

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Form Approved
 OMB No. 0938-0463
 Approval Expires 12-31-2021

Worksheet S Tuesday, May 31, 2022 at 8:26:32 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

- Provider 1. Electronically prepared cost report;
 Date: _____ Time: _____
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 3.01 No Medicare Utilization. Enter "Y" for yes or leave blank for no.
- Contractor 4. Cost Report Status 6. Contractor No. _____
 use only [1] As Submitted 7. First Cost Report Processed by Contractor
 [2] Settled without audit 8. Last Cost Report Processed by Contractor
 [3] Settled with audit 9. NPR Date: _____
 [4] Reopened 10. If line 4, column 1 is "4": Enter number of times reopened: ____
 [5] Amended 11. Contractor Vendor Code _____
 5. Date Received _____ 12. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

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

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 COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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 Limecrest Subacute and Rehab (31-5044) for the cost report period beginning January 1, 2021 and ending December 31, 2021, 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 OF ADMINISTRATOR	CHECKBOX	
	1	2
1 _____	<input type="checkbox"/>	<input type="checkbox"/>
2 Printed name _____		
3 Title _____		
4 Signature date _____		

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

PART III - SETTLEMENT SUMMARY

		Title XVIII			
CMS #		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	199,338	0	0
100	Total	0	199,338	0	0

ECR Encryption Information:

PI Encryption Information:

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 to average 202 hours per response, including the time to review instructions, search existing 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.

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Tuesday, May 31, 2022 at 8:26:32 AM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS

#

1 Street / P.O. Box: Mulford Road
 2 City / State / Zip: ANDOVER NJ 07821
 3 County / CBSA Code / Urban/Rural: SUSSEX 35084 Urban

Payment System
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Limecrest Subacute and Rehab	31-5044	01/01/1970			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2021	12/31/2021				
15	Type of Control (See Instructions)		5				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? Yes

MISCELLANEOUS COST REPORTING INFORMATION

19 Is this a low Medicare Utilization cost report, enter "Y" for yes or "N" for no. N
 If the response to line 19 is yes, Does this cost report meet your contractor's criteria for filing a low
 19.01 utilization cost report? (Y/N) N

DEPRECIATION - ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED ON LINES 20 - 22.

20 Straight Line 52,016
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 52,016
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	Part A	Part B	Other
29 Skilled Nursing Facility	No	No	
30 Nursing Facility			
32 SNF-Based HHA			
36 SNF-Based OLTC			

Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the
 37 level of care given for Titles V & XIX patients? No
 38 Are you legally-required to carry malpractice insurance? Yes
 Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If
 39 policy is "occurrence", enter 2. 1
 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per
 40 lawsuit. Enter in column 2 the monetary limit per policy year.

	Premiums	Paid	Losses	Self Insurance
41 List malpractice premiums and paid losses				

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center?
 42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N
 43 Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column 1. N

If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name
 44 and address of the home office on lines 45-47.
 45 Name / Contractor Name / Contractor Number

46 Street / PO Box
 47 City / State / Zip

LIMECREST SUBACUTE AND REHAB
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 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Tuesday, May 31, 2022 at 8:26:32 AM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?			
	N			
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary			
	N			
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?			
	Y			
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "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		
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			
	N			
UNAPPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?			
	N			
7	Were costs claimed for Allied Health Programs? (see instructions)			
	N			
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)			
	N			
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)			
	Y			
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.			
	N			
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.			
	N			
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.			
	N			
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)			
	Y	05/18/2022	Y	05/18/2022
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.			
	N		N	
15	If line 13 or 14 is yes, 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 yes, see instructions.			
	N		N	
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			
	N		N	
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?			
	N		N	
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.			
	N		N	
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	1	2	3
	Connor Pliskin			Preparer
20	Employer.	Zimmer Healthcare Services Group, LLC		
21	Telephone number/Email address.	732-970-0733	costreports@zhealthcare.com	

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
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Worksheet S-3 Part I Tuesday, May 31, 2022 at 8:26:32 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
1	Skilled Nursing Facility	159	58,035	0	6,937	33,585	2,366	42,888
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost	0	0	0	0	0	0	0
5	Other Long Term Care	0	0	0	0	0	0	0
8	Total	159	58,035	0	6,937	33,585	2,366	42,888

