

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

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



COMPLETE CARE AT GREEN ACRES  
Provider CCN: 315265

Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: MCRIF32 Version: 11.1.179.1	5/28/2025 6:41 pm <b>2540-10</b>
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**SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMPLETE CARE AT GREEN ACRES, 315265 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	1	2	ELECTRONIC SIGNATURE STATEMENT	
				Y	1
1	<i>Shalom Stein</i>	Y		I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name SHALOM STEIN				2
3	Signatory Title CEO				3
4	(Dated when report is electronically signed.)				4

**PART III - SETTLEMENT SUMMARY**

	Cost Center Description	Title V	Title XVIII			
			Part A	Part B	Title XIX	
1.00	SKILLED NURSING FACILITY	1.00	0	366,919	719	0 1.00
2.00	NURSING FACILITY		0			0 2.00
3.00	ICF/IID					0 3.00
4.00	SNF - BASED HHA I		0	0	0	4.00
5.00	SNF - BASED RHC I		0		0	5.00
6.00	SNF - BASED FQHC I		0		0	6.00
7.00	SNF - BASED CMHC I		0		0	7.00
100.00	TOTAL		0	366,919	719	0 100.00

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

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

COMPLETE CARE AT GREEN ACRES

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2540-10  
Version: 11.1.179.1SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

Worksheet S-2

Part I  
PPS

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

1.00	Street:	1931 LAKEWOOD ROAD	P.O. Box:					1.00
2.00	City:	TOMS RIVER	State:	NJ	ZIP Code:	08755		2.00
3.00	County:	OCEAN	CBSA Code:	35154	Urban / Rural:	U		3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

## SNF and SNF-Based Component Identification:

	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)		
					V	XVIII	XIX
4.00	SNF	COMPLETE CARE AT GREEN ACRES	315265	09/05/1988	N	P	O
5.00	Nursing Facility						5.00
6.00	ICF/IID						6.00
7.00	SNF-Based HHA						7.00
8.00	SNF-Based RHC						8.00
9.00	SNF-Based FQHC						9.00
10.00	SNF-Based CMHC						10.00
11.00	SNF-Based OLTC						11.00
12.00	SNF-Based HOSPICE						12.00
13.00	SNF-Based CORF						13.00
				From:		To:	
				1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2024		12/31/2024	14.00
15.00	Type of Control (See Instructions)		4 - Proprietary, Corporation				15.00
					Y/N		
					1.00		

## Type of Freestanding Skilled Nursing Facility

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

## Miscellaneous Cost Reporting Information

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

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

20.00	Straight Line	525,337	20.00
21.00	Declining Balance	0	21.00
22.00	Sum of the Year's Digits	0	22.00
23.00	Sum of line 20 through 22	525,337	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)	N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)	N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N	28.00
		Part A	Part B
		1.00	2.00
		3.00	

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

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

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

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

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COMPLEX REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2

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

Completed by All Skilled Nursing Facilities

**Provider Organization and Operation**

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

**Financial Data and Reports**

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

**Approved Educational Activities**

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

**Bad Debts**

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

**Bed Complement**

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

**PS&R Data**

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)		Y	03/12/2025	Y	03/12/2025	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		N		N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N		18.00
		1.00		2.00		3.00	

**Cost Report Preparer Contact Information**

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

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COMPLEX STATISTICAL DATA

Worksheet S-3

Part I  
PPS

	Component	Number of Beds	Inpatient Days/Visits						Discharges					
			Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	167	61,122	0	15,032	24,136	16,106	55,274	0	313	75	342	730	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	0	0			0	0	0			0	0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	167	61,122	0	15,032	24,136	16,106	55,274	0	313	75	342	730	8.00
	Average Length of Stay						Admissions				Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	48.03	321.81	75.72	0	322	46	373	741	101.30	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00		2.00
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST										0.00	0.00		4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00		5.00
6.00	SNF-Based CMHC										0.00	0.00		6.00
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	0.00	48.03	321.81	75.72	0	322	46	373	741	101.30	0.00		8.00

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## SNF WAGE INDEX INFORMATION

Worksheet S-3

Part II

PPS

## PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	

## SALARIES

1.00	Total salaries (See Instructions)	6,873,577	0	6,873,577	211,106.00	32.56	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	6,873,577	0	6,873,577	211,106.00	32.56	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	6,873,577	0	6,873,577	211,106.00	32.56	13.00

## OTHER WAGES &amp; RELATED COSTS

14.00	Contract Labor: Patient Related & Mgmt	1,496,140	0	1,496,140	85,396.00	17.52	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00

## WAGE-RELATED COSTS

17.00	Wage-related costs core (See Part IV)	778,671	0	778,671			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	778,671	0	778,671			22.00

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## SNF WAGE INDEX INFORMATION

Worksheet S-3

Part III

PPS

## PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	819,058	0	819,058	17,740.00	46.17	2.00
3.00	Plant Operation, Maintenance & Repairs	127,345	0	127,345	4,289.00	29.69	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	0	0	0	0.00	0.00	5.00
6.00	Dietary	676,379	0	676,379	33,408.00	20.25	6.00
7.00	Nursing Administration	640,905	0	640,905	13,487.00	47.52	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	42,170	0	42,170	1,904.00	22.15	10.00
11.00	Social Service	152,528	0	152,528	4,952.00	30.80	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	174,240	0	174,240	10,213.00	17.06	13.00
14.00	Total (sum lines 1 thru 13)	2,632,625	0	2,632,625	85,993.00	30.61	14.00

