

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Form Approved  
 OMB No. 0938-0463  
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Worksheet S Monday, May 19, 2025 at 9:12:32 AM

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

PART I - COST REPORT STATUS

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Chatham Hills Subacute Care Center (31-5120) for the cost report period beginning January 1, 2024 and ending December 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
1	2

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

2 |Printed name \_\_\_\_\_

3 |Title \_\_\_\_\_

4 |Signature date \_\_\_\_\_

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	-99,581	0	0
100	Total	0	-99,581	0	0

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

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part I Monday, May 19, 2025 at 9:12:32 AM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS

#

1 Street / P.O. Box: 415 Southern Blvd  
 2 City / State / Zip: CHATHAM NJ 07928  
 3 County / CBSA Code / Urban/Rural: Morris 35084 Urban

Payment System  
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	Payment System		
					V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Chatham Hills Subacute Care Cen	31-5120	08/04/1970		P	
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2024	12/31/2024				
15	Type of Control (See Instructions)		6				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 582,631  
 21 Declining Balance.  
 22 Sum of the Years' Digits  
 23 Sum of lines 20 through 22 582,631  
 24 If depreciation is funded, enter the balance as of the end of the period.  
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N  
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N  
 Did you cease to participate in the Medicare program at the end of the period to which this cost report  
 27 applies (See PRM 15-1, Chapter 1)? N  
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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

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

Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the  
 37 level of care given for Titles V & XIX patients? N  
 38 Are you legally-required to carry malpractice insurance? Yes  
 Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If  
 39 policy is "occurrence", enter 2. 1  
 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per  
 40 lawsuit. Enter in column 2 the monetary limit per policy year.

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

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center?  
 42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N

Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column  
 43 1. N  
 If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name  
 44 and address of the home office on lines 45-47.

45 Name / Contractor Name / Contractor Number

46 Street / PO Box

47 City / State / Zip

CHATHAM HILLS SUBACUTE CARE CENTER  
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Worksheet S-2 Part II Monday, May 19, 2025 at 9:12:32 AM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	Y		
<b>FINANCIAL DATA AND REPORTS</b>				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
<b>BAD DEBTS</b>				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
<b>PS&amp;R DATA</b>				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	03/25/2025	Y 03/25/2025
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
<b>COST REPORT PREPARER CONTACT INFORMATION</b>				
19	First name/Last Name/Title	Luca	Pasqualetti	Preparer
20	Employer.	Zimmet Healthcare Services Group LLC		
21	Telephone number/Email address.	732-970-0733	costreports@zhealthcare.com	

CHATHAM HILLS SUBACUTE CARE CENTER  
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 Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part I Monday, May 19, 2025 at 9:12:32 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	108	39,528	0	6,206	13,314	10,440	29,960
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	108	39,528	0	6,206	13,314	10,440	29,960

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	143	34	152	329	0.00	43.40	391.59	91.06
2	Nursing Facility	0		0	0	0	0.00		0.00	0.00
4	Home Health Agency Cost					0				0.00
5	Other Long Term Care				0	0				0.00
8	Total	0	143	34	152	329	0.00	43.40	391.59	91.06

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	164	15	142	321	84.80	0
2	Nursing Facility	0		0	0	0	0.00	0
4	Home Health Agency Cost					0	0.00	0
5	Other Long Term Care				0	0	0.00	0
8	Total	0	164	15	142	321	84.80	0

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Worksheet S-3 Part II Monday, May 19, 2025 at 9:12:32 AM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	5,529,309	0	5,529,309	176,380.00	31.35
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	5,529,309	0	5,529,309	176,380.00	31.35
7	Other Long Term Care	0	0	0	0.00	
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	0	0	0	0.00	
12	Subtotal Excluded salary (Sum of lines 7-11)	0	0	0	0.00	
13	Total Adjusted Salaries (Line 6 - 12)	5,529,309	0	5,529,309	176,380.00	31.35
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	610,899	0	610,899	17,313.00	35.29
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	925,658	0	925,658		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	0	0	0		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	925,658	0	925,658		