CMS #	Component	Discharges					Average Length of Stay			
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
1	Skilled Nursing Facility	0	101	115	34	250	0.00	68.68	292.04	171.55
2	Nursing Facility	0	0	0	0	0	0.00	0.00	0.00	0.00
4	Home Health Agency Cost	0	0	0	0	0	0.00	0.00	0.00	0.00
5	Other Long Term Care	0	0	0	0	0	0.00	0.00	0.00	0.00
8	Total	0	101	115	34	250	0.00	68.68	292.04	171.55

CMS #	Component	Admissions					FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
1	Skilled Nursing Facility	0	89	31	16	136	81.35	0
2	Nursing Facility	0	0	0	0	0	0.00	0
4	Home Health Agency Cost	0	0	0	0	0	0.00	0
5	Other Long Term Care	0	0	0	0	0	0.00	0
8	Total	0	89	31	16	136	81.35	0

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Worksheet S-3 Part II Tuesday, May 31, 2022 at 8:26:32 AM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	4,175,709	0	4,175,709	169,217.00	24.68
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	4,175,709	0	4,175,709	169,217.00	24.68
7	Other Long Term Care	0	0	0	0.00	
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	0	0	0	0.00	
12	Subtotal Excluded salary (Sum of lines 7-11)	0	0	0	0.00	
13	Total Adjusted Salaries (Line 6 - 12)	4,175,709	0	4,175,709	169,217.00	24.68
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	219,994	0	219,994	5,166.00	42.58
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	890,110	0	890,110		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	0	0	0		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	890,110	0	890,110		

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Worksheet S-3 Part III Tuesday, May 31, 2022 at 8:26:32 AM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	299,578	0	299,578	9,484	31.59
3	Plant Operation, Maint. & Repairs	239,776	0	239,776	12,134	19.76
4	Laundry & Linen Service	0	0	0	0	0.00
5	Housekeeping	0	0	0	0	0.00
6	Dietary	0	0	0	0	0.00
7	Nursing Administration	423,458	0	423,458	13,248	31.96
8	Central Services & Supply	0	0	0	0	0.00
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	0	0	0	0	0.00
11	Social Service	133,819	0	133,819	4,225	31.67
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	278,920	0	278,920	15,697	17.77
14	Total	1,375,551	0	1,375,551	54,788	25.11

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Worksheet S-3 Part IV Tuesday, May 31, 2022 at 8:26:32 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	0
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	327,534
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	170,396
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	392,180
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	890,110
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

LIMECREST SUBACUTE AND REHAB
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Worksheet S-3 Part V Tuesday, May 31, 2022 at 8:26:32 AM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
DIRECT SALARIES						
NURSING OCCUPATIONS						
1	Registered Nurses (RNs)	496,634	105,864	602,498	14,109	42.70
2	Licensed Practical Nurses (LPNs)	917,849	195,652	1,113,501	26,065	42.72
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,385,675	295,376	1,681,051	74,255	22.64
4	Total Nursing (Sum of 1 - 3)	2,800,158	596,892	3,397,050	114,429	29.69
5	Physical Therapists	0	0	0	0	0.00
6	Physical Therapy Assistants	0	0	0	0	0.00
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	0	0	0	0	0.00
9	Occupational Therapy Assistants	0	0	0	0	0.00
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	0	0	0	0	0.00
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
CONTRACT LABOR						
NURSING OCCUPATIONS						
14	Registered Nurses (RNs)	0	0	0	0	0.00
15	Licensed Practical Nurses (LPNs)	9,102		9,102	132	68.95
16	Certified Nursing Assistants/Nursing Assistants/Aides	210,892		210,892	5,034	41.89
17	Total Nursing (Sum of 14 - 16)	219,994		219,994	5,166	42.58
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

