

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

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

WATERS EDGE HEALTHCARE & REHAB. CTR

Provider CCN: 315324

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 2:43 pm

MCRIF32

Version: 11.1.179.1



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

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

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


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

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V		Title XIX	
		1.00	2.00	3.00	4.00
		Part A	Part B		
Cost Center Description					
1.00	SKILLED NURSING FACILITY	0	56,044	260	0
2.00	NURSING FACILITY	0			0
3.00	ICF/IID				0
4.00	SNF - BASED HHA I	0	0	0	4.00
5.00	SNF - BASED RHC I	0		0	5.00
6.00	SNF - BASED FQHC I	0		0	6.00
7.00	SNF - BASED CMHC I	0		0	7.00
7.10	SNF - BASED CORF I	0		0	7.10
100.00	TOTAL	0	56,044	260	0

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


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

WATERS EDGE HEALTHCARE & REHAB. CTR		Period:	Run Date Time:	5/28/2025 2:43 pm	
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		To: 12/31/2024	Version:	11.1.179.1	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I
PPS


Skilled Nursing Facility and Skilled Nursing Facility Complex Address:										
1.00	Street:	512 UNION STREET	P.O. Box:						1.00	
2.00	City:	TRENTON	State:	NJ	ZIP Code:	08611			2.00	
3.00	County:	COLUMBIA	CBSA Code:	45940	Urban / Rural:	U			3.00	
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)								3.01	
SNF and SNF-Based Component Identification:										
Component		Component Name		Provider CCN	Date Certified	Payment System (P, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00		
4.00	SNF	WATERS EDGE HEALTHCARE & REHAB. CTR		315324	06/15/1993	N	P	N	4.00	
5.00	Nursing Facility								5.00	
6.00	ICF/IID								6.00	
7.00	SNF-Based HHA								7.00	
8.00	SNF-Based RHC								8.00	
9.00	SNF-Based FQHC								9.00	
10.00	SNF-Based CMHC								10.00	
11.00	SNF-Based OLTC								11.00	
12.00	SNF-Based HOSPICE								12.00	
13.00	SNF-Based CORF								13.00	
				From:		To:				
				1.00		2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2024		12/31/2024		14.00		
15.00	Type of Control (See Instructions)			3 - Proprietary, Individual				15.00		
								Y/N		
								1.00		
Type of Freestanding Skilled Nursing Facility										
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?								N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?								N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.								N	18.00
Miscellaneous Cost Reporting Information										
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.								N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.								N	19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.										
20.00	Straight Line								16,826	20.00
21.00	Declining Balance								0	21.00
22.00	Sum of the Year's Digits								0	22.00
23.00	Sum of line 20 through 22								16,826	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.								0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)								N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)								N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)								N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)								N	28.00
						Part A	Part B	Other		
						1.00	2.00	3.00		
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.										
29.00	Skilled Nursing Facility					N	N		29.00	
30.00	Nursing Facility							N	30.00	
31.00	ICF/IID								31.00	
32.00	SNF-Based HHA					N	N		32.00	
33.00	SNF-Based RHC								33.00	
34.00	SNF-Based FQHC								34.00	
35.00	SNF-Based CMHC						N		35.00	
36.00	SNF-Based OLTC								36.00	
						Y/N				
						1.00		2.00		
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			37.00	

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I
PPS

		Y/N		
		1.00	2.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)	N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.			39.00
		Premiums	Paid Losses	Self Insurance
		1.00	2.00	3.00
41.00	List malpractice premiums and paid losses:	0	0	0
			Y/N	
			1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?		N	43.00
			Provider CCN	
			1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor Name:	Contractor Number:	45.00
46.00	Street:	P.O. Box:		46.00
47.00	City:	State:	ZIP Code:	47.00