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Worksheet S-3 Part III Monday, May 19, 2025 at 9:12:32 AM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	445,468	0	445,468	8,392	53.08
3	Plant Operation, Maint. & Repairs	235,247	0	235,247	9,582	24.55
4	Laundry & Linen Service	42,381	0	42,381	2,270	18.67
5	Housekeeping	190,093	0	190,093	11,235	16.92
6	Dietary	575,899	0	575,899	25,618	22.48
7	Nursing Administration	629,925	0	629,925	10,846	58.08
8	Central Services & Supply	73,000	0	73,000	3,519	20.74
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	0	0	0	0	0.00
11	Social Service	127,901	0	127,901	3,657	34.97
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	173,118	0	173,118	7,777	22.26
14	Total	2,493,032	0	2,493,032	82,896	30.07

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Worksheet S-3 Part IV Monday, May 19, 2025 at 9:12:32 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	4,931
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	292,271
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	118,419
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	412,500
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	97,537
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	925,658
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

CHATHAM HILLS SUBACUTE CARE CENTER  
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Worksheet S-3 Part V Monday, May 19, 2025 at 9:12:32 AM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
<b>DIRECT SALARIES</b>						
<b>NURSING OCCUPATIONS</b>						
1	Registered Nurses (RNs)	732,792	122,676	855,468	14,655	58.37
2	Licensed Practical Nurses (LPNs)	692,632	115,953	808,585	17,827	45.36
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,033,054	172,943	1,205,997	46,386	26.00
4	<b>Total Nursing (Sum of 1 - 3)</b>	<b>2,458,478</b>	<b>411,572</b>	<b>2,870,050</b>	<b>78,868</b>	<b>36.39</b>
5	Physical Therapists	112,680	18,864	131,544	2,280	57.69
6	Physical Therapy Assistants	91,489	15,316	106,805	2,314	46.16
7	Physical Therapy Aides	35,687	5,974	41,661	1,842	22.62
8	Occupational Therapists	154,934	25,937	180,871	3,975	45.50
9	Occupational Therapy Assistants	31,191	5,222	36,413	800	45.52
10	Occupational Therapy Aides	52,816	8,842	61,658	1,444	42.70
11	Speech Therapists	99,002	16,574	115,576	1,961	58.94
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
<b>CONTRACT LABOR</b>						
<b>NURSING OCCUPATIONS</b>						
14	Registered Nurses (RNs)	46,869		46,869	862	54.37
15	Licensed Practical Nurses (LPNs)	104,283		104,283	2,195	47.51
16	Certified Nursing Assistants/Nursing Assistants/Aides	436,168		436,168	13,862	31.47
17	<b>Total Nursing (Sum of 14 - 16)</b>	<b>587,320</b>		<b>587,320</b>	<b>16,919</b>	<b>34.71</b>
18	Physical Therapists	17,843		17,843	270	66.09
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	5,735		5,735	124	46.25
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

