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 REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED OMB NO. 0938-0463

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT	I PROVIDER NO I 14-5269 I		12/ 1/2009 I	WORKSHEET S PARTS I & II
I NTERMEDIARY I [_] AUDITED USE ONLY: I [_] DESK REVIEWED	DATE RECEIVED / / INTERMEDIARY NO.	[_]		[_] RE-OPENED
PART I - CERTIFICATION				
[X] ELECTRONIC FILED COST REPORT [] MANUALLY SUBMITTED COST REPOR	Г	DATE: TIME:	4/28/2011 8: 19	

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THE 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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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:

(PROVIDER NAME(S) AND NUMBER(S))

(PROVIDER NAME(S) AND NUMBER(S))

HOPE CREEK CARE CENTER 14-5269

FOR THE COST REPORT PERIOD BEGINNING 12/01/2009 AND ENDING 11/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT 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.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TI TLE V	TI TL XVI I		TI TLE XI X
	1	A 2	B 3	4
1 SKILLED NURSING FACILITY	0	-1, 096	0	0
3 NURSING FACILITY 3. 10 ICF/MR 4 SNF-BASED H H A I	0 0	0	0	0 0
7 TOTAL	0	-1, 096	0	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 to average 64 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

IN LIEU OF FORM CMS-2540-96 (04/2006)
PERIOD: I PREPARED 4/28/2011 (8:19) Health Financial Systems FOR HOPE CREEK CARE CENTER MCRLF32 I PROVIDER NO: I PERLOD: SKILLED NURSING FACILITY HEALTH CARE COMPLEX FROM 12/ 1/2009 I WORKSHEET S-2 14-5269 IDENTIFICATION DATA 11/30/2010 I

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

11210 95TH STREET P. O. BOX: STREET: 61240 CLTY: COAL VALLEY STATE: ZIP CODE:

COUNTY: ROCK I SLAND MSA: 1960 CBSA: 19340 URBAN / RURAL:

2 FACILITY SPECIFIC RATE: 0 00 3.10 TRANSITION PERIOD - ENTER 1, 2, 3 OR 100:
WAGE INDEX ADJUSTMENT FACTOR: BEFORE OCTOBER 1
WAGE INDEX ADJUSTMENT FACTOR: AFTER SEPTEMBER 30 3 10 100 3.20 0.8284

0.8400

SNF AND SNF-BASED COMPONENT IDENTIFICATION:

(P, 0 OR N) COMPONENT COMPONENT NAME PROVIDER NO. NPI NUMBER DATE CERTIFIED XVIII ΧĺΧ 2.01 4 5 4.00 SNF HOPE CREEK CARE CENTER 14-5269 10/ 1/1997 N P 0 6.00 NURSING FACILITY HOPE CREEK CARE CENTER 14-5269 10/ 1/1997 Ν 0

PAYMENT SYSTEM

13 COST REPORTING PERIOD (mm/dd/yyyy) FROM: 12/ 1/2009 T0: 11/30/2010

14 TYPE OF CONTROL (SEE INSTRUCTIONS)

TYPE OF FREESTANDING SKILLED NURSING FACILITY 15 IS THIS AN ENTIRELY PARTICIPATING SKILLED NURSING FACILITY?

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 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. ENTER IN COLUMN 1 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 2 "Y" FOR YES, OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS) % Y/N 2

15 O1 STAFFING 100 00 15. 02 RECRUITMENT 0.00 15.03 RETENTION 0.00 15. 04 TRAINING 0.00 16 IS THIS A PARTIALLY PARTICIPATING SKILLED NURSING FACILITY? Ν 17 IS THIS SKILLED NURSING FACILITY UNIT OF A DOMICILIARY INSTITUTION? Ν

18 IS THIS SKILLED NURSING FACILITY UNIT OF A REHABILITATION CENTER? Ν 19 OTHER (SPECIFY) Ν

MISCELLANEOUS COST REPORTING INFORMATION

20 IF THIS IS A LOW OR NO MEDICARE UTILIZATION COST REPORT, ENTER "L" FOR LOW MEDICARE UTILIZATION.

UTILIZATION, OR "N" FOR NO MEDICARE UTILIZATION.

21 IF THIS IS AN ALL-INCLUSIVE PROVIDER. ENTER THE METHOD USED. (SEE INSTRUCTION)

DEPRECIATION ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED

22 IS THE DIFFERENCE BETWEEN TOTAL INTERIM PAYMENTS AND THE NET COST COVERED SERVICE INCLUDED IN Ν

23 STRAIGHT LINE 564,022

24 DECLINING BALANCE

25 SUM OF THE YEAR'S DIGITS 26 SUM OF LINE 23 THRU 25 564,022

27 IF DEPRECIATION IS FUNDED, ENTER THE BALANCE AS OF THE END OF THE PERIOD.
28 WERE THERE ANY DISPOSALS OF CAPITAL ASSETS DURING THE COST REPORTING PERIOD?
29 WAS ACCELERATED DEPRECIATION CLAIMED ON ANY ASSETS IN THE CURRENT OR ANY PRIOR COST N N REPORTING PERIOD?

30 WAS ACCELERATED DEPRECIATION CLAIMED ON ASSETS ACQUIRED ON OR AFTER AUGUST 1, 1970 Ν (SEE PRM 15-1, CHAPTER 1) ?
DID YOU CEASE TO PARTICIPATE IN THE MEDICARE PROGRAM AT END OF THE PERIOD TO WHICH THIS

COST REPORT APPLIES. (SEE PRM 15-1, CHAPTER 1)?
WAS THERE A SUBSTANTIAL DECREASE IN HEALTH INSURANCE PROPORTION OF ALLOWABLE COST FROM Ν

PRIOR COST REPORTING PERIODS. (SEE PRM 15-I, CHAPTER 1)?

IN LIEU OF FORM CMS-2540-96 (04/2006)
I PERIOD: I PREPARED 4/28/2011 (8:19) Health Financial Systems FOR HOPE CREEK CARE CENTER MCRLF32 I PROVIDER NO: I PERLOD: 14-5269

SKILLED NURSING FACILITY HEALTH CARE COMPLEX I FROM 12/ 1/2009 I WORKSHEET S-2 IDENTIFICATION DATA 11/30/2010 I I TO

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 SNF Ν Ν 33 NURSING FACILITY 35 YES / NO IS THIS SKILLED NURSING FACILITY EXEMPT FROM THE COST LIMITS? IS THIS NURSING FACILITY EXEMPT FROM THE COST LIMITS? 41 NO 42 NO 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 AND XIX PATIENTS? 43 NO 44 DID THE PROVIDER PARTICIPATE IN THE NHCMQ DEMONSTRATION DURING THE COST REPORTING PERIOD? NO IF YES, ENTER PHASE # 45 LIST MALPRACTICE PREMIUMS AND PAID LOSSES: PREMI UMS: 0 PAID LOSSES: 0 SELF INSURANCE: 0 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND 46 GENERAL COST CENTER? IF YES, CHECK BOX, AND SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 47 ARE YOU CLAIMING AMBULANCE COSTS? NO NO FFF. DATE 48.00 IF LINE 47 IS YES, IN COL 1 ENTER THE PAYMENT LIMIT PROVIDED FROM YOUR INTERMEDIARY FOR THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COL 2 THE FEE SCHEDULE FOR THE DATE INDICATED IF APPLICABLE (DATE ON OR AFTER 4/1/2002), BUT NOT IF LINE 47, COL 2 IS YES.

48.01 IF SECOND LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE 0 0 0000 0.00 0 PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE INDICATED. 0.00 0 48.02 IF THIRD LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2. IF APPLICABLE. FOR DATE I NDI CATED. 0.00 0 IF FOURTH LIMIT IN EFFECT FOR COST REPORTING PERIOD, USE THIS LINE TO REPORT THE 48.03 PAYMENT LIMIT IN COLUMN 1 AND FEE SCHEDULE IN COLUMN 2, IF APPLICABLE, FOR DATE 0.00 0 49 DID YOU OPERATE AN ICF/MR UNDER TITLE XIX? Y/N YES DID THIS FACILITY REPORT LESS THAN 1500 MEDICARE DAYS IN ITS PREVIOUS YEAR'S COST REPORT? NO 50 IF LINE 50 IS YES, DID YOU FILE YOUR PREVIOUS YEARS COST REPORT USING THE "SIMPLIFIED" STEP-DOWN METHOD OF COST FINDING? 51 NO 52 IS THIS COST REPORT BEING FILED UNDER 42 CFR 413.321, THE "SIMPLIFIED" COST REPORT? NO RELATED ORGANIZATION OR HOME OFFICE COSTS 2 3 1 ARE THERE ANY RELATED ORGANIZATIONS OR 53 HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? IF YES, AND THERE ARE COSTS FOR EITHER, ENTER THE APPLICABLE PROVIDER NUMBER IN COLUMN 2.

IF THIS FACILITY IS PART OF A CHAIN

ORGANIZATION, ENTER THE NAME IN COLUMN 1, THE FI/CONTRACTOR NAME IN COLUMN 2 AND THE FI/CONTRACTOR NUMBER IN COLUMN 3. 55

ENTER THE STREET ADDRESS IN COLUMN 1 OR THE PO BOX IN COLUMN 2.
ENTER THE CITY IN COLUMN 1, THE STATE IN

56

COLUMN 2, AND THE ZIP CODE IN COLUMN 3.

