

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).		FORM APPROVED OMB NO. 0938-0463 EXPIRES: 07/31/2027	
HOLLY MANOR CENTER	Period:	Run Date Time:	5/27/2026 12:03
Provider CCN: 31-5143	From: 01/01/2025	MCRIF32	<b>2540-24</b>
	To: 12/31/2025	Version:	2.7.181.0

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

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

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

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

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

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE CERTIFICATION STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY HOLLY MANOR CENTER, 31-5143 {PROVIDER NAME(S) AND PROVIDER CCN(S)} FOR THE COST REPORTING PERIOD BEGINNING 01/01/2025 AND ENDING 12/31/2025 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS REPORT AND STATEMENT ARE TRUE, CORRECT, COMPLETE AND PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<i>Diane Morris</i>	Y	I HAVE READ AND AGREE WITH THE ABOVE CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE.	1
2	Signatory Printed Name: DIANE MORRIS			2
3	Signatory Title: VP OF REIMBURSEMENT			3
4	Signature Date: (Dated when report is electronically signed.)			4

**PART III - SETTLEMENT SUMMARY**

	Cost Center Description	Title XVIII				
		Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SNF	0	-14,878	544	0	1.00
2.00	NF	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF-BASED HHA I	0		0	0	4.00
100.00	TOTAL	0	-14,878	544	0	100.00

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0463. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 202 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY 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, CONTACT 1-800-MEDICARE.

HOLLY MANOR CENTER		Period:	Run Date Time:
Provider CCN: 31-5143		From: 01/01/2025	5/27/2026 12:03
		To: 12/31/2025	MCRIF32 2540-24
			Version: 2.7.181.0

IDENTIFICATION DATA

Worksheet S-2

**SNF / SNF HEALTHCARE COMPLEX INFORMATION**

		STREET ADDRESS			P O BOX					
		1.00			2.00					
1.00	ADDRESS LINE 1	84 COLD HILL ROAD							1.00	
		CITY	STATE	ZIP CODE	COUNTY					
		1.00	2.00	3.00	4.00					
2.00	ADDRESS LINE 2	MENDHAM	NJ	07945	MORRIS				2.00	
		COMPONENT TYPE	COMPONENT NAME		CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID	
		1.00	2.00		3.00	4.00	5.00	6.00	7.00	
3.00	SNF	HOLLY MANOR CENTER		315143	35084	U	01/01/1976	01/01/1976		3.00
4.00	NF									4.00
5.00	ICF/IID									5.00
6.00	SNF-BASED HHA									6.00
7.00	SNF-BASED HOSPICE									7.00
8.00	CORF									8.00
8.10	OPT									8.10
8.20	OOT									8.20
8.30	OSP									8.30
		FROM	TO							
		1.00	2.00							
9.00	COST REPORTING PERIOD	01/01/2025	12/31/2025							9.00
		TOC CODE	SPECIFY OTHER							
		1.00	2.00							
10.00	TYPE OF CONTROL	4								10.00

**SNF ORGANIZATION AND OPERATION**

									1.00	
11.00	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?								N	11.00
12.00	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?								N	12.00
		COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE			
		1.00	2.00	3.00	4.00	5.00	6.00			
13.00	Non-contiguous component locations								13.00	
							Y/N	DATE	V OR I	
							1.00	2.00	3.00	
14.00	COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination.						N			14.00
15.00	COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date.						N			15.00
							1.00	2.00		
16.00	COLUMN 1: Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? COLUMN 2: Enter the number of HO/COs allocating costs to this SNF.						Y	1		16.00
		HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	HO/CO CCN	HO/CO CONTRACTOR #	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
17.00	HO/CO ALLOCATING TO SNF	GENESIS HEALTHCARE	101 EAST STATE STREET		KENNETT SQUARE	PA	19348	HB0067	12001	17.00
								1.00		
18.00	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?								N	18.00
19.00	Did this SNF operate a ventilator care unit?								N	19.00

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**SNF OWNED SERVICES**

		1.00	2.00	
20.00	COLUMN 1: Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493? COLUMN 2: Enter the CLIA ID number.	Y	31D0653014	20.00
21.00	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	N		21.00
22.00	COLUMN 1: Did this SNF operate an institutional based ambulance service? COLUMN 2: Enter the ambulance provider number.	N		22.00
23.00	Is this SNF involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?		1.00 Y	23.00
24.00	Indicate whether the provider is licensed in a State that certifies the provider as a SNF as described on line 3 above, regardless of the level of care given for Titles V and XIX patients. Enter Y or N.		Y	24.00

**PROFESSIONAL SERVICES PURCHASED BY THE SNF**

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

**SNF-BASED HHA THERAPY COSTS**

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

**MEDICAL MALPRACTICE COST**

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

**LOWER OF COST OR CHARGE EXEMPTION**

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

**FINANCIAL STATEMENTS**

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

**BAD DEBTS**

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

**PS&R REPORT DATA**

	Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
	0	1.00	2.00	3.00	4.00	
55.00	Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 55 "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N		55.00
56.00	Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	Y	03/23/2026	Y	03/23/2026	56.00
57.00	If line 55 or 56 is Y, were adjustments made to PS&R data for additional claims that have been billed, but are not included on the PS&R used to file this cost report?	N		N		57.00
58.00	If line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?	N		N		58.00

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

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<b>COST REPORT PREPARER CONTACT INFORMATION</b>					
		FIRST NAME 1.00	LAST NAME 2.00	TITLE 3.00	
70.00	PREPARER	JEAN	PRICE	REIMBURSEMENT ANALYST	70.00
		NAME 1.00			
71.00	EMPLOYER	GENESIS HEALTHCARE			71.00
		TELEPHONE NUMBER 1.00	EMAIL ADDRESS 2.00		
72.00	CONTACT INFORMATION	4108044481	JEAN.PRICE@GENESISHCC.COM		72.00

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STATISTICAL DATA

Worksheet S-3  
Part I

**PART I - VISITS AND CENSUS DATA**

		NUMBER OF BEDS	BED DAYS AVAILABLE	INPATIENT DAYS					DISCHARGES					
				TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SNF - FFS	124	45,260	0	3,109	3,946	3,866	32,206	0	79	7	59	145	1.00
2.00	SNF - HMO			0	2,682	18,603			0	103	35	0	138	2.00
3.00	NF - FFS	0	0	0		0	0	0	0		0	0	0	3.00
4.00	NF - HMO			0		0			0		0	0	0	4.00
5.00	ICF/IID	0	0	0		0	0	0	0		0	0	0	5.00
6.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	TOTAL	124	45,260	0	5,791	22,549	3,866	32,206	0	182	42	59	283	7.00

**PART I - VISITS AND CENSUS DATA**

		AVERAGE LENGTH OF STAY					ADMISSIONS					FTE		
		TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	EMPLOYEE	NON-PAID	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	
1.00	SNF - FFS	0.00	39.35	563.71	65.53	222.11	0	103	2	41	146	71.99	0.00	1.00
2.00	SNF - HMO	0.00	26.04	531.51			0	119	10	0	129			2.00
3.00	NF - FFS	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	3.00
4.00	NF - HMO	0.00		0.00			0		0	0	0			4.00
5.00	ICF/IID	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	5.00
6.00	HOSPICE											0.00	0.00	6.00
7.00	TOTAL													7.00

