

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Form Approved  
 OMB No. 0938-0463  
 Approval Expires 12-31-2021

Worksheet S Monday, May 20, 2024 at 9:41:20 PM

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

PART I - COST REPORT STATUS

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Reformed Church Home (31-5417) for the cost report period beginning January 1, 2023 and ending December 31, 2023, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX
1		2
-----		
1		
2		
3		
4		
-----		
2	Printed name _____	
3	Title _____	
4	Signature date _____	

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

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	0	0	0
100	Total	0	0	0	0

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

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

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Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS  
 #

1 Street / P.O. Box: 1990 Route 18 North  
 2 City / State / Zip: OLD BRIDGE NJ 08857  
 3 County / CBSA Code / Urban/Rural: Middlesex 35154 Urban

Payment System  
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Reformed Church Home	31-5417	12/01/1997			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2023	12/31/2023				
15	Type of Control (See Instructions)		1				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N  
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N  
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? No

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 1,557,410  
 21 Declining Balance.  
 22 Sum of the Years' Digits  
 23 Sum of lines 20 through 22 1,557,410  
 24 If depreciation is funded, enter the balance as of the end of the period.  
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N  
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N  
 Did you cease to participate in the Medicare program at the end of the period to which this cost report  
 27 applies (See PRM 15-1, Chapter 1)? N  
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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

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

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

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

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

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

45 Name / Contractor Name / Contractor Number

46 Street / PO Box

47 City / State / Zip

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Worksheet S-2 Part II Monday, May 20, 2024 at 9:41:20 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?			
	N			
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary			
	N			
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?			
	N			
<b>FINANCIAL DATA AND REPORTS</b>				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			
	Y	A		
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			
	N			
<b>UNAPPROVED EDUCATIONAL ACTIVITIES</b>				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?			
	N			
7	Were costs claimed for Allied Health Programs? (see instructions)			
	N			
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)			
	N			
<b>BAD DEBTS</b>				
9	Is the provider seeking reimbursement for bad debts? (see instructions)			
	N			
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.			
	N			
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.			
	N			
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.			
	N			
<b>PS&amp;R DATA</b>				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)			
	Y	05/20/2024	Y	05/20/2024
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.			
	N		N	
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.			
	N		N	
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			
	N		N	
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?			
	N		N	
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.			
	N		N	
<b>COST REPORT PREPARER CONTACT INFORMATION</b>				
19	First name/Last name/Title	1	2	3
	Stacey Bonett			Preparer
20	Employer.	Zimmer Healthcare Services Group LLC		
21	Telephone number/Email address.	732-970-0733	costreports@zhealthcare.com	

REFORMED CHURCH HOME  
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Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	108	39,420	0	4,782	10,961	11,298	27,041
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	108	39,420	0	4,782	10,961	11,298	27,041

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	133	12	74	219	0.00	35.95	913.42	123.47
2	Nursing Facility	0		0	0	0	0.00		0.00	0.00
4	Home Health Agency Cost					0				0.00
5	Other Long Term Care				0	0				0.00
8	Total	0	133	12	74	219	0.00	35.95	913.42	123.47

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	151	5	71	227	133.08	0
2	Nursing Facility	0		0	0	0	0.00	0
4	Home Health Agency Cost					0	0.00	0
5	Other Long Term Care				0	0	0.00	0
8	Total	0	151	5	71	227	133.08	0

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SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #	Description	Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	8,560,624	0	8,560,624	276,796.00	30.93
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	8,560,624	0	8,560,624	276,796.00	30.93
7	Other Long Term Care	1,157,514	0	1,157,514	42,753.00	27.07
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	0	0	0	0.00	
12	Subtotal Excluded salary (Sum of lines 7-11)	1,157,514	0	1,157,514	42,753.00	27.07
13	Total Adjusted Salaries (Line 6 - 12)	7,403,110	0	7,403,110	234,043.00	31.63
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	1,245,449	0	1,245,449	18,939.00	65.76
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,163,202	0	2,163,202		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	292,495	0	292,495		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,870,707	0	1,870,707		

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SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	171,195	0	171,195	6,693	25.58
2	Administrative & General	1,043,848	0	1,043,848	19,891	52.48
3	Plant Operation, Maint. & Repairs	315,481	0	315,481	11,758	26.83
4	Laundry & Linen Service	114,040	0	114,040	5,883	19.38
5	Housekeeping	361,366	0	361,366	22,589	16.00
6	Dietary	0	0	0	0	0.00
7	Nursing Administration	533,957	192,979	726,936	12,633	57.54
8	Central Services & Supply	0	0	0	0	0.00
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	0	39,065	39,065	1,796	21.75
11	Social Service	93,933	0	93,933	2,751	34.15
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	473,201	0	473,201	24,955	18.96
14	Total	3,107,021	232,044	3,339,065	108,949	30.65