1 5 9 10	COMPONENT SKILLED NURSING FACILITY HOME HEALTH AGENCY TOTAL AMBULANCE TRIPS (12/01/20	NO. OF BEDS 1 245 245	BED DAYS AVAI LABLE 2 89, 425 89, 425	TI TLE V 3	I NPATI EN TITLE XVIII 4 7, 750	T DAYS TITLE XIX 5 55, 594 55, 594	OTHER 6 23, 161 23, 161
1 5 9 10	COMPONENT SKILLED NURSING FACILITY HOME HEALTH AGENCY TOTAL AMBULANCE TRIPS (12/01/20	I NPAT DAYS TOTAL 7 86, 505 86, 505	TI TLE V 8	DI SCHA TI TLE XVI I I 9 224 224	RGES TITLE XIX 10 102	OTHER 11 191 191	TOTAL 12 517 517
1 5 9 10	COMPONENT SKILLED NURSING FACILITY HOME HEALTH AGENCY TOTAL AMBULANCE TRIPS (12/01/20	TITLE V 13	AVERAGE LENGT TITLE XVIII 14 34.60 34.60	TH OF STAY TITLE XIX 15 545.04	TOTAL 16 167. 32 167. 32	ADMI SS TI TLE V 17	SIONS TITLE XVIII 18 387 387
1 5 9 10	COMPONENT SKILLED NURSING FACILITY HOME HEALTH AGENCY TOTAL AMBULANCE TRIPS (12/01/20	TITLE XIX 19 60	ADMI SSI ONS OTHER 20 74 74	TOTAL 21 521 521	FULL TIME EQUENT FULL TIME EQUENT FOR PAYROLL 22 257.62	UI VALENT NONPAI D WORKERS 23	

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (07/1996)

SNF WAGE INDEX INFORMATION I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011 (8:19)

SKILLED NURSING FACILITY HEALTH CARE COMPLEX I 14-5269 I FROM 12/ 1/2009 I WORKSHEET S-3

STATISTICAL DATA I 10 11/30/2010 I PART II

		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARI ES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 2 3 4	TOTAL SALARY PHYSICIAN SALARIES - PART A PHYSICIAN SALARIES - PART B INTERNS & RESIDENTS (APPROVED) HOME OFFICE PERSONNEL	8, 015, 699		8, 015, 699	535, 848. 00	14. 96	
6 7 8 9	SUM OF LINES 2 THRU 5 REVISED WAGES (L1 MINUS L6) OTHER LONG TERM CARE OTHER INPATIENT ROUTINE SERVICE	8, 015, 699		8, 015, 699	535, 848. 00	14. 96	
	INTERNS & RESIDENTS (NOT IN APPROVED PRGM) HHA CORF AND CMHC						
13 14 15	HOSPICE NON-REIMBURSABLE TOTAL EXCLUDED SALARY						
16	SUBTOTAL	8, 015, 699		8, 015, 699	535, 848. 00	14. 96	
17 18	CONTRACT LABOR: PATIENT HOME OFFICE SALARIES & WAGE RELATED COSTS	1, 162, 228		1, 162, 228	15, 501. 00	74. 98 C	MS 339
19 20 21	WAGE RELATED COSTS (CORE) WAGE RELATED COSTS (OTHER) WAGE RELATED COSTS (EXCLUDED	2, 763, 082		2, 763, 082		C	MS 339 MS 339 MS 339
22	SUBTOTAL	2, 763, 082		2, 763, 082		. 3447	WI3 337
23 24	TOTAL CONTRACT LABOR: PHYSICIAN SERVICES PART A	11, 941, 009		11, 941, 009	551, 349. 00	21. 66	

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (07/1996)

SNF WAGE INDEX INFORMATION I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011 (8:19)

SKILLED NURSING FACILITY HEALTH CARE COMPLEX I 14-5269 I FROM 12/ 1/2009 I WORKSHEET S-3

STATISTICAL DATA I PART III

		AMOUNT REPORTED 1	RECLASS OF SALARI ES 2	ADJUSTED SALARI ES 3	PAI D HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5
1	EMPLOYEE BENEFITS					
2	ADMINISTRATIVE & GENERAL	311, 308		311, 308	16, 331. 00	19. 06
3	PLANT OPERATION, MAINT. & REPAIRS	271, 228		271, 228	13, 319. 00	20. 36
4	LAUNDRY & LINEN SERVICE	263, 153		263, 153	17, 428. 00	15. 10
5	HOUSEKEEPI NG	405, 262		405, 262	21, 924. 00	18. 48
6	DI ETARY	719, 302		719, 302	48, 263. 00	14. 90
7	NURSING ADMINISTRATION		55, 105	55, 105	4, 206. 00	13. 10
8	CENTRAL SERVICES & SUPPLY					
9	PHARMACY					
10	MEDICAL RECORDS & LIBRARY					
11	SOCIAL SERVICE	120, 361		120, 361	13, 535. 00	8. 89
12	INTERNS & RESIDENTS (APPRVD PROG)					
13	OTHER GENERAL SERVICES					
14	TOTAL (SUM LINES 1 THRU 13)	2, 090, 614	55, 105	2, 145, 719	135, 006. 00	15. 89

FOR HOPE CREEK CARE CENTER Health Financial Systems MCRIF32

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

IN LIEU OF FORM CMS-2540-96 (08/2010)
I PERIOD: I PREPARED 4/28/2011 (8:19)
I FROM 12/ 1/2009 I WORKSHEET S-7
I TO 11/30/2010 I PART IV I PROVIDER NO: I 14-5269

	GROUP(1)	M3PI REVENUE CODE 2	SERVICES PRIOF RATE 3	R TO 10/1 DAYS 3.01	SERVICES ON/AFTER RATE 4	10/1 DAYS 4. 01	SRVCS 4/1/01 RATE 4.02	TO 9/30/01 DAYS 4.03
001 002 003 003 . 01 003 . 02 004 005	RUC RUB RUA RUX RUL RVC			404 1, 803 529 319 711 554				
006 006 . 01 006 . 02 007 008 009	RVB RVA RVX RVL RHC RHB RHA			944 420 342 411 450 97 90				
009 . 01 009 . 02 010 011 012 012 . 01 012 . 02	RHX RHL RMC RMB RMA RMX RML			55 54 16 268 157				
013 014 014 . 01 015 016 017	RLB RLA RLX SE3 SE2 SE1			18 6				
018 019 020 021 022	SSC SSB SSA CC2 CC1			13				
023 024 025 026 027 028	CB2 CB1 CA2 CA1 IB2 IB1			10				
029 030 031 032 033 034 035	I A2 I A1 BB2 BB1 BA2 BA1 PE2							
036 037 038 039 040 041	PE1 PD2 PD1 PC2 PC1 PB2			5 6 1 14				
042 043 044 045 045 . 01 045 . 02	PB1 PA2 PA1 AAA ES3 ES2			30 9				
045 . 03 045 . 04 045 . 05 045 . 06 045 . 07 045 . 08 045 . 09	ES1 HE2 HE1 HD2 HD1 HC2 HC1							
045 . 10 045 . 11 045 . 12 045 . 13 045 . 14 045 . 15	HB2 HB1 LE2 LE1 LD2 LD1							
045 . 16 045 . 17 045 . 18 045 . 19 045 . 20 045 . 21 045 . 22	LC2 LC1 LB2 LB1 CE2 CE1 CD2							
045 . 23 046	CD1 TOTAL			7, 750				

⁽¹⁾ The RUG III category represents the PPS period. Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on or after October 1st.

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (08/2010)

PROSPECTIVE PAYMENT FOR SNF I 14-5269 I FROM 12/ 1/2009 I WORKSHEET S-7

STATISTICAL DATA I TO 11/30/2010 I PART IV

Worksheet S-2 reference data:
Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.8284
Wage Index Factor (after 10/01): 0.8400
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : URBAN
SNF MSA Code : 1960
SNF CBSA Code : 19340

RUC 001 002 **RUB** 003 RUA 003 . 01 RUX 003 . 02 RUL 004 RVC 005 RVB 006 RVA 006 . 01 RVX 006 . 02 RVL 007 RHC 800 RHB 009 RHA 009 . 01 RHX 009 . 02 RHL 010 RMC 011 RMB 012 RMA 012 . 01 RMX 012 . 02 RML 013 RLB 014 RLA 014 . 01 RLX 015 SE3 016 SE2 017 SF₁ 018 SSC 019 SSB 020 SSA 021 CC2 022 CC1 023 CB2 024 CB1 025 CA2 026 CA1 027 IB2 028 IB1 029 IA2 030 IA1 031 BB2 032 BB1 033 BA2 034 BA1 035 PE2 036 PE1 037 PD2 038 PD1 039 PC2 040 PC1 PB2 041 042 PB1 043 PA2 044 PA1 045 AAA 045 . 01 ES3 045 . 02 ES2 045 . 03 045 . 04 HE2 045 . 05 HE1 045 . 06 HD2 045 . 07 HD1 045 . 08 HC2 045 . 09 HC1 045 . 10 045 . 11 HB₂ HB1 045 . 12 045 . 13 LF2 LE1 045 . 14 LD2 045 . 15 LD1 045 . 16 LC2 2540-96 18.1.123.5

Health Financial Systems	MCRI F32	FOR HOPE CREEK CARE C	ENTER	IN LIEU OF FORM (MS-2540-96 (08/2010)
			I PROVIDER NO:	I PERIOD:	I PREPARED 4/28/2011 (8:19)
PROSPECTIVE PAYMENT FOR S	SNF		I 14-5269	I FROM 12/ 1/2009	I WORKSHEET S-7
STATISTICAL DATA			1	I TO 11/30/2010	I PART IV

		M3PI	HIGH COST(2)	
	GROUP(1)	REVENUE CODE	RUGS DAYS	TOTAL
	1	2	4. 05	5
045 . 17	LC1			
045 . 18	LB2			
045 . 19	LB1			
045 . 20	CE2			
045 . 21	CE1			
045 . 22	CD2			
045 . 23	CD1			
046	TOTAL			

(2) Enter in column 4.05 those days which are contained in either 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs receive a 20% payment increase added to the total in column 5.