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STATISTICAL DATA

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Part II

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

		AMOUNT REPORTED	RECLASS-IFICATIONS	ADJUSTMENTS	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>SALARIES</b>								
1.00	TOTAL SALARY (SEE INSTRUCTIONS)	5,162,370	0	0	5,162,370	149,732.29	34.48	1.00
2.00	PHYSICIAN SALARIES-PART A	0	0	0	0	0.00	0.00	2.00
3.00	PHYSICIAN SALARIES-PART B	0	0	0	0	0.00	0.00	3.00
4.00	HOME OFFICE PERSONNEL	0	0	0	0	0.00	0.00	4.00
5.00	SUM OF LINES 2 THROUGH 4	0	0	0	0	0.00	0.00	5.00
6.00	REVISED WAGES (LINE 1 MINUS LINE 5)	5,162,370	0	0	5,162,370	149,732.29	34.48	6.00
7.00	HOME HEALTH AGENCY	0	0	0	0	0.00	0.00	7.00
8.00	HOSPICE	0	0	0	0	0.00	0.00	8.00
9.00	OTHER EXCLUDED AREAS	0	0	0	0	0.00	0.00	9.00
10.00	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9)	0	0	0	0	0.00	0.00	10.00
11.00	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10)	5,162,370	0	0	5,162,370	149,732.29	34.48	11.00
<b>OTHER WAGES AND RELATED COST</b>								
12.00	CONTRACT LABOR: PATIENT RELATED & MGMT	864,701	0	0	864,701	14,295.22	60.49	12.00
13.00	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	3,318	0	0	3,318	23.00	144.26	13.00
14.00	HOME OFFICE SALARIES AND WAGE RELATED COSTS	365,610	0	0	365,610	6,426.13	56.89	14.00
<b>WAGE RELATED COSTS</b>								
15.00	WAGE RELATED COSTS CORE (SEE PT.IV)	1,172,456	0	0	1,172,456			15.00
16.00	WAGE RELATED COSTS (EXCLUDED UNITS)	0	0	0	0			16.00
17.00	PHYSICIANS PART A - WRC	0	0	0	0			17.00
18.00	PHYSICIANS PART B - WRC	0	0	0	0			18.00
19.00	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUCTIONS)	1,172,456	0	0	1,172,456			19.00

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STATISTICAL DATA

**Worksheet S-3  
Part III**

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

		WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		0	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	EMPLOYEE BENEFITS DEPARTMENT	3.00	0	0	0	0	0.00	0.00	1.00
2.00	ADMINISTRATIVE AND GENERAL	4.00	421,925	0	0	421,925	11,343.97	37.19	2.00
3.00	PLANT OP, MAINT & REPAIRS	5.00	129,023	0	0	129,023	4,314.55	29.90	3.00
4.00	LAUNDRY AND LINEN SERVICE	6.00	0	0	0	0	0.00	0.00	4.00
5.00	HOUSEKEEPING	7.00	0	0	0	0	0.00	0.00	5.00
6.00	DIETARY	8.00	0	0	0	0	0.00	0.00	6.00
7.00	NURSING ADMINISTRATION	9.00	625,509	-49,457	0	576,052	8,187.83	70.35	7.00
8.00	CENTRAL SERVICES AND SUPPLY	10.00	0	0	0	0	0.00	0.00	8.00
9.00	PHARMACY	11.00	0	0	0	0	0.00	0.00	9.00
10.00	MEDICAL RECORDS	12.00	0	49,457	0	49,457	2,014.23	24.55	10.00
11.00	MEDICAL SOCIAL SERVICES	13.00	272,072	0	0	272,072	6,541.81	41.59	11.00
12.00	ACTIVITIES PROGRAM	14.00	103,473	0	0	103,473	4,768.07	21.70	12.00
13.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	15.00	0	0	0	0	0.00	0.00	13.00
14.00	TRAINING AND IN-SERVICE EDUCATION	16.00	0	0	0	0	0.00	0.00	14.00
15.00	PATIENT TRANSPORTATION PART A	17.00	0	0	0	0	0.00	0.00	15.00
16.00	OTHER GENERAL SERVICE	18.00	0	0	0	0	0.00	0.00	16.00

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**Worksheet S-3  
Part IV**

<b>PART IV - SNF WAGE RELATED COSTS</b>			AMOUNT	
			1.00	
<b>RETIREMENT COST</b>				
1.00	401k EMPLOYER CONTRIBUTIONS		0	1.00
2.00	TAX SHELTERED ANNUITY EMPLOYER CONTRIBUTION		0	2.00
3.00	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		0	3.00
4.00	PRIOR YEAR PENSION SERVICE COST		0	4.00
<b>PLAN ADMINISTRATIVE COSTS</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 COSTS</b>				
8.00	HEALTH INSURANCE		487,146	8.00
9.00	PRESCRIPTION DRUG PLAN		0	9.00
10.00	DENTAL, HEARING AND VISION PLANS		0	10.00
11.00	LIFE INSURANCE		0	11.00
12.00	ACCIDENTAL INSURANCE		0	12.00
13.00	DISABILITY INSURANCE		0	13.00
14.00	LONG-TERM CARE INSURANCE		0	14.00
15.00	WORKERS' COMPENSATION INSURANCE		262,166	15.00
16.00	RETIREMENT HEALTH CARE COST		0	16.00
<b>TAXES</b>				
17.00	FICA - EMPLOYER'S PORTION ONLY		377,149	17.00
18.00	MEDICARE TAXES - EMPLOYER'S PORTION ONLY		0	18.00
19.00	UNEMPLOYMENT INSURANCE		0	19.00
20.00	STATE OR FEDERAL UNEMPLOYMENT TAXES		45,995	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		<b>1,172,456</b>	24.00

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STATISTICAL DATA

Worksheet S-3  
Part V

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

		AMOUNT REPORTED	EMPLOYEE WAGE-RELATED COSTS	ADJUSTED SALARIES (COL. 1 + COL. 2)	PAID HOURS RELATED TO SALARY IN COL. 3	AVERAGE HOURLY WAGE (COL. 3 ÷ COL. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>DIRECT SALARIES</b>							
<b>NURSING EMPLOYEES</b>							
1.00	REGISTERED NURSE	785,851	132,296	918,147	15,231.94	60.28	1.00
2.00	LICENSED PRACTICAL NURSE	941,415	174,074	1,115,489	22,994.57	48.51	2.00
3.00	CERTIFIED NURSING ASSISTANT	1,883,102	665,745	2,548,847	74,335.32	34.29	3.00
4.00	TOTAL NURSING EXPENDITURES	3,610,368	972,115	4,582,483	112,561.83	40.71	4.00
5.00	PHYSICAL THERAPIST	0	0	0	0.00	0.00	5.00
6.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	6.00
7.00	OCCUPATIONAL THERAPIST	0	0	0	0.00	0.00	7.00
8.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	8.00
9.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	9.00
10.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	10.00
11.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	11.00
12.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	12.00
<b>CONTRACT LABOR</b>							
<b>NURSING EMPLOYEES</b>							
15.00	REGISTERED NURSE	48,009	0	48,009	670.60	71.59	15.00
16.00	LICENSED PRACTICAL NURSE	55,775	0	55,775	993.23	56.16	16.00
17.00	CERTIFIED NURSING ASSISTANT	4,149	0	4,149	119.29	34.78	17.00
18.00	TOTAL NURSING EXPENDITURES	107,933	0	107,933	1,783.12	60.53	18.00
<b>TECHNICAL/PROFESSIONAL EMPLOYEES</b>							
19.00	PHYSICAL THERAPIST	167,512	0	167,512	2,071.41	80.87	19.00
20.00	PHYSICAL THERAPY ASSISTANT	89,943	0	89,943	1,989.70	45.20	20.00
21.00	OCCUPATIONAL THERAPIST	219,794	0	219,794	3,647.22	60.26	21.00
22.00	OCCUPATIONAL THERAPY ASSISTANT	98,203	0	98,203	1,691.82	58.05	22.00
23.00	SPEECH-LANGUAGE PATHOLOGIST	159,131	0	159,131	2,604.40	61.10	23.00
24.00	THERAPY AIDES AND STUDENTS	4,259	0	4,259	148.99	28.59	24.00
25.00	RESPIRATORY THERAPIST	17,928	0	17,928	314.53	57.00	25.00
26.00	OTHER MEDICAL STAFF	38,676	0	38,676	23.00	1,681.57	26.00
<b>HOME OFFICE/CHAIN ORGANIZATION</b>							
<b>NURSING EMPLOYEES</b>							
29.00	REGISTERED NURSE	0	0	0	0.00	0.00	29.00
30.00	LICENSED PRACTICAL NURSE	0	0	0	0.00	0.00	30.00
31.00	CERTIFIED NURSING ASSISTANT	0	0	0	0.00	0.00	31.00
32.00	TOTAL NURSING EXPENDITURES	0	0	0	0.00	0.00	32.00
<b>TECHNICAL/PROFESSIONAL EMPLOYEES</b>							
33.00	PHYSICAL THERAPIST	0	0	0	0.00	0.00	33.00
34.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	34.00
35.00	OCCUPATIONAL THERAPIST	0	0	0	0.00	0.00	35.00
36.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	36.00
37.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	37.00
38.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	38.00
39.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	39.00
40.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	40.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES				1,644,589	1,644,589	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT				17,789	17,789	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	421,925	38,676	460,601	2,209,612	2,670,213	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	129,023	0	129,023	467,471	596,494	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	191,635	191,635	44,564	236,199	6.00
7.00	00700	HOUSEKEEPING	0	370,934	370,934	27,509	398,443	7.00
8.00	00800	DIETARY	0	676,751	676,751	243,369	920,120	8.00
9.00	00900	NURSING ADMINISTRATION	625,509	234,444	859,953	62,801	922,754	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	4,648	4,648	11.00
12.00	01200	MEDICAL RECORDS	0	0	0	0	0	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	272,072	0	272,072	46,983	319,055	13.00
14.00	01400	ACTIVITIES PROGRAM	103,473	0	103,473	56,603	160,076	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	0	0	675	675	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	0	183,336	183,336	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
25.00	02500	SKILLED NURSING FACILITY	3,610,368	107,932	3,718,300	1,088,079	4,806,379	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	0	27.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	0	0	9,963	9,963	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	31.00
32.00	03200	LABORATORY	0	0	0	41,606	41,606	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	0	2,599	2,599	33.00
34.00	03400	RESPIRATORY THERAPY	0	17,928	17,928	16,574	34,502	34.00
35.00	03500	PHYSICAL THERAPY	0	241,654	241,654	1,477	243,131	35.00
36.00	03600	OCCUPATIONAL THERAPY	0	271,149	271,149	0	271,149	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	210,973	210,973	0	210,973	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,795	33,795	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	190,062	190,062	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	10,120	10,120	42.00
43.00	04300	DENTAL CARE	0	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	0	7,223	7,223	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	15,065	15,065	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>								
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	HOSPICE	0	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	0	75.00
76.00	07600	OSP	0	0	0	0	0	76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	77.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

