

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

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

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 4:50 pm

MCRIF32

Version: 11.1.179.1



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

Worksheet S  
Parts I, II & III

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PREFERRED CARE AT HAMILTON, 315111 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.


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

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	Part A	Part B	Title XIX
Cost Center Description		1.00	2.00	3.00	4.00
1.00	SKILLED NURSING FACILITY	0	-125,294	2,883	0
2.00	NURSING FACILITY	0			0
3.00	ICF/IID				0
4.00	SNF - BASED HHA I	0	0	0	4.00
5.00	SNF - BASED RHC I	0		0	5.00
6.00	SNF - BASED FQHC I	0		0	6.00
7.00	SNF - BASED CMHC I	0		0	7.00
100.00	TOTAL	0	-125,294	2,883	0

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


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

PREFERRED CARE AT HAMILTON	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:40 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315111			

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

**Worksheet S-2**  
**Part I**  
**PPS**


<b>Skilled Nursing Facility and Skilled Nursing Facility Complex Address:</b>									
1.00	Street:	1501 STATE HIGHWAY 33	P.O. Box:						1.00
2.00	City:	TRENTON	State:	NJ	ZIP Code:	08690			2.00
3.00	County:	MERCER	CBSA Code:	45940	Urban / Rural:	U			3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)								3.01
<b>SNF and SNF-Based Component Identification:</b>									
	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00		
4.00	SNF	PREFERRED CARE AT HAMILTON	315111	11/01/1988	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
			From:	To:					
			1.00	2.00					
14.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2024			12/31/2024			14.00	
15.00	Type of Control (See Instructions)	6 - Proprietary, Other			LLC			15.00	
							Y/N		
							1.00		
<b>Type of Freestanding Skilled Nursing Facility</b>									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	18.00
<b>Miscellaneous Cost Reporting Information</b>									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.01
<b>Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.</b>									
20.00	Straight Line							472,208	20.00
21.00	Declining Balance							0	21.00
22.00	Sum of the Year's Digits							0	22.00
23.00	Sum of line 20 through 22							472,208	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	28.00
			Part A	Part B	Other				
			1.00	2.00	3.00				
<b>If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.</b>									
29.00	Skilled Nursing Facility		N	N				29.00	
30.00	Nursing Facility				N			30.00	
31.00	ICF/IID							31.00	
32.00	SNF-Based HHA		N	N				32.00	
33.00	SNF-Based RHC							33.00	
34.00	SNF-Based FQHC							34.00	
35.00	SNF-Based CMHC			N				35.00	
36.00	SNF-Based OLTC							36.00	
			Y/N						
			1.00	2.00					
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)							Y	37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)							N	38.00

PREFERRED CARE AT HAMILTON	Period:	Run Date Time:	5/28/2025 2:40 pm	
Provider CCN: 315111	From: 01/01/2024	MCRIF32	<b>2540-10</b>	
	To: 12/31/2024	Version:	11.1.179.1	

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

**Worksheet S-2**  
**Part I**  
**PPS**

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

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

**Worksheet S-2**  
**Part II**  
**PPS**

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)							
Completed by All Skilled Nursing Facilities							
Provider Organization and Operation							
		Y/N	Date				
		1.00	2.00				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions)	Y	A	06/15/2025			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N				6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N					7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N					8.00
			Y/N				
			1.00				
Bad Debts							
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y				9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N				10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N				11.00
Bed Complement							
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N				12.00
		Description	Y/N	Date	Y/N	Date	
		0	1.00	2.00	3.00	4.00	
PS&R Data							
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	03/20/2025	Y	03/20/2025		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N			14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N			15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N			16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N			17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N			18.00
		1.00	2.00	3.00			
Cost Report Preparer Contact Information							
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KITTY	BLISSIT	PREPARER			19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES					20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	KITTY.BLISSIT@HCRNJ.NET				21.00

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Provider CCN: 315111

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MCRIF32

Version:

5/28/2025 2:40 pm

2540-10

11.1.179.1



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

Worksheet S-3  
Part I  
PPS

				Inpatient Days/Visits					Discharges					
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	128	46,848	0	8,628	25,860	6,884	41,372	0	191	92	177	460	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	128	46,848	0	8,628	25,860	6,884	41,372	0	191	92	177	460	8.00
		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	45.17	281.09	89.94	0	213	49	215	477	93.50	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00		2.00
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00		5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	0.00	45.17	281.09	89.94	0	213	49	215	477	93.50	0.00		8.00

