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

HEATH VILLAGE	Period:	Run Date Time:	6/23/2026 3:30
	From: 01/01/2025	MCRIF32	**2540-24**
Provider CCN: 31-5072	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	2			5
6	CONTRACTOR: COST REPORT RECEIVED DATE	04/02/2026			6
7	CONTRACTOR: CONTRACTOR NUMBER	12001			7
8	CONTRACTOR: INITIAL COST REPORT FOR THIS CCN				8
9	CONTRACTOR: FINAL COST REPORT FOR THIS CCN				9
10	CONTRACTOR: NPR DATE	07/01/2026			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 HEATH VILLAGE, 31-5072 {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				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				3
4	Signature Date				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	0	692	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**	**0**	**692**	**0**	100.00

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 OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0463. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 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 REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENSE 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, CONTACT 1-800-MEDICARE.

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	SCHOOLEYS MOUNTAIN ROAD			1.00

		CITY	STATE	ZIP CODE	COUNTY		
		1.00	2.00	3.00	4.00		
2.00	ADDRESS LINE 2	HACKETTSTOWN	NJ	07840	MORRIS		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	HEATH VILLAGE	315072	35084	U	07/31/1967	07/31/1967		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	LLC	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
		1.00	2.00		
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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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?	Y	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.	Y	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	Y		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?	Y			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.	182,900	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	06/15/2026	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.	N			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	03/11/2026	Y	03/11/2026	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	CHRIS	GUILBAULT	PREPARER	70.00
		NAME			
		1.00			
71.00	EMPLOYER	HEALTH CARE RESOURCES			71.00
		TELEPHONE NUMBER	EMAIL ADDRESS		
		1.00	2.00		
72.00	CONTACT INFORMATION	609-987-1440	CHRIS.GUILBAULT@HCRNJ.NET		72.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