CHATHAM HILLS SUBACUTE CARE CENTER  
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Worksheet A Monday, May 19, 2025 at 9:12:32 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		1,819,445	1,819,445	0	1,819,445	-745,326	1,074,119
2	Cap Rel Costs - Movable Equipment		335,109	335,109	0	335,109	0	335,109
3	Employee Benefits	0	1,074,949	1,074,949	0	1,074,949	0	1,074,949
4	Administrative & General	445,468	2,276,865	2,722,333	0	2,722,333	-985,764	1,736,569
5	Plant Operation, Maint. & Repairs	235,247	533,285	768,532	0	768,532	0	768,532
6	Laundry & Linen Service	42,381	154,520	196,901	0	196,901	0	196,901
7	Housekeeping	190,093	24,267	214,360	0	214,360	0	214,360
8	Dietary	575,899	305,887	881,786	0	881,786	0	881,786
9	Nursing Administration	629,925	0	629,925	0	629,925	0	629,925
10	Central Services & Supply	73,000	82,166	155,166	-415	154,751	0	154,751
11	Pharmacy	0	28,318	28,318	0	28,318	0	28,318
12	Medical Records & Library	0	-72	-72	0	-72	0	-72
13	Social Service	127,901	28,566	156,467	0	156,467	0	156,467
14	Nursing and Allied Health Education	0	0	0	0	0	0	0
15	Other General Service Cost	173,118	58,149	231,267	0	231,267	0	231,267
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	2,458,478	811,902	3,270,380	0	3,270,380	0	3,270,380
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	25,394	25,394	0	25,394	0	25,394
41	Laboratory	0	27,992	27,992	0	27,992	0	27,992
42	Intravenous Therapy	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	239,856	19,342	259,198	0	259,198	0	259,198
45	Occupational Therapy	238,941	5,735	244,676	0	244,676	0	244,676
46	Speech Pathology	99,002	11,851	110,853	0	110,853	0	110,853
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	415	415	0	415
49	Drugs Charged to Patients	0	232,462	232,462	0	232,462	0	232,462
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	5,529,309	7,856,132	13,385,441	0	13,385,441	-1,731,090	11,654,351
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Detail	0	0	0	0	0	0	0

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet A Monday, May 19, 2025 at 9:12:32 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
		-----	-----	-----	-----	-----	-----	-----
100	TOTAL	5,529,309	7,856,132	13,385,441	0	13,385,441	-1,731,090	11,654,351

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet A-6 Monday, May 19, 2025 at 9:12:32 AM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Increases			Decreases					
		Code	COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass med supply sold	A	Medical Supplies Cha	48.00	0	415	Central Services & S	10.00	0	415
100	TOTAL RECLASSIFICATIONS				0	415			0	415

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet A-7 Monday, May 19, 2025 at 9:12:32 AM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	0	0	0	0	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	0	0	0	0	0
4	Building Improvements	4,539,330	137,141	0	4,676,471	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	3,542,146	177,659	48,210	3,671,595	3,113,107
7	Subtotal	8,081,476	314,800	48,210	8,348,066	3,113,107
8	Reconciling Items	0	0	0	0	0
9	Total	8,081,476	314,800	48,210	8,348,066	3,113,107

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet A-8 Monday, May 19, 2025 at 9:12:32 AM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-16,317	Cap Rel Costs - Bldgs & Fixtures	1	4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
12	Adjustment resulting from transactions with related organizations	A81	-684,009			
13	Laundry and Linen service		0			
14	Revenue - Employee meals		0			
15	Cost of meals - Guests		0			
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review	82	
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures	1	
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment	2	
25	Management Fees	A	-240,000	Administrative & General	4	
26	CR Fiscal Purchase Service	A	-296,927	Administrative & General	4	
27	Bad debt expense	A	-347,000	Administrative & General	4	
28	Bad debts part A 35% pvt	A	-44,475	Administrative & General	4	
29	Advertising	A	-71,390	Administrative & General	4	
30	Marketing Events	A	-18,427	Administrative & General	4	
31	Starbucks	A	-11,095	Administrative & General	4	
32	Corporation Tax	A	-450	Administrative & General	4	
33	Donations	A	-1,000	Administrative & General	4	
100	TOTAL		<u>-1,731,090</u>			

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet A-8-1 Monday, May 19, 2025 at 9:12:32 AM

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

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

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Amount Included in Wkst A col 5	
1	1	1	3	4	5	6
1	1	Cap Rel Costs - Bldgs & Fixtures	Capital Costs/Rent and Real Estate Tax	783,484	1,512,493	-729,009
2	4	Administrative & General	Administrative Expenses	45,000	0	45,000
10		TOTALS		828,484	1,512,493	-684,009

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

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

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

#	Symbol	Name	----- Related Organization(s) -----		Percent of Ownership	Type of Business
			Percentage of Ownership	Name		
1	B	Chatham Hills Ventures	100%	Chatham Hills Realty LLC	100%	Realty