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MCRIF32

Version:

5/28/2025 2:40 pm

2540-10

11.1.179.1



## SNF WAGE INDEX INFORMATION

## Worksheet S-3

## Part II

## PPS

## PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SALARIES</b>							
1.00	Total salaries (See Instructions)	5,531,003	0	5,531,003	194,708.00	28.41	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	5,531,003	0	5,531,003	194,708.00	28.41	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	5,531,003	0	5,531,003	194,708.00	28.41	13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
14.00	Contract Labor: Patient Related & Mgmt	1,877,308	0	1,877,308	50,811.00	36.95	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs core (See Part IV)	805,252	0	805,252			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	805,252	0	805,252			22.00

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MCRIF32

Version:

5/28/2025 2:40 pm

2540-10

11.1.179.1



## SNF WAGE INDEX INFORMATION

## Worksheet S-3

## Part III

## PPS

## PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	448,346	0	448,346	6,200.00	72.31	2.00
3.00	Plant Operation, Maintenance & Repairs	92,901	0	92,901	5,003.00	18.57	3.00
4.00	Laundry & Linen Service	28,456	0	28,456	2,111.00	13.48	4.00
5.00	Housekeeping	351,219	0	351,219	18,890.00	18.59	5.00
6.00	Dietary	475,398	0	475,398	24,936.00	19.06	6.00
7.00	Nursing Administration	773,271	0	773,271	15,187.00	50.92	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	43,257	0	43,257	2,087.00	20.73	10.00
11.00	Social Service	94,000	0	94,000	2,061.00	45.61	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	161,327	0	161,327	10,640.00	15.16	13.00
14.00	Total (sum lines 1 thru 13)	2,468,175	0	2,468,175	87,115.00	28.33	14.00

PREFERRED CARE AT HAMILTON

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Period:

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To: 12/31/2024

Run Date Time: 5/28/2025 2:40 pm

MCRIF32

Version: 11.1.179.1



## SNF WAGE RELATED COSTS

## Worksheet S-3

## Part IV

## PPS

## PART IV - WAGE RELATED COSTS

	Amount Reported	
	1.00	

## Part A - Core List

## RETIREMENT COST

1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,813	3.00
4.00	Prior Year Pension Service Cost	0	4.00

## PLAN ADMINISTRATIVE COSTS (Paid to External Organization)

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

## HEALTH AND INSURANCE COST

8.00	Health Insurance (Purchased or Self Funded)	7,925	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	240,336	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00

## TAXES

17.00	FICA-Employers Portion Only	415,861	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	51,143	19.00
20.00	State or Federal Unemployment Taxes	7,256	20.00

## OTHER

21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	726,334	24.00


Amount Reported

1.00

## Part B - Other than Core Related Cost

25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00
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PREFERRED CARE AT HAMILTON		Period:	Run Date Time:	
Provider CCN: 315111		From: 01/01/2024	MCRIF32	
		To: 12/31/2024	Version: 11.1.179.1	

## SNF REPORTING OF DIRECT CARE EXPENDITURES

**Worksheet S-3**  
**Part V**  
**PPS**

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	477,030	69,450	546,480	10,168.00	53.75	1.00
2.00	Licensed Practical Nurses (LPNs)	1,178,306	171,548	1,349,854	36,773.00	36.71	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,407,492	204,915	1,612,407	60,653.00	26.58	3.00
4.00	Total Nursing (sum of lines 1 through 3)	3,062,828	445,913	3,508,741	107,594.00	32.61	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	63,774		63,774	1,384.00	46.08	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	881,676		881,676	36,299.00	24.29	16.00
17.00	Total Nursing (sum of lines 14 through 16)	945,450		945,450	37,683.00	25.09	17.00
18.00	Physical Therapists	203,837		203,837	2,386.00	85.43	18.00
19.00	Physical Therapy Assistants	229,822		229,822	2,690.00	85.44	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	167,188		167,188	2,385.00	70.10	21.00
22.00	Occupational Therapy Assistants	282,062		282,062	4,024.00	70.09	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	48,950		48,950	1,644.00	29.77	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 2:40 pm

2540-10

11.1.179.1



## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

## Worksheet S-7

PPS

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

PREFERRED CARE AT HAMILTON	Period:	Run Date Time:	5/28/2025 2:40 pm
Provider CCN: 315111	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

PREFERRED CARE AT HAMILTON		Period:	Run Date Time:
Provider CCN: 315111		From: 01/01/2024	5/28/2025 2:40 pm
		To: 12/31/2024	MCRIF32 2540-10
			Version: 11.1.179.1



## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

## Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		4,676,697	4,676,697	0	4,676,697	-2,579,511	2,097,186	1.00
3.00	00300	EMPLOYEE BENEFITS	0	805,253	805,253	0	805,253	0	805,253	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	448,346	2,865,936	3,314,282	0	3,314,282	-366,383	2,947,899	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	92,901	493,673	586,574	0	586,574	0	586,574	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	28,456	133,960	162,416	0	162,416	0	162,416	6.00
7.00	00700	HOUSEKEEPING	351,219	54,540	405,759	0	405,759	0	405,759	7.00
8.00	00800	DIETARY	475,398	433,635	909,033	0	909,033	0	909,033	8.00
9.00	00900	NURSING ADMINISTRATION	773,271	235,117	1,008,388	0	1,008,388	-32,596	975,792	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	43,257	0	43,257	0	43,257	0	43,257	12.00
13.00	01300	SOCIAL SERVICE	94,000	0	94,000	0	94,000	0	94,000	13.00
15.00	01500	PATIENT ACTIVITIES	161,327	39,535	200,862	0	200,862	0	200,862	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	03000	SKILLED NURSING FACILITY	3,062,828	1,174,867	4,237,695	0	4,237,695	-14,400	4,223,295	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	04000	RADIOLOGY	0	37,062	37,062	0	37,062	0	37,062	40.00
41.00	04100	LABORATORY	0	87,054	87,054	0	87,054	0	87,054	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	11,683	11,683	0	11,683	0	11,683	43.00
44.00	04400	PHYSICAL THERAPY	0	415,321	415,321	0	415,321	0	415,321	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	413,526	413,526	0	413,526	0	413,526	45.00
46.00	04600	SPEECH PATHOLOGY	0	103,011	103,011	0	103,011	0	103,011	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	305,602	305,602	0	305,602	0	305,602	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	07100	AMBULANCE	0	50,164	50,164	0	50,164	0	50,164	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	0	0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	0	0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	5,531,003	12,336,636	17,867,639	0	17,867,639	-2,992,890	14,874,749	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	0	0	94.00
100.00		TOTAL	5,531,003	12,336,636	17,867,639	0	17,867,639	-2,992,890	14,874,749	100.00

PREFERRED CARE AT HAMILTON	Period:	Run Date Time:	5/28/2025 2:40 pm
Provider CCN: 315111	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



RECLASSIFICATIONS

Worksheet A-6

PPS

Increases					Decreases					
	Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))		0	0			0	0	100.00	

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	2,619,788	77,472	0	77,472	0	2,697,260	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	391,276	0	0	0	0	391,276	0	6.00
7.00	Subtotal (sum of lines 1-6)	3,011,064	77,472	0	77,472	0	3,088,536	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	3,011,064	77,472	0	77,472	0	3,088,536	0	9.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 2:40 pm  
MCRIF32 2540-10  
Version: 11.1.179.1

## ADJUSTMENTS TO EXPENSES

## Worksheet A-8

PPS

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-87,542	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-2,549,294			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00	CONTRIBUTIONS	A	-18,280	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	LOST ITEMS	A	-2,684	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	PSYCHIATRIC EVAL./NON-REIM	A	-14,400	SKILLED NURSING FACILITY	30.00	25.02
25.04	BAD DBT	A	-320,690	ADMINISTRATIVE & GENERAL	4.00	25.04
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,992,890			100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

PREFERRED CARE AT HAMILTON		Period:	Run Date Time:
Provider CCN: 315111		From: 01/01/2024	5/28/2025 2:40 pm
		To: 12/31/2024	MCRIF32 2540-10
			Version: 11.1.179.1

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND  
HOME OFFICE COSTSWorksheet A-8-1  
Parts I & II  
PPS**PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
1.00	2.00	3.00	4.00	5.00	6.00	
1.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT	906,384	906,384	0 1.00
2.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	RENT	0	4,191,180	-4,191,180 2.00
3.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	DEPRECIATION	216,543	0	216,543 3.00
4.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	INTEREST	1,482,668	0	1,482,668 4.00
5.00	4.00	ADMINISTRATIVE & GENERAL	A&G	4,177	0	4,177 5.00
6.00	9.00	NURSING ADMINISTRATION	CLINICAL CONSULTING	200,233	232,829	-32,596 6.00
7.00	4.00	ADMINISTRATIVE & GENERAL	ADMIN ASSISTANCE	177,565	206,471	-28,906 7.00
8.00	0.00			0	0	0 8.00
9.00	0.00			0	0	0 9.00
10.00	<b>TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.</b>			<b>2,987,570</b>	<b>5,536,864</b>	<b>-2,549,294</b> 10.00