VOLUNTARY CONTACT INFORMATION

Worksheet S-2
Part V

		1.00	
Officer or Administrator of Provider Contact Information			
1.00	First Name	Anthony	1.00
2.00	Last Name	Puccio	2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number	9086845018	5.00
6.00	E-mail Address	apuccio@heathvillage.com	6.00
7.00	Department		7.00
8.00	Mailing Address 1	422 SCHOOLEY'S MOUNTAIN ROAD	8.00
9.00	Mailing Address 2		9.00
10.00	City	HACKETTSTOWN	10.00
11.00	State	NJ	11.00
12.00	Zip	07840	12.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	108	39,420	0	7,894	613	19,988	**35,355**	0	289	0	176	**465**	1.00
2.00	SNF - HMO			0	2,893	3,967			0	0	4	0	**4**	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	**108**	**39,420**	**0**	**10,787**	**4,580**	**19,988**	**35,355**	**0**	**289**	**4**	**176**	**469**	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	27.31	0.00	113.57	**76.03**	0	313	0	40	**353**	223.70	0.00	1.00
2.00	SNF - HMO	0.00	0.00	991.75			0	121	0	0	**121**			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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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)	16,285,620	0	0	**16,285,620**	565,363.00	28.81	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)	16,285,620	0	0	**16,285,620**	565,363.00	28.81	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	1,148,862	0	0	**1,148,862**	35,209.00	32.63	9.00
10.00	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9)	**1,148,862**	**0**	**0**	**1,148,862**	**35,209.00**	32.63	10.00
11.00	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10)	**15,136,758**	**0**	**0**	**15,136,758**	**530,154.00**	28.55	11.00
OTHER WAGES AND RELATED COST								
12.00	CONTRACT LABOR: PATIENT RELATED & MGMT	444,667	0	0	**444,667**	10,264.00	43.32	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)	4,900,919	0	0	**4,900,919**			15.00
16.00	WAGE RELATED COSTS (EXCLUDED UNITS)	345,233	0	0	**345,233**			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)	**4,555,686**	**0**	**0**	**4,555,686**			19.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	1,837,367	0	0	**1,837,367**	36,958.00	49.72	2.00
3.00	PLANT OP, MAINT & REPAIRS	5.00	1,446,179	0	0	**1,446,179**	61,805.00	23.40	3.00
4.00	LAUNDRY AND LINEN SERVICE	6.00	92,987	0	0	**92,987**	5,354.00	17.37	4.00
5.00	HOUSEKEEPING	7.00	1,119,120	0	0	**1,119,120**	61,432.00	18.22	5.00
6.00	DIETARY	8.00	1,975,986	0	0	**1,975,986**	105,776.00	18.68	6.00
7.00	NURSING ADMINISTRATION	9.00	1,227,403	0	0	**1,227,403**	29,311.00	41.88	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	68,819	0	0	**68,819**	2,139.00	32.17	10.00
11.00	MEDICAL SOCIAL SERVICES	13.00	298,739	0	0	**298,739**	9,161.00	32.61	11.00
12.00	ACTIVITIES PROGRAM	14.00	465,985	0	0	**465,985**	21,135.00	22.05	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	159,011	3.00
4.00	PRIOR YEAR PENSION SERVICE COST	0	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	3,041,825	8.00
9.00	PRESCRIPTION DRUG PLAN	14,440	9.00
10.00	DENTAL, HEARING AND VISION PLANS	67,053	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	319,485	15.00
16.00	RETIREMENT HEALTH CARE COST	0	16.00
TAXES			
17.00	FICA - EMPLOYER'S PORTION ONLY	1,299,105	17.00
18.00	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	0	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	0	23.00
24.00	TOTAL WAGE RELATED COST	**4,900,919**	24.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	2,016,620	564,123	**2,580,743**	40,684.00	63.43	1.00
2.00	LICENSED PRACTICAL NURSE	866,170	242,300	**1,108,470**	27,166.00	40.80	2.00
3.00	CERTIFIED NURSING ASSISTANT	2,510,352	702,238	**3,212,590**	106,476.00	30.17	3.00
4.00	TOTAL NURSING EXPENDITURES	**5,393,142**	**1,508,661**	**6,901,803**	**174,326.00**	39.59	4.00
5.00	PHYSICAL THERAPIST	571,645	159,910	**731,555**	11,753.00	62.24	5.00
6.00	PHYSICAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	6.00
7.00	OCCUPATIONAL THERAPIST	572,453	160,136	**732,589**	10,118.00	72.40	7.00
8.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	8.00
9.00	SPEECH-LANGUAGE PATHOLOGIST	66,934	18,724	**85,658**	886.00	96.68	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	161,126	0	**161,126**	2,723.00	59.17	16.00
17.00	CERTIFIED NURSING ASSISTANT	273,986	0	**273,986**	7,431.00	36.87	17.00
18.00	TOTAL NURSING EXPENDITURES	**435,112**	**0**	**435,112**	**10,154.00**	42.85	18.00
TECHNICAL/PROFESSIONAL EMPLOYEES							
19.00	PHYSICAL THERAPIST	0	0	**0**	0.00	0.00	19.00
20.00	PHYSICAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	20.00
21.00	OCCUPATIONAL THERAPIST	9,555	0	**9,555**	110.00	86.86	21.00
22.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	22.00
23.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	**0**	0.00	0.00	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	0	0	**0**	0.00	0.00	30.00
31.00	CERTIFIED NURSING ASSISTANT	0	0	**0**	0.00	0.00	31.00
32.00	TOTAL NURSING EXPENDITURES	**0**	**0**	**0**	**0.00**	0.00	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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				7,287,196	**7,287,196**	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT				0	**0**	1.01
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT				132,137	**132,137**	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	**0**	4,893,077	**4,893,077**	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	1,837,367	582,136	**2,419,503**	2,485,164	**4,904,667**	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	1,446,179	557,346	**2,003,525**	1,604,586	**3,608,111**	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	92,987	0	**92,987**	50,370	**143,357**	6.00
7.00	00700	HOUSEKEEPING	1,119,120	6,730	**1,125,850**	139,122	**1,264,972**	7.00
8.00	00800	DIETARY	1,975,986	534,351	**2,510,337**	1,686,869	**4,197,206**	8.00
9.00	00900	NURSING ADMINISTRATION	1,227,403	0	**1,227,403**	0	**1,227,403**	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	**0**	0	**0**	10.00
11.00	01100	PHARMACY	0	0	**0**	0	**0**	11.00
12.00	01200	MEDICAL RECORDS	68,819	0	**68,819**	0	**68,819**	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	298,739	0	**298,739**	87	**298,826**	13.00
14.00	01400	ACTIVITIES PROGRAM	465,985	0	**465,985**	348,972	**814,957**	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	**0**	0	**0**	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	5,393,141	456,734	**5,849,875**	580,154	**6,430,029**	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**	85,971	**85,971**	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	**0**	0	**0**	31.00
32.00	03200	LABORATORY	0	0	**0**	59,134	**59,134**	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	**0**	0	**0**	33.00
34.00	03400	RESPIRATORY THERAPY	0	0	**0**	0	**0**	34.00
35.00	03500	PHYSICAL THERAPY	571,645	0	**571,645**	4,728	**576,373**	35.00