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## SNF WAGE RELATED COSTS

## Worksheet S-3

Part IV  
PPS

## PART IV - WAGE RELATED COSTS

		Amount Reported	
		1.00	
<b>Part A - Core List</b>			
	<b>RETIREMENT COST</b>		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	36,849	8.00
9.00	Prescription Drug Plan	534	9.00
10.00	Dental, Hearing and Vision Plan	-1,207	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	2,422	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	108,773	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	540,571	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	90,729	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	778,671	24.00
		Amount Reported	
		1.00	
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/28/2025 6:41 pm

MCRIF32

**2540-10**

Version: 11.1.179.1



## SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3

Part V

PPS

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

## Direct Salaries

## Nursing Occupations

1.00	Registered Nurses (RNs)	964,863	109,305	<b>1,074,168</b>	20,918.00	51.35	1.00
2.00	Licensed Practical Nurses (LPNs)	1,532,483	173,607	<b>1,706,090</b>	37,045.00	46.05	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,743,606	197,524	<b>1,941,130</b>	67,150.00	28.91	3.00
4.00	Total Nursing (sum of lines 1 through 3)	<b>4,240,952</b>	<b>480,436</b>	<b>4,721,388</b>	<b>125,113.00</b>	37.74	4.00
5.00	Physical Therapists	0	0	<b>0</b>	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	<b>0</b>	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	<b>0</b>	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	<b>0</b>	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	<b>0</b>	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	<b>0</b>	0.00	0.00	10.00
11.00	Speech Therapists	0	0	<b>0</b>	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	<b>0</b>	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	<b>0</b>	0.00	0.00	13.00

## Contract Labor

## Nursing Occupations

14.00	Registered Nurses (RNs)	26,843		<b>26,843</b>	571.00	47.01	14.00
15.00	Licensed Practical Nurses (LPNs)	908,327		<b>908,327</b>	18,604.00	48.82	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,381,096		<b>1,381,096</b>	45,912.00	30.08	16.00
17.00	Total Nursing (sum of lines 14 through 16)	<b>2,316,266</b>		<b>2,316,266</b>	<b>65,087.00</b>	35.59	17.00
18.00	Physical Therapists	333,549		<b>333,549</b>	3,819.00	87.34	18.00
19.00	Physical Therapy Assistants	361,009		<b>361,009</b>	4,836.00	74.65	19.00
20.00	Physical Therapy Aides	0		<b>0</b>	0.00	0.00	20.00
21.00	Occupational Therapists	438,500		<b>438,500</b>	5,336.00	82.18	21.00
22.00	Occupational Therapy Assistants	326,066		<b>326,066</b>	4,643.00	70.23	22.00
23.00	Occupational Therapy Aides	0		<b>0</b>	0.00	0.00	23.00
24.00	Speech Therapists	37,016		<b>37,016</b>	1,676.00	22.09	24.00
25.00	Respiratory Therapists	0		<b>0</b>	0.00	0.00	25.00
26.00	Other Medical Staff	0		<b>0</b>	0.00	0.00	26.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period: 01/01/2024  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 6:41 pm  
MCRIF32  
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## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

## Worksheet S-7

PPS

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

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

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MCRIF32  
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## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

## Worksheet S-7

PPS

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

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

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

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

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From: 01/01/2024  
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## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

## Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			2,334,988	<b>2,334,988</b>	0	2,334,988	<b>-545,728</b>	<b>1,789,260</b>
2.00	00200	CAP REL COSTS - MOVABLE EQUIPMENT			0	<b>0</b>	0	0		<b>0</b>
3.00	00300	EMPLOYEE BENEFITS	0	830,497	<b>830,497</b>		0	830,497		<b>830,497</b>
4.00	00400	ADMINISTRATIVE & GENERAL	819,058	4,080,566	<b>4,899,624</b>		0	4,899,624	<b>-2,023,631</b>	<b>2,875,993</b>
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	127,345	278,420	<b>405,765</b>		0	405,765		<b>405,765</b>
6.00	00600	LAUNDRY & LINEN SERVICE	0	48,731	<b>48,731</b>		0	48,731		<b>48,731</b>
7.00	00700	HOUSEKEEPING	0	502,942	<b>502,942</b>		0	502,942		<b>502,942</b>
8.00	00800	DIETARY	676,379	717,821	<b>1,394,200</b>		0	1,394,200		<b>1,394,200</b>
9.00	00900	NURSING ADMINISTRATION	640,905	0	<b>640,905</b>		0	640,905		<b>640,905</b>
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	<b>0</b>		0	0		<b>0</b>
11.00	01100	PHARMACY	0	0	<b>0</b>		0	0		<b>0</b>
12.00	01200	MEDICAL RECORDS & LIBRARY	42,170	0	<b>42,170</b>		0	42,170		<b>42,170</b>
13.00	01300	SOCIAL SERVICE	152,528	376	<b>152,904</b>		0	152,904		<b>152,904</b>
14.00	01400	NURSING AND ALLIED HEALTH EDUCATION	0	0	<b>0</b>		0	0		<b>0</b>
15.00	01500	PATIENT ACTIVITIES	174,240	72,412	<b>246,652</b>		0	246,652		<b>246,652</b>
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	03000	SKILLED NURSING FACILITY	4,240,952	2,860,687	<b>7,101,639</b>		0	7,101,639		<b>7,101,639</b>
31.00	03100	NURSING FACILITY	0	0	<b>0</b>		0	0		<b>0</b>
32.00	03200	ICF/IID	0	0	<b>0</b>		0	0		<b>0</b>
33.00	03300	OTHER LONG TERM CARE	0	0	<b>0</b>		0	0		<b>0</b>
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	04000	RADIOLOGY	0	10,780	<b>10,780</b>		0	10,780		<b>10,780</b>
41.00	04100	LABORATORY	0	30,841	<b>30,841</b>		0	30,841		<b>30,841</b>
42.00	04200	INTRAVENOUS THERAPY	0	0	<b>0</b>		0	0		<b>0</b>
43.00	04300	OXYGEN (INHALATION) THERAPY	0	6,963	<b>6,963</b>		0	6,963		<b>6,963</b>
44.00	04400	PHYSICAL THERAPY	0	687,051	<b>687,051</b>		0	687,051		<b>687,051</b>
45.00	04500	OCCUPATIONAL THERAPY	0	665,448	<b>665,448</b>		0	665,448		<b>665,448</b>
46.00	04600	SPEECH PATHOLOGY	0	93,943	<b>93,943</b>		0	93,943		<b>93,943</b>
47.00	04700	ELECTROCARDIOLOGY	0	0	<b>0</b>		0	0		<b>0</b>
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	<b>0</b>		0	0		<b>0</b>
49.00	04900	DRUGS CHARGED TO PATIENTS	0	552,707	<b>552,707</b>		0	552,707		<b>552,707</b>
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	<b>0</b>		0	0		<b>0</b>
51.00	05100	SUPPORT SURFACES	0	0	<b>0</b>		0	0		<b>0</b>
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	06000	CLINIC	0	0	<b>0</b>		0	0		<b>0</b>
61.00	06100	RURAL HEALTH CLINIC	0	0	<b>0</b>		0	0		<b>0</b>
62.00	06200	FQHC								62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	07000	HOME HEALTH AGENCY COST	0	0	<b>0</b>		0	0		<b>0</b>
71.00	07100	AMBULANCE	0	20,404	<b>20,404</b>		0	20,404		<b>20,404</b>
73.00	07300	CMHC	0	0	<b>0</b>		0	0		<b>0</b>
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	<b>0</b>		0	0		<b>0</b>
81.00	08100	INTEREST EXPENSE	0	0	<b>0</b>		0	0		<b>0</b>
82.00	08200	UTILIZATION REVIEW - SNF	0	0	<b>0</b>		0	0		<b>0</b>
83.00	08300	HOSPICE	0	0	<b>0</b>		0	0		<b>0</b>
89.00		SUBTOTALS (sum of lines 1-84)	6,873,577	13,795,577	<b>20,669,154</b>		0	20,669,154	<b>-2,569,359</b>	<b>18,099,795</b>
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	<b>0</b>		0	0		<b>0</b>
91.00	09100	BARBER AND BEAUTY SHOP	0	11,205	<b>11,205</b>		0	11,205		<b>11,205</b>
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	<b>0</b>		0	0		<b>0</b>
93.00	09300	NONPAID WORKERS	0	0	<b>0</b>		0	0		<b>0</b>
94.00	09400	PATIENTS LAUNDRY	0	0	<b>0</b>		0	0		<b>0</b>
100.00		TOTAL	6,873,577	13,806,782	<b>20,680,359</b>		0	20,680,359	<b>-2,569,359</b>	<b>18,111,000</b>

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period: 5/28/2025 6:41 pm

From: 01/01/2024 MCRIF32

To: 12/31/2024 Version: 11.1.179.1



## RECLASSIFICATIONS

## Worksheet A-6

PPS

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

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

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

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period: 5/28/2025 6:41 pm

From: 01/01/2024 MCRIF32

To: 12/31/2024 Version: 11.1.179.1



## RECONCILIATION OF CAPITAL COSTS CENTERS

## Worksheet A-7

PPS

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

## ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	2,346,619	81,859	0	81,859	0	2,428,478	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	479,881	19,362	0	19,362	0	499,243	0	6.00
7.00	Subtotal (sum of lines 1-6)	2,826,500	101,221	0	101,221	0	2,927,721	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	2,826,500	101,221	0	101,221	0	2,927,721	0	9.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:41 pm