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the 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.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	A		0.00	PCH MANAGEMENT LLC	20.00	MANAGEMENT COMPANY	1.00
2.00	A		0.00	PCH MANAGMENT LLC	35.00	MANAGEMENT COMPANY	2.00
3.00	A		0.00	PCH MANAGEMENT LLC	45.00	MANAGEMENT COMPANY	3.00
4.00	A		0.00	PREFERRED CARE AT HAMILTON REALTY	23.00	REALTY	4.00
5.00	A		0.00	PREFERRED CARE AT HAMILTON REALTY	36.00	REALTY	5.00
6.00	A		0.00	PREFERRED CARE AT HAMILTON REALTY	38.00	REALTY	6.00
7.00	A		0.00	PREFERRED CARE AT HAMILTON REALTY	1.00	REALTY	7.00
8.00	A		0.00	PREFERRED CARE AT HAMILTON REALTY	2.00	REALTY	8.00
9.00	A		0.00	PC CONSULTING	0.00	CLINICAL AND ADMIN ASSISTANCE	9.00
10.00			0.00		0.00		10.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- 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 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 (financial or non-financial) specify:



PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 2:40 pm

MCRIF32

Version: 11.1.179.1



## COST ALLOCATION - GENERAL SERVICE COSTS

## Worksheet B

## Part I

## PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	2,097,186	2,097,186							1.00
3.00	EMPLOYEE BENEFITS	805,253	0	805,253						3.00
4.00	ADMINISTRATIVE & GENERAL	2,947,899	58,742	65,274	3,071,915	3,071,915				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	586,574	113,057	13,525	713,156	185,612	898,768			5.00
6.00	LAUNDRY & LINEN SERVICE	162,416	39,209	4,143	205,768	53,555	18,303	277,626		6.00
7.00	HOUSEKEEPING	405,759	14,144	51,134	471,037	122,596	6,602	0	600,235	7.00
8.00	DIETARY	909,033	183,201	69,213	1,161,447	302,289	85,518	0	58,740	8.00
9.00	NURSING ADMINISTRATION	975,792	18,041	112,580	1,106,413	287,965	8,422	0	5,785	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	43,257	0	6,298	49,555	12,898	0	0	0	12.00
13.00	SOCIAL SERVICE	94,000	3,849	13,685	111,534	29,029	1,797	0	1,234	13.00
15.00	PATIENT ACTIVITIES	200,862	59,608	23,487	283,957	73,905	27,825	0	19,112	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	4,223,295	1,530,071	445,914	6,199,280	1,613,484	714,235	277,626	490,591	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	37,062	0	0	37,062	9,646	0	0	0	40.00
41.00	LABORATORY	87,054	0	0	87,054	22,657	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	11,683	0	0	11,683	3,041	0	0	0	43.00
44.00	PHYSICAL THERAPY	415,321	48,735	0	464,056	120,779	22,749	0	15,626	44.00
45.00	OCCUPATIONAL THERAPY	413,526	16,405	0	429,931	111,898	7,658	0	5,260	45.00
46.00	SPEECH PATHOLOGY	103,011	5,292	0	108,303	28,188	2,470	0	1,697	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	305,602	6,832	0	312,434	81,317	3,189	0	2,190	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	50,164	0	0	50,164	13,056	0	0	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	14,874,749	2,097,186	805,253	14,874,749	3,071,915	898,768	277,626	600,235	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	14,874,749	2,097,186	805,253	14,874,749	3,071,915	898,768	277,626	600,235	100.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 2:40 pm  
MCRIF32  
Version: 11.1.179.1

## COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B  
Part I  
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	1,607,994								8.00
9.00	NURSING ADMINISTRATION	0	1,408,585							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	62,453					12.00
13.00	SOCIAL SERVICE	0	0	0	0	143,594				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	404,799			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	1,607,994	1,408,585	0	62,453	143,594	404,799	12,922,641	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	46,708	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	109,711	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	14,724	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	623,210	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	554,747	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	140,658	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	399,130	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	0	0	0	0	0	0	63,220	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	1,607,994	1,408,585	0	62,453	143,594	404,799	14,874,749	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0			0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	1,607,994	1,408,585	0	62,453	143,594	404,799	14,874,749	0	100.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 2:40 pm  
MCRIF32  
Version: 11.1.179.1

## COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B  
Part I  
PPS

	Cost Center Description	Total	
		18.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	EMPLOYEE BENEFITS		3.00
4.00	ADMINISTRATIVE & GENERAL		4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	LAUNDRY & LINEN SERVICE		6.00
7.00	HOUSEKEEPING		7.00
8.00	DIETARY		8.00
9.00	NURSING ADMINISTRATION		9.00
10.00	CENTRAL SERVICES & SUPPLY		10.00
12.00	MEDICAL RECORDS & LIBRARY		12.00
13.00	SOCIAL SERVICE		13.00
15.00	PATIENT ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	SKILLED NURSING FACILITY	12,922,641	30.00
31.00	NURSING FACILITY	0	31.00
32.00	ICF/IID	0	32.00
33.00	OTHER LONG TERM CARE	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
40.00	RADIOLOGY	46,708	40.00
41.00	LABORATORY	109,711	41.00
42.00	INTRAVENOUS THERAPY	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	14,724	43.00
44.00	PHYSICAL THERAPY	623,210	44.00
45.00	OCCUPATIONAL THERAPY	554,747	45.00
46.00	SPEECH PATHOLOGY	140,658	46.00
47.00	ELECTROCARDIOLOGY	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	399,130	49.00
51.00	SUPPORT SURFACES	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
71.00	AMBULANCE	63,220	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
80.00	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	INTEREST EXPENSE		81.00
82.00	UTILIZATION REVIEW - SNF		82.00
83.00	HOSPICE	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	14,874,749	89.00
<b>NONREIMBURSABLE COST CENTERS</b>			
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	NONPAID WORKERS	0	93.00
94.00	PATIENTS LAUNDRY	0	94.00
98.00	Cross Foot Adjustments	0	98.00
99.00	Negative Cost Centers	0	99.00
100.00	TOTAL	14,874,749	100.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 2:40 pm

MCRIF32

Version: 11.1.179.1



## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II  
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	58,742	58,742	0	58,742				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	113,057	113,057	0	3,549	116,606			5.00
6.00	LAUNDRY & LINEN SERVICE	0	39,209	39,209	0	1,024	2,375	42,608		6.00
7.00	HOUSEKEEPING	0	14,144	14,144	0	2,344	857	0	17,345	7.00
8.00	DIETARY	0	183,201	183,201	0	5,781	11,095	0	1,697	8.00
9.00	NURSING ADMINISTRATION	0	18,041	18,041	0	5,507	1,093	0	167	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	247	0	0	0	12.00
13.00	SOCIAL SERVICE	0	3,849	3,849	0	555	233	0	36	13.00
15.00	PATIENT ACTIVITIES	0	59,608	59,608	0	1,413	3,610	0	552	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	0	1,530,071	1,530,071	0	30,853	92,664	42,608	14,177	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	184	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	433	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	58	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	48,735	48,735	0	2,310	2,951	0	452	44.00
45.00	OCCUPATIONAL THERAPY	0	16,405	16,405	0	2,140	994	0	152	45.00
46.00	SPEECH PATHOLOGY	0	5,292	5,292	0	539	320	0	49	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	6,832	6,832	0	1,555	414	0	63	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	0	0	0	0	250	0	0	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	2,097,186	2,097,186	0	58,742	116,606	42,608	17,345	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments							0	0	98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	2,097,186	2,097,186	0	58,742	116,606	42,608	17,345	100.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 2:40 pm  
MCRIF32  
Version: 11.1.179.1

## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II  
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	201,774								8.00
9.00	NURSING ADMINISTRATION	0	24,808							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	247					12.00
13.00	SOCIAL SERVICE	0	0	0	0	4,673				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	65,183			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	201,774	24,808	0	247	4,673	65,183	2,007,058	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	184	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	433	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	58	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	54,448	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	19,691	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	6,200	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	8,864	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	0	0	0	0	0	0	250	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	201,774	24,808	0	247	4,673	65,183	2,097,186	0	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0			0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	201,774	24,808	0	247	4,673	65,183	2,097,186	0	100.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 2:40 pm