36.00	03600	OCCUPATIONAL THERAPY	572,453	9,555	**582,008**	0	**582,008**	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	66,934	0	**66,934**	0	**66,934**	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**	374,475	**374,475**	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
75.00	07500	OOT	0	0	**0**	0	**0**	75.00
76.00	07600	OSP	0	0	**0**	0	**0**	76.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	**0**	0	**0**	77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES				63,149	**63,149**	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	**0**	0	**0**	81.00
89.00		SUBTOTAL	**15,136,758**	**2,146,852**	**17,283,610**	**19,795,191**	**37,078,801**	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	**0**	6,010	**6,010**	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	OTHER NON REIMBURSABLE COST	0	0	**0**	154,384	**154,384**	93.00
93.01	09301	ASSISTED LIVING	0	0	**0**	0	**0**	93.01
93.02	09302	MEDICAL DAY CARE	0	0	**0**	0	**0**	93.02
93.03	09303	BARBER AND BEAUTY SHOP	68,224	0	**68,224**	1,634	**69,858**	93.03
93.04	09304	INDEPENDENT LIVING, HOUSING, ETC.	1,080,638	0	**1,080,638**	0	**1,080,638**	93.04
100.00		TOTAL	**16,285,620**	**2,146,852**	**18,432,472**	**19,957,219**	**38,389,691**	100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	**7,287,196**	-2,033,959	**5,253,237**		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	**0**	0	**0**		1.01
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT	0	**132,137**	0	**132,137**		2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	**4,893,077**	0	**4,893,077**		3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	0	**4,904,667**	-549,107	**4,355,560**		4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	0	**3,608,111**	-18,959	**3,589,152**		5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	**143,357**	0	**143,357**		6.00
7.00	00700	HOUSEKEEPING	0	**1,264,972**	0	**1,264,972**		7.00
8.00	00800	DIETARY	0	**4,197,206**	-289,858	**3,907,348**		8.00
9.00	00900	NURSING ADMINISTRATION	0	**1,227,403**	0	**1,227,403**		9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	**0**	0	**0**		10.00
11.00	01100	PHARMACY	0	**0**	0	**0**		11.00
12.00	01200	MEDICAL RECORDS	0	**68,819**	0	**68,819**		12.00
13.00	01300	MEDICAL SOCIAL SERVICES	0	**298,826**	0	**298,826**		13.00
14.00	01400	ACTIVITIES PROGRAM	0	**814,957**	-130,949	**684,008**		14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	**0**	0	**0**		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	0	**6,430,029**	0	**6,430,029**		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	**85,971**	0	**85,971**		30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	**0**	0	**0**		31.00
32.00	03200	LABORATORY	0	**59,134**	0	**59,134**		32.00
33.00	03300	INTRAVENOUS THERAPY	0	**0**	0	**0**		33.00
34.00	03400	RESPIRATORY THERAPY	0	**0**	0	**0**		34.00
35.00	03500	PHYSICAL THERAPY	0	**576,373**	0	**576,373**		35.00
36.00	03600	OCCUPATIONAL THERAPY	0	**582,008**	0	**582,008**		36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	**66,934**	0	**66,934**		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	0	**0**	0	**0**		40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	**374,475**	0	**374,475**		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
74.00	07400	OPT	0	**0**	0	**0**		74.00
75.00	07500	OOT	0	**0**	0	**0**		75.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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		
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	0	**63,149**	0	**63,149**		80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	**0**	0	**0**		81.00
89.00		SUBTOTAL	**0**	**37,078,801**	**-3,022,832**	**34,055,969**		89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	**6,010**	0	**6,010**		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	OTHER NON REIMBURSABLE COST	0	**154,384**	0	**154,384**		93.00
93.01	09301	ASSISTED LIVING	0	**0**	0	**0**		93.01
93.02	09302	MEDICAL DAY CARE	0	**0**	0	**0**		93.02
93.03	09303	BARBER AND BEAUTY SHOP	0	**69,858**	0	**69,858**		93.03
93.04	09304	INDEPENDENT LIVING, HOUSING, ETC.	0	**1,080,638**	0	**1,080,638**		93.04
100.00		TOTAL	**0**	**38,389,691**	**-3,022,832**	**35,366,859**		100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	4,592,220	0	0	**0**	0	4,592,220	0	1.00
2.00	LAND IMPROVEMENTS	6,952,870	175,745	0	**175,745**	3,050	7,125,565	0	2.00
3.00	BUILDINGS AND FIXTURES	47,590,074	13,036	0	**13,036**	55,491	47,547,619	0	3.00
4.00	BUILDING IMPROVEMENTS	44,308,589	4,318,293	0	**4,318,293**	917,202	47,709,680	0	4.00
5.00	FIXED EQUIPMENT	12,065,328	1,993,583	0	**1,993,583**	118,045	13,940,866	0	5.00
6.00	MOVABLE EQUIPMENT	4,572,957	231,593	0	**231,593**	67,376	4,737,174	0	6.00
7.00	SUBTOTAL	**120,082,038**	**6,732,250**	**0**	**6,732,250**	**1,161,164**	**125,653,124**	**0**	7.00
8.00	RECONCILING ITEMS	0	0	0	**0**	0	0	0	8.00
9.00	TOTAL	**120,082,038**	**6,732,250**	**0**	**6,732,250**	**1,161,164**	**125,653,124**	**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	5,172,921	0	80,316	0	0	0	**5,253,237**	1.00
2.00	CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	0	64,324	0	0	0	67,813	**132,137**	2.00
3.00	TOTAL	**5,172,921**	**64,324**	**80,316**	**0**	**0**	**67,813**	**5,385,374**	3.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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)		0		0.00	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	-32,572	ADMINISTRATIVE AND GENERAL	4.00	5.00
6.00	TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21)	B	-73,616	ACTIVITIES PROGRAM	14.00	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	B	-289,858	DIETARY	8.00	12.00
13.00	COST OF MEALS - GUESTS		0		0.00	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	REAL ESTATE TAXES	A	-858,716	CAPITAL RELATED-BUILDINGS & FIXTURES	1.00	24.00
24.01	MISC INCOME	B	-3,225	ADMINISTRATIVE AND GENERAL	4.00	24.01
24.02	OFFICE/POSTAGE	B	-140	ADMINISTRATIVE AND GENERAL	4.00	24.02
24.03	INTEREST EXPENSE-BOND	A	-1,175,243	CAPITAL RELATED-BUILDINGS & FIXTURES	1.00	24.03
24.04	INTERNET	B	-57,333	ACTIVITIES PROGRAM	14.00	24.04
24.05	NON-RESIDENT SERVICES	B	-25,650	ADMINISTRATIVE AND GENERAL	4.00	24.05
24.07	NON-RESIDENT MISC REVENUE	B	-7,213	ADMINISTRATIVE AND GENERAL	4.00	24.07
24.10	SPONSORSHIP/DONATIONS	A	-17,486	PLANT OP, MAINT. & REPAIRS	5.00	24.10
24.12	INTEREST EXP - MISC	A	-5,938	ADMINISTRATIVE AND GENERAL	4.00	24.12
24.20	BAD DEBT EXPENSE	A	-288,380	ADMINISTRATIVE AND GENERAL	4.00	24.20
24.50	SETTLEMENTS	A	-50,000	ADMINISTRATIVE AND GENERAL	4.00	24.50
25.00	ELECTRIC VEHICLE CHARGING	B	-1,473	PLANT OP, MAINT. & REPAIRS	5.00	25.00
26.00	BANK/INVESTMENT FEES	A	-135,989	ADMINISTRATIVE AND GENERAL	4.00	26.00
100.00	**TOTAL**		**-3,022,832**			100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1
Parts I & II