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## ADJUSTMENTS TO EXPENSES

## Worksheet A-8

PPS

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		(2) Basis For Adjustment	Amount	Cost Center	Line No.
			1.00	2.00	3.00
1.00	Investment income on restricted funds (chapter 2)	B	<span style="color: red;">-2,535</span>	CAP REL COSTS - BLDGS & FIXTURES	4.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00
6.00	Television and radio service (chapter 21)		0		0.00
7.00	Parking lot (chapter 21)		0		0.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0		8.00
9.00	Home office cost (chapter 21)		0		0.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	<span style="color: red;">-1,054,325</span>		12.00
13.00	Laundry and linen service		0		0.00
14.00	Revenue - Employee meals		0		0.00
15.00	Cost of meals - Guests		0		0.00
16.00	Sale of medical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts	B	<span style="color: red;">-582</span>	ADMINISTRATIVE & GENERAL	4.00
19.00	Vending machines		0		0.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00
24.00	Depreciation--movable equipment		0	CAP REL COSTS - MOVABLE EQUIPMENT	2.00
25.00	FINES & PENALTIES	A	<span style="color: red;">-1,669</span>	ADMINISTRATIVE & GENERAL	4.00
25.01	RESIDENT MISSING ITEMS	A	<span style="color: red;">-2,815</span>	ADMINISTRATIVE & GENERAL	4.00
25.02	MARKETING & ADVERTISING	A	<span style="color: red;">-15,679</span>	ADMINISTRATIVE & GENERAL	4.00
25.03	BAD DEBT	A	<span style="color: red;">-455,789</span>	ADMINISTRATIVE & GENERAL	4.00
25.07	DEP EXP SOLAR PANELS	A	<span style="color: red;">-121,695</span>	CAP REL COSTS - BLDGS & FIXTURES	1.00
25.08	BUSINESS ALTERNATIVE INCOME TAX	A	<span style="color: red;">-811,050</span>	ADMINISTRATIVE & GENERAL	4.00
25.09	REV MISC	B	<span style="color: red;">-700</span>	ADMINISTRATIVE & GENERAL	4.00
25.10	OTHER REV SOLAR	B	<span style="color: red;">-90,000</span>	CAP REL COSTS - BLDGS & FIXTURES	1.00
25.11	OTHER REV INCENTIVE DISCOUNT	B	<span style="color: red;">-12,520</span>	ADMINISTRATIVE & GENERAL	4.00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		<span style="color: green;">-2,569,359</span>		100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period: 01/01/2024  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 6:41 pm  
MCRIF32  
2540-10  
Version: 11.1.179.1STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND  
HOME OFFICE COSTSWorksheet A-8-1  
Parts I & II  
PPS

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

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
1.00	2.00	3.00	4.00	5.00	6.00	
1.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	RENT	0	1,692,138	<b>-1,692,138</b>	1.00
2.00	4.00 ADMINISTRATIVE & GENERAL	REALTY A&G COSTS	33,150	0	<b>33,150</b>	2.00
3.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	INTEREST	935,404	0	<b>935,404</b>	3.00
4.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	DEPRECIATION	189,621	0	<b>189,621</b>	4.00
5.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	REAL ESTATE TAXES	178,556	0	<b>178,556</b>	5.00
6.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	INSURANCE	57,059	0	<b>57,059</b>	6.00
7.00	4.00 ADMINISTRATIVE & GENERAL	MANAGEMENT	524,177	1,280,154	<b>-755,977</b>	7.00
8.00	0.00		0	0	<b>0</b>	8.00
9.00	0.00		0	0	<b>0</b>	9.00
10.00	<b>TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.</b>		<b>1,917,967</b>	<b>2,972,292</b>	<b>-1,054,325</b>	10.00

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

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

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

				Related Organization(s) and/or Home Office		
Symbol (1)	Name	Percentage of Ownership		Name	Percentage of Ownership	Type of Business
1.00	2.00	3.00		4.00	5.00	6.00
1.00	A S STEIN	40.00	REALTY GREEN ACRES	40.00	REALTY	1.00
2.00	B KFIHFL LLC	15.00	REALTY GREEN ACRES	15.00	REALTY	2.00
3.00	B EEF CAPITAL LLC	45.00	REALTY GREEN ACRES	45.00	REALTY	3.00
4.00	B PEACE CAPITAL LLC	100.00	COMPLETE CARE MANAGEMENT	100.00	MANAGEMENT COMPANY	4.00
5.00		0.00		0.00		5.00
6.00		0.00		0.00		6.00
7.00		0.00		0.00		7.00
8.00		0.00		0.00		8.00
9.00		0.00		0.00		9.00
10.00		0.00		0.00		10.00

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

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

G. Other (financial or non-financial) specify:

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/28/2025 6:41 pm

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2540-10

Version: 11.1.179.1



## COST ALLOCATION - GENERAL SERVICE COSTS

## Worksheet B

## Part I

PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	1,789,260	1,789,260							1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT	0		0						2.00
3.00	EMPLOYEE BENEFITS	830,497	0	0	830,497					3.00
4.00	ADMINISTRATIVE & GENERAL	2,875,993	277,573	0	98,963	3,252,529	3,252,529			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	405,765	45,793	0	15,386	466,944	102,215	569,159		5.00
6.00	LAUNDRY & LINEN SERVICE	48,731	29,773	0	0	78,504	17,185	11,560	107,249	6.00
7.00	HOUSEKEEPING	502,942	41,378	0	0	544,320	119,152	16,066	0	7.00
8.00	DIETARY	1,394,200	305,393	0	81,723	1,781,316	389,932	118,574	0	8.00
9.00	NURSING ADMINISTRATION	640,905	53,569	0	77,437	771,911	168,972	20,799	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	42,170	0	0	5,095	47,265	10,346	0	0	12.00
13.00	SOCIAL SERVICE	152,904	0	0	18,429	171,333	37,505	0	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	246,652	59,273	0	21,053	326,978	71,576	23,014	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	7,101,639	806,972	0	512,411	8,421,022	1,843,366	313,320	107,249	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	10,780	0	0	0	10,780	2,360	0	0	40.00
41.00	LABORATORY	30,841	0	0	0	30,841	6,751	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	6,963	0	0	0	6,963	1,524	0	0	43.00
44.00	PHYSICAL THERAPY	687,051	81,193	0	0	768,244	168,169	31,525	0	44.00
45.00	OCCUPATIONAL THERAPY	665,448	81,193	0	0	746,641	163,440	31,525	0	45.00
46.00	SPEECH PATHOLOGY	93,943	0	0	0	93,943	20,564	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	552,707	0	0	0	552,707	120,988	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	20,404	0	0	0	20,404	4,466	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	18,099,795	1,782,110	0	830,497	18,092,645	3,248,511	566,383	107,249	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	11,205	7,150	0	0	18,355	4,018	2,776	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:41 pm

