,052		98	7.00

Contractor Name

Contractor Number

1.00

2.00

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

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024 Run Date Time: 5/27/2025 10:40 am  
From: MCRIF32 2540-10  
To: 12/31/2024 Version: 11.1.179.1

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	243,910	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,235,394	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	73,863	0	0	0	8.00
9.00	Other current assets	9,464	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,562,631	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	139,046	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	215,832	0	0	0	23.00
24.00	Less: Accumulated depreciation	-52,821	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	302,057	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	103,367	0	0	0	31.00
32.00	Other assets	1,020,021	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1,123,388	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	3,988,076	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	1,883,266	0	0	0	35.00
36.00	Salaries, wages, and fees payable	1,255,013	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	285,040	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	3,423,319	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	4,054,736	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	4,054,736	0	0	0	50.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/27/2025 10:40 am  
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2540-10  
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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	1.00	2.00	3.00	4.00	
		<b>7,478,055</b>	<b>0</b>	<b>0</b>	<b>0</b>	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	<b>-3,489,979</b>				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	<b>-3,489,979</b>	<b>0</b>	<b>0</b>	<b>0</b>	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	<b>3,988,076</b>	<b>0</b>	<b>0</b>	<b>0</b>	60.00

(-) = contra amount

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024

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To: 12/31/2024

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## STATEMENT OF CHANGES IN FUND BALANCES

## Worksheet G-1

PPS

		General Fund	Special Purpose Fund	Endowment Fund	Plant Fund					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period			-1,115,158		0		0		0 1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)			-2,392,084						2.00
3.00	Total (sum of line 1 and line 2)			-3,507,242		0		0		0 3.00
4.00	Additions (credit adjustments)									4.00
5.00	ADDITIONS			17,265		0		0		5.00
6.00				0		0		0		6.00
7.00				0		0		0		7.00
8.00				0		0		0		8.00
9.00				0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)			17,265		0		0		0 10.00
11.00	Subtotal (line 3 plus line 10)			-3,489,977		0		0		0 11.00
12.00	Deductions (debit adjustments)									12.00
13.00	ROUNDING			2		0		0		13.00
14.00				0		0		0		14.00
15.00				0		0		0		15.00
16.00				0		0		0		16.00
17.00				0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)			2		0		0		0 18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)			-3,489,979		0		0		0 19.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024  
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Version: 11.1.179.1

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

Part I

PPS

## PART I - PATIENT REVENUES

	Cost Center Description	Inpatient	Outpatient	Total	
1.00		1.00	2.00	3.00	
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	19,494,930		<b>19,494,930</b>	1.00
2.00	NURSING FACILITY	0		<b>0</b>	2.00
3.00	ICF/HID	0		<b>0</b>	3.00
4.00	OTHER LONG TERM CARE	0		<b>0</b>	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	<b>19,494,930</b>		<b>19,494,930</b>	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	2,889,610	0	<b>2,889,610</b>	6.00
7.00	CLINIC		0	<b>0</b>	7.00
8.00	HOME HEALTH AGENCY COST		0	<b>0</b>	8.00
9.00	AMBULANCE		0	<b>0</b>	9.00
10.00	RURAL HEALTH CLINIC		0	<b>0</b>	10.00
10.10	FQHC		0	<b>0</b>	10.10
11.00	CMHC		0	<b>0</b>	11.00
12.00	HOSPICE	0	0	<b>0</b>	12.00
13.00	ROUTINE CHARGES / BED HOLD	172	0	<b>172</b>	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	<b>22,384,712</b>		<b>0</b>	<b>22,384,712</b>
14.00					14.00

## PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		<b>21,560,792</b>	1.00
2.00	Add (Specify)	0		2.00
3.00		0		3.00
4.00		0		4.00
5.00		0		5.00
6.00		0		6.00
7.00		0		7.00
8.00	Total Additions (Sum of lines 2 - 7)		<b>0</b>	8.00
9.00	Deduct (Specify)	0		9.00
10.00		0		10.00
11.00		0		11.00
12.00		0		12.00
13.00		0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)		<b>0</b>	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		<b>21,560,792</b>	15.00

COMPLETE CARE AT PROSPECT HEIGHTS

Provider CCN: 315460

Period: 01/01/2024  
From: 01/01/2024  
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2540-10  
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## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

## Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	22,384,712	1.00
2.00	Less: contractual allowances and discounts on patients accounts	3,282,319	2.00
3.00	Net patient revenues (Line 1 minus line 2)	19,102,393	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	21,560,792	4.00
5.00	Net income from service to patients (Line 3 minus 4)	<b>-2,458,399</b>	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	59,800	6.00
7.00	Income from investments	4,443	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	968	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	200	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	<b>-1,315</b>	24.00
24.01	BARBER BEAUTY	2,219	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	<b>66,315</b>	25.00
26.00	Total (Line 5 plus line 25)	<b>-2,392,084</b>	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	<b>0</b>	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	<b>-2,392,084</b>	31.00