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

	WORKSHEET A COST CENTER							
	LINE #	DESCRIPTION	EXPENSE ITEM	LINE # ON PART II	AMOUNT ALLOWABLE IN COST	AMOUNT INCLUDED IN WKST. A, COL. 9	NET ADJUSTMENT	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	ADMINISTRATIVE AND GENERAL	CORPORATE ALLOCATION	1.00	7,500	7,500	0	1.00
2.00	0.00			0.00	0	0	0	2.00
3.00	0.00			0.00	0	0	0	3.00
4.00	0.00			0.00	0	0	0	4.00
5.00	0.00			0.00	0	0	0	5.00
6.00	0.00			0.00	0	0	0	6.00
7.00	0.00			0.00	0	0	0	7.00
8.00	0.00			0.00	0	0	0	8.00
9.00	0.00			0.00	0	0	0	9.00
10.00	0.00			0.00	0	0	0	10.00
100.00	**TOTAL**				**7,500**	**7,500**	**0**	100.00

PART II - INTERRELATIONSHIP BETWEEN RELATED ORGANIZATIONS AND / OR HOME OFFICE

					RELATED ORGANIZATIONS				
	INTERRELA - TIONSHIP INDICATOR	INTERRELATIONSHIP DESCRIPTION (IF COLUMN 1 = G)	NAME	PERCENTAGE OF OWNERSHIP	NAME	MEDICARE CCN OR HOME OFFICE #	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	B		HEATH ALLIANCE FOR CARE INC.	100.00	HEATH ALLIANCE FOR CARE, INC.		100.00	PARENT CORPORATION	1.00
2.00				0.00			0.00		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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	CAP REL COSTS-BLDG & FIXT	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	
		0	1.00	1.01	2.00	3.00	3A	4.00	5.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	5,253,237	5,253,237							1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0						1.01
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT	132,137			132,137					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4,893,077	0	0	0	4,893,077				3.00
4.00	ADMINISTRATIVE AND GENERAL	4,355,560	216,628	0	5,449	552,044	**5,129,681**	5,129,681		4.00
5.00	PLANT OP, MAINT. & REPAIRS	3,589,152	143,156	0	3,601	434,510	**4,170,419**	707,503	4,877,922	5.00
6.00	LAUNDRY AND LINEN SERVICE	143,357	0	0	0	27,938	**171,295**	29,060	0	6.00
7.00	HOUSEKEEPING	1,264,972	47,724	0	1,200	336,244	**1,650,140**	279,943	47,572	7.00
8.00	DIETARY	3,907,348	265,957	0	6,690	593,693	**4,773,688**	809,847	265,113	8.00
9.00	NURSING ADMINISTRATION	1,227,403	0	0	0	368,778	**1,596,181**	270,789	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	68,819	0	0	0	20,677	**89,496**	15,183	0	12.00
13.00	MEDICAL SOCIAL SERVICES	298,826	3,786	0	95	89,757	**392,464**	66,581	3,774	13.00
14.00	ACTIVITIES PROGRAM	684,008	0	0	0	140,007	**824,015**	139,792	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	6,430,029	1,469,123	0	36,954	1,620,389	**9,556,495**	1,621,244	1,464,461	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	85,971	0	0	0	0	**85,971**	14,585	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	**0**	0	0	31.00
32.00	LABORATORY	59,134	0	0	0	0	**59,134**	10,032	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	576,373	18,175	0	457	171,753	**766,758**	130,079	18,117	35.00
36.00	OCCUPATIONAL THERAPY	582,008	0	0	0	171,996	**754,004**	127,915	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	66,934	0	0	0	20,111	**87,045**	14,767	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	374,475	0	0	0	0	**374,475**	63,529	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	CAP REL COSTS-BLDG & FIXT	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	
		0	1.00	1.01	2.00	3.00	3A	4.00	5.00	
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	63,149	0	0	0	0	**63,149**	10,713	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	**0**	0	0	81.00
89.00	SUBTOTAL	**34,055,969**	**2,164,549**	**0**	**54,446**	**4,547,897**	**30,544,410**	**4,311,562**	**1,799,037**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	6,010	3,786	0	95	0	**9,891**	1,678	3,774	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	OTHER NON REIMBURSABLE COST	154,384	0	0	0	0	**154,384**	26,191	0	93.00
93.01	ASSISTED LIVING	0	0	0	0	0	**0**	0	0	93.01
93.02	MEDICAL DAY CARE	0	0	0	0	0	**0**	0	0	93.02
93.03	BARBER AND BEAUTY SHOP	69,858	0	0	0	20,498	**90,356**	15,329	0	93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	1,080,638	3,084,902	0	77,596	324,682	**4,567,818**	774,921	3,075,111	93.04
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	**35,366,859**	**5,253,237**	**0**	**132,137**	**4,893,077**	**35,366,859**	**5,129,681**	**4,877,922**	100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	
		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
1.01	CAP REL COSTS-BLDG & FIXT									1.01
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	200,355								6.00
7.00	HOUSEKEEPING	0	1,977,655							7.00
8.00	DIETARY	0	108,543	5,957,191						8.00
9.00	NURSING ADMINISTRATION	0	0	0	1,866,970					9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0				10.00
11.00	PHARMACY	0	0	0	0	0	0			11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	0	104,679		12.00
13.00	MEDICAL SOCIAL SERVICES	0	1,545	0	0	0	0	0	464,364	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	155,978	599,583	4,637,735	1,617,518	0	0	81,494	361,512	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	7,418	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
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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	
		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	
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	**155,978**	**717,089**	**4,637,735**	**1,617,518**	**0**	**0**	**81,494**	**361,512**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	1,545	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	OTHER NON REIMBURSABLE COST	0	0	0	0	0	0	0	0	93.00
93.01	ASSISTED LIVING	0	0	0	0	0	0	0	0	93.01
93.02	MEDICAL DAY CARE	0	0	0	0	0	0	0	0	93.02
93.03	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	44,377	1,259,021	1,319,456	249,452	0	0	23,185	102,852	93.04
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	**200,355**	**1,977,655**	**5,957,191**	**1,866,970**	**0**	**0**	**104,679**	**464,364**	100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	ACTIVITIES PROGRAM	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		14.00	15.00	16.00	17.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
1.01	CAP REL COSTS-BLDG & FIXT									1.01
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	963,807								14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0							15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0						16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0					17.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	750,334	0	0	0	20,846,354	0	20,846,354		25.00
26.00	NURSING FACILITY	0	0	0		0	0	0		26.00
27.00	ICF/IID	0	0	0		0	0	0		27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0		100,556	0	100,556		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0		0	0	0		31.00
32.00	LABORATORY	0	0	0		69,166	0	69,166		32.00
33.00	INTRAVENOUS THERAPY	0	0	0		0	0	0		33.00
34.00	RESPIRATORY THERAPY	0	0	0		0	0	0		34.00
35.00	PHYSICAL THERAPY	0	0	0		922,372	0	922,372		35.00
36.00	OCCUPATIONAL THERAPY	0	0	0		881,919	0	881,919		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0		101,812	0	101,812		37.00
38.00	AUDIOLOGY	0	0	0		0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0	0		0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		0	0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0		438,004	0	438,004		41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0		0	0	0		42.00
43.00	DENTAL CARE	0	0	0		0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0		0	0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0		0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0		0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0		0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0		0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0	0		0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0		0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0		0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0		0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0		0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0	0		71.00
72.00	HOSPICE	0	0	0		0	0	0		72.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	ACTIVITIES PROGRAM	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		14.00	15.00	16.00	17.00	19.00	20.00	21.00		
73.00	CORF	0	0	0		0	0	0		73.00
74.00	OPT	0	0	0		0	0	0		74.00
75.00	OOT	0	0	0		0	0	0		75.00