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**2540-10**

Version: 11.1.179.1



## COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG'S & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
94.00	PATIENTS LAUNDRY	0	0	0	0	<b>0</b>	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	<b>0</b>	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	<b>0</b>	0	0	0	99.00
100.00	<b>TOTAL</b>	<b>18,111,000</b>	<b>1,789,260</b>	<b>0</b>	<b>830,497</b>	<b>18,111,000</b>	<b>3,252,529</b>	<b>569,159</b>	<b>107,249</b>	100.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:

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## COST ALLOCATION - GENERAL SERVICE COSTS

## Worksheet B

## Part I

PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	

## GENERAL SERVICE COST CENTERS

1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	679,538								7.00
8.00	DIETARY	148,792	2,438,614							8.00
9.00	NURSING ADMINISTRATION	26,099	0	987,781						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	57,611			12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	208,838		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	28,879	0	0	0	0	0	0	0	15.00

## INPATIENT ROUTINE SERVICE COST CENTERS

30.00	SKILLED NURSING FACILITY	393,168	2,438,614	987,781	0	0	57,611	208,838	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00

## ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	39,558	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	39,558	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00

## OUTPATIENT SERVICE COST CENTERS

60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00

## OTHER REIMBURSABLE COST CENTERS

70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00

## SPECIAL PURPOSE COST CENTERS

80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	676,054	2,438,614	987,781	0	0	57,611	208,838	0	89.00

## NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	3,484	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:

From: 01/01/2024

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## COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
98.00	Cross Foot Adjustments	0	0	0	0				0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	<b>TOTAL</b>	<b>679,538</b>	<b>2,438,614</b>	<b>987,781</b>	<b>0</b>	<b>0</b>	<b>57,611</b>	<b>208,838</b>	<b>0</b>	100.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

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## COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total	
		15.00	16.00	17.00	18.00	

## GENERAL SERVICE COST CENTERS

1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES & SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
13.00	SOCIAL SERVICE					13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION					14.00
15.00	PATIENT ACTIVITIES	450,447				15.00

## INPATIENT ROUTINE SERVICE COST CENTERS

30.00	SKILLED NURSING FACILITY	450,447	15,221,416	0	15,221,416	30.00
31.00	NURSING FACILITY	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	33.00

## ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	0	13,140	0	13,140	40.00
41.00	LABORATORY	0	37,592	0	37,592	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	8,487	0	8,487	43.00
44.00	PHYSICAL THERAPY	0	1,007,496	0	1,007,496	44.00
45.00	OCCUPATIONAL THERAPY	0	981,164	0	981,164	45.00
46.00	SPEECH PATHOLOGY	0	114,507	0	114,507	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	673,695	0	673,695	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	51.00

## OUTPATIENT SERVICE COST CENTERS

60.00	CLINIC	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	FQHC					62.00

## OTHER REIMBURSABLE COST CENTERS

70.00	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	AMBULANCE	0	24,870	0	24,870	71.00
73.00	CMHC	0	0	0	0	73.00

## SPECIAL PURPOSE COST CENTERS

80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	INTEREST EXPENSE					81.00
82.00	UTILIZATION REVIEW - SNF					82.00
83.00	HOSPICE	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	450,447	18,082,367	0	18,082,367	89.00

## NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	28,633	0	28,633	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	450,447	18,111,000	0	18,111,000	100.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

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## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG'S & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	0								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS	0	0	0	0	0				3.00
4.00	ADMINISTRATIVE & GENERAL	0	277,573	0	277,573	0	277,573			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	45,793	0	45,793	0	8,723	54,516		5.00
6.00	LAUNDRY & LINEN SERVICE	0	29,773	0	29,773	0	1,467	1,107	32,347	6.00
7.00	HOUSEKEEPING	0	41,378	0	41,378	0	10,168	1,539	0	7.00
8.00	DIETARY	0	305,393	0	305,393	0	33,277	11,357	0	8.00
9.00	NURSING ADMINISTRATION	0	53,569	0	53,569	0	14,420	1,992	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	883	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	3,201	0	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	0	59,273	0	59,273	0	6,108	2,204	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	0	806,972	0	806,972	0	157,315	30,011	32,347	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	201	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	576	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	130	0	0	43.00
44.00	PHYSICAL THERAPY	0	81,193	0	81,193	0	14,352	3,020	0	44.00
45.00	OCCUPATIONAL THERAPY	0	81,193	0	81,193	0	13,948	3,020	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	1,755	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	10,325	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	381	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,782,110	0	1,782,110	0	277,230	54,250	32,347	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	7,150	0	7,150	0	343	266	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:

From: 01/01/2024

To: 12/31/2024

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## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG'S & FIXTURES	MOVABLE EQUIPMENT	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	
98.00	Cross Foot Adjustments	0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	1,789,260	0	1,789,260	0	277,573	54,516	32,347	100.00

COMPLETE CARE AT GREEN ACRES

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## ALLOCATION OF CAPITAL RELATED COSTS

## Worksheet B

## Part II

PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING	53,085								7.00
8.00	DIETARY	11,623	361,650							8.00
9.00	NURSING ADMINISTRATION	2,039	0	72,020						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	883			12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	3,201		13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	2,256	0	0	0	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	30,715	361,650	72,020	0	0	883	3,201	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	3,090	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	3,090	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	52,813	361,650	72,020	0	0	883	3,201	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	272	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