Cost Center Description			SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
<b>COST REIMBURSED SERVICES COST CENTERS</b>								
80.00	08000	PREVENTIVE VACCINES				0	0	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	81.00
89.00		SUBTOTAL	5,162,370	2,362,076	7,524,446	6,426,512	13,950,958	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	NONPAID WORKERS	0	0	0	0	0	91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	BARBER AND BEAUTY SHOP	0	4,134	4,134	0	4,134	93.00
100.00		TOTAL	5,162,370	2,366,210	7,528,580	6,426,512	13,955,092	100.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION	
			6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES	0	1,644,589	9,830	1,654,419	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT	0	17,789	0	17,789	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	0	2,670,213	-448,263	2,221,950	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	0	596,494	0	596,494	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	236,199	0	236,199	6.00
7.00	00700	HOUSEKEEPING	0	398,443	0	398,443	7.00
8.00	00800	DIETARY	0	920,120	0	920,120	8.00
9.00	00900	NURSING ADMINISTRATION	-63,991	858,763	0	858,763	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	4,648	0	4,648	11.00
12.00	01200	MEDICAL RECORDS	49,457	49,457	0	49,457	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	0	319,055	0	319,055	13.00
14.00	01400	ACTIVITIES PROGRAM	0	160,076	-26,013	134,063	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	675	0	675	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	183,336	0	183,336	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
25.00	02500	SKILLED NURSING FACILITY	78,722	4,885,101	1,074	4,886,175	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	27.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	9,963	0	9,963	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	31.00
32.00	03200	LABORATORY	-32,913	8,693	0	8,693	32.00
33.00	03300	INTRAVENOUS THERAPY	0	2,599	0	2,599	33.00
34.00	03400	RESPIRATORY THERAPY	-20,060	14,442	0	14,442	34.00
35.00	03500	PHYSICAL THERAPY	15,065	258,196	0	258,196	35.00
36.00	03600	OCCUPATIONAL THERAPY	0	271,149	0	271,149	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	210,973	0	210,973	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	-33,795	0	0	0	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	190,062	0	190,062	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	10,120	0	10,120	42.00
43.00	04300	DENTAL CARE	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	7,223	0	7,223	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	14,534	14,534	0	14,534	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	-15,065	0	0	0	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	HOSPICE	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	75.00
76.00	07600	OSP	0	0	0	0	76.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0		77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>								
80.00	08000	PREVENTIVE VACCINES	8,046	8,046	0	8,046		80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0		81.00
89.00		SUBTOTAL	0	13,950,958	-463,372	13,487,586		89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0		90.00
91.00	09100	NONPAID WORKERS	0	0	0	0		91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0		92.00
93.00	09300	BARBER AND BEAUTY SHOP	0	4,134	0	4,134		93.00
100.00		TOTAL	0	13,955,092	-463,372	13,491,720		100.00

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RECLASSIFICATIONS

Worksheet A-6

INCREASES					DECREASES				
	COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER	
	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
<b>A - DEFAULT</b>									
1.00	MEDICAL RECORDS	12.00	49,457	0	NURSING ADMINISTRATION	9.00	49,457	0	1.00
2.00	BLOOD AND BLOOD PRODUCTS	45.00	0	14,534	NURSING ADMINISTRATION	9.00	0	14,534	2.00
3.00	PREVENTIVE VACCINES	80.00	0	8,046	SKILLED NURSING FACILITY	25.00	0	8,046	3.00
4.00	SKILLED NURSING FACILITY	25.00	0	32,913	LABORATORY	32.00	0	32,913	4.00
5.00	SKILLED NURSING FACILITY	25.00	0	20,060	RESPIRATORY THERAPY	34.00	0	20,060	5.00
6.00	PHYSICAL THERAPY	35.00	0	15,065	OTHER ANCILLARY SERVICE COST	47.00	0	15,065	6.00
7.00	SKILLED NURSING FACILITY	25.00	0	33,795	MEDICAL SUPPLIES CHARGED TO PATIENTS	40.00	0	33,795	7.00
<b>GRAND TOTAL</b>									
500.00	<b>TOTAL RECLASSIFICATIONS</b>		<b>49,457</b>	<b>124,413</b>			<b>49,457</b>	<b>124,413</b>	500.00

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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

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

		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	
1.00	LAND	0	0	0	0	0	0	0	1.00
2.00	LAND IMPROVEMENTS	40,944	0	0	0	0	40,944	21,143	2.00
3.00	BUILDINGS AND FIXTURES	0	0	0	0	0	0	0	3.00
4.00	BUILDING IMPROVEMENTS	121,135	0	0	0	0	121,135	34,906	4.00
5.00	FIXED EQUIPMENT	34,581	8,312	0	8,312	0	42,893	16,477	5.00
6.00	MOVABLE EQUIPMENT	112,491	0	0	0	0	112,491	76,006	6.00
7.00	SUBTOTAL	309,151	8,312	0	8,312	0	317,463	148,532	7.00
8.00	RECONCILING ITEMS	0	0	0	0	0	0	0	8.00
9.00	TOTAL	309,151	8,312	0	8,312	0	317,463	148,532	9.00

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	12,211	1,411,213	0	43,815	177,350	9,830	1,654,419	1.00
2.00	CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	17,789	0	0	0	0	0	17,789	2.00
3.00	TOTAL	30,000	1,411,213	0	43,815	177,350	9,830	1,672,208	3.00