76.00	OSP	0	0	0		0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0		0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0		73,862	0	73,862		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0		0	0	0		81.00
89.00	SUBTOTAL	**750,334**	**0**	**0**	**0**	**23,434,045**	**0**	**23,434,045**		89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0		16,888	0	16,888		90.00
91.00	NONPAID WORKERS	0	0	0		0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0		0	0	0		92.00
93.00	OTHER NON REIMBURSABLE COST	0	0	0		180,575	0	180,575		93.00
93.01	ASSISTED LIVING	0	0	0		0	0	0		93.01
93.02	MEDICAL DAY CARE	0	0	0		0	0	0		93.02
93.03	BARBER AND BEAUTY SHOP	0	0	0		105,685	0	105,685		93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	213,473	0	0		11,629,666	0	11,629,666		93.04
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0		99.00
100.00	TOTAL	**963,807**	**0**	**0**	**0**	**35,366,859**	**0**	**35,366,859**		100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	CAP REL COSTS-BLDG & FIXT	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	
		0	1.00	1.01	2.00	2A	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
1.01	CAP REL COSTS-BLDG & FIXT									1.01
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	**0**	0			3.00
4.00	ADMINISTRATIVE AND GENERAL	0	216,628	0	5,449	**222,077**	0	222,077		4.00
5.00	PLANT OP, MAINT. & REPAIRS	0	143,156	0	3,601	**146,757**	0	30,632	177,389	5.00
6.00	LAUNDRY AND LINEN SERVICE	0	0	0	0	**0**	0	1,258	0	6.00
7.00	HOUSEKEEPING	0	47,724	0	1,200	**48,924**	0	12,120	1,730	7.00
8.00	DIETARY	0	265,957	0	6,690	**272,647**	0	35,063	9,641	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	**0**	0	11,724	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	657	0	12.00
13.00	MEDICAL SOCIAL SERVICES	0	3,786	0	95	**3,881**	0	2,883	137	13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	**0**	0	6,052	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	1,469,123	0	36,954	**1,506,077**	0	70,177	53,256	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	631	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	434	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	18,175	0	457	**18,632**	0	5,632	659	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	**0**	0	5,538	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	**0**	0	639	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	2,751	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	CAP REL COSTS-BLDG & FIXT	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	
		0	1.00	1.01	2.00	2A	3.00	4.00	5.00	
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	464	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	**0**	0	0	0	81.00
89.00	SUBTOTAL	**0**	**2,164,549**	**0**	**54,446**	**2,218,995**	**0**	**186,655**	**65,423**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	3,786	0	95	**3,881**	0	73	137	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	OTHER NON REIMBURSABLE COST	0	0	0	0	**0**	0	1,134	0	93.00
93.01	ASSISTED LIVING	0	0	0	0	**0**	0	0	0	93.01
93.02	MEDICAL DAY CARE	0	0	0	0	**0**	0	0	0	93.02
93.03	BARBER AND BEAUTY SHOP	0	0	0	0	**0**	0	664	0	93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	0	3,084,902	0	77,596	**3,162,498**	0	33,551	111,829	93.04
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**	**5,253,237**	**0**	**132,137**	**5,385,374**	**0**	**222,077**	**177,389**	100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	
		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
1.01	CAP REL COSTS-BLDG & FIXT									1.01
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	1,258								6.00
7.00	HOUSEKEEPING	0	62,774							7.00
8.00	DIETARY	0	3,445	320,796						8.00
9.00	NURSING ADMINISTRATION	0	0	0	11,724					9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0				10.00
11.00	PHARMACY	0	0	0	0	0	0			11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	0	657		12.00
13.00	MEDICAL SOCIAL SERVICES	0	49	0	0	0	0	0	6,950	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	979	19,032	249,743	10,158	0	0	511	5,411	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	235	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
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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	
		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	
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	**979**	**22,761**	**249,743**	**10,158**	**0**	**0**	**511**	**5,411**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	49	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	OTHER NON REIMBURSABLE COST	0	0	0	0	0	0	0	0	93.00
93.01	ASSISTED LIVING	0	0	0	0	0	0	0	0	93.01
93.02	MEDICAL DAY CARE	0	0	0	0	0	0	0	0	93.02
93.03	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	279	39,964	71,053	1,566	0	0	146	1,539	93.04
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	**1,258**	**62,774**	**320,796**	**11,724**	**0**	**0**	**657**	**6,950**	100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	ACTIVITIES PROGRAM	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		14.00	15.00	16.00	17.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
1.01	CAP REL COSTS-BLDG & FIXT									1.01
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	6,052								14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0							15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0						16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0					17.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	4,712	0	0	0	1,920,056	0	1,920,056		25.00
26.00	NURSING FACILITY	0	0	0		0	0	0		26.00
27.00	ICF/IID	0	0	0		0	0	0		27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0		631	0	631		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0		0	0	0		31.00
32.00	LABORATORY	0	0	0		434	0	434		32.00
33.00	INTRAVENOUS THERAPY	0	0	0		0	0	0		33.00
34.00	RESPIRATORY THERAPY	0	0	0		0	0	0		34.00
35.00	PHYSICAL THERAPY	0	0	0		25,158	0	25,158		35.00
36.00	OCCUPATIONAL THERAPY	0	0	0		5,538	0	5,538		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0		639	0	639		37.00
38.00	AUDIOLOGY	0	0	0		0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0	0		0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		0	0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0		2,751	0	2,751		41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0		0	0	0		42.00
43.00	DENTAL CARE	0	0	0		0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0		0	0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0		0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0		0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0		0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0		0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0	0		0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0		0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0		0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0		0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0		0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0	0		71.00
72.00	HOSPICE	0	0	0		0	0	0		72.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	ACTIVITIES PROGRAM	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		14.00	15.00	16.00	17.00	19.00	20.00	21.00		
73.00	CORF	0	0	0		0	0	0		73.00
74.00	OPT	0	0	0		0	0	0		74.00
75.00	OOT	0	0	0		0	0	0		75.00
76.00	OSP	0	0	0		0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0		0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0		464	0	464		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0		0	0	0		81.00
89.00	SUBTOTAL	**4,712**	**0**	**0**	**0**	**1,955,671**	**0**	**1,955,671**		89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0		4,140	0	4,140		90.00
91.00	NONPAID WORKERS	0	0	0		0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0		0	0	0		92.00
93.00	OTHER NON REIMBURSABLE COST	0	0	0		1,134	0	1,134		93.00
93.01	ASSISTED LIVING	0	0	0		0	0	0		93.01
93.02	MEDICAL DAY CARE	0	0	0		0	0	0		93.02
93.03	BARBER AND BEAUTY SHOP	0	0	0		664	0	664		93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	1,340	0	0		3,423,765	0	3,423,765		93.04
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0		99.00
100.00	TOTAL	**6,052**	**0**	**0**	**0**	**5,385,374**	**0**	**5,385,374**		100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