LIMECREST SUBACUTE AND REHAB
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Worksheet A Tuesday, May 31, 2022 at 8:26:32 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		2,262,069	2,262,069	0	2,262,069	0	2,262,069
2	Cap Rel Costs - Movable Equipment		81,287	81,287	0	81,287	0	81,287
3	Employee Benefits	0	1,054,052	1,054,052	0	1,054,052	0	1,054,052
4	Administrative & General	299,578	1,039,453	1,339,031	0	1,339,031	-322,930	1,016,101
5	Plant Operation, Maint. & Repairs	239,776	378,085	617,861	0	617,861	0	617,861
6	Laundry & Linen Service	0	30,047	30,047	0	30,047	0	30,047
7	Housekeeping	0	787,882	787,882	0	787,882	0	787,882
8	Dietary	0	1,373,903	1,373,903	0	1,373,903	0	1,373,903
9	Nursing Administration	423,458	0	423,458	0	423,458	0	423,458
10	Central Services & Supply	0	136,707	136,707	0	136,707	-115	136,592
11	Pharmacy	0	16,872	16,872	0	16,872	0	16,872
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	133,819	199	134,018	0	134,018	0	134,018
15	Activities	278,920	20,852	299,772	0	299,772	0	299,772
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	2,800,158	334,802	3,134,960	0	3,134,960	0	3,134,960
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	6,245	6,245	0	6,245	0	6,245
41	Laboratory	0	19,504	19,504	0	19,504	0	19,504
42	Intravenous Therapy	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	0	722,658	722,658	0	722,658	0	722,658
45	Occupational Therapy	0	174,731	174,731	0	174,731	0	174,731
46	Speech Pathology	0	85,884	85,884	0	85,884	0	85,884
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	157,929	157,929	0	157,929	0	157,929
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	4,175,709	8,683,161	12,858,870	0	12,858,870	-323,045	12,535,825
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
00	TOTAL	4,175,709	8,683,161	12,858,870	0	12,858,870	-323,045	12,535,825

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 Provider CCN: 31-5044
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Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Increases			Decreases					
		Code	COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
100	TOTAL RECLASSIFICATIONS				0	0			0	0

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Worksheet A-7 Tuesday, May 31, 2022 at 8:26:32 AM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	0	0	0	0	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	0	0	0	0	0
4	Building Improvements	214,849	49,873	0	264,722	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	129,839	17,422	0	147,261	0
7	Subtotal	344,688	67,295	0	411,983	0
8	Reconciling Items	0	0	0	0	0
9	Total	344,688	67,295	0	411,983	0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Tuesday, May 31, 2022 at 8:26:32 AM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment	Amount	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
				Cost Center		
		1	2	3		4
1	Investment income on restricted funds	B	-791	Administrative & General		4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
12	Adjustment resulting from transactions with related organizations	A81	0			
13	Laundry and Linen service		0			
14	Revenue - Employee meals		0			
15	Cost of meals - Guests		0			
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts	B	-115	Central Services & Supply		10
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Other Adjustment		0			
26	Contributions	A	-12,087	Administrative & General		4
27	Advertising and Promotion	A	-10,192	Administrative & General		4
28	Public Relations	A	-2,175	Administrative & General		4
29	Bad Debt - Medicare	A	-10,000	Administrative & General		4
30	Bad Debt - CoInsurance	B	-286,985	Administrative & General		4
31	Penalties	A	-700	Administrative & General		4
100	TOTAL		=====			
			-323,045			

LIMECREST SUBACUTE AND REHAB
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 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Tuesday, May 31, 2022 at 8:26:32 AM

Statement of Costs of Services from Related Organizations and Home Office Costs

I. Costs Incurred And Adjustments Required As A Result Of Transactions With Related Organizations Or Claimed Home Office Costs:

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Amount Included in Wkst A col 5	
1	1	2	3	4	5	6
1	4	Administrative & General	Management company expenses	242,032	242,032	0
10		TOTALS		242,032	242,032	0

II. Interrelationship To Related Organization(s) And/Or Home Office:

The Secretary, by virtue of 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.