MCRIF32

Version: 11.1.179.1



## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II  
PPS

	Cost Center Description	Total	
		18.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	EMPLOYEE BENEFITS		3.00
4.00	ADMINISTRATIVE & GENERAL		4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	LAUNDRY & LINEN SERVICE		6.00
7.00	HOUSEKEEPING		7.00
8.00	DIETARY		8.00
9.00	NURSING ADMINISTRATION		9.00
10.00	CENTRAL SERVICES & SUPPLY		10.00
12.00	MEDICAL RECORDS & LIBRARY		12.00
13.00	SOCIAL SERVICE		13.00
15.00	PATIENT ACTIVITIES		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	SKILLED NURSING FACILITY	2,007,058	30.00
31.00	NURSING FACILITY	0	31.00
32.00	ICF/IID	0	32.00
33.00	OTHER LONG TERM CARE	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
40.00	RADIOLOGY	184	40.00
41.00	LABORATORY	433	41.00
42.00	INTRAVENOUS THERAPY	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	58	43.00
44.00	PHYSICAL THERAPY	54,448	44.00
45.00	OCCUPATIONAL THERAPY	19,691	45.00
46.00	SPEECH PATHOLOGY	6,200	46.00
47.00	ELECTROCARDIOLOGY	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	8,864	49.00
51.00	SUPPORT SURFACES	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
71.00	AMBULANCE	250	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
80.00	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	INTEREST EXPENSE		81.00
82.00	UTILIZATION REVIEW - SNF		82.00
83.00	HOSPICE	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	2,097,186	89.00
<b>NONREIMBURSABLE COST CENTERS</b>			
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	NONPAID WORKERS	0	93.00
94.00	PATIENTS LAUNDRY	0	94.00
98.00	Cross Foot Adjustments	0	98.00
99.00	Negative Cost Centers	0	99.00
100.00	TOTAL	2,097,186	100.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 2:40 pm

MCRIF32

Version: 11.1.179.1



## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	43,592								1.00
3.00	EMPLOYEE BENEFITS	0	5,531,003							3.00
4.00	ADMINISTRATIVE & GENERAL	1,221	448,346	-3,071,915	11,802,834					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	2,350	92,901	0	713,156	40,021				5.00
6.00	LAUNDRY & LINEN SERVICE	815	28,456	0	205,768	815	41,372			6.00
7.00	HOUSEKEEPING	294	351,219	0	471,037	294	0	38,912		7.00
8.00	DIETARY	3,808	475,398	0	1,161,447	3,808	0	3,808	124,116	8.00
9.00	NURSING ADMINISTRATION	375	773,271	0	1,106,413	375	0	375	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	43,257	0	49,555	0	0	0	0	12.00
13.00	SOCIAL SERVICE	80	94,000	0	111,534	80	0	80	0	13.00
15.00	PATIENT ACTIVITIES	1,239	161,327	0	283,957	1,239	0	1,239	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	31,804	3,062,828	0	6,199,280	31,804	41,372	31,804	124,116	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	37,062	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	87,054	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	11,683	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,013	0	0	464,056	1,013	0	1,013	0	44.00
45.00	OCCUPATIONAL THERAPY	341	0	0	429,931	341	0	341	0	45.00
46.00	SPEECH PATHOLOGY	110	0	0	108,303	110	0	110	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	142	0	0	312,434	142	0	142	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
71.00	AMBULANCE	0	0	0	50,164	0	0	0	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	43,592	5,531,003	-3,071,915	11,802,834	40,021	41,372	38,912	124,116	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,097,186	805,253		3,071,915	898,768	277,626	600,235	1,607,994	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	48.109424	0.145589		0.260269	22.457410	6.710481	15.425447	12.955574	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		58,742	116,606	42,608	17,345	201,774	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.004977	2.913620	1.029875	0.445749	1.625689	105.00

PREFERRED CARE AT HAMILTON		Period:	Run Date Time:
Provider CCN: 315111		From: 01/01/2024	5/28/2025 2:40 pm
		To: 12/31/2024	MCRIF32 Version: 11.1.179.1



## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRA TION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	PATIENT ACTIVITIES (PATIENT CENSUS)	
		9.00	10.00	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	145,277					9.00
10.00	CENTRAL SERVICES & SUPPLY	0	440,214				10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	41,372			12.00
13.00	SOCIAL SERVICE	0	0	0	41,372		13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	41,372	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	SKILLED NURSING FACILITY	145,277	134,612	41,372	41,372	41,372	30.00
31.00	NURSING FACILITY	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	305,602	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	51.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
71.00	AMBULANCE	0	0	0	0	0	71.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	INTEREST EXPENSE						81.00
82.00	UTILIZATION REVIEW - SNF						82.00
83.00	HOSPICE	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	145,277	440,214	41,372	41,372	41,372	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,408,585	0	62,453	143,594	404,799	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	9.695857	0.000000	1.509548	3.470802	9.784371	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	24,808	0	247	4,673	65,183	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.170763	0.000000	0.005970	0.112951	1.575534	105.00




RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	46,708	0	0.000000	40.00
41.00	LABORATORY	109,711	0	0.000000	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	14,724	0	0.000000	43.00
44.00	PHYSICAL THERAPY	623,210	637,138	0.978140	44.00
45.00	OCCUPATIONAL THERAPY	554,747	681,785	0.813669	45.00
46.00	SPEECH PATHOLOGY	140,658	268,270	0.524315	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	399,130	305,602	1.306045	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS					
71.00	AMBULANCE	63,220	0	0.000000	71.00
100.00	Total	1,952,108	1,892,795		100.00

PREFERRED CARE AT HAMILTON	Period:	Run Date Time:	5/28/2025 2:40 pm
Provider CCN: 315111	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D  
Part I  
PPS

Title XVIII      Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
			Health Care Program Charges		Health Care Program Cost		
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0.000000	0	0	0	0	40.00
41.00	LABORATORY	0.000000	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.978140	303,793	0	297,152	0	44.00
45.00	OCCUPATIONAL THERAPY	0.813669	326,018	0	265,271	0	45.00
46.00	SPEECH PATHOLOGY	0.524315	145,612	0	76,347	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.306045	0	0	0	0	49.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		775,423	0	638,770	0	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.  
(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

PREFERRED CARE AT HAMILTON		Period:	Run Date Time:	5/28/2025 2:40 pm
Provider CCN: 315111		From: 01/01/2024	MCRIF32	<b>2540-10</b>
		To: 12/31/2024	Version:	11.1.179.1



## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

## Worksheet D

## Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

## PART II - APPORTIONMENT OF VACCINE COST


		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.306045	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	29,415	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	38,417	3.00

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

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

## ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	46,708	0	0.000000	0	0	40.00
41.00	LABORATORY	109,711	0	0.000000	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	14,724	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	623,210	0	0.000000	297,152	0	44.00
45.00	OCCUPATIONAL THERAPY	554,747	0	0.000000	265,271	0	45.00
46.00	SPEECH PATHOLOGY	140,658	0	0.000000	76,347	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	399,130	0	0.000000	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	<b>1,888,888</b>	<b>0</b>		<b>638,770</b>	<b>0</b>	100.00

PREFERRED CARE AT HAMILTON	Period:	Run Date Time:	5/28/2025 2:40 pm	
Provider CCN: 315111	From: 01/01/2024	MCRIF32	<b>2540-10</b>	
	To: 12/31/2024	Version:	11.1.179.1	

## COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1


Part I

PPS

Title XVIII

Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS		
		1.00
<b>INPATIENT DAYS</b>		
1.00	Inpatient days including private room days	41,372 1.00
2.00	Private room days	0 2.00
3.00	Inpatient days including private room days applicable to the Program	8,628 3.00
4.00	Medically necessary private room days applicable to the Program	0 4.00
5.00	Total general inpatient routine service cost	<b>12,922,641</b> 5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>		
6.00	General inpatient routine service charges	17,548,492 6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.736396 7.00
8.00	Enter private room charges from your records	0 8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00 9.00
10.00	Enter semi-private room charges from your records	0 10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00 11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00 12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00 13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0 14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	12,922,641 15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	312.35 16.00
17.00	Program routine service cost (Line 3 times line 16)	2,694,956 17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0 18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	<b>2,694,956</b> 19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	2,007,058 20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	48.51 21.00
22.00	Program capital related cost (Line 3 times line 21)	418,544 22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	2,276,412 23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0 24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	<b>2,276,412</b> 25.00
26.00	Enter the per diem limitation (1)	
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>		
		1.00
1.00	Total SNF inpatient days	41,372 1.00
2.00	Program inpatient days (see instructions)	8,628 2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0 3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.208547 4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0 5.00

PREFERRED CARE AT HAMILTON	Period:	Run Date Time:	5/28/2025 2:40 pm	
Provider CCN: 315111	From: 01/01/2024	MCRIF32	<b>2540-10</b>	
	To: 12/31/2024	Version:	11.1.179.1	