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

	Cost Center Description	CRC - B&F (SQUARE FEET)	CAP REL COSTS-BLDG & FIXT (ACTUAL DEPRECIATION)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
		1.00	1.01	2.00	3.00	4A	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	346,849								1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0							1.01
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT			346,849						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	16,285,620					3.00
4.00	ADMINISTRATIVE AND GENERAL	14,303	0	14,303	1,837,367	**-5,129,681**	30,237,178			4.00
5.00	PLANT OP, MAINT. & REPAIRS	9,452	0	9,452	1,446,179	**0**	4,170,419	323,094		5.00
6.00	LAUNDRY AND LINEN SERVICE	0	0	0	92,987	**0**	171,295	0	45,352	6.00
7.00	HOUSEKEEPING	3,151	0	3,151	1,119,120	**0**	1,650,140	3,151	0	7.00
8.00	DIETARY	17,560	0	17,560	1,975,986	**0**	4,773,688	17,560	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	1,227,403	**0**	1,596,181	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	68,819	**0**	89,496	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	250	0	250	298,739	**0**	392,464	250	0	13.00
14.00	ACTIVITIES PROGRAM	0	0	0	465,985	**0**	824,015	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	97,000	0	97,000	5,393,141	**0**	9,556,495	97,000	35,307	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**	85,971	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**	59,134	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	1,200	0	1,200	571,645	**0**	766,758	1,200	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	572,453	**0**	754,004	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	66,934	**0**	87,045	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**	374,475	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										

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

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

	Cost Center Description	CRC - B&F (SQUARE FEET)	CAP REL COSTS-BLDG & FIXT (ACTUAL DEPRECIATION)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
		1.00	1.01	2.00	3.00	4A	4.00	5.00	6.00	
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**	63,149	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	**0**	0	0	0	81.00
89.00	SUBTOTAL	**142,916**	**0**	**142,916**	**15,136,758**	**-5,129,681**	**25,414,729**	**119,161**	**35,307**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	250	0	250	0	**0**	9,891	250	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	OTHER NON REIMBURSABLE COST	0	0	0	0	**0**	154,384	0	0	93.00
93.01	ASSISTED LIVING	0	0	0	0	**0**	0	0	0	93.01
93.02	MEDICAL DAY CARE	0	0	0	0	**0**	0	0	0	93.02
93.03	BARBER AND BEAUTY SHOP	0	0	0	68,224	**0**	90,356	0	0	93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	203,683	0	203,683	1,080,638	**0**	4,567,818	203,683	10,045	93.04
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	5,253,237	0	132,137	4,893,077		5,129,681	4,877,922	200,355	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	15.145602	0.000000	0.380964	0.300454		0.169648	15.097532	4.417777	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II				0		222,077	177,389	1,258	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II				0.000000		0.007345	0.549032	0.027739	105.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

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

	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMIN (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (TIME SPENT)	MEDICAL SOCIAL SERVICES (PATIENT DAYS)	ACTIVITIES PROGRAM (TIME SPENT)	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
1.01	CAP REL COSTS-BLDG & FIXT									1.01
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	319,943								7.00
8.00	DIETARY	17,560	136,056							8.00
9.00	NURSING ADMINISTRATION	0	0	224,214						9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	45,352			12.00
13.00	MEDICAL SOCIAL SERVICES	250	0	0	0	0	0	45,352		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	45,352	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	97,000	105,921	194,256	0	0	35,307	35,307	35,307	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	1,200	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

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

	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMIN (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (TIME SPENT)	MEDICAL SOCIAL SERVICES (PATIENT DAYS)	ACTIVITIES PROGRAM (TIME SPENT)	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
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	**116,010**	**105,921**	**194,256**	**0**	**0**	**35,307**	**35,307**	**35,307**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	250	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	OTHER NON REIMBURSABLE COST	0	0	0	0	0	0	0	0	93.00
93.01	ASSISTED LIVING	0	0	0	0	0	0	0	0	93.01
93.02	MEDICAL DAY CARE	0	0	0	0	0	0	0	0	93.02
93.03	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	203,683	30,135	29,958	0	0	10,045	10,045	10,045	93.04
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	1,977,655	5,957,191	1,866,970	0	0	104,679	464,364	963,807	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	6.181273	43.784846	8.326732	0.000000	0.000000	2.308145	10.239107	21.251698	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	62,774	320,796	11,724	0	0	657	6,950	6,052	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.196204	2.357823	0.052289	0.000000	0.000000	0.014487	0.153246	0.133445	105.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

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

	Cost Center Description	QUALITY & PERFORM IMPROV PGM (TIME SPENT)	TRAINING & IN-SERVICE EDUCATION (TIME SPENT)	PATIENT TRANSPORT PART A (USAGE)		
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES					1.00
1.01	CAP REL COSTS-BLDG & FIXT					1.01
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	0				15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0			16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0		17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
25.00	SKILLED NURSING FACILITY	0	0	0		25.00
26.00	NURSING FACILITY	0	0			26.00
27.00	ICF/IID	0	0			27.00
ANCILLARY SERVICE COST CENTERS						
30.00	RADIOLOGY-DIAGNOSTIC	0	0			30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0			31.00
32.00	LABORATORY	0	0			32.00
33.00	INTRAVENOUS THERAPY	0	0			33.00
34.00	RESPIRATORY THERAPY	0	0			34.00
35.00	PHYSICAL THERAPY	0	0			35.00
36.00	OCCUPATIONAL THERAPY	0	0			36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0			37.00
38.00	AUDIOLOGY	0	0			38.00
39.00	ELECTROCARDIOLOGY	0	0			39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0			41.00
42.00	DRUGS: IV SOLUTIONS	0	0			42.00
43.00	DENTAL CARE	0	0			43.00
44.00	APPLIANCES AND EQUIPMENT	0	0			44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0			45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0			46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0			47.00
OUTPATIENT SERVICE COST CENTERS						
60.00	SCREENING & PREVENTIVE SERVICES	0	0			60.00
61.00	OUTPATIENT LABORATORY	0	0			61.00
62.00	PORTABLE X-RAY SERVICES	0	0			62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0			63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0			64.00
OUTPATIENT REIMBURSABLE COST CENTERS						
70.00	HOME HEALTH AGENCY	0	0			70.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	To: 12/31/2025	Version: 2.7.181.0