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## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING AND ALLIED HEALTH EDUCATION	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
98.00	Cross Foot Adjustments	0	0	0	0	0			0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	53,085	361,650	72,020	0	0	883	3,201	0	100.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

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## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	Total	
		15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT					2.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES & SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
13.00	SOCIAL SERVICE					13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION					14.00
15.00	PATIENT ACTIVITIES	69,841				15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	SKILLED NURSING FACILITY	69,841	1,564,955	0	1,564,955	30.00
31.00	NURSING FACILITY	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	RADIOLOGY	0	201	0	201	40.00
41.00	LABORATORY	0	576	0	576	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	130	0	130	43.00
44.00	PHYSICAL THERAPY	0	101,655	0	101,655	44.00
45.00	OCCUPATIONAL THERAPY	0	101,251	0	101,251	45.00
46.00	SPEECH PATHOLOGY	0	1,755	0	1,755	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	10,325	0	10,325	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	CLINIC	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	FQHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	AMBULANCE	0	381	0	381	71.00
73.00	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	INTEREST EXPENSE					81.00
82.00	UTILIZATION REVIEW - SNF					82.00
83.00	HOSPICE	0	0	0	0	83.00
89.00	Subtotals (sum of lines 1-84)	69,841	1,781,229	0	1,781,229	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	8,031	0	8,031	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	99.00
100.00	TOTAL	69,841	1,789,260	0	1,789,260	100.00

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:

From: 01/01/2024

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## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	BLDG'S & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	45,793								1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT		0							2.00
3.00	EMPLOYEE BENEFITS	0	0	6,873,577						3.00
4.00	ADMINISTRATIVE & GENERAL	7,104	0	819,058	-3,252,529	14,858,471				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,172	0	127,345	0	466,944	37,517			5.00
6.00	LAUNDRY & LINEN SERVICE	762	0	0	0	78,504	762	55,274		6.00
7.00	HOUSEKEEPING	1,059	0	0	0	544,320	1,059	0	35,696	7.00
8.00	DIETARY	7,816	0	676,379	0	1,781,316	7,816	0	7,816	8.00
9.00	NURSING ADMINISTRATION	1,371	0	640,905	0	771,911	1,371	0	1,371	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	42,170	0	47,265	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	152,528	0	171,333	0	0	0	13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION		0	0	0	0	0	0	0	14.00
15.00	PATIENT ACTIVITIES	1,517	0	174,240	0	326,978	1,517	0	1,517	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	20,653	0	4,240,952	0	8,421,022	20,653	55,274	20,653	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	10,780	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	30,841	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	6,963	0	0	0	43.00
44.00	PHYSICAL THERAPY	2,078	0	0	0	768,244	2,078	0	2,078	44.00
45.00	OCCUPATIONAL THERAPY	2,078	0	0	0	746,641	2,078	0	2,078	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	93,943	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	552,707	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	20,404	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	45,610	0	6,873,577	-3,252,529	14,840,116	37,334	55,274	35,513	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	183	0	0	0	18,355	183	0	183	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00

COMPLETE CARE AT GREEN ACRES

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## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	BLDG'S & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,789,260	0	830,497		3,252,529	569,159	107,249	679,538	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	39.072784	0.000000	0.120825		0.218901	15.170696	1.940316	19.036811	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)			0		277,573	54,516	32,347	53,085	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.018681	1.453101	0.585212	1.487141	105.00

COMPLETE CARE AT GREEN ACRES

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## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRA TION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	PATIENT ACTIVITIES (PATIENT CENSUS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
2.00	CAP REL COSTS - MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	165,822								8.00
9.00	NURSING ADMINISTRATION	0	190,200							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	552,707						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	55,274				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	55,274			13.00
14.00	NURSING AND ALLIED HEALTH EDUCATION	0	0	0	0	0	0	0		14.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	55,274	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	165,822	190,200	0	0	55,274	55,274	0	55,274	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	552,707	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC		0	0		0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	Subtotals (sum of lines 1-84)	165,822	190,200	552,707	0	55,274	55,274	0	55,274	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00

COMPLETE CARE AT GREEN ACRES

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## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRA TION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	NURSING AND ALLIED HEALTH EDUCATION (ASSIGNED TIME)	PATIENT ACTIVITIES (PATIENT CENSUS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,438,614	987,781	0	0	57,611	208,838	0	450,447	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	14.706215	5.193381	0.000000	0.000000	1.042280	3.778232	0.000000	8.149347	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	361,650	72,020	0	0	883	3,201	0	69,841	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	2.180953	0.378654	0.000000	0.000000	0.015975	0.057911	0.000000	1.263542	105.00

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

## Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	13,140	0	0.000000	40.00
41.00	LABORATORY	37,592	4,540	8.280176	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	8,487	0	0.000000	43.00
44.00	PHYSICAL THERAPY	1,007,496	863,110	1.167286	44.00
45.00	OCCUPATIONAL THERAPY	981,164	958,030	1.024147	45.00
46.00	SPEECH PATHOLOGY	114,507	225,659	0.507434	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	673,695	552,707	1.218901	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	CLINIC	0	0	0.000000	60.00
61.00	RURAL HEALTH CLINIC				61.00
62.00	FQHC				62.00
71.00	AMBULANCE	24,870	0	0.000000	71.00
100.00	Total	2,860,951	2,604,046		100.00

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## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I