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2
Part II
PPS

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)						
Completed by All Skilled Nursing Facilities						
Provider Organization and Operation						
		Y/N	Date			
		1.00	2.00			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N				1.00
		Y/N	Date	V/I		
		1.00	2.00	3.00		
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N				3.00
		Y/N	Type	Date		
		1.00	2.00	3.00		
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions)	Y	A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N				5.00
		Y/N	Legal Oper.			
		1.00	2.00			
Approved Educational Activities						
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N			6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N				7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N				8.00
			Y/N			
			1.00			
Bad Debts						
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y			9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N			10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N			11.00
Bed Complement						
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N			12.00
		Description	Part A	Part B		
			Y/N	Date	Y/N	Date
		0	1.00	2.00	3.00	4.00
PS&R Data						
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	N		N		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	Y	05/16/2025	Y	05/28/2025	14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	Y		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N		18.00
		1.00	2.00	3.00		
Cost Report Preparer Contact Information						
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID	KNOBLOCH	MANAGER		19.00
20.00	Enter the employer/company name of the cost report preparer.	MARTIN FRIEDMAN CPA PC				20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	718-338-6900	DKNOB@MFANDCO.COM			21.00

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX STATISTICAL DATA

Worksheet S-3
Part I
PPS

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					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	SKILLED NURSING FACILITY	215	78,690	0	3,740	9,515	40,516	53,771	0	74	61	393	528	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
6.10	SNF-Based CORF													6.10
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	215	78,690	0	3,740	9,515	40,516	53,771	0	74	61	393	528	8.00
		Average Length of Stay				Admissions				Full Time Equivalent				
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	50.54	155.98	101.84	0	116	72	376	564	140.00	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00		2.00
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST										0.00	0.00		4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00		5.00
6.00	SNF-Based CMHC										0.00	0.00		6.00
6.10	SNF-Based CORF										0.00	0.00		6.10
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	0.00	50.54	155.98	101.84	0	116	72	376	564	140.00	0.00		8.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3

Part II

PPS

PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALARIES							
1.00	Total salaries (See Instructions)	7,906,991	0	7,906,991	254,647.00	31.05	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	7,906,991	0	7,906,991	254,647.00	31.05	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
9.10	CORF						9.10
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	7,906,991	0	7,906,991	254,647.00	31.05	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	504,482	0	504,482	15,547.00	32.45	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	1,591,688	0	1,591,688			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,591,688	0	1,591,688			22.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3

Part III

PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	550,846	0	550,846	15,212.00	36.21	2.00
3.00	Plant Operation, Maintenance & Repairs	131,594	0	131,594	3,662.00	35.94	3.00
4.00	Laundry & Linen Service	146,541	0	146,541	7,755.00	18.90	4.00
5.00	Housekeeping	360,998	0	360,998	17,190.00	21.00	5.00
6.00	Dietary	735,691	0	735,691	29,931.00	24.58	6.00
7.00	Nursing Administration	0	0	0	0.00	0.00	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	0	0	0	0.00	0.00	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	0	0	0	0.00	0.00	13.00
14.00	Total (sum lines 1 thru 13)	1,925,670	0	1,925,670	73,750.00	26.11	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3

Part IV

PPS

PART IV - WAGE RELATED COSTS

	Amount Reported	
	1.00	

Part A - Core List

RETIREMENT COST

1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	5,962	3.00
4.00	Prior Year Pension Service Cost	0	4.00

PLAN ADMINISTRATIVE COSTS (Paid to External Organization)

5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00

HEALTH AND INSURANCE COST

8.00	Health Insurance (Purchased or Self Funded)	588,063	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	279,995	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00

TAXES

17.00	FICA-Employers Portion Only	592,350	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	264	19.00
20.00	State or Federal Unemployment Taxes	125,053	20.00

OTHER

21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,591,687	24.00

Amount Reported

1.00

Part B - Other than Core Related Cost

25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
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WATERS EDGE HEALTHCARE & REHAB. CTR

Provider CCN: 315324

Period:

From: 01/01/2024

To: 12/31/2024

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SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3

Part V

PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	875,114	176,162	1,051,276	15,927.00	66.01	1.00
2.00	Licensed Practical Nurses (LPNs)	1,654,832	333,120	1,987,952	41,361.00	48.06	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,221,740	447,239	2,668,979	90,767.00	29.40	3.00
4.00	Total Nursing (sum of lines 1 through 3)	4,751,686	956,521	5,708,207	148,055.00	38.55	4.00
5.00	Physical Therapists	107,598	21,660	129,258	2,303.00	56.13	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	5,180	1,043	6,223	1,824.00	3.41	7.00
8.00	Occupational Therapists	123,842	24,930	148,772	2,200.00	67.62	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	97,399	19,607	117,006	1,718.00	68.11	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	32,914		32,914	540.00	60.95	14.00
15.00	Licensed Practical Nurses (LPNs)	135,322		135,322	3,007.00	45.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	335,612		335,612	11,986.00	28.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	503,848		503,848	15,533.00	32.44	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	394		394	8.00	49.25	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	240		240	6.00	40.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Provider CCN: 315324