#	Symbol	Name	----- Related Organization(s) -----			
			Percentage of Ownership	Name	Percent of Ownership	Type of Business
1	A	Chaim Scheinbaum	50%	Andover Management	50%	Mgt
2	A	Louis Schwartz	50%	Andover Management	50%	Mgt

- 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 relative of such person has financial interest in related 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:

LIMECREST SUBACUTE AND REHAB
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Worksheet A-8-2 Tuesday, May 31, 2022 at 8:26:32 AM

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation	Profess- ional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
1	2	3	4	5	6	7	8	9
100	Total	0	0	0		0	0	0

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance Col 14	Provider Component Share of Col 14	Adjusted RCE Limit	RCE Dis- allowance	Adjustment
10	11	12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 31, 2022 at 8:26:32 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	2,262,069	2,262,069							
2 Cap Rel Costs - Movable Equipment	81,287		81,287						
3 Employee Benefits	1,054,052	0		1,054,052					
4 Administrative & General	1,016,101	325,405	11,693	75,621	1,428,820	1,428,820			
5 Plant Operation, Maint. & Repairs	617,861	179,161	6,438	60,525	863,985	111,144	975,129		
6 Laundry & Linen Service	30,047	55,305	1,987	0	87,339	11,235	30,685	129,259	
7 Housekeeping	787,882	19,473	700	0	808,055	103,949	10,804	0	922,808
8 Dietary	1,373,903	225,194	8,092	0	1,607,189	206,750	124,946	0	123,496
9 Nursing Administration	423,458	135,646	4,874	106,891	670,869	86,301	75,262	0	74,388
10 Central Services & Supply	136,592	42,124	1,514	0	180,230	23,185	23,372	0	23,101
11 Pharmacy	16,872	9,206	331	0	26,409	3,397	5,108	0	5,049
12 Medical Records & Library	0	0	0	0	0	0	0	0	0
13 Social Service	134,018	0	0	33,779	167,797	21,586	0	0	0
15 Activities	299,772	0	0	70,406	370,178	47,620	0	0	0
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	3,134,960	1,221,741	43,904	706,830	5,107,435	657,030	677,868	129,259	670,004
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	6,245	0	0	0	6,245	803	0	0	0
41 Laboratory	19,504	0	0	0	19,504	2,509	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	722,658	36,958	1,328	0	760,944	97,889	20,506	0	20,268
45 Occupational Therapy	174,731	0	0	0	174,731	22,478	0	0	0
46 Speech Pathology	85,884	0	0	0	85,884	11,048	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	157,929	0	0	0	157,929	20,316	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	12,535,825	2,250,213	80,861	1,054,052	12,523,543	1,427,240	968,551	129,259	916,306
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	11,856	426	0	12,282	1,580	6,578	0	6,502
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	12,535,825	2,262,069	81,287	1,054,052	12,535,825	1,428,820	975,129	129,259	922,808

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 31, 2022 at 8:26:32 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	2,062,381								
9 Nursing Administration	0	906,820							
10 Central Services & Supply	0	0	249,888						
11 Pharmacy	0	0	0	39,963					
12 Medical Records & Library	0	0	0	0	0				
13 Social Service	0	0	0	0	0	189,383			
15 Activities	0	0	0	0	0	0	417,798		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	2,062,381	906,820	249,888	39,963	0	189,383	417,798	11,107,829	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	7,048	0
41 Laboratory	0	0	0	0	0	0	0	22,013	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0	0	899,607	0
45 Occupational Therapy	0	0	0	0	0	0	0	197,209	0
46 Speech Pathology	0	0	0	0	0	0	0	96,932	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	178,245	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	2,062,381	906,820	249,888	39,963	0	189,383	417,798	12,508,883	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	26,942	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	2,062,381	906,820	249,888	39,963	0	189,383	417,798	12,535,825	0

LIMECREST SUBACUTE AND REHAB
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COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	11,107,829
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	7,048
41 Laboratory	22,013
42 Intravenous Therapy	0
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	899,607
45 Occupational Therapy	197,209
46 Speech Pathology	96,932
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	178,245
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	12,508,883
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	26,942
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	12,535,825