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

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet A-8-2 Monday, May 19, 2025 at 9:12:32 AM

Provider-Based Physicians Adjustments

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

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

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Monday, May 19, 2025 at 9:12:32 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	1,074,119	1,074,119							
2 Cap Rel Costs - Movable Equipment	335,109		335,109						
3 Employee Benefits	1,074,949	0		1,074,949					
4 Administrative & General	1,736,569	51,733	16,140	86,603	1,891,045	1,891,045			
5 Plant Operation, Maint. & Repairs	768,532	41,610	12,982	45,734	868,858	168,288	1,037,146		
6 Laundry & Linen Service	196,901	32,306	10,079	8,239	247,525	47,943	34,163	329,631	
7 Housekeeping	214,360	1,723	538	36,956	253,577	49,115	1,822	0	304,514
8 Dietary	881,786	140,252	43,757	111,960	1,177,755	228,118	148,313	0	45,111
9 Nursing Administration	629,925	10,467	3,266	122,463	766,121	148,389	11,069	0	3,367
10 Central Services & Supply	154,751	4,221	1,317	14,192	174,481	33,795	4,464	0	1,358
11 Pharmacy	28,318	0	0	0	28,318	5,485	0	0	0
12 Medical Records & Library	-72	7,150	2,231	0	9,309	1,803	7,561	0	2,300
13 Social Service	156,467	4,308	1,344	24,865	186,984	36,217	4,555	0	1,385
14 Nursing and Allied Health Education	0	0	0	0	0	0	0	0	0
15 Other General Service Cost	231,267	20,073	6,262	33,656	291,258	56,413	21,227	0	6,456
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	3,270,380	715,220	223,137	477,952	4,686,689	907,760	756,326	329,631	230,045
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	25,394	0	0	0	25,394	4,919	0	0	0
41 Laboratory	27,992	0	0	0	27,992	5,422	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	259,198	31,746	9,904	46,630	347,478	67,303	33,571	0	10,211
45 Occupational Therapy	244,676	1,206	376	46,452	292,710	56,695	1,275	0	388
46 Speech Pathology	110,853	0	0	19,247	130,100	25,199	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	415	0	0	0	415	80	0	0	0
49 Drugs Charged to Patients	232,462	0	0	0	232,462	45,025	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	11,654,351	1,062,015	331,333	1,074,949	11,638,471	1,887,969	1,024,346	329,631	300,621
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	12,104	3,776	0	15,880	3,076	12,800	0	3,893
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Detal	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	11,654,351	1,074,119	335,109	1,074,949	11,654,351	1,891,045	1,037,146	329,631	304,514

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Monday, May 19, 2025 at 9:12:32 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Nursing & Allied Health Ed. (Patient Days) 14	Activities Service (Patient Days) 15	SubTotal 16
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	1,599,297								
9 Nursing Administration	0	928,946							
10 Central Services & Supply	0	0	214,098						
11 Pharmacy	0	0	0	33,803					
12 Medical Records & Library	0	0	0	0	20,973				
13 Social Service	0	0	0	0	0	229,141			
14 Nursing and Allied Health Education	0	0	0	0	0	0	0		
15 Other General Service Cost	0	0	0	0	0	0	0	375,354	
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	1,599,297	928,946	214,098	33,803	20,973	229,141	0	375,354	10,312,063
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	0	30,313
41 Laboratory	0	0	0	0	0	0	0	0	33,414
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0	0	0	458,563
45 Occupational Therapy	0	0	0	0	0	0	0	0	351,068
46 Speech Pathology	0	0	0	0	0	0	0	0	155,299
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	495
49 Drugs Charged to Patients	0	0	0	0	0	0	0	0	277,487
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	1,599,297	928,946	214,098	33,803	20,973	229,141	0	375,354	11,618,702
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	0	35,649
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Detail	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	1,599,297	928,946	214,098	33,803	20,973	229,141	0	375,354	11,654,351