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

WATERS EDGE HEALTHCARE & REHAB. CTR	Period:	Run Date Time:	5/28/2025 2:43 pm
Provider CCN: 315324	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
58.00	SSA		58.00
59.00	IB2		59.00
60.00	IB1		60.00
61.00	IA2		61.00
62.00	IA1		62.00
63.00	BB2		63.00
64.00	BB1		64.00
65.00	BA2		65.00
66.00	BA1		66.00
67.00	PE2		67.00
68.00	PE1		68.00
69.00	PD2		69.00
70.00	PD1		70.00
71.00	PC2		71.00
72.00	PC1		72.00
73.00	PB2		73.00
74.00	PB1		74.00
75.00	PA2		75.00
76.00	PA1		76.00
99.00	AAA		99.00
100.00			100.00
	Expenses	Percentage	Y/N
	1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)			
101.00	Staffing		101.00
102.00	Recruitment		102.00
103.00	Retention of employees		103.00
104.00	Training		104.00
105.00	OTHER (SPECIFY)		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		106.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Provider CCN: 315324

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		5,188,404	5,188,404	0	5,188,404	-913	5,187,491	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,591,688	1,591,688	0	1,591,688	0	1,591,688	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	550,846	1,897,222	2,448,068	0	2,448,068	-582,409	1,865,659	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	131,594	628,539	760,133	0	760,133	0	760,133	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	146,541	64,241	210,782	0	210,782	0	210,782	6.00
7.00	00700	HOUSEKEEPING	360,998	67,291	428,289	0	428,289	0	428,289	7.00
8.00	00800	DIETARY	735,691	521,539	1,257,230	0	1,257,230	0	1,257,230	8.00
9.00	00900	NURSING ADMINISTRATION	0	0	0	0	0	0	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	0	0	0	0	0	0	13.00
14.00	01400	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	0	0	14.00
15.00	01500	OTHER GENERAL SERVICES	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	5,530,525	900,458	6,430,983	0	6,430,983	0	6,430,983	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	872	872	0	872	0	872	40.00
41.00	04100	LABORATORY	0	19,188	19,188	0	19,188	0	19,188	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	1,770	49,278	51,048	0	51,048	0	51,048	43.00
44.00	04400	PHYSICAL THERAPY	227,785	2,164	229,949	0	229,949	0	229,949	44.00
45.00	04500	OCCUPATIONAL THERAPY	123,842	0	123,842	0	123,842	0	123,842	45.00
46.00	04600	SPEECH PATHOLOGY	97,399	240	97,639	0	97,639	0	97,639	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	201,447	201,447	0	201,447	0	201,447	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	0	0	51.00
52.00	05200	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	06000	CLINIC	0	0	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	61.00
62.00	06200	FQHC								62.00
63.00	06300	OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	0	0	71.00
72.00	07200	CORF	0	0	0	0	0	0	0	72.00
73.00	07300	CMHC	0	0	0	0	0	0	0	73.00
74.00	07400	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		0	0	0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	0	0	83.00
84.00	08400	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	0	0	84.00
89.00		SUBTOTALS (sum of lines 1-84)	7,906,991	11,132,571	19,039,562	0	19,039,562	-583,322	18,456,240	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	91.00

WATERS EDGE HEALTHCARE & REHAB. CTR		Period:	Run Date Time:
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS


		Cost Center Description	Salaries 1.00	Other 2.00	Total (col. 1 + col. 2) 3.00	Reclassifications Increase/Decrease (Fr Wkst A-6) 4.00	Reclassified Trial Balance (col. 3 +- col. 4) 5.00	Adjustments to Expenses (Fr Wkst A-8) 6.00	Net Expenses For Allocation (col. 5 +- col. 6) 7.00	
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	95.00
100.00		TOTAL	7,906,991	11,132,571	19,039,562	0	19,039,562	-583,322	18,456,240	100.00

RECLASSIFICATIONS

Worksheet A-6

PPS

	Increases				Decreases				
	Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))		0	0			0	0	100.00
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.									
(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.									