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

						WORKSHEET A	
DESCRIPTION OF ADJUSTMENT			BASIS	AMOUNT	COST CENTER	LINE NO.	
1.00				2.00	3.00	4.00	5.00
1.00	INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2)				0		0.00 1.00
2.00	TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTER 8)				0		0.00 2.00
3.00	REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)				0		0.00 3.00
4.00	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8)				0		0.00 4.00
5.00	TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)				0		0.00 5.00
6.00	TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21)				0		0.00 6.00
7.00	PARKING LOT (CMS PUB. 15-1, CHAPTER 21)				0		0.00 7.00
8.00	REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT			A-8-2	0		8.00
9.00	SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)				0		0.00 9.00
10.00	RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPTER 10)			A-8-1	211,829		10.00
11.00	LAUNDRY AND LINEN SERVICE				0		0.00 11.00
12.00	REVENUE - EMPLOYEE MEALS				0		0.00 12.00
13.00	COST OF MEALS - GUESTS				0		0.00 13.00
14.00	SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS				0		0.00 14.00
15.00	SALE OF DRUGS TO OTHER THAN PATIENTS				0		0.00 15.00
16.00	REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS				0		0.00 16.00
17.00	VENDING MACHINES				0		0.00 17.00
18.00	INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21)				0		0.00 18.00
19.00	INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS				0		0.00 19.00
20.00	DEPRECIATION--BUILDINGS AND FIXTURES				0	CAPITAL RELATED-BUILDINGS & FIXTURES	1.00 20.00
21.00	DEPRECIATION--MOVABLE EQUIPMENT				0	CAPITAL RELATED-MOVABLE EQUIPMENT	2.00 21.00
22.00	SHORT TERM INPATIENT HOSPICE CARE				0		0.00 22.00
23.00	HOSPICE NON-CORE CONTRACTED SERVICES				0		0.00 23.00
24.00	MISC INCOME			B	-2,586	ADMINISTRATIVE AND GENERAL	4.00 24.00
24.01	UNALLOWED A & G			A	-647,676	ADMINISTRATIVE AND GENERAL	4.00 24.01
24.02	HEP/SALINE			A	1,074	SKILLED NURSING FACILITY	25.00 24.02
25.00	CABLE TV			A	-26,013	ACTIVITIES PROGRAM	14.00 25.00
100.00	<b>TOTAL</b>				<b>-463,372</b>		100.00

HOLLY MANOR CENTER		Period:	Run Date Time:
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RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1  
Parts I & II

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

WORKSHEET A COST CENTER								
LINE #	DESCRIPTION	EXPENSE ITEM	LINE # ON PART II	AMOUNT ALLOWABLE IN COST	AMOUNT INCLUDED IN WKST. A, COL. 9	NET ADJUSTMENT		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	4.00	ADMINISTRATIVE AND GENERAL	HOME OFFICE A&G	1.00	698,252	494,784	203,468	1.00
2.00	1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	HOME OFFICE CAPITAL	1.00	9,830	0	9,830	2.00
3.00	35.00	PHYSICAL THERAPY	PT	2.00	241,654	241,654	0	3.00
4.00	36.00	OCCUPATIONAL THERAPY	OT	2.00	271,149	271,149	0	4.00
5.00	37.00	SPEECH LANGUAGE PATHOLOGIST	ST	2.00	210,973	210,973	0	5.00
6.00	34.00	RESPIRATORY THERAPY	RT	4.00	17,928	17,928	0	6.00
7.00	4.00	ADMINISTRATIVE AND GENERAL	MEDICAL DIRECTOR	5.00	31,549	33,018	-1,469	7.00
8.00	25.00	SKILLED NURSING FACILITY	NURSING AGENCY	3.00	107,932	107,932	0	8.00
9.00	1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	LEASE	6.00	1,411,213	1,411,213	0	9.00
10.00	0.00			0.00	0	0	0	10.00
100.00	<b>TOTAL</b>				<b>3,000,480</b>	<b>2,788,651</b>	<b>211,829</b>	100.00

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

	INTERRELATIONSHIP INDICATOR	INTERRELATIONSHIP DESCRIPTION (IF COLUMN 1 = G)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATIONS				
					NAME	MEDICARE CCN OR HOME OFFICE #	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	B			0.00	GENESIS HEALTHCARE	HB0067	100.00	MANAGEMENT COMPANY	1.00
2.00	B			0.00	POWERBACK REHAB/LONGEVITY		100.00	PT OT ST	2.00
3.00	B			0.00	CSU/CARE SAVE		100.00	NURSING AGENCY	3.00
4.00	B			0.00	POWERBACK RESPIRATORY		100.00	RT	4.00
5.00	B			0.00	ALIGNMED PARTNERS		100.00	MEDICAL DIRECTOR	5.00
6.00	B			0.00	NEXT HC		46.40	LEASE	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

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B  
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, 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	CAPITAL RELATED-BUILDINGS & FIXTURES	1,654,419	1,654,419							1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT	17,789		17,789						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	21,962	236	22,198					3.00
4.00	ADMINISTRATIVE AND GENERAL	2,221,950	315,274	3,390	1,814	2,542,428	2,542,428			4.00
5.00	PLANT OP, MAINT. & REPAIRS	596,494	49,188	529	555	646,766	150,179	796,945		5.00
6.00	LAUNDRY AND LINEN SERVICE	236,199	34,365	370	0	270,934	62,911	21,599	355,444	6.00
7.00	HOUSEKEEPING	398,443	17,061	183	0	415,687	96,523	10,723	0	7.00
8.00	DIETARY	920,120	170,675	1,835	0	1,092,630	253,709	107,271	0	8.00
9.00	NURSING ADMINISTRATION	858,763	24,987	269	2,477	886,496	205,844	15,705	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	8,591	92	0	8,683	2,016	5,400	0	10.00
11.00	PHARMACY	4,648	0	0	0	4,648	1,079	0	0	11.00
12.00	MEDICAL RECORDS	49,457	9,257	100	213	59,027	13,706	5,818	0	12.00
13.00	MEDICAL SOCIAL SERVICES	319,055	8,107	87	1,170	328,419	76,259	5,095	0	13.00
14.00	ACTIVITIES PROGRAM	134,063	0	0	445	134,508	31,233	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	675	0	0	0	675	157	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	183,336	0	0	0	183,336	42,571	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
25.00	SKILLED NURSING FACILITY	4,886,175	942,375	10,133	15,524	5,854,207	1,359,349	592,290	355,444	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	JCF/IID	0	0	0	0	0	0	0	0	27.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
30.00	RADIOLOGY-DIAGNOSTIC	9,963	0	0	0	9,963	2,313	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	8,693	0	0	0	8,693	2,019	0	0	32.00
33.00	INTRAVENOUS THERAPY	2,599	0	0	0	2,599	603	0	0	33.00
34.00	RESPIRATORY THERAPY	14,442	0	0	0	14,442	3,353	0	0	34.00
35.00	PHYSICAL THERAPY	258,196	18,514	199	0	276,909	64,298	11,636	0	35.00
36.00	OCCUPATIONAL THERAPY	271,149	18,514	199	0	289,862	67,306	11,636	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	210,973	0	0	0	210,973	48,988	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,645	136	0	12,781	2,968	7,947	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	190,062	2,904	31	0	192,997	44,814	1,825	0	41.00
42.00	DRUGS: IV SOLUTIONS	10,120	0	0	0	10,120	2,350	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	7,223	0	0	0	7,223	1,677	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	14,534	0	0	0	14,534	3,375	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B  
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>										
80.00	PREVENTIVE VACCINES	8,046	0	0	0	8,046	1,868	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	13,487,586	1,654,419	17,789	22,198	13,487,586	2,541,468	796,945	355,444	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	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	4,134	0	0	0	4,134	960	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	13,491,720	1,654,419	17,789	22,198	13,491,720	2,542,428	796,945	355,444	100.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B  
Part I

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	522,933								7.00
8.00	DIETARY	73,364	1,526,974							8.00
9.00	NURSING ADMINISTRATION	10,741		1,118,786						9.00
10.00	CENTRAL SERVICES AND SUPPLY	3,693	0	0	19,792					10.00
11.00	PHARMACY	0	0	0	0	5,727				11.00
12.00	MEDICAL RECORDS	3,979	0	0	0	0	82,530			12.00
13.00	MEDICAL SOCIAL SERVICES	3,485	0	0	0	0	0	413,258		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	165,741	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
25.00	SKILLED NURSING FACILITY	405,072	1,526,974	1,118,786	19,792	5,727	72,410	413,258	165,741	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	122	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	38	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	83	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	64	0	0	34.00
35.00	PHYSICAL THERAPY	7,958	0	0	0	0	3,117	0	0	35.00
36.00	OCCUPATIONAL THERAPY	7,958	0	0	0	0	3,477	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	2,337	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,435	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	1,248	0	0	0	0	822	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	39	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00