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

## Worksheet E


## Part I

Title XVIII

Skilled Nursing Facility

PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
		1.00	
1.00	Inpatient PPS amount (See Instructions)	6,968,410	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	<b>6,968,410</b>	3.00
4.00	Primary payor amounts	42,567	4.00
5.00	Coinsurance	1,195,032	5.00
6.00	Allowable bad debts (From your records)	730,473	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	47,004	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	474,807	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	<b>6,205,618</b>	11.00
12.00	Interim payments (See instructions)	6,206,800	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	9,496	14.75
14.99	Sequestration amount (see instructions)	114,616	14.99
15.00	Balance due provider/program (see Instructions)	<b>-125,294</b>	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	38,417	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	<b>38,417</b>	19.00
20.00	Medicare Part B ancillary charges (See instructions)	29,415	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	29,415	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	<b>29,415</b>	25.00
26.00	Interim payments (See instructions)	25,944	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	588	28.99
29.00	Balance due provider/program (see instructions)	<b>2,883</b>	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

PREFERRED CARE AT HAMILTON	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 5/28/2025 2:40 pm MCRIF32 Version: 11.1.179.1	
Provider CCN: 315111			

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

## Worksheet E-1

		Title XVIII		Skilled Nursing Facility		PPS
	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,197,115		25,944	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	06/07/2024	9,685		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		9,685		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		6,206,800		25,944	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		2,883	6.01
6.02	PROVIDER TO PROGRAM		125,294		0	6.02
7.00	Total Medicare program liability (see instructions)		6,081,506		28,827	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 2:40 pm  
MCRIF32  
Version: 11.1.179.1

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	3,045,020	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,129,062	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-679,340	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	823,877	0	0	0	8.00
9.00	Other current assets	162,815	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	6,481,434	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,697,260	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	391,276	0	0	0	23.00
24.00	Less: Accumulated depreciation	-829,427	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	5,731,264	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	7,990,373	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	655,347	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	655,347	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	15,127,154	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	228,888	0	0	0	35.00
36.00	Salaries, wages, and fees payable	375,178	0	0	0	36.00
37.00	Payroll taxes payable	33,137	0	0	0	37.00
38.00	Notes & loans payable (Short term)	49,185	0	0	0	38.00
39.00	Deferred income	1,147,143	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	264,607	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	2,098,138	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	5,731,264	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	386,056	0	0	0	47.00
48.00	Other long term liabilities	5,305,139	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	11,422,459	0	0	0	50.00

PREFERRED CARE AT HAMILTON	Period:	Run Date Time:	5/28/2025 2:40 pm
Provider CCN: 315111	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	13,520,597	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,606,557				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	1,606,557	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	15,127,154	0	0	0	60.00
( ) = contra amount						



PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 2:40 pm  
MCRIF32  
Version: 2540-10  
11.1.179.1

## STATEMENT OF CHANGES IN FUND BALANCES

## Worksheet G-1

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		1,655,410		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-48,854							2.00
3.00	Total (sum of line 1 and line 2)		1,606,556		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00	ROUNDING	1		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		1		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,606,557		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		1,606,557		0		0		0	19.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 2:40 pm

MCRIF32

Version: 11.1.179.1



## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

## Worksheet G-2

## Part I

## PPS

## PART I - PATIENT REVENUES

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	17,548,492		17,548,492	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	17,548,492		17,548,492	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	1,892,795	0	1,892,795	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	ROUTINE CHARGES / BED HOLD	12,122	0	12,122	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	19,453,409	0	19,453,409	14.00

## PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		17,867,639	1.00
2.00	Add (Specify)	0		2.00
3.00		0		3.00
4.00		0		4.00
5.00		0		5.00
6.00		0		6.00
7.00		0		7.00
8.00	Total Additions (Sum of lines 2 - 7)		0	8.00
9.00	Deduct (Specify)	0		9.00
10.00		0		10.00
11.00		0		11.00
12.00		0		12.00
13.00		0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)		0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		17,867,639	15.00

PREFERRED CARE AT HAMILTON

Provider CCN: 315111

Period:  
From: 01/01/2024  
To: 12/31/2024Run Date Time: 5/28/2025 2:40 pm  
MCRIF32  
Version: 11.1.179.1

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

## Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	19,453,409	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,722,634	2.00
3.00	Net patient revenues (Line 1 minus line 2)	17,730,775	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	17,867,639	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-136,864	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	87,542	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PRIOR YEAR	449	24.00
24.01	NON PATIENT REVENUE	19	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	88,010	25.00
26.00	Total (Line 5 plus line 25)	-48,854	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-48,854	31.00