WATERS EDGE HEALTHCARE & REHAB. CTR	Period:	Run Date Time:	5/28/2025 2:43 pm	
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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	71,483	0	0	0	0	71,483	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	11,292	0	0	0	0	11,292	0	6.00
7.00	Subtotal (sum of lines 1-6)	82,775	0	0	0	0	82,775	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	82,775	0	0	0	0	82,775	0	9.00

WATERS EDGE HEALTHCARE & REHAB. CTR

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-913	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts	B	-952	ADMINISTRATIVE & GENERAL	4.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00			0		0.00	25.00
25.01	Don\Misc\ProAds\Pens	A	-581,457	ADMINISTRATIVE & GENERAL	4.00	25.01
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-583,322			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

WATERS EDGE HEALTHCARE & REHAB. CTR

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	5,187,491	5,187,491							1.00
3.00	EMPLOYEE BENEFITS	1,591,688	0	1,591,688						3.00
4.00	ADMINISTRATIVE & GENERAL	1,865,659	169,508	110,886	2,146,053	2,146,053				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	760,133	191,325	26,490	977,948	128,675	1,106,623			5.00
6.00	LAUNDRY & LINEN SERVICE	210,782	182,977	29,499	423,258	55,691	41,952	520,901		6.00
7.00	HOUSEKEEPING	428,289	58,526	72,669	559,484	73,615	13,418	0	646,517	7.00
8.00	DIETARY	1,257,230	641,796	148,095	2,047,121	269,354	147,147	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0	0	13.00
14.00	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	0	0	0	14.00
15.00	OTHER GENERAL SERVICES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	6,430,983	3,661,352	1,113,303	11,205,638	1,474,411	839,450	520,901	646,517	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	872	0	0	872	115	0	0	0	40.00
41.00	LABORATORY	19,188	0	0	19,188	2,525	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	51,048	0	356	51,404	6,764	0	0	0	43.00
44.00	PHYSICAL THERAPY	229,949	48,756	45,853	324,558	42,704	11,178	0	0	44.00
45.00	OCCUPATIONAL THERAPY	123,842	125,589	24,930	274,361	36,100	28,794	0	0	45.00
46.00	SPEECH PATHOLOGY	97,639	53,025	19,607	170,271	22,404	12,157	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	201,447	54,637	0	256,084	33,695	12,527	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	18,456,240	5,187,491	1,591,688	18,456,240	2,146,053	1,106,623	520,901	646,517	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00

WATERS EDGE HEALTHCARE & REHAB. CTR	Period:	Run Date Time:	5/28/2025 2:43 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFTS	Subtotal	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	18,456,240	5,187,491	1,591,688	18,456,240	2,146,053	1,106,623	520,901	646,517	100.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

From: 01/01/2024

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Provider CCN: 315324

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRA TION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS (APPRVD PROG)	S	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	2,463,622								8.00
9.00	NURSING ADMINISTRATION	0	0							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0			13.00
14.00	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	0	0		14.00
15.00	OTHER GENERAL SERVICES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	2,463,622	0	0	0	0	0	0	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	2,463,622	0	0	0	0	0	0	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00

WATERS EDGE HEALTHCARE & REHAB. CTR	Period:	Run Date Time:	5/28/2025 2:43 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRA TION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS (APPRVD PROG)	S	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0				0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	2,463,622	0	0	0	0	0	0	0	100.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

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Provider CCN: 315324

From: 01/01/2024

MCRIF32

2540-10

To: 12/31/2024

Version:

11.1.179.1

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	Subtotal	Post Stepdown Adjustments	Total		
		16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES & SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
13.00	SOCIAL SERVICE					13.00
14.00	INTERNS & RESIDENTS (APPRVD PROG)					14.00
15.00	OTHER GENERAL SERVICES					15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	SKILLED NURSING FACILITY	17,150,539	0	17,150,539		30.00
31.00	NURSING FACILITY	0	0	0		31.00
32.00	ICF/IID	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	987	0	987		40.00
41.00	LABORATORY	21,713	0	21,713		41.00
42.00	INTRAVENOUS THERAPY	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	58,168	0	58,168		43.00
44.00	PHYSICAL THERAPY	378,440	0	378,440		44.00
45.00	OCCUPATIONAL THERAPY	339,255	0	339,255		45.00
46.00	SPEECH PATHOLOGY	204,832	0	204,832		46.00
47.00	ELECTROCARDIOLOGY	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	302,306	0	302,306		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0		50.00
51.00	SUPPORT SURFACES	0	0	0		51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0		52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	CLINIC	0	0	0		60.00
61.00	RURAL HEALTH CLINIC	0	0	0		61.00
62.00	FQHC					62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0		63.00
OTHER REIMBURSABLE COST CENTERS						
70.00	HOME HEALTH AGENCY COST	0	0	0		70.00
71.00	AMBULANCE	0	0	0		71.00
72.00	CORF	0	0	0		72.00
73.00	CMHC	0	0	0		73.00
74.00	OTHER REIMBURSABLE COST	0	0	0		74.00
SPECIAL PURPOSE COST CENTERS						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	INTEREST EXPENSE					81.00
82.00	UTILIZATION REVIEW - SNF					82.00
83.00	HOSPICE	0	0	0		83.00
84.00	OTHER SPECIAL PURPOSE COST	0	0	0		84.00
89.00	SUBTOTALS (sum of lines 1-84)	18,456,240	0	18,456,240		89.00
NONREIMBURSABLE COST CENTERS						
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0		90.00
91.00	BARBER & BEAUTY SHOP	0	0	0		91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0		92.00

WATERS EDGE HEALTHCARE & REHAB. CTR		Period:	Run Date Time:	5/28/2025 2:43 pm
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Subtotal	Post Stepdown Adjustments	Total		
		16.00	17.00	18.00		
93.00	NONPAID WORKERS	0	0	0		93.00
94.00	PATIENTS' LAUNDRY	0	0	0		94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0		95.00
98.00	Cross Foot Adjustments	0	0	0		98.00
99.00	Negative Cost Centers	0	0	0		99.00
100.00	TOTAL	18,456,240	0	18,456,240		100.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

From: 01/01/2024

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	169,508	169,508	0	169,508				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	191,325	191,325	0	10,164	201,489			5.00
6.00	LAUNDRY & LINEN SERVICE	0	182,977	182,977	0	4,399	7,638	195,014		6.00
7.00	HOUSEKEEPING	0	58,526	58,526	0	5,815	2,443	0	66,784	7.00
8.00	DIETARY	0	641,796	641,796	0	21,276	26,792	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0	0	13.00
14.00	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	0	0	0	14.00
15.00	OTHER GENERAL SERVICES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	3,661,352	3,661,352	0	116,457	152,843	195,014	66,784	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	9	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	199	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	534	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	48,756	48,756	0	3,373	2,035	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	125,589	125,589	0	2,851	5,243	0	0	45.00
46.00	SPEECH PATHOLOGY	0	53,025	53,025	0	1,770	2,214	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	54,637	54,637	0	2,661	2,281	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	5,187,491	5,187,491	0	169,508	201,489	195,014	66,784	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00

WATERS EDGE HEALTHCARE & REHAB. CTR	Period:	Run Date Time:	5/28/2025 2:43 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments							0	0	98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	5,187,491	5,187,491	0	169,508	201,489	195,014	66,784	100.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

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Provider CCN: 315324

From: 01/01/2024

MCRIF32

2540-10

To: 12/31/2024

Version:

11.1.179.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRA TION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS (APPRVD PROG)	S	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	689,864								8.00
9.00	NURSING ADMINISTRATION	0	0							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0			13.00
14.00	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	0	0		14.00
15.00	OTHER GENERAL SERVICES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	689,864	0	0	0	0	0	0	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	689,864	0	0	0	0	0	0	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00

WATERS EDGE HEALTHCARE & REHAB. CTR	Period:	Run Date Time:	5/28/2025 2:43 pm
Provider CCN: 315324	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRA TION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS (APPRVD PROG)	S	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0			0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	689,864	0	0	0	0	0	0	0	100.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

Run Date Time: 5/28/2025 2:43 pm



Provider CCN: 315324

From: 01/01/2024

MCRIF32

2540-10

To: 12/31/2024

Version:

11.1.179.1

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Subtotal	Post Step-Down Adjustments	Total		
		16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	CENTRAL SERVICES & SUPPLY					10.00
11.00	PHARMACY					11.00
12.00	MEDICAL RECORDS & LIBRARY					12.00
13.00	SOCIAL SERVICE					13.00
14.00	INTERNS & RESIDENTS (APPRVD PROG)					14.00
15.00	OTHER GENERAL SERVICES					15.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	SKILLED NURSING FACILITY	4,882,314	0	4,882,314		30.00
31.00	NURSING FACILITY	0	0	0		31.00
32.00	ICF/IID	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	9	0	9		40.00
41.00	LABORATORY	199	0	199		41.00
42.00	INTRAVENOUS THERAPY	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	534	0	534		43.00
44.00	PHYSICAL THERAPY	54,164	0	54,164		44.00
45.00	OCCUPATIONAL THERAPY	133,683	0	133,683		45.00
46.00	SPEECH PATHOLOGY	57,009	0	57,009		46.00
47.00	ELECTROCARDIOLOGY	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	59,579	0	59,579		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0		50.00
51.00	SUPPORT SURFACES	0	0	0		51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0		52.00
OUTPATIENT SERVICE COST CENTERS						
60.00	CLINIC	0	0	0		60.00
61.00	RURAL HEALTH CLINIC	0	0	0		61.00
62.00	FQHC					62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0		63.00
OTHER REIMBURSABLE COST CENTERS						
70.00	HOME HEALTH AGENCY COST	0	0	0		70.00
71.00	AMBULANCE	0	0	0		71.00
72.00	CORF	0	0	0		72.00
73.00	CMHC	0	0	0		73.00
74.00	OTHER REIMBURSABLE COST	0	0	0		74.00
SPECIAL PURPOSE COST CENTERS						
80.00	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	INTEREST EXPENSE					81.00
82.00	UTILIZATION REVIEW - SNF					82.00
83.00	HOSPICE	0	0	0		83.00
84.00	OTHER SPECIAL PURPOSE COST	0	0	0		84.00
89.00	SUBTOTALS (sum of lines 1-84)	5,187,491	0	5,187,491		89.00
NONREIMBURSABLE COST CENTERS						
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0		90.00
91.00	BARBER & BEAUTY SHOP	0	0	0		91.00

WATERS EDGE HEALTHCARE & REHAB. CTR		Period:	Run Date Time:	5/28/2025 2:43 pm
Provider CCN: 315324		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Subtotal	Post Step-Down Adjustments	Total		
		16.00	17.00	18.00		
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0		93.00
94.00	PATIENTS' LAUNDRY	0	0	0		94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0		95.00
98.00	Cross Foot Adjustments	0	0	0		98.00
99.00	Negative Cost Centers	0	0	0		99.00
100.00	TOTAL	5,187,491	0	5,187,491		100.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

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Provider CCN: 315324

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Version:

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	54,688								1.00
3.00	EMPLOYEE BENEFITS	0	7,906,991							3.00
4.00	ADMINISTRATIVE & GENERAL	1,787	550,846	-2,146,053	16,310,187					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	2,017	131,594	0	977,948	50,884				5.00
6.00	LAUNDRY & LINEN SERVICE	1,929	146,541	0	423,258	1,929	204,000			6.00
7.00	HOUSEKEEPING	617	360,998	0	559,484	617	0	6,200		7.00
8.00	DIETARY	6,766	735,691	0	2,047,121	6,766	0	0	54,596	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	0	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	0	0	0	13.00
14.00	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	0	0	0	14.00
15.00	OTHER GENERAL SERVICES	0	0	0	0	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	38,599	5,530,525	0	11,205,638	38,599	204,000	6,200	54,596	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	872	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	19,188	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	1,770	0	51,404	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	514	227,785	0	324,558	514	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	1,324	123,842	0	274,361	1,324	0	0	0	45.00
46.00	SPEECH PATHOLOGY	559	97,399	0	170,271	559	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	576	0	0	256,084	576	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	0	0	63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	CORF	0	0	0	0	0	0	0	0	72.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0	0	74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
84.00	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	0	0	0	84.00
89.00	SUBTOTALS (sum of lines 1-84)	54,688	7,906,991	-2,146,053	16,310,187	50,884	204,000	6,200	54,596	89.00
NONREIMBURSABLE COST CENTERS										