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

	Cost Center Description	QUALITY & PERFORM IMPROV PGM (TIME SPENT)	TRAINING & IN-SERVICE EDUCATION (TIME SPENT)	PATIENT TRANSPORT PART A (USAGE)		
		15.00	16.00	17.00		
71.00	AMBULANCE	0	0	0		71.00
72.00	HOSPICE	0	0			72.00
73.00	CORF	0	0			73.00
74.00	OPT	0	0			74.00
75.00	OOT	0	0			75.00
76.00	OSP	0	0			76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0			77.00
COST REIMBURSED SERVICES COST CENTERS						
80.00	PREVENTIVE VACCINES	0	0			80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0			81.00
89.00	SUBTOTAL	**0**	**0**	**0**		89.00
NONREIMBURSABLE COST CENTERS						
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0			90.00
91.00	NONPAID WORKERS	0	0			91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0			92.00
93.00	OTHER NON REIMBURSABLE COST	0	0			93.00
93.01	ASSISTED LIVING	0	0			93.01
93.02	MEDICAL DAY CARE	0	0			93.02
93.03	BARBER AND BEAUTY SHOP	0	0			93.03
93.04	INDEPENDENT LIVING, HOUSING, ETC.	0	0			93.04
98.00	CROSS FOOT ADJUSTMENT					98.00
99.00	NEGATIVE COST CENTER					99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	0	0	0		102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	0.000000	0.000000	0.000000		103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	0	0	0		104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.000000	0.000000	0.000000		105.00

HEATH VILLAGE	Period: From: 01/01/2025	Run Date Time: 6/23/2026 3:30 pm
	To: 12/31/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072		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	20,846,354	21,447,754	0	21,447,754		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	100,556	70,657	0	70,657	1.423157	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0.000000	31.00
32.00	LABORATORY	69,166	72,870	0	72,870	0.949170	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0.000000	33.00
34.00	RESPIRATORY THERAPY	0	45	0	45	0.000000	34.00
35.00	PHYSICAL THERAPY	922,372	1,050,253	0	1,050,253	0.878238	35.00
36.00	OCCUPATIONAL THERAPY	881,919	886,552	0	886,552	0.994774	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	101,812	86,061	0	86,061	1.183021	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	0	217	0	217	0.000000	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	438,004	410,722	0	410,722	1.066424	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	73,862	59,331	0	59,331	1.244914	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0.000000	81.00
100.00	Total	**23,434,045**	**24,084,462**	**0**	**24,084,462**		100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	1.423157	43,228	0		61,520	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0.000000	0	0		0	0		31.00
32.00	LABORATORY	0.949170	48,912	0		46,426	0		32.00
33.00	INTRAVENOUS THERAPY	0.000000	0	0		0	0		33.00
34.00	RESPIRATORY THERAPY	0.000000	15	0		0	0		34.00
35.00	PHYSICAL THERAPY	0.878238	513,384	0		450,873	0		35.00
36.00	OCCUPATIONAL THERAPY	0.994774	491,297	0		488,729	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	1.183021	48,011	0		56,798	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	0.000000	79	0		0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	1.066424	268,828	0		286,685	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	1.244914			30,723			38,247	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0.000000	0	0		0	0		81.00
100.00	Total		**1,413,754**	**0**	**30,723**	**1,391,031**	**0**	**38,247**	100.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	35,355	1.00
2.00	PRIVATE ROOM DAYS	0	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	7,894	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	**20,846,354**	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	21,447,754	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.971960	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	0	10.00
11.00	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00	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	20,846,354	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	589.63	16.00
17.00	PROGRAM ROUTINE SERVICE COST	4,654,539	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	**4,654,539**	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,920,056	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	54.31	21.00
22.00	PROGRAM CAPITAL RELATED COST	428,723	22.00
23.00	INPATIENT ROUTINE SERVICE COST	4,225,816	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	**4,225,816**	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	6,239,740	1.00
2.00	ALLOWABLE BAD DEBTS	9,799	2.00
3.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	1,467	3.00
4.00	REIMBURSABLE BAD DEBTS	6,369	4.00
5.00	TOTAL REIMBURSABLE COST	**6,246,109**	5.00
6.00	PRIMARY PAYER AMOUNTS	0	6.00
7.00	COINSURANCE	700,778	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	127	10.00
11.00	SEQUESTRATION AMOUNT	110,779	11.00
12.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	12.00
13.00	NET REIMBURSABLE COST	**5,434,425**	13.00
14.00	INTERIM PAYMENTS	5,456,985	14.00
15.00	TENTATIVE ADJUSTMENT	-22,560	15.00
16.00	BALANCE DUE PROVIDER/PROGRAM	**0**	16.00
17.00	PROTESTED AMOUNTS	0	17.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	38,247	2.00
3.00	TOTAL REASONABLE COSTS	**38,247**	3.00
4.00	MEDICARE PART B ANCILLARY CHARGES	30,723	4.00
5.00	COST OF COVERED SERVICES	30,723	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	**30,723**	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	614	14.00
15.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	15.00
16.00	NET REIMBURSABLE COST	30,109	16.00
17.00	INTERIM PAYMENTS	22,281	17.00
18.00	TENTATIVE ADJUSTMENT	7,136	18.00
19.00	BALANCE DUE PROVIDER/PROGRAM	692	19.00
20.00	PROTESTED AMOUNTS	0	20.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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		5,428,183		22,281	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	05/23/2025	28,802		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		**28,802**		**0**	3.99
4.00	TOTAL INTERIM PAYMENTS		**5,456,985**		**22,281**	4.00
5.00	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS					5.00
PROGRAM TO PROVIDER						
5.01	TENTATIVE TO PROVIDER		0	04/02/2026	7,136	5.01
5.02			0		0	5.02
5.03			0		0	5.03
PROVIDER TO PROGRAM						
5.50	TENTATIVE TO PROGRAM	04/02/2026	22,560		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	SUBTOTAL		**-22,560**		**7,136**	5.99
6.00	CONTRACTOR: NET SETTLEMENT AMOUNT					6.00
6.01	PROGRAM TO PROVIDER		0		692	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		**5,434,425**		**30,109**	7.00