(3) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:
Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.8284
Wage Index Factor (after 10/01): 0.8400
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : URBAN
SNF MSA Code : 1960
SNF CBSA Code : 19340

IN LIEU OF FORM CMS-2540-96 (01/2001)
I PERIOD: I PREPARED 4/28/2011 (8:19)
I FROM 12/ 1/2009 I WORKSHEET A
I TO 11/30/2010 I MCRI F32 FOR HOPE CREEK CARE CENTER Health Financial Systems I PROVIDER NO: I 14-5269

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARI ES	OTHER	TOTAL	RECLASS-	RECLASSIFIED TRIAL BALANCE
	OLIVILIO		1	2	3	4	5
1	0100	GENERAL SERVICE COST CENTERS CAP REL COSTS - BLDGS & FIXTURES	•	2	J	•	J
2	0200	CAP REL COSTS - MOVEABLE EQUIPMENT		43, 681	43, 681		43, 681
3	0300	EMPLOYEE BENEFITS		2, 719, 531	2, 719, 531		2, 719, 531
4	0400	ADMINISTRATIVE & GENERAL	311, 308	2, 244, 711	2, 556, 019		2, 556, 019
5	0500	PLANT OPERATION, MAINT. & REPAIRS	271, 228	921, 102	1, 192, 330		1, 192, 330
6	0600	LAUNDRY & LINEN SERVICE	263, 153	41, 912	305, 065		305, 065
7	0700	HOUSEKEEPI NG	405, 262	69, 737	474, 999		474, 999
8	0800	DI ETARY	719, 302	660, 654	1, 379, 956		1, 379, 956
9	0900	NURSING ADMINISTRATION	717,002	000,001	1,077,700	55, 105	55, 105
10	1000	CENTRAL SERVICES & SUPPLY				007.00	007.00
13	1300	SOCI AL SERVI CE	120, 361	10, 965	131, 326		131, 326
	.000	INPATIENT ROUTINE SERVICE CENTERS	.20,00.	.0,,00	.0.,020		1017020
16	1600	SKILLED NURSING FACILITY	5, 805, 058	238, 805	6, 043, 863	-147, 386	5, 896, 477
	.000	ANCILLARY SERVICE COST CENTERS	0,000,000	200,000	0,0.0,000	, , 000	0,070,177
21	2100	RADI OLOGY		3, 968	3, 968	-3, 968	
22	2200	LABORATORY		51, 519	51, 519	16, 368	67, 887
25	2500	PHYSI CAL THERAPY	120, 027	491, 027	611, 054	-65, 936	545, 118
26	2600	OCCUPATI ONAL THERAPY	.20, 02,	459, 349	459, 349	50, 289	509, 638
27	2700	SPEECH PATHOLOGY		217, 376	217, 376	15, 647	233, 023
29	2900	MEDICAL SUPPLIES CHARGED TO PATIENT		150, 606	150, 606	79, 881	230, 487
30	3000	DRUGS CHARGED TO PATIENTS		656, 219	656, 219	,	656, 219
31	3100	DENTAL CARE - TITLE XIX ONLY		000,217	000,21,		000/21/
32	3200	SUPPORT SURFACES					
33	3050	OTHER ANCI LLARY SERVI CES					
		SPECIAL PURPOSE COST CENTERS					
52	5200	MALPRACTICE PREMIUMS & PAID LOSSES					
53	5300	INTEREST EXPENSE					
57		SUBTOTALS	8, 015, 699	8, 981, 162	16, 996, 861	-0-	16, 996, 861
		NONREI MBURSABLE COST CENTERS	-, -, -, -, -, -,	-, ,	, ,		, ,
58	5800	GIFT, FLOWER, COFFEE SHOPS & CANTEE					
59	5900	BARBER & BEAUTY SHOP					
60	6000	PHYSICIANS' PRIVATE OFFICES					
61	6100	NONPALD WORKERS					
62	6200	PATI ENTS' LAUNDRY					
63	6150	OTHER NONREI MBURSABLE COST					
75		TOTAL	8, 015, 699	8, 981, 162	16, 996, 861	-0-	16, 996, 861

IN LIEU OF FORM CMS-2540-96 (01/2001)
I PERIOD: I PREPARED 4/28/2011 (8:19)
I FROM 12/ 1/2009 I WORKSHEET A
I TO 11/30/2010 I MCRI F32 FOR HOPE CREEK CARE CENTER Health Financial Systems I PROVIDER NO: I 14-5269 RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION		NET EXPENSES FOR CST ALLOC 7
		GENERAL SERVICE COST CENTERS		
1	0100	CAP REL COSTS - BLDGS & FIXTURES	500, 893	
2	0200	CAP REL COSTS - MOVEABLE EQUIPMENT	19, 448	63, 129
3	0300	EMPLOYEE BENEFITS	63, 361	2, 782, 892 2, 922, 236
4 5	0400 0500	ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. & REPAIRS	-20, 532	
6	0600	LAUNDRY & LINEN SERVICE	-20, 532 -7, 694	
7	0700	HOUSEKEEPI NG	-7,094	474, 999
8	0800	DI ETARY		1, 379, 956
9	0900	NURSING ADMINISTRATION		55, 105
10	1000	CENTRAL SERVICES & SUPPLY		00, 100
13	1300	SOCIAL SERVICE		131, 326
		INPATIENT ROUTINE SERVICE CENTERS		,
16	1600	SKILLED NURSING FACILITY	-4, 223	5, 892, 254
		ANCILLARY SERVICE COST CENTERS		
21	2100	RADI OLOGY		
22	2200	LABORATORY		67, 887
25	2500	PHYSI CAL THERAPY		545, 118
26	2600	OCCUPATI ONAL THERAPY		509, 638
27	2700	SPEECH PATHOLOGY		233, 023
29	2900	MEDICAL SUPPLIES CHARGED TO PATIENT	-2, 035	
30	3000	DRUGS CHARGED TO PATIENTS	-2, 025	654, 194
31	3100	DENTAL CARE - TITLE XIX ONLY		
32	3200	SUPPORT SURFACES		
33	3050	OTHER ANCILLARY SERVICES		
F-0	F200	SPECIAL PURPOSE COST CENTERS		0
52 53	5200 5300	MALPRACTICE PREMIUMS & PAID LOSSES INTEREST EXPENSE		-0- -0-
53 57	5300	SUBTOTALS	012 410	-0- 17, 910, 271
37		NONREI MBURSABLE COST CENTERS	913, 410	17, 910, 271
58	5800	GIFT, FLOWER, COFFEE SHOPS & CANTEE		
59	5900	BARBER & BEAUTY SHOP		
60	6000	PHYSICIANS' PRIVATE OFFICES		
61	6100	NONPALD WORKERS		
62	6200	PATI ENTS' LAUNDRY		
63	6150	OTHER NONREI MBURSABLE COST		
75		TOTAL	913, 410	17, 910, 271

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (01/2001)

COST CENTERS USED IN COST REPORT I 14-5269 I FROM 12/ 1/2009 I NOT A CMS WORKSHEET

I N LIEU OF FORM CMS-2540-96 (01/2001)

I PREPARED 4/28/2011 (8:19)

I FROM 12/ 1/2009 I NOT A CMS WORKSHEET

I TO 11/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS - BLDGS & FIXTURES	0100	
2	CAP REL COSTS - MOVEABLE EQUIPMENT	0200	
3	EMPLOYEE BENEFITS	0300	
4	ADMINISTRATIVE & GENERAL	0400	
5	PLANT OPERATION, MAINT. & REPAIRS	0500	
6	LAUNDRY & LINEN SERVICE	0600	
7	HOUSEKEEPI NG	0700	
8	DI ETARY	0800	
9	NURSING ADMINISTRATION	0900	
10	CENTRAL SERVICES & SUPPLY	1000	
13	SOCI AL SERVI CE	1300	
	INPATIENT ROUTINE SERVICE CENTERS		
16	SKILLED NURSING FACILITY	1600	
	ANCILLARY SERVICE COST CENTERS		
21	RADI OLOGY	2100	
22	LABORATORY	2200	
25	PHYSI CAL THERAPY	2500	
26	OCCUPATI ONAL THERAPY	2600	
27	SPEECH PATHOLOGY	2700	
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	2900	
30	DRUGS CHARGED TO PATIENTS	3000	
31	DENTAL CARE - TITLE XIX ONLY	3100	
32	SUPPORT SURFACES	3200	
33	OTHER ANCILLARY SERVICES	3050	OTHER ANCILLARY SERVICE COST CENTERS
	SPECIAL PURPOSE COST CENTERS		
52	MALPRACTICE PREMIUMS & PAID LOSSES	5200	
53	INTEREST EXPENSE	5300	
57	SUBTOTALS		
	NONREI MBURSABLE COST CENTERS		
58	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	5800	
59	BARBER & BEAUTY SHOP	5900	
60	PHYSICIANS' PRIVATE OFFICES	6000	
61	NONPALD WORKERS	6100	
62	PATIENTS' LAUNDRY	6200	
63	OTHER NONREI MBURSABLE COST	6150	OTHER NONREIMBURSABLE COST
75	TOTAL		

Health Financial Systems MCRIF32	FOR HOPE CREEK CARE CENTER	IN LIEU OF FORM CMS-2540-96 (01/2001)
	I PROVIDER NO:	I PERIOD: I PREPARED 4/28/2011 (8:19)
COST ALLOCATION STATISTICS	I 14-5269	I FROM 12/ 1/2009 I NOT A CMS WORKSHEET
	1	I TO 11/20/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
1 2 3 4 5 6 7 8 9 10	GENERAL SERVICE COST CENTERS CAP REL COSTS - BLDGS & FIXTURES CAP REL COSTS - MOVEABLE EQUIPMENT EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. & REPAIRS LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY SOCIAL SERVICE	1 S # 1 8 6 7 8 8	SQUARE FEET SQUARE FEET GROSS SALARIES ACCUM. COST SQUARE FEET PATIENT DAYS HOURS OF SERVICE MEALS SERVED PATIENT DAYS PATIENT DAYS TIME SPENT	ENTERED ENTERED NOT ENTERED NOT ENTERED ENTERED ENTERED ENTERED ENTERED ENTERED ENTERED ENTERED ENTERED

Health Financial Systems MCRIF32 RECLASSIFICATIONS	FOR HOPE CREEK CARE CENTER	PROVIDER NO: PERIOD: F	1540-96 (07/1999) PREPARED 4/28/2011 PORKSHEET A-6
EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER 1 2	I NCREASE	OTHER 5
1 THERAPY SERVICES 2 3 NURSING ADMIN 4 MEDICAL SUPPLIES 5 RADIOLOGY & LAB 6	A OCCUPATIONAL THERAPY SPEECH PATHOLOGY B NURSING ADMINISTRATION D MEDICAL SUPPLIES CHARGED E LABORATORY	26 60, 807 27 9 55, 105 0 TO PATIENTS 29 22	15, 647 79, 881 16, 368
36 TOTAL RECLASSIFICATIONS		115, 912	111, 896

⁽¹⁾ A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

Health Financial Systems MCRIF: RECLASSIFICATIONS	32 F0	OR HOPE CREEK CARE CENTER	PROVI DER NO: PERI OD: 145269 FROM 12	l l	6 (07/1999) ED 4/28/2011 EET A-6
	====		DECREASE		
EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LI NE NO 7	SALARY 8	OTHER 9
1 THERAPY SERVICES 2 3 NURSING ADMIN		PHYSI CAL THERAPY OCCUPATIONAL THERAPY SKILLED NURSING FACILITY	25 26 16	60, 807 55, 105	5, 129 10, 518
4 MEDICAL SUPPLIES 5 RADIOLOGY & LAB 6	D E	SKILLED NURSING FACILITY SKILLED NURSING FACILITY RADIOLOGY	16 16 21		79, 881 12, 400 3, 968
36 TOTAL RECLASSIFICATIONS				115, 912	111, 896