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

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Provider CCN: 315324



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	5,187,491	1,591,688		2,146,053	1,106,623	520,901	646,517	2,463,622	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	94.856111	0.201301		0.131577	21.747956	2.553436	104.276935	45.124588	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		169,508	201,489	195,014	66,784	689,864	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.010393	3.959771	0.955951	10.771613	12.635797	105.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRA TION (COSTED REQUISITIO NS)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIO NS)	PHARMACY (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS (APPRVD PROG) (ASSIGNED TIME)	S (ASSIGNED TIME)		
		9.00	10.00	11.00	12.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY									8.00
9.00	NURSING ADMINISTRATION	0								9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0							10.00
11.00	PHARMACY	0	0	0						11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0					12.00
13.00	SOCIAL SERVICE	0	0	0	0	0				13.00
14.00	INTERNS & RESIDENTS (APPRVD PROG)	0	0	0	0	0	0			14.00
15.00	OTHER GENERAL SERVICES	0	0	0	0	0	0	0		15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	0	0	0	0	0	0		30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0		31.00
32.00	ICF/IID	0	0	0	0	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0		50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0		51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	0		52.00
OUTPATIENT SERVICE COST CENTERS										
60.00	CLINIC	0	0		0	0	0	0		60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0		61.00
62.00	FQHC									62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	0		63.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0	0		71.00
72.00	CORF	0	0	0	0	0	0	0		72.00
73.00	CMHC	0	0	0	0	0	0	0		73.00
74.00	OTHER REIMBURSABLE COST	0	0	0	0	0	0	0		74.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0		83.00
84.00	OTHER SPECIAL PURPOSE COST	0	0	0	0	0	0	0		84.00
89.00	SUBTOTALS (sum of lines 1-84)	0	0	0	0	0	0	0		89.00
NONREIMBURSABLE COST CENTERS										

WATERS EDGE HEALTHCARE & REHAB. CTR

Period:

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRA TION (COSTED REQUISITIO NS)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIO NS)	PHARMACY (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS (APPRVD PROG) (ASSIGNED TIME)	S (ASSIGNED TIME)		
		9.00	10.00	11.00	12.00	13.00	14.00	15.00		
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0		90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0		91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0		93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0		94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0		95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	0	0		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	0	0		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		105.00

WATERS EDGE HEALTHCARE & REHAB. CTR

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	987	1,728	0.571181	40.00
41.00	LABORATORY	21,713	19,188	1.131593	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	58,168	12,994	4.476528	43.00
44.00	PHYSICAL THERAPY	378,440	416,239	0.909189	44.00
45.00	OCCUPATIONAL THERAPY	339,255	234,300	1.447951	45.00
46.00	SPEECH PATHOLOGY	204,832	211,129	0.970175	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	302,306	303,544	0.995922	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0.000000	52.00
OUTPATIENT SERVICE COST CENTERS					
60.00	CLINIC	0	0	0.000000	60.00
61.00	RURAL HEALTH CLINIC				61.00
62.00	FQHC				62.00
63.00	OTHER OUTPATIENT SERVICES	0	0	0.000000	63.00
71.00	AMBULANCE	0	0	0.000000	71.00
100.00	Total	1,305,701	1,199,122		100.00

WATERS EDGE HEALTHCARE & REHAB. CTR

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I

Title XVIII

Skilled Nursing Facility

PPS

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0.571181	1,728	0	987	0	40.00
41.00	LABORATORY	1.131593	1,850	0	2,093	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	4.476528	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.909189	329,395	0	299,482	0	44.00
45.00	OCCUPATIONAL THERAPY	1.447951	193,090	0	279,585	0	45.00
46.00	SPEECH PATHOLOGY	0.970175	156,450	0	151,784	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0.995922	161,956	0	161,296	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
52.00	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	52.00
OUTPATIENT SERVICE COST CENTERS							
60.00	CLINIC	0.000000	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC						61.00
62.00	FQHC						62.00
63.00	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	63.00
71.00	AMBULANCE (2)	0.000000		0			71.00
100.00	Total (Sum of lines 40 - 71)		844,469	0	895,227	0	100.00

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

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

WATERS EDGE HEALTHCARE & REHAB. CTR

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

PART II - APPORTIONMENT OF VACCINE COST

		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	0.995922	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	1,125	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	1,120	3.00

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

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

ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	987	0	0.000000	987	0	40.00
41.00	LABORATORY	21,713	0	0.000000	2,093	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	58,168	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	378,440	0	0.000000	299,482	0	44.00
45.00	OCCUPATIONAL THERAPY	339,255	0	0.000000	279,585	0	45.00
46.00	SPEECH PATHOLOGY	204,832	0	0.000000	151,784	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	302,306	0	0.000000	161,296	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
52.00	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	52.00
100.00	Total (Sum of lines 40 - 52)	1,305,701	0		895,227	0	100.00