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SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	218,794
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	889,589
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	330,584
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	632,083
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	69,686
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	22,466
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	2,163,202
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Monday, May 20, 2024 at 9:41:20 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
<b>DIRECT SALARIES</b>						
<b>NURSING OCCUPATIONS</b>						
1	Registered Nurses (RNs)	1,761,593	445,141	2,206,734	33,656	65.57
2	Licensed Practical Nurses (LPNs)	729,468	184,331	913,799	18,830	48.53
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,805,028	456,116	2,261,144	72,608	31.14
4	<b>Total Nursing (Sum of 1 - 3)</b>	<b>4,296,089</b>	<b>1,085,588</b>	<b>5,381,677</b>	<b>125,094</b>	<b>43.02</b>
5	Physical Therapists	0	0	0	0	40.09
6	Physical Therapy Assistants	0	0	0	0	0.00
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	0	0	0	0	66.50
9	Occupational Therapy Assistants	0	0	0	0	39.47
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	0	0	0	0	25.00
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
<b>CONTRACT LABOR</b>						
<b>NURSING OCCUPATIONS</b>						
14	Registered Nurses (RNs)	93,321		93,321	1,106	84.38
15	Licensed Practical Nurses (LPNs)	56,197		56,197	1,496	37.56
16	Certified Nursing Assistants/Nursing Assistants/Aides	0		0	0	18.07
17	<b>Total Nursing (Sum of 14 - 16)</b>	<b>149,518</b>		<b>149,518</b>	<b>2,602</b>	<b>57.46</b>
18	Physical Therapists	304,502		304,502	4,407	69.10
19	Physical Therapy Assistants	198,802		198,802	3,075	64.65
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	385,858		385,858	4,847	79.61
22	Occupational Therapy Assistants	43,175		43,175	689	62.66
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	138,264		138,264	1,632	84.72
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		2,021,982	2,021,982	0	2,021,982	0	2,021,982
2	Cap Rel Costs - Movable Equipment		32,103	32,103	0	32,103	0	32,103
3	Employee Benefits	171,195	2,280,079	2,451,274	0	2,451,274	0	2,451,274
4	Administrative & General	1,043,848	2,234,462	3,278,310	0	3,278,310	-2,235,889	1,042,421
5	Plant Operation, Maint. & Repairs	315,481	920,344	1,235,825	0	1,235,825	0	1,235,825
6	Laundry & Linen Service	114,040	108,367	222,407	0	222,407	0	222,407
7	Housekeeping	361,366	179,278	540,644	0	540,644	0	540,644
8	Dietary	0	2,233,649	2,233,649	0	2,233,649	0	2,233,649
9	Nursing Administration	533,957	92,083	626,040	192,979	819,019	0	819,019
10	Central Services & Supply	0	135,604	135,604	0	135,604	0	135,604
11	Pharmacy	0	17,364	17,364	0	17,364	0	17,364
12	Medical Records & Library	0	0	0	39,065	39,065	0	39,065
13	Social Service	93,933	12,853	106,786	0	106,786	0	106,786
15	Activities	473,201	29,456	502,657	0	502,657	0	502,657
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	4,296,089	200,195	4,496,284	-232,044	4,264,240	0	4,264,240
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	1,157,514	46,004	1,203,518	0	1,203,518	0	1,203,518
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	20,251	20,251	0	20,251	0	20,251
41	Laboratory	0	27,171	27,171	0	27,171	0	27,171
42	Intravenous Therapy	0	14,527	14,527	0	14,527	0	14,527
43	Oxygen (Inhalation) Therapy	0	39,539	39,539	0	39,539	0	39,539
44	Physical Therapy	0	1,050,016	1,050,016	-592,627	457,389	0	457,389
45	Occupational Therapy	0	0	0	429,033	429,033	0	429,033
46	Speech Pathology	0	0	0	163,594	163,594	0	163,594
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	211,265	211,265	0	211,265	0	211,265
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	202	202	0	202	0	202
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	8,560,624	11,906,794	20,467,418	0	20,467,418	-2,235,889	18,231,529
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
100	TOTAL	8,560,624	11,906,794	20,467,418	0	20,467,418	-2,235,889	18,231,529

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

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Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases				
			COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass OT costs	A	Occupational Therapy	45.00	0	429,033	Physical Therapy	44.00	0	429,033
2	To reclass ST costs	B	Speech Pathology	46.00	0	163,594	Physical Therapy	44.00	0	163,594
3	To reclass Medical record cost	C	Medical Records & Li	12.00	39,065	0	Nursing Administrati	9.00	39,065	0
4	To reclass nursing admin cost	D	Nursing Administrati	9.00	108,476	0	Skilled Nursing Faci	30.00	108,476	0
5	To reclass nursing admin cost	E	Nursing Administrati	9.00	123,568	0	Skilled Nursing Faci	30.00	123,568	0
100	TOTAL RECLASSIFICATIONS				271,109	592,627			271,109	592,627