⁽¹⁾ A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

 Heal th Financial Systems
 MCRIF32
 FOR HOPE CREEK CARE CENTER
 IN LIEU OF FORM CMS-2540-96 (07/1999)

 RECLASSIFICATIONS
 | PROVIDER NO: | PERIOD: | PREPARED 4/28/2011

 145269
 | FROM 12/ 1/2009 | WORKSHEET A-6

 | TO 11/30/2010 | NOT A CMS WORKSHEET

RECLASS CODE: A EXPLANATION: THERAPY SERVICES ----- I NCREASE ---------- DECREASE -----LI NE COST CENTER LI NE AMOUNT
1. 00 OCCUPATI ONAL THERAPY 26 60, 807
2. 00 SPEECH PATHOLOGY 27 15, 647 COST CENTER LI NE AMOUNT
PHYSI CAL THERAPY 25 65, 936
OCCUPATI ONAL THERAPY 26 10, 518 76, 454 TOTAL RECLASSIFICATIONS FOR CODE A 76, 454 RECLASS CODE: B EXPLANATION: NURSING ADMIN COST CENTER DECREASE------ I NCREASE -----LINE COST CENTER
1.00 NURSING ADMINISTRATION
TOTAL RECLASSIFICATIONS FOR CODE B LINE AMOUNT AMOUNT 55, 105 55, 105 SKILLED NURSING FACILITY 9 16 55, 105 55, 105 RECLASS CODE: D
EXPLANATION: MEDICAL SUPPLIES ----- I NCREASE ----- DECREASE -LINE COST CENTER LINE
1.00 MEDICAL SUPPLIES CHARGED TO PA 29
TOTAL RECLASSIFICATIONS FOR CODE D LINE AMOUNT COST CENTER LINE **AMOUNT** 79, 881 SKILLED NURSING FACILITY 16 79, 881 79,881 79, 881 RECLASS CODE: E EXPLANATION: RADIOLOGY & LAB ----- INCREASE ---------- DECREASE ------LINE COST CENTER COST CENTER LI NE AMOUNT LINE AMOUNT 1. 00 LABORATORY SKILLED NURSING FACILITY 22 16, 368 16 12, 400 2. 00 3, 968 TOTAL RECLASSIFICATIONS FOR CODE E 16, 368 16, 368

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (07/1996)

ANALYSIS OF CHANGES DURING COST REPORTING I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011 (8:19)

PERIOD IN CAPITAL ASSET BALANCES I 14-5269 I FROM 12/ 1/2009 I SUPPLEMENTAL

I TO 11/30/2010 I WORKSHEET A-7

				ACQUI SI TI ONS			
	DESCRI PTI ON	BEGINNING BALANCES 1	PURCHASE 2	DONATI ON 3	TOTAL 4	AND RETI REMENTS 5	ENDI NG BALANCE 6
1	LAND	1, 616, 526					1, 616, 526
2	LAND IMPROVEMENTS						
3	BUILDINGS & FIXTURES	19, 711, 553					19, 711, 553
4	BUILDING IMPROVEMENTS	220, 403	13, 500		13, 500		233, 903
5	FIXED EQUIPMENT						
6	MOVABLE EQUIPMENT	799, 979	54, 803		54, 803		854, 782
7	TOTAL	22, 348, 461	68, 303		68, 303		22, 416, 764

	(1) DESCRI PTI ON	(2) BASIS FOR ADJUST- MENT 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUST COST CENTER L	_I NE NO
1 2 3 4	INVESTMENT INCOME ON RESTRICTED FUNDS (CHAPTER 2) TRADE, QUANTITY, & TIME DISCOUNTS ON PURC (CHAP 8) REFUNDS AND REBATES OF EXPENSES (CHAPTER 8) RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)	В	-23, 499	ADMINISTRATIVE & GENERAL	4 4
5 6 7 8	TELEPHONE SERVICES (PAY STATIONS EXCLUDE) (CHAP 21) TELEVISION AND RADIO SERVICE (CHAPTER 21) PARKING LOT (CHAPTER 21) REMUNERATION APPLIC TO PROV-BASED PHYSICIAN ADJMNT	B B A-8-2	-8, 400 -19, 713	ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. &	4 5
9 10 11	HOME OFFICE COSTS (CHAPTER 21) SALE OF SCRAP, WASTE, ETC. (CHAPTER 23) NONALLOWABLE CSTS RELTD TO CERT CAPITAL EXP (CH24)				
12 13 14 15	ADJ RESULTING FRM TRANSACTIONS W/RELTD ORGS (CH10) LAUNDRY & LINEN SERVICE REVENUE - EMPLOYEE MEALS COST OF MEALS - GUESTS	A-8-1 B	461, 104 -7, 694	LAUNDRY & LINEN SERVICE	6
16 17 18 19	SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS SALE OF DRUGS TO OTHER THAN PATIENTS SALE OF MEDICAL RECORDS AND ABSTRACTS VENDING MACHINES	B B	-2, 035 -2, 025	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	29 30
20 21 22	INCOME FRM IMPOSITION OF INT, FINANCE OR PEN (C21) INT EXP MC OVRPYMTS & BORROWINGS REPAY MC OVRPYMNT ADJUSTMENT FOR SPEECH THERAPY - SNF	A-8-5		SPEECH PATHOLOGY	27
23 24 25 26	ADJUSTMENT FOR OCCUPATIONAL THERAPY - SNF ADJUSTMENT FOR RESPIRATORY THERAPY - SNF ADJUSTMENT FOR PHYSICAL THERAPY - SNF ADJUST FOR HIA PHYS THRPY COSTS IN EXCESS OF LIMIT	A-8-5 A-8-5 A-8-5 A-8-3		OCCUPATIONAL THERAPY **COST CENTER DELETED** PHYSICAL THERAPY **COST CENTER DELETED**	26 24 25 39
27 28 29	SUBTOTAL (SUM OF LINES 1-26) UTILIZATION REVIEW-PHYSICIANS' COMPENSATION(CH21) DEPRECIATIONBUILDINGS AND FIXTURES	A	397, 738 500, 893	**COST CENTER DELETED** CAP REL COSTS - BLDGS & F	54 1
30 31 31. 01 31. 02	DEPRECLATION MOVABLE EQUIPMENT TRANSPORTATION REVENUE DIAPERS RENTS	A B B B	19, 448 -594 -4, 223 -225	CAP REL COSTS - MOVEABLE PLANT OPERATION, MAINT. & SKILLED NURSING FACILITY PLANT OPERATION, MAINT. &	2 5 16 5
31. 03 31. 04 31. 05 32	NONALLOWABLE ADVERTISING MISCELLANEOUS INCOME TOTAL	A B	-3, 258 3, 631 913, 410	ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	4

⁽¹⁾ DESCRIPTION--ALL CHAPTER REFERENCES IN THIS COLUMN PERTAIN TO CMS PUB. 15-I
(2) BASIS FOR ADJUSTMENT (SEE INSTRUCTIONS)
A. COSTS-IF COSTS, INCLUDING APPLICABLE OVERHEAD, CAN BE DETERMINED.
B. AMOUNT RECEIVED-IF COST CANNOT BE DETERMINED.

IN LIEU OF FORM CMS-2540-96 ((10/1998)
I PERIOD: I PREPARED 4/28/2011 (8:19)
I FROM 12/ 1/2009 I SUPPLEMENTAL
I TO 11/30/2010 I WORKSHEET A-8-1 MCRI F32 Health Financial Systems FOR HOPE CREEK CARE CENTER STATEMENT OF COSTS OF SERVICES
FROM RELATED ORGANIZATIONS I PROVIDER NO: 14-5269

A. ARE THERE ANY COSTS INCLUDED ON WORKSHEET A WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? X YES (IF "YES," COMPLETE PARTS B AND C) NO

B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS: LOCATION AND AMOUNT INCLUDED ON WORKSHEET A, COLUMN 5

	LI NE NO.	COST CENTER	EXPENSE I TEMS	AMOUNT	ALLOWABLE IN COST	ADJUSTMENTS
1	4	ADMINISTRATIVE & GENERAL	COUNTY ALLOCATION	·	397, 743	-397, 743
2	3	EMPLOYEE BENEFITS	WORK COMP & UNEMP		63, 361	-63, 361
3						
4						
6						
7						
8						
9						
10		TOTALS			461, 104	-461, 104

INTERRELATIONSHIP OF PROVIDER TO RELATED ORGANIZATION(S): 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 C OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES. 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.