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Monday, May 19, 2025 at 9:12:32 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Adjustments 17	Total 18
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
ANCILLARY SERVICE COST CENTERS		
30	0	10,312,063
31	0	0
33	0	0
OTHER REIMBURSABLE COST CENTERS		
40	0	30,313
41	0	33,414
42	0	0
43	0	0
44	0	458,563
45	0	351,068
46	0	155,299
47	0	0
48	0	495
49	0	277,487
50	0	0
SPECIAL PURPOSE COST CENTERS		
51	0	0
52	0	0
NON-REIMBURSABLE COST CENTERS		
60	0	0
63	0	0
70	0	0
71	0	0
74	0	0
84	0	0
89	0	11,618,702
90	0	0
91	0	35,649
92	0	0
93	0	0
94	0	0
95	0	0
98	0	0
99	0	0
100	0	11,654,351

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Monday, May 19, 2025 at 9:12:32 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1	Cap Rel Costs - Bldgs & Fixtures	0	0						
2	Cap Rel Costs - Movable Equipment	0	0	0					
3	Employee Benefits	0	0	0	0				
4	Administrative & General	0	51,733	16,140	67,873	67,873			
5	Plant Operation, Maint. & Repairs	0	41,610	12,982	54,592	6,040	60,632		
6	Laundry & Linen Service	0	32,306	10,079	42,385	1,721	1,997	46,103	
7	Housekeeping	0	1,723	538	2,261	1,763	107	0	4,131
8	Dietary	0	140,252	43,757	184,009	8,188	8,670	0	612
9	Nursing Administration	0	10,467	3,266	13,733	5,326	647	0	46
10	Central Services & Supply	0	4,221	1,317	5,538	1,213	261	0	18
11	Pharmacy	0	0	0	0	197	0	0	0
12	Medical Records & Library	0	7,150	2,231	9,381	65	442	0	31
13	Social Service	0	4,308	1,344	5,652	1,300	266	0	19
14	Nursing and Allied Health Education	0	0	0	0	0	0	0	0
15	Other General Service Cost	0	20,073	6,262	26,335	2,025	1,241	0	88
ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	0	715,220	223,137	938,357	32,579	44,215	46,103	3,120
31	Nursing Facility	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40	Radiology	0	0	0	0	177	0	0	0
41	Laboratory	0	0	0	0	195	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	0	31,746	9,904	41,650	2,416	1,963	0	139
45	Occupational Therapy	0	1,206	376	1,582	2,035	75	0	5
46	Speech Pathology	0	0	0	0	904	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	3	0	0	0
49	Drugs Charged to Patients	0	0	0	0	1,616	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51	Support Surfaces	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0
89	Subtotals	0	1,062,015	331,333	1,393,348	67,763	59,884	46,103	4,078
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	12,104	3,776	15,880	110	748	0	53
92	Physicians Private Offices	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0
95	Detail	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0
100	TOTAL	0	1,074,119	335,109	1,409,228	67,873	60,632	46,103	4,131

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Monday, May 19, 2025 at 9:12:32 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Nursing & Allied Health Ed. (Patient Days) 14	Activities Service (Patient Days) 15	SubTotal 16
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	201,479								
9 Nursing Administration	0	19,752							
10 Central Services & Supply	0	0	7,030						
11 Pharmacy	0	0	0	197					
12 Medical Records & Library	0	0	0	0	9,919				
13 Social Service	0	0	0	0	0	7,237			
14 Nursing and Allied Health Education	0	0	0	0	0	0	0		
15 Other General Service Cost	0	0	0	0	0	0	0	29,689	
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	201,479	19,752	7,030	197	9,919	7,237	0	29,689	1,339,677
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	0	177
41 Laboratory	0	0	0	0	0	0	0	0	195
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0	0	0	46,168
45 Occupational Therapy	0	0	0	0	0	0	0	0	3,697
46 Speech Pathology	0	0	0	0	0	0	0	0	904
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	3
49 Drugs Charged to Patients	0	0	0	0	0	0	0	0	1,616
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	201,479	19,752	7,030	197	9,919	7,237	0	29,689	1,392,437
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	0	16,791
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Detal	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	201,479	19,752	7,030	197	9,919	7,237	0	29,689	1,409,228





CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Monday, May 19, 2025 at 9:12:32 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Nursing & Allied Health Ed. (Patient Days) 14	Activities Service (Patient Days) 15
1	Cap Rel Costs - Bldgs & Fixtures						
2	Cap Rel Costs - Movable Equipment						
3	Employee Benefits						
4	Administrative & General						
5	Plant Operation, Maint. & Repairs						
6	Laundry & Linen Service						
7	Housekeeping						
8	Dietary						
9	Nursing Administration	29,960					
10	Central Services & Supply	0	29,960				
11	Pharmacy	0	0	29,960			
12	Medical Records & Library	0	0	0	29,960		
13	Social Service	0	0	0	0	29,960	
14	Nursing and Allied Health Education	0	0	0	0	0	0
15	Other General Service Cost	0	0	0	0	0	29,960
ANCILLARY SERVICE COST CENTERS							
30	Skilled Nursing Facility	29,960	29,960	29,960	29,960	29,960	0
31	Nursing Facility	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
40	Radiology	0	0	0	0	0	0
41	Laboratory	0	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0	0
45	Occupational Therapy	0	0	0	0	0	0
46	Speech Pathology	0	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
51	Support Surfaces	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS							
60	Clinic	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0
89	Subtotal	29,960	29,960	29,960	29,960	29,960	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0
95	Detal	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Monday, May 19, 2025 at 9:12:32 AM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
102	Cost to be Allocated per Bp1	1,074,119	335,109	1,074,949	0	1,891,045	1,037,146	329,631	304,514	1,599,297
103	Unit Cost Multiplier per Bp1	43.075032	13.438763	0.194409	0.000000	0.193689	45.550793	11.002370	13.854770	17.793692
104	Cost to be Allocated per Bp2	0	0	0	0	67,873	60,632	46,103	4,131	201,479
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.006952	2.662919	1.538818	0.187952	2.241644

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Monday, May 19, 2025 at 9:12:32 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Nursing & Allied Health Ed. (Patient Days) 14	Activities Service (Patient Days) 15	
102	Cost to be Allocated per Bp1	928,946	214,098	33,803	20,973	229,141	0	375,354
103	Unit Cost Multiplier per Bp1	31.006208	7.146128	1.128271	0.700033	7.648231	0.000000	12.528505
104	Cost to be Allocated per Bp2	19,752	7,030	197	9,919	7,237	0	29,689
105	Unit Cost Multiplier per Bp2	0.659279	0.234646	0.006575	0.331075	0.241555	0.000000	0.990955

CHATHAM HILLS SUBACUTE CARE CENTER  
Provider CCN: 31-5120  
Period from 1/1/2024 to 12/31/2024

Worksheet B-2 Monday, May 19, 2025 at 9:12:32 AM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet C Monday, May 19, 2025 at 9:12:32 AM

Ratio of Cost of Charges  
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	30,313	25,394	1.193707
41	Laboratory	33,414	27,992	1.193698
42	Intravenous Therapy	0	0	0.000000
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	458,563	461,650	0.993313
45	Occupational Therapy	351,068	572,161	0.613583
46	Speech Pathology	155,299	282,459	0.549811
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	495	415	1.192771
49	Drugs Charged to Patients	277,487	232,463	1.193682
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	1,306,639	1,602,534	

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet D Part I Monday, May 19, 2025 at 9:12:32 AM