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 31, 2022 at 8:26:32 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	
1	Cap Rel Costs - Bldgs & Fixtures	0	0							
2	Cap Rel Costs - Movable Equipment	0	0	0						
3	Employee Benefits	0	0	0	0					
4	Administrative & General	0	325,405	11,693	337,098	0	337,098			
5	Plant Operation, Maint. & Repairs	0	179,161	6,438	185,599	0	26,222	211,821		
6	Laundry & Linen Service	0	55,305	1,987	57,292	0	2,651	6,666	66,609	
7	Housekeeping	0	19,473	700	20,173	0	24,524	2,347	0	47,044
8	Dietary	0	225,194	8,092	233,286	0	48,778	27,141	0	6,296
9	Nursing Administration	0	135,646	4,874	140,520	0	20,361	16,349	0	3,792
10	Central Services & Supply	0	42,124	1,514	43,638	0	5,470	5,077	0	1,178
11	Pharmacy	0	9,206	331	9,537	0	802	1,110	0	257
12	Medical Records & Library	0	0	0	0	0	0	0	0	0
13	Social Service	0	0	0	0	0	5,093	0	0	0
15	Activities	0	0	0	0	0	11,235	0	0	0
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	0	1,221,741	43,904	1,265,645	0	155,009	147,248	66,609	34,157
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	0	0	190	0	0	0
41	Laboratory	0	0	0	0	0	592	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	0	36,958	1,328	38,286	0	23,095	4,454	0	1,033
45	Occupational Therapy	0	0	0	0	0	5,303	0	0	0
46	Speech Pathology	0	0	0	0	0	2,607	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	4,793	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	0	2,250,213	80,861	2,331,074	0	336,725	210,392	66,609	46,713
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	11,856	426	12,282	0	373	1,429	0	331
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	0	2,262,069	81,287	2,343,356	0	337,098	211,821	66,609	47,044

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 31, 2022 at 8:26:32 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	315,501								
9 Nursing Administration	0	181,022							
10 Central Services & Supply	0	0	55,363						
11 Pharmacy	0	0	0	11,706					
12 Medical Records & Library	0	0	0	0	0				
13 Social Service	0	0	0	0	0	5,093			
15 Activities	0	0	0	0	0	0	11,235		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	315,501	181,022	55,363	11,706	0	5,093	11,235	2,248,588	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	190	0
41 Laboratory	0	0	0	0	0	0	0	592	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0	0	66,868	0
45 Occupational Therapy	0	0	0	0	0	0	0	5,303	0
46 Speech Pathology	0	0	0	0	0	0	0	2,607	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	4,793	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	315,501	181,022	55,363	11,706	0	5,093	11,235	2,328,941	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	14,415	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	315,501	181,022	55,363	11,706	0	5,093	11,235	2,343,356	0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 31, 2022 at 8:26:32 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	2,248,588
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	190
41 Laboratory	592
42 Intravenous Therapy	0
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	66,868
45 Occupational Therapy	5,303
46 Speech Pathology	2,607
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	4,793
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	2,328,941
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	14,415
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	2,343,356

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 31, 2022 at 8:26:32 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1 Cap Rel Costs - Bldgs & Fixtures						
2 Cap Rel Costs - Movable Equipment						
3 Employee Benefits						
4 Administrative & General						
5 Plant Operation, Maint. & Repairs						
6 Laundry & Linen Service						
7 Housekeeping						
8 Dietary						
9 Nursing Administration	42,888					
10 Central Services & Supply	0	42,888				
11 Pharmacy	0	0	42,888			
12 Medical Records & Library	0	0	0	42,888		
13 Social Service	0	0	0	0	42,888	
15 Activities	0	0	0	0	0	42,888
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	42,888	42,888	42,888	42,888	42,888	42,888
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0
45 Occupational Therapy	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51 Support Surfaces	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60 Clinic	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0
89 Subtotal	42,888	42,888	42,888	42,888	42,888	42,888
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	906,820	249,888	39,963	0	189,383	417,798

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 31, 2022 at 8:26:32 AM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
103	Unit Cost Multiplier per Bp1	66.233391	2.380084	0.252425	0.000000	0.128641	36.748785	3.013873	36.322444	16.029200
104	Cost to be Allocated per Bp2	0	0	0	0	337,098	211,821	66,609	47,044	315,501
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.030350	7.982702	1.553092	1.851689	2.452131

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 31, 2022 at 8:26:32 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	
103	Unit Cost Multiplier per Bp1	21.143910	5.826525	0.931799	0.000000	4.415757	9.741606
104	Cost to be Allocated per Bp2	181,022	55,363	11,706	0	5,093	11,235
105	Unit Cost Multiplier per Bp2	4.220808	1.290874	0.272943	0.000000	0.118751	0.261961

LIMECREST SUBACUTE AND REHAB
Provider CCN: 31-5044
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Tuesday, May 31, 2022 at 8:26:32 AM

Post Step Down Adjustments

Worksheet B

Description	Part No.	Line No.	Amount
1	2	3	4

#

Worksheet has no records.