	(1))	PERCENTAGE	RELATED	ORGANIZAT	ION(S)
	SYMBOL	NAME	0F	NAME	PERCENTAGE OF	TYPE OF
			OWNERSHI P		OWNERSHI P	BUSI NESS
	1	2	3	4	5	6
1	B	ROCK ISLAND COUNTY	100.00	ROCK ISLAND COUNTY	100.00 COL	JNTY GOVERNMENT
2						
3						
4						
5						
6						
7						
8						
9						
1Ó						

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP PROVIDER TO RELATED ORGANIZATIONS:
 - INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED
 - ORGANIZATION AND IN PROVIDER.
 - CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON
 - D.
 - HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED
 - E ORGANI ZATI ON
 - DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF F
 - SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)

| I PROVIDER NO: | PROVIDER

		NET EXPENSES	CAP REL COST	CAP REL COST	EMPLOYEE BEN	SUBTOTAL	ADMI NI STRATI	PLANT OPERAT
	COST CENTER	FOR COST	S - BLDGS &	S - MOVEABLE	EFITS		VE & GENERAL	ION, MAINT.
		ALLOCATI ON						
		0	1	2	3	3A	4	5
	GENERAL SERVICE COST CENTI		500 000					
001	CAP REL COSTS - BLDGS & F	500, 893	500, 893	(0.400				
002	CAP REL COSTS - MOVEABLE	63, 129		63, 129	2 702 002			
003 004	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	2, 782, 892 2, 922, 236	58, 533	7, 377	2, 782, 892 108, 080	3, 096, 226	3, 096, 226	
004	PLANT OPERATION, MAINT. &		24, 922	7, 377 3, 141	94, 165	1, 294, 026	270, 459	1, 564, 485
005	LAUNDRY & LINEN SERVICE	297, 371	11, 296	1, 424	91, 361	401, 452	83, 906	42, 334
007	HOUSEKEEPI NG	474, 999	3, 878	489	140, 699	620, 065	129, 597	14, 535
007	DI ETARY	1, 379, 956	30, 816	3, 884	249, 727	1, 664, 383	347, 866	115, 494
009	NURSING ADMINISTRATION	55, 105	9, 321	1, 175	19, 131	84, 732	17, 709	34, 934
010	CENTRAL SERVICES & SUPPLY	,	3, 615	456	,	4, 071	851	13, 547
013	SOCIAL SERVICE	131, 326	1, 314	166	41, 787	174, 593	36, 491	4, 923
	INPATIENT ROUTINE SERVICE	CENTERS						
016	SKILLED NURSING FACILITY	5, 892, 254	339, 322	42, 764	1, 996, 271	8, 270, 611	1, 728, 610	1, 271, 720
	ANCILLARY SERVICE COST CEI	NTERS						
021	RADI OLOGY							
022	LABORATORY	67, 887				67, 887	14, 189	
025	PHYSI CAL THERAPY	545, 118	4, 861	613	20, 560	571, 152	119, 374	18, 219
026	OCCUPATI ONAL THERAPY	509, 638	6, 777	854	21, 111	538, 380	112, 525	25, 401
027	SPEECH PATHOLOGY	233, 023	2, 431	306		235, 760	49, 275	9, 110
029	MEDICAL SUPPLIES CHARGED	228, 452	3, 807	480		232, 739	48, 644	14, 268
030 031	DRUGS CHARGED TO PATIENTS DENTAL CARE - TITLE XIX O	654, 194				654, 194	136, 730	
031	SUPPORT SURFACES							
032	OTHER ANCILLARY SERVICES							
033	SPECIAL PURPOSE COST CENTI	FRS						
052	MALPRACTICE PREMIUMS & PA	LINO						
053	INTEREST EXPENSE							
057	SUBTOTALS	17, 910, 271	500, 893	63, 129	2, 782, 892	17, 910, 271	3, 096, 226	1, 564, 485
	NONREI MBURSABLE COST CENTI	ERS	,		, - , -	,	., ,	, ,
058	GIFT, FLOWER, COFFEE SHOP							
059	BARBER & BEAUTY SHOP							
060	PHYSICIANS' PRIVATE OFFIC							
061	NONPALD WORKERS							
062	PATIENTS' LAUNDRY							
063	OTHER NONREIMBURSABLE COS							
064	CROSS FOOT ADJUSTMENT							
065	NEGATI VE COST CENTER	47 040 074	E00 000	(0.460	0.700.000	47 040 071	0.00/.00/	4 5/4 405
075	TOTAL	17, 910, 271	500, 893	63, 129	2, 782, 892	17, 910, 271	3, 096, 226	1, 564, 485

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)

| I PROVIDER NO: | PROVIDER

		LAUNDRY & LI	HOUSEKEEPI NG	DI ETARY	NURSING ADMI	CENTRAL SERV	SOCIAL SERVI	SUBTOTAL
	COST CENTER	NEN SERVICE			NI STRATI ON	ICES & SUPPL	CE	
		6	7	8	9	10	13	16
	GENERAL SERVICE COST CENTE	RS						
001 002	CAP REL COSTS - BLDGS & F CAP REL COSTS - MOVEABLE							
002	EMPLOYEE BENEFITS							
004	ADMI NI STRATI VE & GENERAL							
005	PLANT OPERATION, MAINT. &							
006	LAUNDRY & LINEN SERVICE	527, 692	7/4 107					
007 008	HOUSEKEEPI NG DI ETARY		764, 197	2, 127, 743				
009	NURSING ADMINISTRATION			2, 127, 710	137, 375			
010	CENTRAL SERVICES & SUPPLY					18, 469		
013	SOCIAL SERVICE	CENTEDO					216, 007	
016	INPATIENT ROUTINE SERVICE SKILLED NURSING FACILITY	527, 692	764, 197	2, 127, 743	137, 375	18, 469	216, 007	15, 062, 424
010	ANCILLARY SERVICE COST CEN		704, 177	2, 127, 143	137, 373	10, 407	210,007	13, 002, 424
021	RADI OLOGY							
022	LABORATORY							82, 076
025 026	PHYSICAL THERAPY OCCUPATIONAL THERAPY							708, 745 676, 306
020	SPEECH PATHOLOGY							294, 145
029	MEDICAL SUPPLIES CHARGED							295, 651
030	DRUGS CHARGED TO PATIENTS							790, 924
031 032	DENTAL CARE - TITLE XIX O SUPPORT SURFACES							
033	OTHER ANCILLARY SERVICES							
	SPECIAL PURPOSE COST CENTE	RS						
052	MALPRACTICE PREMIUMS & PA							
053 057	INTEREST EXPENSE SUBTOTALS	527, 692	764, 197	2, 127, 743	137, 375	18, 469	216, 007	17, 910, 271
037	NONREI MBURSABLE COST CENTE		704, 197	2, 127, 743	137, 375	10, 409	210,007	17, 910, 271
058	GIFT, FLOWER, COFFEE SHOP							
059	BARBER & BEAUTY SHOP							
060 061	PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS							
062	PATI ENTS' LAUNDRY							
063	OTHER NONREI MBURSABLE COS							
064	CROSS FOOT ADJUSTMENT							
065	NEGATIVE COST CENTER	F07 (00	7/4 107	2 127 742	107 075	10 4/0	21/ 007	17 010 071
075	TOTAL	527, 692	764, 197	2, 127, 743	137, 375	18, 469	216, 007	17, 910, 271

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)

| PROVIDER NO: | PERIOD: | PREPARED 4/28/2011 (8:19)
| FROM 12/ 1/2009 | WORKSHEET B

P0ST TOTAL COST CENTER STEPDOWN ADJUSTMENT 17 18 GENERAL SERVICE COST CENTERS CAP REL COSTS - BLDGS & F CAP REL COSTS - MOVEABLE EMPLOYEE BENEFITS 001 002 003 ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. & LAUNDRY & LINEN SERVICE 004 005 006 007 HOUSEKEEPI NG 800 DI ETARY 009 NURSING ADMINISTRATION 010 CENTRAL SERVICES & SUPPLY SOCIAL SERVICE INPATIENT ROUTINE SERVICE CENTERS 013 SKILLED NURSING FACILITY
ANCILLARY SERVICE COST CENTERS
RADIOLOGY 016 15, 062, 424 021 82, 076 708, 745 LABORATORY 022 025 PHYSI CAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY 026 676, 306 027 294, 145 295, 651 790, 924 029 MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS
DENTAL CARE - TITLE XIX O
SUPPORT SURFACES 030 031 032 OTHER ANCILLARY SERVICES
SPECIAL PURPOSE COST CENTERS
MALPRACTICE PREMIUMS & PA
INTEREST EXPENSE
SUBTOTALS 033 052 053 17, 910, 271 057 NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP 058 059 BARBER & BEAUTY SHOP 060 PHYSICIANS' PRIVATE OFFIC NONPALD WORKERS
PATLENTS' LAUNDRY 061 062 OTHER NONREIMBURSABLE COS 063 CROSS FOOT ADJUSTMENT 064 NEGATIVE COST CENTER 065 075 TOTAL 17, 910, 271

MCRIF32 FOR HOPE CREEK CARE CENTER Health Financial Systems

IN LIEU OF FORM CMS-2540-96 (10/1999)
I PERIOD: I PREPARED 4/28/2011 (8:19)
I FROM 12/ 1/2009 I WORKSHEET B
I TO 11/30/2010 I PART II I PROVIDER NO: I 14-5269 ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER	DI RECTLY ASSI GNED	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	SUBTOTAL	EMPLOYEE BEN EFITS	ADMINISTRATI VE & GENERAL	PLANT OPERAT ION, MAINT.
		0	1	2	2 a	3	4	5
	GENERAL SERVICE COST CENTER	RS						
001	CAP REL COSTS - BLDGS & F							
002 003	CAP REL COSTS - MOVEABLE EMPLOYEE BENEFITS							
003	ADMI NI STRATI VE & GENERAL		58, 533	7, 377	65, 910		65, 910	
005	PLANT OPERATION, MAINT. &		24, 922	3, 141	28, 063		5, 757	33, 820
006	LAUNDRY & LINEN SERVICE		11, 296	1, 424	12, 720		1, 786	915
007	HOUSEKEEPI NG		3, 878	489	4, 367		2, 759	314
008 009	DI ETARY NURSI NG ADMI NI STRATI ON		30, 816 9, 321	3, 884 1, 175	34, 700 10, 496		7, 405 377	2, 497 755
010	CENTRAL SERVICES & SUPPLY		3, 615	456	4, 071		18	293
013	SOCI AL SERVI CE		1, 314	166	1, 480		777	106
	INPATIENT ROUTINE SERVICE (CENTERS						
016	SKILLED NURSING FACILITY	TEDO	339, 322	42, 764	382, 086		36, 798	27, 492
021	ANCILLARY SERVICE COST CENT RADIOLOGY	TERS						
021	LABORATORY						302	
025	PHYSI CAL THERAPY		4, 861	613	5, 474		2, 541	394
026	OCCUPATIONAL THERAPY		6, 777	854	7, 631		2, 395	549
027	SPEECH PATHOLOGY		2, 431	306	2, 737		1, 049	197
029 030	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS		3, 807	480	4, 287		1, 035	308
030	DENTAL CARE - TITLE XIX O						2, 911	
032	SUPPORT SURFACES							
033	OTHER ANCILLARY SERVICES							
	SPECIAL PURPOSE COST CENTER	RS						
052 053	MALPRACTICE PREMIUMS & PA INTEREST EXPENSE							
053	SUBTOTALS		500, 893	63, 129	564, 022		65, 910	33, 820
037	NONREI MBURSABLE COST CENTER	RS	300, 073	03, 127	304, 022		03, 710	33, 020
058	GIFT, FLOWER, COFFEE SHOP							
059	BARBER & BEAUTY SHOP							
060	PHYSICIANS' PRIVATE OFFIC							
061 062	NONPALD WORKERS PATLENTS' LAUNDRY							
063	OTHER NONREI MBURSABLE COS							
064	CROSS FOOT ADJUSTMENTS							
065	NEGATI VE COST CENTER							
075	TOTAL		500, 893	63, 129	564, 022		65, 910	33, 820