Skilled Nursing Facility  
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
<b>ANCILLARY SERVICE COST CENTERS</b>						
40	Radiology	1.193707	0	0	0	0
41	Laboratory	1.193698	0	0	0	0
42	Intravenous Therapy	0.000000	0	0	0	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.993313	259,616	0	257,880	0
45	Occupational Therapy	0.613583	302,019	0	185,314	0
46	Speech Pathology	0.549811	137,357	0	75,520	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	1.192771	0	0	0	0
49	Drugs Charged to Patients	1.193682	55,353	0	66,074	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	<b>TOTAL</b>		<b>754,345</b>	<b>0</b>	<b>584,788</b>	<b>0</b>

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet D Part II Monday, May 19, 2025 at 9:12:32 AM

Skilled Nursing Facility  
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.193682
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	30,313	0	0.000000	0
41	Laboratory	33,414	0	0	0
42	Intravenous Therapy	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	458,563	0	0	257,880
45	Occupational Therapy	351,068	0	0	185,314
46	Speech Pathology	155,299	0	0	75,520
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	495	0	0	0
49	Drugs Charged to Patients	277,487	0	0	66,074
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	1,306,639	0		584,788

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Monday, May 19, 2025 at 9:12:32 AM

Nursing Facility  
 Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	29,960
2	Private room days	0
3	Inpatient days incl. Program prvt.	6,206
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	10,312,063
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	2,627,383
7	General Inpatient routine service RCC	3.924842
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	10,312,063
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	344.19
17	Program routine service cost	2,136,043
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,136,043
20	Capital related cost allocated to inpati	1,339,677
21	Per diem capital related costs	44.72
22	Program capital related cost	277,532
23	Inpatient routine service cost	1,858,511
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,858,511
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

CHATHAM HILLS SUBACUTE CARE CENTER  
Provider CCN: 31-5120  
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Monday, May 19, 2025 at 9:12:32 AM

Computation of Inpatient Routine Costs

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

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	29,960
2	Program inpatient days (see instructions)	6,206
3	Total Nursing & Allied Health costs ( see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.207143
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet E Monday, May 19, 2025 at 9:12:33 AM

Calculation of Reimbursement Settlement  
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	5,145,815
2	Nursing and Allied Health Education Activities (pass through payments)	0
		-----
3	Subtotal	5,145,815
4	Primary payor amounts	0
5	Coinsurance	852,108
6	Reimbursable bad debts (From your records)	121,522
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	74,522
8	Adjusted reimbursable bad debts. (See instructions)	78,989
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0
		-----
11	Subtotal	4,372,696
12	Interim payments (See instructions)	4,384,823
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	1,580
14.99	Sequestration adjustment (See instructions)	85,874
15	Balance due provider/program	-99,581
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

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

17	Ancillary services Part B	0
18	Vaccine cost	0
19	Total reasonable costs	0
20	Medicare Part B ancillary charges	0
21	Cost of covered services	0
22	Primary payor amounts	0
23	Coinsurance and deductibles	0
24	Reimbursable bad debts	0
24.01	Reimbursable bad debts for dual eligible beneficiaries (see inst	0
24.02	Adjusted reimbursable bad debts (see instructions)	0
		-----
25	Subtotal	0
26	Interim adjustment	0
27	Tentative adjustment	0
28	Other adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0
		-----
29	Balance due provider/program	0
30	Protested amounts (Nonallowable cost report items)	0

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet E-1 Monday, May 19, 2025 at 9:12:33 AM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ----		----- Part B -----	
		Mo/Day/Year	Amount	Mo/Day/Year	Amount
		1	2	3	4
1	Total interim payments paid to provider		4,332,472		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider	06/07/2024	52,351		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		52,351		0
4	TOTAL INTERIM PAYMENTS		4,384,823		0