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet C Tuesday, May 31, 2022 at 8:26:32 AM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	7,048	6,245	1.128583
41	Laboratory	22,013	19,504	1.128640
42	Intravenous Therapy	0	0	0.000000
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	899,607	848,633	1.060066
45	Occupational Therapy	197,209	962,415	0.204911
46	Speech Pathology	96,932	329,552	0.294133
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	0	0	0.000000
49	Drugs Charged to Patients	178,245	281,054	0.634202
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	1,401,054	2,447,403	

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Tuesday, May 31, 2022 at 8:26:32 AM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of cost to charges 1	Health Care Program Charges		Health Care Program Cost	
			Part A 2	Part B 3	Part A 4	Part B 5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	1.128583	0	0	0	0
41	Laboratory	1.128640	8,591	0	9,696	0
42	Intravenous Therapy	0.000000	0	0	0	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	1.060066	356,122	0	377,513	0
45	Occupational Therapy	0.204911	472,878	0	96,898	0
46	Speech Pathology	0.294133	175,949	0	51,752	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	0.000000	0	0	0	0
49	Drugs Charged to Patients	0.634202	111,692	0	70,835	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	TOTAL		1,125,232	0	606,694	0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Tuesday, May 31, 2022 at 8:26:32 AM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.634202
2	Program vaccine charges	0
3	Program costs	0

Part III - CALCULATION OF PASS-THROUGH COSTS FOR INTERNS AND RESIDENTS

	Total Cost (From Worksheet 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	2	3	4	5
40	Radiology	0	0	0.000000	0
41	Laboratory	0	0	0	9,696
42	Intravenous Therapy	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	0	377,513
45	Occupational Therapy	0	0	0	96,898
46	Speech Pathology	0	0	0	51,752
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	0	70,835
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0		606,694

LIMECREST SUBACUTE AND REHAB
Provider CCN: 31-5044
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 31, 2022 at 8:26:32 AM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	42,888
2	Private room days	0
3	Inpatient days incl. Program prvt.	6,937
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	11,107,829
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,945,385
7	General Inpatient routine service RCC	5.709836
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	11,107,829
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	259.00
17	Program routine service cost	1,796,683
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	1,796,683
20	Capital related cost allocated to inpati	2,248,588
21	Per diem capital related costs	52.43
22	Program capital related cost	363,707
23	Inpatient routine service cost	1,432,976
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,432,976
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

LIMECREST SUBACUTE AND REHAB
Provider CCN: 31-5044
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 31, 2022 at 8:26:32 AM

Computation of Inpatient Routine Costs

Part II - Calculation of Inpatient Nursing & Allied Health Cost for PPS Pass-through
Skilled Nursing Facility
Title XVIII

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	42,888
2	Program inpatient days (see instructions)	6,937
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.161747
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet E Tuesday, May 31, 2022 at 8:26:32 AM

Calculation of Reimbursement Settlement
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	4,819,240
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	4,819,240
4	Primary payor amounts	0
5	Coinsurance	941,227
6	Reimbursable bad debts (From your records)	463,832
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	307,627
8	Adjusted reimbursable bad debts. (See instructions)	301,491
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	4,179,504
12	Interim payments (See instructions)	3,980,166
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	199,338
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

17	Ancillary services Part B	0
18	Vaccine cost	0
19	Total reasonable costs	0
20	Medicare Part B ancillary charges	0
21	Cost of covered services	0
22	Primary payor amounts	0
23	Coinsurance and deductibles	0
24	Reimbursable bad debts	0
24.01	Reimbursable bad debts for dual eligible beneficiaries (see inst)	0
24.02	Adjusted reimbursable bad debts (see instructions)	0