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ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B  
Part I**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	21	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	522,933	1,526,974	1,118,786	19,792	5,727	82,530	413,258	165,741	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	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	522,933	1,526,974	1,118,786	19,792	5,727	82,530	413,258	165,741	100.00

HOLLY MANOR CENTER		Period:	Run Date Time: 5/27/2026 12:03
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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B  
Part I

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	19.00	20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMINISTRATIVE AND GENERAL								4.00
5.00	PLANT OP, MAINT. & REPAIRS								5.00
6.00	LAUNDRY AND LINEN SERVICE								6.00
7.00	HOUSEKEEPING								7.00
8.00	DIETARY								8.00
9.00	NURSING ADMINISTRATION								9.00
10.00	CENTRAL SERVICES AND SUPPLY								10.00
11.00	PHARMACY								11.00
12.00	MEDICAL RECORDS								12.00
13.00	MEDICAL SOCIAL SERVICES								13.00
14.00	ACTIVITIES PROGRAM								14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0							15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	832						16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	225,907					17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
25.00	SKILLED NURSING FACILITY	0	832	225,907	12,115,789	0	12,115,789		25.00
26.00	NURSING FACILITY	0	0		0	0	0		26.00
27.00	ICF/IID	0	0		0	0	0		27.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
30.00	RADIOLOGY-DIAGNOSTIC	0	0		12,398	0	12,398		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0		31.00
32.00	LABORATORY	0	0		10,750	0	10,750		32.00
33.00	INTRAVENOUS THERAPY	0	0		3,285	0	3,285		33.00
34.00	RESPIRATORY THERAPY	0	0		17,859	0	17,859		34.00
35.00	PHYSICAL THERAPY	0	0		363,918	0	363,918		35.00
36.00	OCCUPATIONAL THERAPY	0	0		380,239	0	380,239		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		262,298	0	262,298		37.00
38.00	AUDIOLOGY	0	0		0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		29,131	0	29,131		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		241,706	0	241,706		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		12,509	0	12,509		42.00
43.00	DENTAL CARE	0	0		0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		8,900	0	8,900		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		17,909	0	17,909		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0		47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0		64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>									
70.00	HOME HEALTH AGENCY	0	0		0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0		71.00
72.00	HOSPICE	0	0		0	0	0		72.00
73.00	CORF	0	0		0	0	0		73.00

HOLLY MANOR CENTER		Period:	Run Date Time: 5/27/2026 12:03
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ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B  
Part I**

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	19.00	20.00	21.00		
74.00	OPT	0	0		0	0	0		74.00
75.00	OOT	0	0		0	0	0		75.00
76.00	OSP	0	0		0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0		77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>									
80.00	PREVENTIVE VACCINES	0	0		9,935	0	9,935		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0		81.00
89.00	SUBTOTAL	0	832	225,907	13,486,626	0	13,486,626		89.00
<b>NONREIMBURSABLE COST CENTERS</b>									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0		92.00
93.00	BARBER AND BEAUTY SHOP	0	0		5,094	0	5,094		93.00
98.00	CROSS FOOT ADJUSTMENTS								98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0		99.00
100.00	TOTAL	0	832	225,907	13,491,720	0	13,491,720		100.00

HOLLY MANOR CENTER		Period:	Run Date Time: 5/27/2026 12:03
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	21,962	236	22,198	22,198				3.00
4.00	ADMINISTRATIVE AND GENERAL	0	315,274	3,390	318,664	1,814	320,478			4.00
5.00	PLANT OP, MAINT. & REPAIRS	0	49,188	529	49,717	555	18,930	69,202		5.00
6.00	LAUNDRY AND LINEN SERVICE	0	34,365	370	34,735	0	7,930	1,876	44,541	6.00
7.00	HOUSEKEEPING	0	17,061	183	17,244	0	12,167	931	0	7.00
8.00	DIETARY	0	170,675	1,835	172,510	0	31,980	9,315	0	8.00
9.00	NURSING ADMINISTRATION	0	24,987	269	25,256	2,477	25,947	1,364	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	8,591	92	8,683	0	254	469	0	10.00
11.00	PHARMACY	0	0	0	0	0	136	0	0	11.00
12.00	MEDICAL RECORDS	0	9,257	100	9,357	213	1,728	505	0	12.00
13.00	MEDICAL SOCIAL SERVICES	0	8,107	87	8,194	1,170	9,612	442	0	13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	445	3,937	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	20	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	5,366	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
25.00	SKILLED NURSING FACILITY	0	942,375	10,133	952,508	15,524	171,351	51,432	44,541	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	292	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	254	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	76	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	423	0	0	34.00
35.00	PHYSICAL THERAPY	0	18,514	199	18,713	0	8,105	1,010	0	35.00
36.00	OCCUPATIONAL THERAPY	0	18,514	199	18,713	0	8,484	1,010	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	6,175	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,645	136	12,781	0	374	690	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	2,904	31	2,935	0	5,649	158	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	296	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	211	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	425	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00

HOLLY MANOR CENTER		Period:	Run Date Time:
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	235	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	0	1,654,419	17,789	1,672,208	22,198	320,357	69,202	44,541	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	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	121	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	1,654,419	17,789	1,672,208	22,198	320,478	69,202	44,541	100.00

HOLLY MANOR CENTER	Period:	Run Date Time: 5/27/2026 12:03
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	30,342								7.00
8.00	DIETARY	4,257	218,062							8.00
9.00	NURSING ADMINISTRATION	623		55,667						9.00
10.00	CENTRAL SERVICES AND SUPPLY	214	0	0	9,620					10.00
11.00	PHARMACY	0	0	0	0	136				11.00
12.00	MEDICAL RECORDS	231	0	0	0	0	12,034			12.00
13.00	MEDICAL SOCIAL SERVICES	202	0	0	0	0	0	19,620		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	4,382	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
25.00	SKILLED NURSING FACILITY	23,504	218,062	55,667	9,620	136	10,557	19,620	4,382	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	18	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	6	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	12	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	9	0	0	34.00
35.00	PHYSICAL THERAPY	462	0	0	0	0	455	0	0	35.00
36.00	OCCUPATIONAL THERAPY	462	0	0	0	0	507	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	341	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	315	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	72	0	0	0	0	120	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	6	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B  
Part II**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	3	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	30,342	218,062	55,667	9,620	136	12,034	19,620	4,382	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	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	30,342	218,062	55,667	9,620	136	12,034	19,620	4,382	100.00

HOLLY MANOR CENTER		Period:	Run Date Time: 5/27/2026 12:03
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	19.00	20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMINISTRATIVE AND GENERAL								4.00
5.00	PLANT OP, MAINT. & REPAIRS								5.00
6.00	LAUNDRY AND LINEN SERVICE								6.00
7.00	HOUSEKEEPING								7.00
8.00	DIETARY								8.00
9.00	NURSING ADMINISTRATION								9.00
10.00	CENTRAL SERVICES AND SUPPLY								10.00
11.00	PHARMACY								11.00
12.00	MEDICAL RECORDS								12.00
13.00	MEDICAL SOCIAL SERVICES								13.00
14.00	ACTIVITIES PROGRAM								14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0							15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	20						16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	5,366					17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
25.00	SKILLED NURSING FACILITY	0	20	5,366	1,582,290	0	1,582,290		25.00
26.00	NURSING FACILITY	0	0		0	0	0		26.00
27.00	ICF/IID	0	0		0	0	0		27.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
30.00	RADIOLOGY-DIAGNOSTIC	0	0		310	0	310		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0		31.00
32.00	LABORATORY	0	0		260	0	260		32.00
33.00	INTRAVENOUS THERAPY	0	0		88	0	88		33.00
34.00	RESPIRATORY THERAPY	0	0		432	0	432		34.00
35.00	PHYSICAL THERAPY	0	0		28,745	0	28,745		35.00
36.00	OCCUPATIONAL THERAPY	0	0		29,176	0	29,176		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		6,516	0	6,516		37.00
38.00	AUDIOLOGY	0	0		0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		14,160	0	14,160		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		8,934	0	8,934		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		302	0	302		42.00
43.00	DENTAL CARE	0	0		0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		211	0	211		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		425	0	425		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0		47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0		64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>									
70.00	HOME HEALTH AGENCY	0	0		0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0		71.00
72.00	HOSPICE	0	0		0	0	0		72.00
73.00	CORF	0	0		0	0	0		73.00