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)

ALLOCATION OF CAPITAL-RELATED COSTS | 1 14-5269 | 1 FROW 12/ 1/2009 | WORKSHEET B

| 1 10 11/30/2010 | PART | |

	COST CENTER	LAUNDRY & LI NEN SERVICE	HOUSEKEEPI NG	DI ETARY	NURSING ADMI NISTRATION	CENTRAL SERV ICES & SUPPL		SUBTOTAL
		6	7	8	9	10	13	16
001 002 003 004 005	GENERAL SERVICE COST CENT CAP REL COSTS - BLDGS & F CAP REL COSTS - MOVEABLE EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. 8	ΓERS = ¼	·					
006 007	LAUNDRY & LINEN SERVICE HOUSEKEEPING	15, 421	7, 440					
800	DIETARY		.,	44, 602				
009 010	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	/			11, 628	4, 382		
013	SOCIAL SERVICE					., 552	2, 363	
016	INPATIENT ROUTINE SERVICE SKILLED NURSING FACILITY	E CENTERS 15, 421	7, 440	44, 602	11, 628	4, 382	2, 363	532, 212
001	ANCILLARY SERVICE COST CE	ENTERS						
021 022	RADI OLOGY LABORATORY							302
025	PHYSI CAL THERAPY							8, 409
026 027	OCCUPATIONAL THERAPY SPEECH PATHOLOGY							10, 575 3, 983
029	MEDICAL SUPPLIES CHARGED							5, 630
030 031	DRUGS CHARGED TO PATIENTS DENTAL CARE - TITLE XIX O							2, 911
032	SUPPORT SURFACES							
033	OTHER ANCILLARY SERVICES SPECIAL PURPOSE COST CENT	TERS						
052	MALPRACTICE PREMIUMS & PA							
053 057	INTEREST EXPENSE SUBTOTALS	15, 421	7, 440	44, 602	11, 628	4, 382	2, 363	564, 022
037	NONREI MBURSABLE COST CENT		7,440	44, 602	11,020	4, 302	2, 303	304, 022
058	GIFT, FLOWER, COFFEE SHOP							
059 060	BARBER & BEAUTY SHOP PHYSICIANS' PRIVATE OFFICE							
061	NONPALD WORKERS							
062 063	PATIENTS' LAUNDRY OTHER NONREIMBURSABLE COS	\$						
064	CROSS FOOT ADJUSTMENTS							
065 075	NEGATIVE COST CENTER TOTAL	15, 421	7, 440	44, 602	11, 628	4, 382	2, 363	564, 022
073	TOTAL	15, 421	7, 440	44, 002	11,020	4, 302	2, 303	304, 022

P0ST TOTAL COST CENTER STEPDOWN ADJUSTMENT 17 18 GENERAL SERVICE COST CENTERS CAP REL COSTS - BLDGS & F CAP REL COSTS - MOVEABLE EMPLOYEE BENEFITS 001 002 003 ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. & LAUNDRY & LINEN SERVICE 004 005 006 007 HOUSEKEEPI NG 800 DI ETARY 009 NURSING ADMINISTRATION 010 CENTRAL SERVICES & SUPPLY SOCIAL SERVICE INPATIENT ROUTINE SERVICE CENTERS 013 SKILLED NURSING FACILITY
ANCILLARY SERVICE COST CENTERS
RADIOLOGY 016 532, 212 021 LABORATORY 022 025 302 PHYSI CAL THERAPY 8, 409 OCCUPATIONAL THERAPY SPEECH PATHOLOGY 10, 575 026 027 3, 983 029 MEDICAL SUPPLIES CHARGED 5,630 DRUGS CHARGED TO PATIENTS
DENTAL CARE - TITLE XIX O
SUPPORT SURFACES 030 2, 911 031 032 OTHER ANCILLARY SERVICES
SPECIAL PURPOSE COST CENTERS
MALPRACTICE PREMIUMS & PA
INTEREST EXPENSE
SUBTOTALS 033 052 053 564,022 057 NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP 058 059 BARBER & BEAUTY SHOP 060 PHYSICIANS' PRIVATE OFFIC NONPALD WORKERS
PATLENTS' LAUNDRY 061 062 OTHER NONREIMBURSABLE COS 063 CROSS FOOT ADJUSTMENTS 064 NEGATIVE COST CENTER 065 075 TOTAL 564, 022 Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)

| PROVIDER NO: | PERIOD: | PROPARED 4/28/2011 (8:19)
| COST ALLOCATION - STATISTICAL BASIS | 14-5269 | FROM 12/1/2009 | WORKSHEET B-1

	COST CENTER	CAP REL COST S - BLDGS &	CAP REL COST S - MOVEABLE	EMPLOYEE BEN EFITS	RECONCI LI A- TI ON	ADMINISTRATI VE & GENERAL	PLANT OPERAT ION, MAINT.
		(SQUARE FEET	(SQUARE FEET	(GROSS) SALARI ES)	(ACCUM. COST	(SQUARE FEET)
	0	1	2	3	4A	4	5
004	GENERAL SERVICE COST CENTERS	440 700					
001 002	CAP REL COSTS - BLDGS & F CAP REL COSTS - MOVEABLE	119, 728	119, 728				
003	EMPLOYEE BENEFITS		117, 720	8, 015, 699			
004	ADMINISTRATIVE & GENERAL	13, 991	13, 991	311, 308	-3, 096, 226	14, 814, 045	
005	PLANT OPERATION, MAINT. &	5, 957	5, 957	271, 228		1, 294, 026	99, 780
006	LAUNDRY & LINEN SERVICE	2, 700	2, 700	263, 153		401, 452	2, 700
007	HOUSEKEEPI NG	927	927	405, 262		620, 065	927
800	DIETARY	7, 366	7, 366	719, 302		1, 664, 383	7, 366
009 010	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	2, 228 864	2, 228 864	55, 105		84, 732 4, 071	2, 228 864
013	SOCIAL SERVICES & SUFFET	314	314	120, 361		174, 593	314
013	INPATIENT ROUTINE SERVICE CENTERS	314	314	120, 301		174, 575	314
016	SKILLED NURSING FACILITY	81, 108	81, 108	5, 749, 953		8, 270, 611	81, 108
	ANCILLARY SERVICE COST CENTERS						
021	RADI OLOGY						
022	LABORATORY					67, 887	
025	PHYSI CAL THERAPY	1, 162	1, 162	59, 220		571, 152	1, 162
026 027	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	1, 620 581	1, 620 581	60, 807		538, 380 235, 760	1, 620 581
027	MEDICAL SUPPLIES CHARGED	910	910			232, 739	910
030	DRUGS CHARGED TO PATIENTS	710	710			654, 194	710
031	DENTAL CARE - TITLE XIX O					054, 174	
032	SUPPORT SURFACES						
033	OTHER ANCILLARY SERVICES						
	SPECIAL PURPOSE COST CENTERS						
057	SUBTOTALS	119, 728	119, 728	8, 015, 699	-3, 096, 226	14, 814, 045	99, 780
	NONREI MBURSABLE COST CENTERS						
058	GIFT, FLOWER, COFFEE SHOP						
059	BARBER & BEAUTY SHOP						
060 061	PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS						
062	PATIENTS' LAUNDRY						
063	OTHER NONREI MBURSABLE COS						
064	CROSS FOOT ADJUSTMENT						
065	NEGATI VE COST CENTER						
066	COST TO BE ALLOCATED (WRKSHT B, PART I)	500, 893	63, 129	2, 782, 892		3, 096, 226	1, 564, 485
067	UNIT COST MULTIPLIER	4. 183591		. 347180		. 209006	Ď
	(WRKSHT B, PT I)		. 527270	1			15. 679345
068	COST TO BE ALLOCATED					65, 910	33, 820
0/0	(WRKSHT B, PART II)					00444	`
069	UNIT COST MULTIPLIER (WRKSHT B, PT II)					. 004449	, . 338946
	(WARSHI D, FI II)						. 330740

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (10/1999)

| PROVIDER NO: | PERIOD: | PROPARED 4/28/2011 (8:19)
| COST ALLOCATION - STATISTICAL BASIS | 14-5269 | FROM 12/1/2009 | WORKSHEET B-1

	COST CENTER	LAUNDRY NEN SERV		HOUSEKE	EPI NG	DI ETAR	Y	NURSING A		CENTRAL I CES &		SOCI AL	SERVI	
		(PATI ENT		(HOURS ()ERVICE	OF	S(MEALS)	SERVED)	(PATI ENT	DAYS			(TIME	SPENT)
001	GENERAL SERVICE COST CENTI CAP REL COSTS - BLDGS & F	ERS 6		-	7		8	9		1	0		13	
002 003 004 005 006 007 008	CAP REL COSTS - MOVEABLE EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL PLANT OPERATION, MAINT. & LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY	86	, 505	2	1, 924	2!	59, 515							
009 010 013	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY SOCIAL SERVICE	CENTERS					·	86,	505	8	6, 505		13, 535	
016	INPATIENT ROUTINE SERVICE SKILLED NURSING FACILITY ANCILLARY SERVICE COST CEI	86	, 505	2	1, 924	2	59, 515	86,	505	8	6, 505		13, 535	
021 022 025 026 027 029 030 031 032 033 057	RADI OLOGY LABORATORY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY MEDI CAL SUPPLI ES CHARGED DRUGS CHARGED TO PATI ENTS DENTAL CARE - TITLE XIX O SUPPORT SURFACES OTHER ANCI LLARY SERVI CES SPECI AL PURPOSE COST CENTI SUBTOTALS NONREI MBURSABLE COST CENTI GIFT, FLOWER, COFFEE SHOP BARBER & BEAUTY SHOP PHYSI CIANS' PRI VATE OFFI C NOMPAID WORKERS	ERS 86	, 505	2	1, 924	2!	59, 515	86,	505	8	6, 505		13, 535	
062 063 064 065 066	PATIENTS' LAUNDRY OTHER NONREIMBURSABLE COS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (PER WRKSHT B, PART I)	527	, 692	764	4, 197	2, 1:	27, 743	137,	375	1	8, 469	2	216, 007	
067	UNIT COST MULTIPLIER (WRKSHT B, PT I)	6 1	00133		356641		198921	1. 58	38058		213502		5. 95914	3
068	COST TO BE ALLOCATED (PER WRKSHT B, PART II)		, 421		7, 440		14, 602	11,	628		4, 382		2, 363	
069	UNIT COST MULTIPLIER (WRKSHT B, PT II)	. 1	78267		339354		171867	. 13	34420		050656		. 174584	4