	NAME OF CONTRACTOR	CONTRACTOR NUMBER	DATE OF NPR	
	1.00	2.00	3.00	
8.00	Novitas Solutions	12001	07/01/2026	8.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	3,227,039	1.00
2.00	TEMPORARY INVESTMENTS	29,715,876	2.00
3.00	NOTES RECEIVABLE	0	3.00
4.00	ACCOUNTS RECEIVABLE	2,368,348	4.00
5.00	OTHER RECEIVABLES	502	5.00
6.00	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	824,911	6.00
7.00	INVENTORY	226,926	7.00
8.00	PREPAID EXPENSES	327,623	8.00
9.00	OTHER CURRENT ASSETS	0	9.00
10.00	DUE FROM OTHER FUNDS	253,710	10.00
11.00	TOTAL CURRENT ASSETS)	**35,295,113**	11.00
FIXED ASSETS			
12.00	LAND	4,592,220	12.00
13.00	LAND IMPROVEMENTS	7,125,565	13.00
14.00	LESS: ACCUMULATED DEPRECIATION	4,128,946	14.00
15.00	BUILDINGS	91,174,694	15.00
16.00	LESS: ACCUMULATED DEPRECIATION	53,459,812	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	0	21.00
22.00	LESS: ACCUMULATED DEPRECIATION	0	22.00
23.00	MAJOR MOVABLE EQUIPMENT	22,760,645	23.00
24.00	LESS: ACCUMULATED DEPRECIATION	12,909,077	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	**55,155,289**	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	9,111,637	32.00
33.00	TOTAL OTHER ASSETS	**9,111,637**	33.00
34.00	TOTAL ASSETS	**99,562,039**	34.00
LIABILITIES			
CURRENT LIABILITIES			
35.00	ACCOUNTS PAYABLE	2,261,841	35.00
36.00	SALARIES, WAGES, AND FEES PAYABLE	2,276,409	36.00
37.00	PAYROLL TAXES PAYABLE	44,709	37.00
38.00	NOTES & LOANS PAYABLE (SHORT TERM)	0	38.00
39.00	DEFERRED INCOME	28,802	39.00
40.00	ACCELERATED PAYMENTS	0	40.00
41.00	DUE TO OTHER FUNDS	0	41.00
42.00	OTHER CURRENT LIABILITIES	5,583,980	42.00
43.00	TOTAL CURRENT LIABILITIES	**10,195,741**	43.00
LONG TERM LIABILITIES			
44.00	MORTGAGE PAYABLE	34,230,020	44.00
45.00	NOTES PAYABLE	6,172,245	45.00
46.00	UNSECURED LOANS	0	46.00
47.00	LOANS FROM OWNERS	0	47.00
48.00	OTHER LONG TERM LIABILITIES	0	48.00
49.00	TOTAL LONG TERM LIABILITIES	**40,402,265**	49.00
50.00	TOTAL LIABILITIES	**50,598,006**	50.00
CAPITAL ACCOUNTS			
51.00	FUND BALANCE	48,964,033	51.00
52.00	TOTAL LIABILITIES AND FUND BALANCES	**99,562,039**	52.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	6,405,343	0	0	2,941,751	12,100,660						**21,447,754**	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	**6,405,343**	**0**	**0**	**2,941,751**	**12,100,660**						**21,447,754**	4.00
ALL OTHER SERVICES													
5.00	ANCILLARY SERVICES	2,310,165	0	0	32,100	639,822	328,134	0	0	0	0	**3,310,221**	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	0	0	0	0	0	0	**0**	9.00
10.00	TOTAL PATIENT REVENUES	**8,715,508**	**0**	**0**	**2,973,851**	**12,740,482**	**328,134**	**0**	**0**	**0**	**0**	**24,757,975**	10.00

PART II - OPERATING EXPENSES

		TOTAL	
		1.00	
11.00	OPERATING EXPENSES	38,389,691	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	**38,389,691**	16.00

HEATH VILLAGE	Period:	Run Date Time: 6/23/2026 3:30 pm
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5072	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	24,757,975	1.00
2.00	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	2,093,910	2.00
3.00	NET PATIENT REVENUES	22,664,065	3.00
4.00	LESS: TOTAL OPERATING EXPENSES	38,389,691	4.00
5.00	NET INCOME FROM SERVICES TO PATIENTS	**-15,725,626**	5.00
OTHER INCOME			
6.00	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	311,396	6.00
7.00	INCOME FROM INVESTMENTS	3,435,360	7.00
8.00	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	0	8.00
9.00	REVENUE FROM TELEVISION AND RADIO SERVICES	0	9.00
10.00	PURCHASE DISCOUNTS	0	10.00
11.00	REBATES AND REFUNDS OF EXPENSES	201,220	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	289,858	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	12,079	20.00
21.00	RENTAL OF VENDING MACHINES	0	21.00
22.00	RENTAL OF SKILLED NURSING SPACE	0	22.00
23.00	GOVERNMENTAL APPROPRIATIONS	0	23.00
24.00	PRIOR YEAR	259,776	24.00
24.01	NON PATIENT REVENUE	0	24.01
24.02	BARBER BEAUTY	36,665	24.02
24.03	INDEPENDENT & ASSISTED LIVING REV	11,901,552	24.03
25.00	PHE FUNDING	10,000	25.00
26.00	TOTAL OTHER INCOME	**16,457,906**	26.00
27.00	TOTAL INCOME	**732,280**	27.00
EXPENSES			
28.00	OTHER EXPENSES (SPECIFY)	0	28.00
29.00		0	29.00
30.00		0	30.00
31.00	TOTAL OTHER EXPENSES	**0**	31.00
32.00	NET INCOME (LOSS) FOR THE PERIOD	**732,280**	32.00