Title XVIII

Skilled Nursing Facility

PPS

## PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost	
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	RADIOLOGY	0.000000	0	0	0	0 40.00
41.00	LABORATORY	8.280176	4,540	0	37,592	0 41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0 42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0 43.00
44.00	PHYSICAL THERAPY	1.167286	512,514	0	598,250	0 44.00
45.00	OCCUPATIONAL THERAPY	1.024147	562,053	0	575,625	0 45.00
46.00	SPEECH PATHOLOGY	0.507434	146,652	0	74,416	0 46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0 47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0 48.00
49.00	DRUGS CHARGED TO PATIENTS	1.218901	342,605	0	417,602	0 49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0	0	0	0 50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0 51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	CLINIC	0.000000	0	0	0	0 60.00
61.00	RURAL HEALTH CLINIC					61.00
62.00	FQHC					62.00
71.00	AMBULANCE (2)	0.000000		0		0 71.00
100.00	Total (Sum of lines 40 - 71)		1,568,364	0	1,703,485	0 100.00

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

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

COMPLETE CARE AT GREEN ACRES

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## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

## Worksheet D

## Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

## PART II - APPORTIONMENT OF VACCINE COST

				1.00		
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.218901	1.00
2.00	Program vaccine charges (From your records, or the PS&R)				2,445	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				2,980	3.00

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

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

## ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	13,140	0	0.000000	0	0	40.00
41.00	LABORATORY	37,592	0	0.000000	37,592	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	8,487	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	1,007,496	0	0.000000	598,250	0	44.00
45.00	OCCUPATIONAL THERAPY	981,164	0	0.000000	575,625	0	45.00
46.00	SPEECH PATHOLOGY	114,507	0	0.000000	74,416	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	673,695	0	0.000000	417,602	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	2,836,081	0		1,703,485	0	100.00

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## COMPUTATION OF INPATIENT ROUTINE COSTS

## Worksheet D-1

## Part I

Title XVIII

Skilled Nursing Facility

PPS

## PART I CALCULATION OF INPATIENT ROUTINE COSTS

		1.00	
<b>INPATIENT DAYS</b>			
1.00	Inpatient days including private room days	55,274	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	15,032	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	15,221,416	5.00

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

6.00	General inpatient routine service charges	25,595,211	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.594698	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	15,221,416	15.00

## PROGRAM INPATIENT ROUTINE SERVICE COSTS

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	275.38	16.00
17.00	Program routine service cost (Line 3 times line 16)	4,139,512	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	4,139,512	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	1,564,955	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	28.31	21.00
22.00	Program capital related cost (Line 3 times line 21)	425,556	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	3,713,956	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	3,713,956	25.00
26.00	Enter the per diem limitation (1)	26.00	
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	27.00	
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)	28.00	

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

		1.00	
1.00	Total SNF inpatient days	55,274	1.00
2.00	Program inpatient days (see instructions)	15,032	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.271954	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

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## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E

Part I

Title XVIII Skilled Nursing Facility PPS

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

		1.00	
1.00	Inpatient PPS amount (See Instructions)	12,499,436	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)	12,499,436	3.00
4.00	Primary payor amounts	6,992	4.00
5.00	Coinurance	2,225,924	5.00
6.00	Allowable bad debts (From your records)	910,860	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	299,046	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	592,059	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	10,858,579	11.00
12.00	Interim payments (See instructions)	10,274,489	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	11,841	14.75
14.99	Sequestration amount (see instructions)	205,330	14.99
15.00	Balance due provider/program (see Instructions)	366,919	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

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

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	2,980	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	2,980	19.00
20.00	Medicare Part B ancillary charges (See instructions)	2,445	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	2,445	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	2,445	25.00
26.00	Interim payments (See instructions)	1,677	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	49	28.99
29.00	Balance due provider/program (see instructions)	719	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

COMPLETE CARE AT GREEN ACRES

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## CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

## Worksheet E

## Part II

Title XIX Skilled Nursing Facility Cost

		1.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1.00	Inpatient ancillary services (see Instructions)	0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)	0	2.00
3.00	Outpatient services	0	3.00
4.00	Inpatient routine services (see instructions)	0	4.00
5.00	Utilization review-physicians' compensation (from provider records)	0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)	0	6.00
7.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)	0	8.00
9.00	Primary payor amounts	0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)	0	10.00
<b>REASONABLE CHARGES</b>			
11.00	Inpatient ancillary service charges	0	11.00
12.00	Outpatient service charges	0	12.00
13.00	Inpatient routine service charges	0	13.00
14.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	0	14.00
15.00	Total reasonable charges	0	15.00
<b>CUSTOMARY CHARGES</b>			
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	16.00
17.00	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	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)	0.000000	18.00
19.00	Total customary charges (see instructions)	0	19.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
20.00	Cost of covered services (see Instructions)	0	20.00
21.00	Deductibles	0	21.00
22.00	Subtotal (Line 20 minus line 21)	0	22.00
23.00	Coinurance	0	23.00
24.00	Subtotal (Line 22 minus line 23)	0	24.00
25.00	Allowable bad debts (from your records)	0	25.00
26.00	Subtotal (sum of lines 24 and 25)	0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit	0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	0	28.00
29.00	Other Adjustments (see instructions) Specify	0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)	0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)	0	31.00
32.00	Interim payments	0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)	0	33.00

COMPLETE CARE AT GREEN ACRES

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## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

## Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

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

## Program to Provider

3.01	ADJUSTMENTS TO PROVIDER	06/21/2024	38,254	0	3.01
3.02			0	0	3.02
3.03			0	0	3.03
3.04			0	0	3.04
3.05			0	0	3.05

## Provider to Program

3.50	ADJUSTMENTS TO PROGRAM		0	0	3.50
3.51			0	0	3.51
3.52			0	0	3.52
3.53			0	0	3.53
3.54			0	0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		38,254	0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		10,274,489	1,677	4.00

## TO BE COMPLETED BY CONTRACTOR

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

5.01	TENTATIVE TO PROVIDER		0	0	5.01
5.02			0	0	5.02
5.03			0	0	5.03

## Provider to Program

5.50	TENTATIVE TO PROGRAM		0	0	5.50
5.51			0	0	5.51
5.52			0	0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0	0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	PROGRAM TO PROVIDER		366,919	719	6.01
6.02	PROVIDER TO PROGRAM		0	0	6.02
7.00	Total Medicare program liability (see instructions)		10,641,408	2,396	7.00

Contractor Name

Contractor Number

1.00

2.00

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

COMPLETE CARE AT GREEN ACRES

Provider CCN: 315265

Period:  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 6:41 pm  
MCRIF32  
2540-10  
Version: 11.1.179.1

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	910,010	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	7,410,872	0	0	0	4.00
5.00	Other receivables	55,418	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	75,428	0	0	0	8.00
9.00	Other current assets	53,833	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	8,505,561	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	3,716,414	0	0	0	17.00
18.00	Less: Accumulated Amortization	-882,287	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	511,896	0	0	0	23.00
24.00	Less: Accumulated depreciation	-1,290,174	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	2,055,849	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	1,132,131	0	0	0	31.00
32.00	Other assets	783,418	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	1,915,549	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	12,476,959	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	1,774,544	0	0	0	35.00
36.00	Salaries, wages, and fees payable	1,866,535	0	0	0	36.00
37.00	Payroll taxes payable	348	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	1,043,105	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	4,684,532	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	6,883,091	0	0	0	47.00
48.00	Other long term liabilities	-12,344,242	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	-5,461,151	0	0	0	50.00

COMPLETE CARE AT GREEN ACRES

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	1.00	2.00	3.00	4.00	
			<b>-776,619</b>	<b>0</b>	<b>0</b>	<b>0</b> 51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	13,253,578				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	<b>13,253,578</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b> 59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	<b>12,476,959</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b> 60.00

(-) = contra amount

COMPLETE CARE AT GREEN ACRES

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## STATEMENT OF CHANGES IN FUND BALANCES

## Worksheet G-1

PPS

		General Fund	Special Purpose Fund	Endowment Fund	Plant Fund					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		8,390,853		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		4,922,722							2.00
3.00	Total (sum of line 1 and line 2)		13,313,575		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00	ROUNDING		3		0		0		0	5.00
6.00			0		0		0		0	6.00
7.00			0		0		0		0	7.00
8.00			0		0		0		0	8.00
9.00			0		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		3		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		13,313,578		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00			0		0		0		0	13.00
14.00	DIVIDENDS		60,000		0		0		0	14.00
15.00			0		0		0		0	15.00
16.00			0		0		0		0	16.00
17.00			0		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		60,000		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		13,253,578		0		0		0	19.00

COMPLETE CARE AT GREEN ACRES

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## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

Part I  
PPS

## PART I - PATIENT REVENUES

	Cost Center Description	Inpatient	Outpatient	Total	
1.00		1.00	2.00	3.00	
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	25,595,211		<b>25,595,211</b>	1.00
2.00	NURSING FACILITY	0		<b>0</b>	2.00
3.00	ICF/HID	0		<b>0</b>	3.00
4.00	OTHER LONG TERM CARE	0		<b>0</b>	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	<b>25,595,211</b>		<b>25,595,211</b>	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	2,604,045	0	<b>2,604,045</b>	6.00
7.00	CLINIC		0	<b>0</b>	7.00
8.00	HOME HEALTH AGENCY COST		0	<b>0</b>	8.00
9.00	AMBULANCE		0	<b>0</b>	9.00
10.00	RURAL HEALTH CLINIC		0	<b>0</b>	10.00
10.10	FQHC		0	<b>0</b>	10.10
11.00	CMHC		0	<b>0</b>	11.00
12.00	HOSPICE	0	0	<b>0</b>	12.00
13.00	ROUTINE CHARGES / BED HOLD	428	0	<b>428</b>	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	<b>28,199,684</b>		<b>0</b>	<b>28,199,684</b>
14.00					14.00

## PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		<b>20,680,359</b>	1.00
2.00	Add (Specify)	0		2.00
3.00		0		3.00
4.00		0		4.00
5.00		0		5.00
6.00		0		6.00
7.00		0		7.00
8.00	Total Additions (Sum of lines 2 - 7)		<b>0</b>	8.00
9.00	Deduct (Specify)	0		9.00
10.00		0		10.00
11.00		0		11.00
12.00		0		12.00
13.00		0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)		<b>0</b>	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		<b>20,680,359</b>	15.00

COMPLETE CARE AT GREEN ACRES

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## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

## Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	28,199,684	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,703,940	2.00
3.00	Net patient revenues (Line 1 minus line 2)	25,495,744	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	20,680,359	4.00
5.00	Net income from service to patients (Line 3 minus 4)	<b>4,815,385</b>	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	1,000	6.00
7.00	Income from investments	2,535	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	12,520	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	582	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	90,700	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	<b>107,337</b>	25.00
26.00	Total (Line 5 plus line 25)	<b>4,922,722</b>	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	<b>0</b>	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	<b>4,922,722</b>	31.00