Heal	th Financial Systems	MCRI F32 F0	OR HOPE CREEK C				IN LIEU OF FORM CMS-2540-96 (07/1999) PERIOD: PREPARED 4/28/2011 (8:19)
	RATIO OF COST TO CHARGE	S FOR ANCILLARY A	AND OUTPATIENT	1	14-5269	- 1	FROM 12/ 1/2009 I WORKSHEET C TO 11/30/2010 I
	COST CENTER			TOTAL WKST B, COL 18) 1	TOTAL		RATIO OF COST TO CHARGES 3
21	ANCILLARY SERVICE C	OST CENTERS					
22	LABORATORY			82, 076			5. 014418
25	PHYSI CAL THERAPY			708, 745			. 888218
26	OCCUPATIONAL THERAPY			676, 306			. 881943
27	SPEECH PATHOLOGY			294, 145			. 970276
29	MEDICAL SUPPLIES CHAR			295, 651			3. 701143
30	DRUGS CHARGED TO PATI			790, 924	656, 219		1. 205274
31 32	DENTAL CARE - TITLE X SUPPORT SURFACES	IX U					
33	OTHER ANCILLARY SERVI	CES					
33	OUTPATIENT SERVICE						
75	TOTAL	OGOT GENTERO	2,	847, 847	2, 620, 400		

Heal th Financial	Systems	MCRI F32	FOR HOPE	CREEK CAF	RE CENT	ER		IN LIE	EU OF	FORM (CMS-2	2540-96	(12/1999))	
					I	PROVI DER	NO: I	PERI (DD:		I PR	REPARED	4/28/20	11 (8:	19)
APPORTI ONMEN	T OF ANCILLAR	RY AND OUTPATIE	NT COST /	AND	I	14-5269		FROM	12/	1/2009	1	WORKSH	EET D		
REDUCTION OF	THERAPY COST	FOR TITLE XVI	11		I			T0	11/3	0/2010	1	PART I			
					1						1				
TITLE X	/111		SKI LLED	NURSI NG F	FACILIT	Υ		PPS							

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

	COST CENTER	RATIO OF COST TO	HEALTH CAR CHAR		HEALTH CARI COS	
		CHARGES	PART A	PART B	PART A	PART B
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
21	RADI OLOGY					
22	LABORATORY	5. 014418	16, 368		82, 076	
25	PHYSI CAL THERAPY	. 888218	612, 828		544, 325	
26	OCCUPATI ONAL THERAPY	. 881943	629, 244		554, 957	
27	SPEECH PATHOLOGY	. 970276	262, 728		254, 919	
29	MEDICAL SUPPLIES CHARGED	3. 701143				
30	DRUGS CHARGED TO PATIENTS	1. 205274	260, 018		313, 393	
31	DENTAL CARE - TITLE XIX O					
32	SUPPORT SURFACES					
33	OTHER ANCILLARY SERVICES					
	OUTPATIENT SERVICE COST CENTERS					
75	TOTAL		1, 781, 186		1, 749, 670	

^{*} Line 48 columns 2 and 4 are for title V and XIX. No amounts should be entered here for title XVIII.

IN LIEU OF FORM CMS-2540-96 (12/1999)
I PERIOD: I PREPARED 4/28/2011 (8:19)
I FROM 12/ 1/2009 I WORKSHEET D
I TO 11/30/2010 I PART I Health Financial Systems MCRI F32 FOR HOPE CREEK CARE CENTER I PROVIDER NO: APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND REDUCTION OF THERAPY COST FOR TITLE XVIII 14-5269 SKILLED NURSING FACILITY

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

PT B THERAPY COSTS ON AND TITLE XVIII PT B THERAPY CHARGES ON AND COSTS ON AND AFTER 1/1/1998 AFTER 1/1/1998 10% REDUCTION NET ALLOWABLE COST CENTER 0F THERAPY PART B COSTS 6 8

RADI OLOGY

LABORATORY

PHYSI CAL THERAPY OCCUPATI ONAL THERAPY

SPEECH PATHOLOGY

MEDICAL SUPPLIES CHARGED

21 22 25 26 27 29 30 31 32 DRUGS CHARGED TO PATIENTS
DENTAL CARE - TITLE XIX O
SUPPORT SURFACES
OTHER ANCILLARY SERVICES

33 75

TOTAL

^{*} Line 48 columns 2 and 4 are for title V and XIX. No amounts should be entered here for title XVIII.

IN LIEU OF FORM CMS-2540-96 (12/1999)
I PERIOD: I PREPARED 4/28/2011 (8:19)
I FROM 12/ 1/2009 I WORKSHEET D
I TO 11/30/2010 I PARTS II & III FOR HOPE CREEK CARE CENTER Health Financial Systems MCRI F32 I PROVIDER NO: APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND REDUCTION OF THERAPY COST FOR TITLE XVIII 14-5269

PART II - APPORTIONMENT OF VACCINE COST

DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES PROGRAM VACCINE CHARGES PROGRAM COSTS (LINE 1 * LINE 2) 1. 205274

2

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

	COST CENTERS	TOTAL COST 1	I NTERN AND RESI DENTS COSTS 2	RATIO OF 1&R COSTS TO TOTAL COSTS - PT A 3	TITLE XVIII PART A COST 4	TITLE XVIII I&R COSTS FOR PASS THROUGH 5
21	RADI OLOGY					
22	LABORATORY	82, 076			82, 076	
25	PHYSI CAL THERAPY	708, 745			544, 325	
26	OCCUPATI ONAL THERAPY	676, 306			554, 957	
27	SPEECH PATHOLOGY	294, 145			254, 919	
29	MEDICAL SUPPLIES CHARGED	295, 651				
30	DRUGS CHARGED TO PATIENTS	790, 924			313, 393	
31	DENTAL CARE - TITLE XIX O					
32	SUPPORT SURFACES					
33	OTHER ANCILLARY SERVICES					
75	TOTAL	2, 847, 847			1, 749, 670	

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (04/2006)

| PROVIDER NO: | PREVAIL | PROVIDER NO: |

PART III - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

TITLE XVIII SNE INPATIENT ANCILLARY SERVICES-PART A (SEE INSTRUCTIONS) INTERNS & RESIDENTS AND MEDICAL EDUCATION COST
FOR TITLE XVIII (SEE INSTRUCTIONS) 2 TOTAL COSTS 3 MEDICARE INPATIENT ANCILLARY CHARGES (SEE INSTRUCTIONS) INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS) COST OF COVERED SERVICES 6 INPATIENT PPS AMOUNT (SEE INSTRUCTIONS) 3, 180, 827 PRIMARY PAYOR AMOUNTS COI NSURANCE 669,049 10 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)
10. 01 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEFORE 10/01/2005 (SEE INSTRUCTIONS) 72,654 10.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
10.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON & AFTER 10/01/2005 (INSTR)
10.04 RECOVERY OF REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 72,654 72,654 UTILIZATION REVIEW 11 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A 12 DECREASE IN PROGRAM UTILIZATION 13 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF ASSETS. SUBTOTAL (SEE INSTRUCTIONS) 2, 584, 432 15 SEQUESTRATION ADJUSTMENT INTERIM PAYMENTS (SEE INSTRUCTIONS) 2, 585, 528 16 16.01 TENTATIVE ADJUSTMENT (FI ONLY) 16. 20 OTHER ADJUSTMENTS (SPECIFY)
17 BALANCE DUE PROVI DER/PROGRAM -1.096PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2) 18

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

ANCILLARY SERVICES PART B VACCINE COST (FROM WKST D, PART II, LINE 3) 21 INTERN AND RESIDENT COST (FROM WORKSHEET D-2) TOTAL REASONABLE COSTS (SUM OF LINES 19 TO 21)
MEDICARE PART B ANCILLARY CHARGES (SEE INSTRUCTIONS)
INTERN AND RESIDENT CHARGES (FROM PROVIDER RECORDS) 23 24 COST OF COVERED SERVICES PRIMARY PAYOR AMOUNTS 25 26 COINSURANCE AND DEDUCTIBLES 27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS) 28 RECOVERY OF UNREIMBURSED COST UNDER THE LÉSSER OF REASONABLE COST OR CUSTOMARY 29 CHARGES 30 80% OF RECOVERY OF UNREIMBURSED COST UNDER THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES 31 DECREASE IN PROGRAM UTILIZATION 32 33 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF **ASSETS** SUBTOTAL 34 SEQUESTRATION AMOUNT 35 36 INTERIM PAYMENTS (SEE INSTRUCTIONS)
36.01 TENTATIVE ADJUSTMENT (FI ONLY) 36. 20 OTHER ADJUSTMENTS (SPECIFY)

PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2)

38

BALANCE DUE PROVI DER/PROGRAM

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (10/1998)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED I 14-5269 I FROM 12/ 1/2009 I WORKSHEET E-1

I N LIEU OF FORM CMS-2540-96 (10/1998)

I PREPARED 4/28/2011 (8:19)

I FROM 12/ 1/2009 I WORKSHEET E-1

	DESCRI PTI ON		I NPATI ENT-PART MO/DAY/YR 1		PART B MO/DAY/YR 3	AMOUNT 4
2	TOTAL INTERIM PAYMENTS PAID TO PROVIDER INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE". LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM 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)		, ,	2, 572, 328 NONE		NONE
	PROGRAM TÓ PROVI DER	. 01 . 02 . 03 . 04 . 05	7/12/2010	13, 200)	
	PROVI DER TO PROGRAM	. 50 . 51 . 52 . 53				
4		. 99		13, 200 2, 585, 528		NONE
5	PROVI DER TO PROGRAM	. 01 . 02 . 03 . 50 . 51				
	DETERMINED NET SETTLEMENT PROGRAM TO PROVIDER	. 99 . 01 . 50		NONE		NONE
	NAME OF INTERMEDIARY: INTERMEDIARY NO:					
	SI GNATURE OF AUTHORI ZED PERSON:					
	DATE://					