TO BE COMPLETED BY CONTRACTOR

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

Name of Contractor: \_\_\_\_\_ Contractor Number: \_\_\_\_\_

8 Name of Contractor/Number 0 0

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet G Monday, May 19, 2025 at 9:12:33 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	528,952	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,348,717	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	965,000	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	74,984	0	0	0
9	Other current assets	1,740	0	0	0
10	Due from other funds	0	0	0	0
11	<b>TOTAL CURRENT ASSETS</b>	<b>1,989,393</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FIXED ASSETS</b>					
12	Land	0	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	0	0	0	0
16	Less: Accumulated depreciation	0	0	0	0
17	Leasehold improvements	4,676,471	0	0	0
18	Less: Accumulated amortization	1,957,149	0	0	0
19	Fixed equipment	0	0	0	0
20	Less: Accumulated depreciation	0	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	3,671,595	0	0	0
24	Less: Accumulated depreciation	3,349,445	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	<b>TOTAL FIXED ASSETS</b>	<b>3,041,472</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER ASSETS</b>					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	3,374,152	0	0	0
33	<b>TOTAL OTHER ASSETS</b>	<b>3,374,152</b>	<b>0</b>	<b>0</b>	<b>0</b>
34	<b>TOTAL ASSETS</b>	<b>8,405,017</b>	<b>0</b>	<b>0</b>	<b>0</b>

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet G Monday, May 19, 2025 at 9:12:33 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
<b>CURRENT LIABILITIES</b>					
35	Accounts payable	815,453	0	0	0
36	Salaries, wages & fees payable	367,754	0	0	0
37	Payroll taxes payable	20,321	0	0	0
38	Notes & loans payable (short term)	620,000	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	4,900,109	0	0	0
43	<b>TOTAL CURRENT LIABILITIES</b>	<b>6,723,637</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM LIABILITIES</b>					
44	Mortgage payable	0	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	0	0	0	0
49		0	0	0	0
50	<b>TOTAL LONG TERM LIABILITIES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
51	<b>TOTAL LIABILITIES</b>	<b>6,723,637</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	1,681,380			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	<b>TOTAL FUND BALANCES</b>	<b>1,681,380</b>	<b>0</b>	<b>0</b>	<b>0</b>
60	<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>8,405,017</b>	<b>0</b>	<b>0</b>	<b>0</b>

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet G-1 Monday, May 19, 2025 at 9:12:33 AM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		3424465		0		0		0
2 Net income (loss)		-1022969						
3 Total		2401496		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	0		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		0		0		0		0
11 Subtotal		2401496		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Prior Period Activity	720116		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		720116		0		0		0
19 Fund balances - ending		1681380		0		0		0

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part I Monday, May 19, 2025 at 9:12:33 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	12,437,226		12,437,226
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	12,437,226		12,437,226
	ALL OTHER CARE SERVICES			
6	Ancillary services	237,874	0	237,874
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0	0	0
		=====	=====	=====
14	Total Patient Revenues	12,675,100	0	12,675,100

CHATHAM HILLS SUBACUTE CARE CENTER  
Provider CCN: 31-5120  
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part II Monday, May 19, 2025 at 9:12:33 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		13,385,441
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	
14	Total Deductions		0
15	Total Operating Expenses		13,385,441

CHATHAM HILLS SUBACUTE CARE CENTER  
 Provider CCN: 31-5120  
 Period from 1/1/2024 to 12/31/2024

Worksheet G-3 Monday, May 19, 2025 at 9:12:33 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		12,675,100
2	Less: contractual allowances and ...		326,603
3	Net Patient Revenues (Line 1 - 2)		12,348,497
4	Less: total operating expenses		13,385,441
5	Net income from service to patients (Line 3 - 4)		-1,036,944
	Other Income:		
6	Contributions, donations, bequests, etc.	0	
7	Income from investments	16,317	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	0	
14	Revenue from meals sold to employees and guests	0	
15	Revenue from rental of living quarters	0	
16	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	0	
24.01	Other Income	-2,342	
24.50	COVID-19 PHE Funding	0	
			-----
25	Total other income		13,975
			-----
26	Total		-1,022,969
27	Other Expenses (specify)	0	
28		0	
29		0	
			-----
30	Total other expenses		0
			-----
31	Net income (or loss) for the period		-1,022,969
			=====