WATERS EDGE HEALTHCARE & REHAB. CTR

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Part I

PPS

Title XVIII

Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS

		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	53,771	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	3,740	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	17,150,539	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	20,995,600	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.816863	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	17,150,539	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	318.96	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,192,910	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	1,192,910	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	4,882,314	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	90.80	21.00
22.00	Program capital related cost (Line 3 times line 21)	339,592	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	853,318	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	853,318	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
		1.00	
1.00	Total SNF inpatient days	53,771	1.00
2.00	Program inpatient days (see instructions)	3,740	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.069554	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E

Part I

PPS

Title XVIII

Skilled Nursing Facility

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	2,553,635	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	2,553,635	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	551,616	5.00
6.00	Allowable bad debts (From your records)	87,981	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	57,188	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	2,059,207	11.00
12.00	Interim payments (See instructions)	1,961,979	12.00
13.00	Tentative adjustment	0	13.00
14.00		0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	1,144	14.75
14.99	Sequestration amount (see instructions)	40,040	14.99
15.00	Balance due provider/program (see Instructions)	56,044	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

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

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	1,120	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	1,120	19.00
20.00	Medicare Part B ancillary charges (See instructions)	1,125	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	1,120	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	1,120	25.00
26.00	Interim payments (See instructions)	838	26.00
27.00	Tentative adjustment	0	27.00
28.00	SEQUESTRATION ADJ	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	22	28.99
29.00	Balance due provider/program (see instructions)	260	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII

Skilled Nursing Facility

PPS

		Inpatient Part A		Part B		
	DESCRIPTION	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,961,979		838	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		1,961,979		838	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		56,044		260	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,018,023		1,098	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	-31,934	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	4,096,368	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	34,584	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	75,124	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	4,174,142	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	71,483	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	11,292	0	0	0	23.00
24.00	Less: Accumulated depreciation	-3,512	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	79,263	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	4,253,405	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	2,649,194	0	0	0	35.00
36.00	Salaries, wages, and fees payable	220,202	0	0	0	36.00
37.00	Payroll taxes payable	79,963	0	0	0	37.00
38.00	Notes & loans payable (Short term)	26,186	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	-835	0	0	0	41.00
42.00	Other current liabilities	209,688	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	3,184,398	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	-10,305	0	0	0	44.00
45.00	Notes payable	1,185,542	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	313,071	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	1,488,308	0	0	0	50.00

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	4,672,706	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-419,301				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-419,301	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	4,253,405	0	0	0	60.00
() = contra amount						

WATERS EDGE HEALTHCARE & REHAB. CTR

Provider CCN: 315324

Period:

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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		0		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-419,301							2.00
3.00	Total (sum of line 1 and line 2)		-419,301		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00		0		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-419,301		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-419,301		0		0		0	19.00

WATERS EDGE HEALTHCARE & REHAB. CTR

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

Part I

PPS

PART I - PATIENT REVENUES

	Cost Center Description	Inpatient 1.00	Outpatient 2.00	Total 3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	20,995,600		20,995,600	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	20,995,600		20,995,600	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	0	0	0	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
11.10	CORF		0	0	11.10
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	20,995,600	0	20,995,600	14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		19,039,562	1.00
2.00	Add (Specify)	0		2.00
3.00		0		3.00
4.00		0		4.00
5.00		0		5.00
6.00		0		6.00
7.00		0		7.00
8.00	Total Additions (Sum of lines 2 - 7)		0	8.00
9.00	Deduct (Specify)	0		9.00
10.00		0		10.00
11.00		0		11.00
12.00		0		12.00
13.00		0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)		0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		19,039,562	15.00

WATERS EDGE HEALTHCARE & REHAB. CTR

Provider CCN: 315324

Period:

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	20,995,600	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,377,204	2.00
3.00	Net patient revenues (Line 1 minus line 2)	18,618,396	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	19,039,562	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-421,166	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	913	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	952	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	EMPLOYEE RETENTION CREDIT	0	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,865	25.00
26.00	Total (Line 5 plus line 25)	-419,301	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-419,301	31.00