25	Subtotal	0
26	Interim adjustment	0
27	Tentative adjustment	0
28	Other adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0

29	Balance due provider/program	0
30	Protested amounts (Nonallowable cost report items)	0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet E-1 Tuesday, May 31, 2022 at 8:26:32 AM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		3,980,166		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		3,980,166		0

TO BE COMPLETED BY CONTRACTOR

5	Items Below for INTERMEDIARIES:				
5.01	Settlement ... to Provider		0		0
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	Settlement ... to Program		0		0
5.99	SUBTOTAL		0		0
6.01	Net settlement ... to Provider		0		0
6.50	Net settlement ... to Program		0		0
7	TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: _____ Contractor Number: _____

8 Name of Contractor/Number 0 0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 31, 2022 at 8:26:32 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	130,151	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	5,028,910	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	359	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	22,731	0	0	0
9	Other current assets	986,083	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	6,167,516	0	0	0
FIXED ASSETS					
12	Land	0	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	0	0	0	0
16	Less: Accumulated depreciation	0	0	0	0
17	Leasehold improvements	264,722	0	0	0
18	Less: Accumulated amortization	43,679	0	0	0
19	Fixed equipment	0	0	0	0
20	Less: Accumulated depreciation	0	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	147,261	0	0	0
24	Less: Accumulated depreciation	148,484	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	TOTAL FIXED ASSETS	219,820	0	0	0
OTHER ASSETS					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	0	0	0	0
33	TOTAL OTHER ASSETS	0	0	0	0
34	TOTAL ASSETS	6,387,336	0	0	0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 31, 2022 at 8:26:32 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
CURRENT LIABILITIES					
35	Accounts payable	4,954,336	0	0	0
36	Salaries, wages & fees payable	190,634	0	0	0
37	Payroll taxes payable	118,767	0	0	0
38	Notes & loans payable (short term)	0	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	-257,489	0	0	0
43	TOTAL CURRENT LIABILITIES	5,006,248	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	0	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	176,893	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	0	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	176,893	0	0	0
51	TOTAL LIABILITIES	5,183,141	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	1,204,195			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	TOTAL FUND BALANCES	1,204,195	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	6,387,336	0	0	0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Tuesday, May 31, 2022 at 8:26:32 AM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		529006		0		0		0
2 Net income (loss)		1212950						
3 Total		1741956		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	0		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		0		0		0		0
11 Subtotal		1741956		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	537761		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		537761		0		0		0
19 Fund balances - ending		1204195		0		0		0

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Tuesday, May 31, 2022 at 8:26:32 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	13,380,035		13,380,035
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	13,380,035		13,380,035
	ALL OTHER CARE SERVICES			
6	Ancillary services	2,273,217	0	2,273,217
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	15,653,252	0	15,653,252

LIMECREST SUBACUTE AND REHAB
Provider CCN: 31-5044
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Tuesday, May 31, 2022 at 8:26:32 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		12,858,870
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	
14	Total Deductions		0
15	Total Operating Expenses		12,858,870

LIMECREST SUBACUTE AND REHAB
 Provider CCN: 31-5044
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Tuesday, May 31, 2022 at 8:26:32 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		15,653,252
2	Less: contractual allowances and ...		1,666,144
3	Net Patient Revenues (Line 1 - 2)		13,987,108
4	Less: total operating expenses		12,858,870
5	Net income from service to patients (Line 3 - 4)		1,128,238
	Other Income:		
6	Contributions, donations, bequests, etc.	0	
7	Income from investments	791	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	0	
14	Revenue from meals sold to employees and guests	0	
15	Revenue from rental of living quarters	0	
16	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	115	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	3,557	
24.01	Other Income	0	
24.02		0	
24.03		0	
24.04		0	
24.05	PPP Forgiveness	0	
24.06		0	
24.50	COVID-19 PHE Funding	80,249	

25	Total other income		84,712

26	Total		1,212,950
27	Other Expenses (specify)	0	
28		0	
29		0	
29.01		0	

30	Total other expenses		0

31	Net income (or loss) for the period		1,212,950
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