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B  
Part II**

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	19.00	20.00	21.00		
74.00	OPT	0	0		0	0	0		74.00
75.00	OOT	0	0		0	0	0		75.00
76.00	OSP	0	0		0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0		77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>									
80.00	PREVENTIVE VACCINES	0	0		238	0	238		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0		81.00
89.00	SUBTOTAL	0	20	5,366	1,672,087	0	1,672,087		89.00
<b>NONREIMBURSABLE COST CENTERS</b>									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0		92.00
93.00	BARBER AND BEAUTY SHOP	0	0		121	0	121		93.00
98.00	CROSS FOOT ADJUSTMENTS								98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0		99.00
100.00	TOTAL	0	20	5,366	1,672,208	0	1,672,208		100.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	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	CAPITAL RELATED-BUILDINGS & FIXTURES	27,345								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT		27,345							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	363	363	5,162,370						3.00
4.00	ADMINISTRATIVE AND GENERAL	5,211	5,211	421,925	-2,542,428	10,949,292				4.00
5.00	PLANT OP, MAINT. & REPAIRS	813	813	129,023	0	646,766	20,958			5.00
6.00	LAUNDRY AND LINEN SERVICE	568	568	0	0	270,934	568	32,206		6.00
7.00	HOUSEKEEPING	282	282	0	0	415,687	282	0	20,108	7.00
8.00	DIETARY	2,821	2,821	0	0	1,092,630	2,821	0	2,821	8.00
9.00	NURSING ADMINISTRATION	413	413	576,052	0	886,496	413	0	413	9.00
10.00	CENTRAL SERVICES AND SUPPLY	142	142	0	0	8,683	142	0	142	10.00
11.00	PHARMACY	0	0	0	0	4,648	0	0	0	11.00
12.00	MEDICAL RECORDS	153	153	49,457	0	59,027	153	0	153	12.00
13.00	MEDICAL SOCIAL SERVICES	134	134	272,072	0	328,419	134	0	134	13.00
14.00	ACTIVITIES PROGRAM	0	0	103,473	0	134,508	0	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	675	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	183,336	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
25.00	SKILLED NURSING FACILITY	15,576	15,576	3,610,368	0	5,854,207	15,576	32,206	15,576	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	9,963	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	8,693	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	2,599	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	14,442	0	0	0	34.00
35.00	PHYSICAL THERAPY	306	306	0	0	276,909	306	0	306	35.00
36.00	OCCUPATIONAL THERAPY	306	306	0	0	289,862	306	0	306	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	210,973	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	209	209	0	0	12,781	209	0	209	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	48	48	0	0	192,997	48	0	48	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	10,120	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	7,223	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	14,534	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>										
80.00	PREVENTIVE VACCINES	0	0	0	0	8,046	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	27,345	27,345	5,162,370	-2,542,428	10,945,158	20,958	32,206	20,108	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	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	0	0	0	4,134	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	1,654,419	17,789	22,198		2,542,428	796,945	355,444	522,933	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	60.501700	0.650539	0.004300		0.232200	38.025814	11.036577	26.006216	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II			22,198		320,478	69,202	44,541	30,342	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II			0.004300		0.029269	3.301937	1.383003	1.508952	105.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMIN (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS (GROSS CHARGES)	MEDICAL SOCIAL SERVICES (TOTAL PATIENT DAYS)	ACTIVITIES PROGRAM (TOTAL PATIENT DAYS)	QUALITY & PERFORM IMPROV PGM (TOTAL PATIENT DAYS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	96,618								8.00
9.00	NURSING ADMINISTRATION	0	32,206							9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	50,062						10.00
11.00	PHARMACY	0	0	0	190,062					11.00
12.00	MEDICAL RECORDS	0	0	0	0	18,687,221				12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	32,206			13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	32,206		14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	32,206	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
25.00	SKILLED NURSING FACILITY	96,618	32,206	50,062	190,062	16,395,329	32,206	32,206	32,206	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	27,700	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	8,693	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	18,900	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	14,442	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0	0	0	705,800	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	787,390	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	529,186	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	186,186	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	8,787	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMIN (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS (GROSS CHARGES)	MEDICAL SOCIAL SERVICES (TOTAL PATIENT DAYS)	ACTIVITIES PROGRAM (TOTAL PATIENT DAYS)	QUALITY & PERFORM IMPROV PGM (TOTAL PATIENT DAYS)	
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>										
80.00	PREVENTIVE VACCINES	0	0	0	0	4,808	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	96,618	32,206	50,062	190,062	18,687,221	32,206	32,206	32,206	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	1,526,974	1,118,786	19,792	5,727	82,530	413,258	165,741	0	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	15.804239	34.738434	0.395350	0.030132	0.004416	12.831708	5.146277	0.000000	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	218,062	55,667	9,620	136	12,034	19,620	4,382	0	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	2.256950	1.728467	0.192162	0.000716	0.000644	0.609203	0.136062	0.000000	105.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (TOTAL PATIENT DAYS)	PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS )	
		16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES			1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT			3.00
4.00	ADMINISTRATIVE AND GENERAL			4.00
5.00	PLANT OP, MAINT. & REPAIRS			5.00
6.00	LAUNDRY AND LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES AND SUPPLY			10.00
11.00	PHARMACY			11.00
12.00	MEDICAL RECORDS			12.00
13.00	MEDICAL SOCIAL SERVICES			13.00
14.00	ACTIVITIES PROGRAM			14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM			15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	32,206		16.00
17.00	PATIENT TRANSPORTATION PART A	0	674	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
25.00	SKILLED NURSING FACILITY	32,206	674	25.00
26.00	NURSING FACILITY	0		26.00
27.00	ICF/IID	0		27.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
30.00	RADIOLOGY-DIAGNOSTIC	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0		31.00
32.00	LABORATORY	0		32.00
33.00	INTRAVENOUS THERAPY	0		33.00
34.00	RESPIRATORY THERAPY	0		34.00
35.00	PHYSICAL THERAPY	0		35.00
36.00	OCCUPATIONAL THERAPY	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0		37.00
38.00	AUDIOLOGY	0		38.00
39.00	ELECTROCARDIOLOGY	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0		41.00
42.00	DRUGS: IV SOLUTIONS	0		42.00
43.00	DENTAL CARE	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0		47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
60.00	SCREENING & PREVENTIVE SERVICES	0		60.00
61.00	OUTPATIENT LABORATORY	0		61.00
62.00	PORTABLE X-RAY SERVICES	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0		64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>				
70.00	HOME HEALTH AGENCY	0		70.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (TOTAL PATIENT DAYS)	PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS )		
		16.00	17.00		
71.00	AMBULANCE	0	0		71.00
72.00	HOSPICE	0			72.00
73.00	CORF	0			73.00
74.00	OPT	0			74.00
75.00	OOT	0			75.00
76.00	OSP	0			76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0			77.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>					
80.00	PREVENTIVE VACCINES	0			80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0			81.00
89.00	SUBTOTAL	32,206	674		89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0			90.00
91.00	NONPAID WORKERS	0			91.00
92.00	PHYSICIAN PRIVATE OFFICES	0			92.00
93.00	BARBER AND BEAUTY SHOP	0			93.00
98.00	CROSS FOOT ADJUSTMENT				98.00
99.00	NEGATIVE COST CENTER				99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	832	225,907		102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	0.025834	335.173591		103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	20	5,366		104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.000621	7.961424		105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