(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 REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

MCRIF32 FOR HOPE CREEK CARE CENTER Health Financial Systems

IN LIEU OF FORM CMS-2540-96 (07/1996)
I PERIOD: I PREPARED 4/28/2011 (8:19)
I FROM 12/ 1/2009 I
I TO 11/30/2010 I WORKSHEET G I PROVIDER NO: I 14-5269 BALANCE SHEET

LI NE		GENERAL	SPECI FI C	ENDOWMENT	PLANT
NO	ASSETS	FUND	PURPOSE FUND	FUND	FUND
1	CURRENT ASSETS CASH ON HAND AND IN BANKS	371, 593			
2 3	TEMPORARY INVESTMENTS NOTES RECEIVABLE				
4 5 6	ACCOUNTS RECEIVABLE OTHER RECEIVABLES LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS	85, 793 573, 101			
7	RECEI VABLE INVENTORY				
8 9	PREPAID EXPENSES OTHER CURRENT ASSETS	22, 900			
10 11	DUE FROM OTHER FUNDS TOTAL CURRENT ASSETS FIXED ASSETS	1, 053, 387			
12 13	LAND LAND IMPROVEMENTS				
14 15 16	LESS: ACCUMULATED DEPRECIATION BUILDINGS LESS: ACCUMULATED DEPRECIATION				
17 18	LEASEHOLD IMPROVEMENTS LESS: ACCUMULATED AMORTIZATION				
19 20	FI XED EQUI PMENT LESS: ACCUMULATED DEPRECI ATI ON				
21 22 23	AUTOMOBILES AND TRUCKS LESS: ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT				
24 25	LESS: ACCUMULATED DEPRECIATION MINOR EQUIPMENT NONDEPRECIABLE				
26 27	OTHER FIXED ASSETS TOTAL FIXED ASSETS OTHER ASSETS				
28 29	INVESTMENTS DEPOSITS ON LEASES	2, 332, 440			
30 31 32	DUE FROM OWNERS/OFFICERS OTHER ASSETS TOTAL OTHER ASSETS	19, 075, 000			
32					
33	TOTAL ASSETS	21, 407, 440 22, 460, 827			
33 LI NE NO	TOTAL ASSETS		SPECI FI C PURPOSE	ENDOWMENT FUND	PLANT FUND
LI NE		22, 460, 827 GENERAL			
LI NE NO 34 35	TOTAL ASSETS LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE	22, 460, 827 GENERAL	PURPOSE		
LI NE NO 34 35 36 37	TOTAL ASSETS LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM)	22, 460, 827 GENERAL FUND 506, 089	PURPOSE		
LI NE NO 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE	22, 460, 827 GENERAL FUND 506, 089 453, 174	PURPOSE		
LI NE NO 34 35 36 37 38 39	TOTAL ASSETS LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES	22, 460, 827 GENERAL FUND 506, 089 453, 174	PURPOSE		
LI NE NO 34 35 36 37 38 39 40 41	TOTAL ASSETS LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	22, 460, 827 GENERAL FUND 506, 089 453, 174 19, 075, 000	PURPOSE		
LI NE NO 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM A. PRIOR TO 7/1/66	22, 460, 827 GENERAL FUND 506, 089 453, 174 19, 075, 000	PURPOSE		
LI NE NO 34 35 36 37 38 39 40 41 42 43 44 45 46	CURRENT LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS	22, 460, 827 GENERAL FUND 506, 089 453, 174 19, 075, 000	PURPOSE		
34 35 36 37 38 39 40 41 42 43 44 45 46	CURRENT LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED I NCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM A. PRIOR TO 7/1/66 OWNERS B. ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG-TERM LIABILITIES	22, 460, 827 GENERAL FUND 506, 089 453, 174 19, 075, 000	PURPOSE		
LI NE NO 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	CURRENT LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM A. PRIOR TO 7/1/66 OWNERS B. ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LONG-TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE	22, 460, 827 GENERAL FUND 506, 089 453, 174 19, 075, 000 22, 548 20, 056, 811	PURPOSE		
LI NE NO 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54	LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM A. PRIOR TO 7/1/66 OWNERS B. ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED DONOR CREATED- ENDOWMENT FUND BALANCE-	22, 460, 827 GENERAL FUND 506, 089 453, 174 19, 075, 000 22, 548 20, 056, 811	PURPOSE		
LI NE NO 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56	CURRENT LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM A. PRIOR TO 7/1/66 OWNERS B. ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED DONOR CREATED- ENDOWMENT FUND BALANCE PLANT FUND BALANCE	22, 460, 827 GENERAL FUND 506, 089 453, 174 19, 075, 000 22, 548 20, 056, 811	PURPOSE		
LI NE NO 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55	LIABILITIES AND FUND BALANCE CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES AND LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM A. PRIOR TO 7/1/66 OWNERS B. ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LONG-TERM LIABILITIES TOTAL LONG-TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED- ENDOWMENT FUND BALANCE- GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE	22, 460, 827 GENERAL FUND 506, 089 453, 174 19, 075, 000 22, 548 20, 056, 811	PURPOSE		

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (07/1996)

STATEMENT OF CHANGES IN FUND BALANCES IN 1 TO 11/30/2010 I WORKSHEET G-1

GENERAL FUND SPECIFIC PURPOSE FUND FUND BALANCE AT BEGINNING OF PERIOD NET INCOME (LOSS) 3, 657, 447 1 -1, 253, 431 2 TOTAL 2, 404, 016 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) ROUNDI NG 4 5 6 7 8 9 10 TOTAL ADDITIONS SUBTOTAL 2, 404, 016 11 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)
DEDUCTIONS (DEBIT ADJUSTM 12 13 14 15 16 17 TOTAL DEDUCTIONS 18 FUND BALANCE AT END OF 2, 404, 016 PERIOD PER BALANCE SHEET ENDOWMENT FUND PLANT FUND FUND BALANCE AT BEGINNING OF PERIOD NET INCOME (LOSS) 1 3 TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) ROUNDI NG 8 10 TOTAL ADDITIONS SUBTOTAL
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)
DEDUCTIONS (DEBIT ADJUSTM 11 12 13 14 15 16 17 TOTAL DEDUCTIONS 18 FUND BALANCE AT END OF 19

PERIOD PER BALANCE SHEET

Health Financial Systems	MCRI F32	FOR HOPE CREEK CARE C	CENTER	IN LIEU OF FORM CMS	-2540-96 (07/1996)
			I PROVIDER NO:		PREPARED 4/28/2011 (8:19)
STATEMENT OF PAT	TIENT REVENUES	AND OPERATING EXPENSES	I 14-5269	I FROM 12/ 1/2009 I	WORKSHEET G-2

	PART I - PATENT REVENUES REVENUE CENTER	S I NPATI ENT 1	OUTPATI ENT 2	TOTAL 3
1 2	GENERAL INPATIENT ROUTINE CARE SERVICES SKILLED NURSING FACILITY	2, 935, 883		2, 935, 883
3	NURSING FACILITY ICF/MR	8, 314, 459		8, 314, 459
4 5	OTHER LONG TERM CARE TOTAL GENERAL INPATIENT CARE SERVICES ALL OTHER CARE SERVICES	11, 250, 342		11, 250, 342
6 7 8	ANCILLARY SERVICES CLINIC HOME HEALTH AGENCY	2, 172, 415		2, 172, 415
9 10 11 12	AMBULANCE HOSPI CE OUTPATI ENT REHAB PROVI DER			
13 14	TOTAL PATIENT REVENUES	13, 422, 757		13, 422, 757
	PART II-OPER	RATING EXPENSES		
1	TOTAL OPERATING EXPENSES ADD (SPECIFY)			16, 996, 861
2 3 4 5	TRANSFER TO OTHER AGENCY			
6 7 8	TOTAL ADDITIONS DEDUCT (SPECIFY)			
9 10 11 12				
13 14 15	TOTAL DEDUCTIONS TOTAL OPERATING EXPENSES			16, 996, 861

Health Financial Systems MCRIF32 FOR HOPE CREEK CARE CENTER IN LIEU OF FORM CMS-2540-96 (07/1996)

| PROVIDER NO: | PERIOD: | PROPARED 4/28/2011 (8:19)
| STATEMENT OF REVENUES AND EXPENSES | 1 14-5269 | FROM 12/1/2009 | WORKSHEET G-3

1 2	TOTAL PATIENT REVENUES LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON	13, 422, 757
3 4 5	PATIENTS' ACCOUNTS NET PATIENT REVENUES LESS: TOTAL OPERATING EXPENSES NET INCOME FROM SERVICE TO PATIENTS	13, 422, 757 16, 996, 861 -3, 574, 104
6 7 8 9 10 11 12	OTHER INCOME: CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. INCOME FROM INVESTMENTS REVENUES FROM TELEPHONE AND TELEGRAPH SERVICE REVENUE FROM TELEVISION AND RADIO SERVICE PURCHASE DISCOUNTS REBATES AND REFUNDS OF EXPENSES	23, 499 8, 400 19, 713
13 14 15 16	PARKING LOT RECEIPTS REVENUE FROM LAUNDRY AND LINEN SERVICE REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS REVENUE FROM RENTAL OF LIVING QUARTERS	7, 694
17	REVENUE FROM SALE OF MEDICAL AND SURGICAL	2, 035
18	SUPPLIES TO OTHER THAN PATIENTS REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	2, 025
19 20 21	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS TUITION (FEES, SALES OF TEXTBOOKS, UNIFORMS ETC) REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	
22 23	RENTAL OF VENDING MACHINES RENTAL OF SKILLED NURSING SPACE	225
24 25	GOVERNMENTAL APPROPRIATIONS TRANSFER FROM NH	2, 252, 519
25. 02 25. 03 25. 04 26 27 28	SALE OF JUNK DI APERS BARBER & BEAUTY TRANSPORTATION CHARGE TOTAL OTHER I NCOME TOTAL MI SC I NCOME	4, 223 3, 377 594 2, 324, 304 -1, 249, 800 3, 631
29 30 31 32	TOTAL OTHER EXPENSES NET INCOME (OR LOSS) FOR THE PERIOD	3, 631 -1, 253, 431