	Cost Center Description	TOTAL COST	TOTAL CHARGES	CHARGES		COST TO CHARGE RATIO	
				RECLASS-IFICATIONS	RECLASSIFIED CHARGES		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
25.00	SKILLED NURSING FACILITY	12,115,789	16,395,329	0	16,395,329		25.00
26.00	NURSING FACILITY	0	0	0	0		26.00
27.00	ICF/IID	0	0	0	0		27.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
30.00	RADIOLOGY-DIAGNOSTIC	12,398	27,700	0	27,700	0.447581	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0.000000	31.00
32.00	LABORATORY	10,750	8,693	0	8,693	1.236627	32.00
33.00	INTRAVENOUS THERAPY	3,285	18,900	0	18,900	0.173810	33.00
34.00	RESPIRATORY THERAPY	17,859	14,442	0	14,442	1.236602	34.00
35.00	PHYSICAL THERAPY	363,918	705,800	0	705,800	0.515611	35.00
36.00	OCCUPATIONAL THERAPY	380,239	787,390	0	787,390	0.482911	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	262,298	529,186	0	529,186	0.495663	37.00
38.00	AUDIOLOGY	0	0	0	0	0.000000	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0.000000	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,131	0	0	0	0.000000	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	241,706	186,186	0	186,186	1.298196	41.00
42.00	DRUGS: IV SOLUTIONS	12,509	8,787	0	8,787	1.423580	42.00
43.00	DENTAL CARE	0	0	0	0	0.000000	43.00
44.00	APPLIANCES AND EQUIPMENT	8,900	0	0	0	0.000000	44.00
45.00	BLOOD AND BLOOD PRODUCTS	17,909	0	0	0	0.000000	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0.000000	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0.000000	47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0.000000	64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>							
71.00	AMBULANCE	0	0	0	0	0.000000	71.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>							
80.00	PREVENTIVE VACCINES	9,935	4,808	0	4,808	2.066348	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0.000000	81.00
100.00	Total	13,486,626	18,687,221	0	18,687,221		100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D

Title XVIII Skilled Nursing Facility

		RATIO OF COST TO CHARGES	HEALTHCARE CHARGES			HEALTHCARE COSTS			
			INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>									
30.00	RADIOLOGY-DIAGNOSTIC	0.447581	0	0		0	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0.000000	0	0		0	0		31.00
32.00	LABORATORY	1.236627	0	0		0	0		32.00
33.00	INTRAVENOUS THERAPY	0.173810	0	0		0	0		33.00
34.00	RESPIRATORY THERAPY	1.236602	5,094	0		6,299	0		34.00
35.00	PHYSICAL THERAPY	0.515611	210,782	0		108,682	0		35.00
36.00	OCCUPATIONAL THERAPY	0.482911	235,973	0		113,954	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0.495663	197,481	0		97,884	0		37.00
38.00	AUDIOLOGY	0.000000	0	0		0	0		38.00
39.00	ELECTROCARDIOLOGY	0.000000	0	0		0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0		0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	1.298196	45,780	0		59,431	0		41.00
42.00	DRUGS: IV SOLUTIONS	1.423580	6,531	0		9,297	0		42.00
43.00	DENTAL CARE	0.000000	0	0		0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0.000000	0	0		0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0.000000	0	0		0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0.000000	0	0		0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0.000000	0	0		0	0		47.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
64.00	OTHER OUTPATIENT SERVICE COST	0.000000	0	0		0	0		64.00
<b>OUTPATIENT REIMBURSABLE COST CENTERS</b>									
71.00	AMBULANCE	0.000000	0	0		0	0		71.00
<b>COST REIMBURSED SERVICES COST CENTERS</b>									
80.00	PREVENTIVE VACCINES	2.066348			1,389			2,870	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0.000000	0	0		0	0		81.00
100.00	Total		701,641	0	1,389	395,547	0	2,870	100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Title XVIII Skilled Nursing Facility

		1.00	
<b>INPATIENT DAYS</b>			
1.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	32,206	1.00
2.00	PRIVATE ROOM DAYS	328	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	3,109	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	328	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,115,789	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	16,324,786	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.742171	7.00
8.00	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	171,272	8.00
9.00	AVERAGE PRIVATE ROOM PER DIEM CHARGE	522.17	9.00
10.00	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	16,153,514	10.00
11.00	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	506.73	11.00
12.00	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	15.44	12.00
13.00	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	11.46	13.00
14.00	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3,759	14.00
15.00	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	12,112,030	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	376.08	16.00
17.00	PROGRAM ROUTINE SERVICE COST	1,169,233	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	3,759	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,172,992	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,582,290	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	49.13	21.00
22.00	PROGRAM CAPITAL RELATED COST	152,745	22.00
23.00	INPATIENT ROUTINE SERVICE COST	1,020,247	23.00
24.00	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0	24.00
25.00	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,020,247	25.00
26.00	ENTER THE PER DIEM LIMITATION		26.00
27.00	INPATIENT ROUTINE SERVICE COST LIMITATION		27.00
28.00	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS		28.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A

**Worksheet E  
Part A**

Title XVIII Skilled Nursing Facility

		1.00	
1.00	INPATIENT PPS AMOUNT	2,594,516	1.00
2.00	ALLOWABLE BAD DEBTS	210,240	2.00
3.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	129,446	3.00
4.00	REIMBURSABLE BAD DEBTS	136,656	4.00
5.00	TOTAL REIMBURSABLE COST	<b>2,731,172</b>	5.00
6.00	PRIMARY PAYER AMOUNTS	0	6.00
7.00	COINSURANCE	402,478	7.00
8.00	OTHER ADJUSTMENTS (SPECIFY)	0	8.00
9.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	9.00
10.00	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	2,733	10.00
11.00	SEQUESTRATION AMOUNT	43,841	11.00
12.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	12.00
13.00	NET REIMBURSABLE COST	<b>2,282,120</b>	13.00
14.00	INTERIM PAYMENTS	2,296,998	14.00
15.00	TENTATIVE ADJUSTMENT	0	15.00
16.00	BALANCE DUE PROVIDER/PROGRAM	<b>-14,878</b>	16.00
17.00	PROTESTED AMOUNTS	0	17.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART B

**Worksheet E  
Part B**

Title XVIII Skilled Nursing Facility

		1.00	
1.00	PART B ANCILLARY SERVICE COSTS	0	1.00
2.00	PREVENTIVE VACCINES	2,870	2.00
3.00	TOTAL REASONABLE COSTS	<b>2,870</b>	3.00
4.00	MEDICARE PART B ANCILLARY CHARGES	1,389	4.00
5.00	COST OF COVERED SERVICES	1,389	5.00
6.00	ALLOWABLE BAD DEBTS	0	6.00
7.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES	0	7.00
8.00	REIMBURSABLE BAD DEBTS	0	8.00
9.00	TOTAL REIMBURSABLE COST	<b>1,389</b>	9.00
10.00	PRIMARY PAYER AMOUNTS	0	10.00
11.00	COINSURANCE AND DEDUCTIBLES	0	11.00
12.00	OTHER ADJUSTMENTS (SPECIFY)	0	12.00
13.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	13.00
14.00	SEQUESTRATION AMOUNT	28	14.00
15.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	15.00
16.00	NET REIMBURSABLE COST	1,361	16.00
17.00	INTERIM PAYMENTS	817	17.00
18.00	TENTATIVE ADJUSTMENT	0	18.00
19.00	BALANCE DUE PROVIDER/PROGRAM	544	19.00
20.00	PROTESTED AMOUNTS	0	20.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES

Worksheet E-1

Title XVIII Skilled Nursing Facility

		PART A		PART B		
		DATE	AMOUNT	DATE	AMOUNT	
		1.00	2.00	3.00	4.00	
1.00	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,296,998		817	1.00
2.00	INTERIM PAYMENTS PAYABLE		0		0	2.00
3.00	RETROACTIVE LUMP SUM ADJUSTMENTS					3.00
<b>PROGRAM TO PROVIDER</b>						
3.01	ADJUSTMENT TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>PROVIDER TO PROGRAM</b>						
3.50	ADJUSTMENT TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	SUBTOTAL		0		0	3.99
4.00	TOTAL INTERIM PAYMENTS		2,296,998		817	4.00
5.00	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS					5.00
<b>PROGRAM TO PROVIDER</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>PROVIDER TO PROGRAM</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	SUBTOTAL		0		0	5.99
6.00	CONTRACTOR: NET SETTLEMENT AMOUNT					6.00
6.01	PROGRAM TO PROVIDER		0		544	6.01
6.02	PROVIDER TO PROGRAM		14,878		0	6.02
7.00	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		2,282,120		1,361	7.00
NAME OF CONTRACTOR		CONTRACTOR NUMBER			DATE OF NPR	
1.00		2.00			3.00	
8.00						8.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER

Worksheet E-2

Title XIX Skilled Nursing Facility

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

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BALANCE SHEET

Worksheet G

		1.00	
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
1.00	CASH ON HAND AND IN BANKS	1,468	1.00
2.00	TEMPORARY INVESTMENTS	0	2.00
3.00	NOTES RECEIVABLE	0	3.00
4.00	ACCOUNTS RECEIVABLE	1,234,687	4.00
5.00	OTHER RECEIVABLES	-23,678	5.00
6.00	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	144,530	6.00
7.00	INVENTORY	30,831	7.00
8.00	PREPAID EXPENSES	0	8.00
9.00	OTHER CURRENT ASSETS	28,483	9.00
10.00	DUE FROM OTHER FUNDS	0	10.00
11.00	TOTAL CURRENT ASSETS)	1,127,261	11.00
<b>FIXED ASSETS</b>			
12.00	LAND	0	12.00
13.00	LAND IMPROVEMENTS	40,944	13.00
14.00	LESS: ACCUMULATED DEPRECIATION	21,143	14.00
15.00	BUILDINGS	0	15.00
16.00	LESS: ACCUMULATED DEPRECIATION	0	16.00
17.00	LEASEHOLD IMPROVEMENTS	121,135	17.00
18.00	LESS: ACCUMULATED AMORTIZATION	34,906	18.00
19.00	FIXED EQUIPMENT	42,893	19.00
20.00	LESS: ACCUMULATED DEPRECIATION	16,477	20.00
21.00	AUTOMOBILES AND TRUCKS	0	21.00
22.00	LESS: ACCUMULATED DEPRECIATION	0	22.00
23.00	MAJOR MOVABLE EQUIPMENT	112,491	23.00
24.00	LESS: ACCUMULATED DEPRECIATION	76,006	24.00
25.00	MINOR EQUIPMENT - DEPRECIABLE	0	25.00
26.00	MINOR EQUIPMENT NONDEPRECIABLE	0	26.00
27.00	OTHER FIXED ASSETS	0	27.00
28.00	TOTAL FIXED ASSETS	168,931	28.00
<b>OTHER ASSETS</b>			
29.00	INVESTMENTS	0	29.00
30.00	DEPOSITS ON LEASES	0	30.00
31.00	DUE FROM OWNERS/OFFICERS	-7,215,811	31.00
32.00	OTHER ASSETS	0	32.00
33.00	TOTAL OTHER ASSETS	-7,215,811	33.00
34.00	TOTAL ASSETS	-5,919,619	34.00
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
35.00	ACCOUNTS PAYABLE	1,494,711	35.00
36.00	SALARIES, WAGES, AND FEES PAYABLE	0	36.00
37.00	PAYROLL TAXES PAYABLE	0	37.00
38.00	NOTES & LOANS PAYABLE (SHORT TERM)	0	38.00
39.00	DEFERRED INCOME	0	39.00
40.00	ACCELERATED PAYMENTS	0	40.00
41.00	DUE TO OTHER FUNDS	0	41.00
42.00	OTHER CURRENT LIABILITIES	2,227,559	42.00
43.00	TOTAL CURRENT LIABILITIES	3,722,270	43.00
<b>LONG TERM LIABILITIES</b>			
44.00	MORTGAGE PAYABLE	0	44.00
45.00	NOTES PAYABLE	0	45.00
46.00	UNSECURED LOANS	0	46.00
47.00	LOANS FROM OWNERS	0	47.00
48.00	OTHER LONG TERM LIABILITIES	-52,874,607	48.00
49.00	TOTAL LONG TERM LIABILITIES	-52,874,607	49.00
50.00	TOTAL LIABILITIES	-49,152,337	50.00
<b>CAPITAL ACCOUNTS</b>			
51.00	FUND BALANCE	43,232,718	51.00
52.00	TOTAL LIABILITIES AND FUND BALANCES	-5,919,619	52.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

PART I - PATIENT REVENUES														
		INPATIENT					OUTPATIENT							
		MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	TOTAL		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00		
<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>														
1.00	SKILLED NURSING FACILITY	1,580,668	1,368,456	2,008,398	9,492,033	1,945,774						16,395,329	1.00	
2.00	NURSING FACILITY	0	0	0	0	0						0	2.00	
3.00	ICF/IID	0	0	0	0	0						0	3.00	
4.00	TOTAL GENERAL INPATIENT CARE SERVICES	1,580,668	1,368,456	2,008,398	9,492,033	1,945,774						16,395,329	4.00	
<b>ALL OTHER SERVICES</b>														
5.00	ANCILLARY SERVICES	759,533	778,594	27,360	69,250	666,038	0	0	0	0	0	2,300,775	5.00	
6.00	HOME HEALTH AGENCY						0	0	0	0	0	0	6.00	
7.00	AMBULANCE		0	0	0	0	0	0	0	0	0	0	7.00	
8.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	8.00	
9.00	ALL OTHER REVENUES	0	0	0	0	33,379	0	0	0	0	0	33,379	9.00	
10.00	TOTAL PATIENT REVENUES	2,340,201	2,147,050	2,035,758	9,561,283	2,645,191	0	0	0	0	0	18,729,483	10.00	
<b>PART II - OPERATING EXPENSES</b>														
		TOTAL												
		1.00												
11.00	OPERATING EXPENSES	13,955,092												11.00
12.00	ADD (SPECIFY)	0												12.00
13.00	TOTAL ADDITIONS	0												13.00
14.00	DEDUCT (SPECIFY)	0												14.00
15.00	TOTAL DEDUCTIONS	0												15.00
16.00	TOTAL OPERATING EXPENSES	13,955,092												16.00

HOLLY MANOR CENTER	Period:	Run Date Time: 5/27/2026 12:03
Provider CCN: 31-5143	From: 01/01/2025	MCRIF32 2540-24
	To: 12/31/2025	Version: 2.7.181.0

STATEMENT OF REVENUES AND EXPENSES

Worksheet G-3

		1.00	
<b>INCOME FROM SERVICES TO PATIENTS</b>			
1.00	TOTAL PATIENT REVENUES	18,729,483	1.00
2.00	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	6,359,893	2.00
3.00	NET PATIENT REVENUES	12,369,590	3.00
4.00	LESS: TOTAL OPERATING EXPENSES	13,955,092	4.00
5.00	NET INCOME FROM SERVICES TO PATIENTS	-1,585,502	5.00
<b>OTHER INCOME</b>			
6.00	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	0	6.00
7.00	INCOME FROM INVESTMENTS	0	7.00
8.00	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	0	8.00
9.00	REVENUE FROM TELEVISION AND RADIO SERVICES	0	9.00
10.00	PURCHASE DISCOUNTS	0	10.00
11.00	REBATES AND REFUNDS OF EXPENSES	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	0	18.00
19.00	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	0	19.00
20.00	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	0	20.00
21.00	RENTAL OF VENDING MACHINES	0	21.00
22.00	RENTAL OF SKILLED NURSING SPACE	0	22.00
23.00	GOVERNMENTAL APPROPRIATIONS	0	23.00
24.00	OTHER MISCELLANEOUS REVENUE (SPECIFY)	2,586	24.00
25.00	PHE FUNDING	0	25.00
26.00	TOTAL OTHER INCOME	2,586	26.00
27.00	TOTAL INCOME	-1,582,916	27.00
<b>EXPENSES</b>			
28.00	OTHER EXPENSES (SPECIFY)	0	28.00
29.00		0	29.00
30.00		0	30.00
31.00	TOTAL OTHER EXPENSES	0	31.00
32.00	NET INCOME (LOSS) FOR THE PERIOD	-1,582,916	32.00