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

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Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	1,589,290	0	0	1,589,290	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	24,196,307	95,920	0	24,292,227	0
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	6,485,461	366,919	0	6,852,380	0
6	Movable Equipment	1,240,035	25,412	0	1,265,447	0
7	Subtotal	33,511,093	488,251	0	33,999,344	0
8	Reconciling Items	0	0	0	0	0
9	Total	33,511,093	488,251	0	33,999,344	0

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8 Monday, May 20, 2024 at 9:41:20 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-569,970	Administrative & General	4	
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
12	Adjustment resulting from transactions with related organizations	A81	0			
13	Laundry and Linen service		0			
14	Revenue - Employee meals		0			
15	Cost of meals - Guests		0			
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review	82	
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures	1	
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment	2	
25	Bad Debt SNF	A	-754,778	Administrative & General	4	
26	MISC INCOME	B	-17,363	Administrative & General	4	
27	Contributions special event	B	-52,701	Administrative & General	4	
28	realized gain/loss on investments	B	-839,240	Administrative & General	4	
29	snf patient lost/destroyed	A	-1,809	Administrative & General	4	
30	act snf travel entertainment	A	-28	Administrative & General	4	
100	TOTAL		<u>-2,235,889</u>			

REFORMED CHURCH HOME  
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Worksheet A-8-1 Monday, May 20, 2024 at 9:41:20 PM

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

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

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Included in Wkst A col 5	
	1	2	3	4	5	6
10	TOTALS			0	0	0

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

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

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

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

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Provider-Based Physicians Adjustments

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

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

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Monday, May 20, 2024 at 9:41:20 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	2,021,982	2,021,982							
2 Cap Rel Costs - Movable Equipment	32,103		32,103						
3 Employee Benefits	2,451,274	0		2,451,274					
4 Administrative & General	1,042,421	206,601	3,280	304,998	1,557,300	1,557,300			
5 Plant Operation, Maint. & Repairs	1,235,825	72,701	1,154	92,179	1,401,859	130,928	1,532,787		
6 Laundry & Linen Service	222,407	33,084	525	33,321	289,337	27,023	29,099	345,459	
7 Housekeeping	540,644	27,413	435	105,586	674,078	62,956	24,111	0	761,145
8 Dietary	2,233,649	58,276	925	0	2,292,850	214,143	51,257	0	26,368
9 Nursing Administration	819,019	13,307	211	212,401	1,044,938	97,593	11,704	0	6,021
10 Central Services & Supply	135,604	0	0	0	135,604	12,665	0	0	0
11 Pharmacy	17,364	0	0	0	17,364	1,622	0	0	0
12 Medical Records & Library	39,065	0	0	11,414	50,479	4,715	0	0	0
13 Social Service	106,786	4,968	79	27,446	139,279	13,008	4,370	0	2,248
15 Activities	502,657	59,857	950	138,263	701,727	65,538	52,648	0	27,084
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	4,264,240	963,944	15,305	1,187,457	6,430,946	600,618	847,844	345,459	436,161
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	1,203,518	547,309	8,690	338,209	2,097,726	195,919	481,390	0	247,643
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	20,251	0	0	0	20,251	1,891	0	0	0
41 Laboratory	27,171	0	0	0	27,171	2,538	0	0	0
42 Intravenous Therapy	14,527	0	0	0	14,527	1,357	0	0	0
43 Oxygen (Inhalation) Therapy	39,539	0	0	0	39,539	3,693	0	0	0
44 Physical Therapy	457,389	29,825	474	0	487,688	45,548	26,233	0	13,495
45 Occupational Therapy	429,033	0	0	0	429,033	40,070	0	0	0
46 Speech Pathology	163,594	0	0	0	163,594	15,279	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	211,265	0	0	0	211,265	19,731	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	202	0	0	0	202	19	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	18,231,529	2,017,285	32,028	2,451,274	18,226,757	1,556,854	1,528,656	345,459	759,020
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	4,697	75	0	4,772	446	4,131	0	2,125
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	18,231,529	2,021,982	32,103	2,451,274	18,231,529	1,557,300	1,532,787	345,459	761,145

REFORMED CHURCH HOME  
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COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	2,584,618								
9 Nursing Administration	0	1,160,256							
10 Central Services & Supply	0	0	148,269						
11 Pharmacy	0	0	0	18,986					
12 Medical Records & Library	0	0	0	0	55,194				
13 Social Service	0	0	0	0	0	158,905			
15 Activities	0	0	0	0	0	0	846,997		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	2,584,618	1,160,256	148,269	18,986	55,194	158,905	846,997	13,634,253	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	3,022,678	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	22,142	0
41 Laboratory	0	0	0	0	0	0	0	29,709	0
42 Intravenous Therapy	0	0	0	0	0	0	0	15,884	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	43,232	0
44 Physical Therapy	0	0	0	0	0	0	0	572,964	0
45 Occupational Therapy	0	0	0	0	0	0	0	469,103	0
46 Speech Pathology	0	0	0	0	0	0	0	178,873	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	230,996	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	221	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	2,584,618	1,160,256	148,269	18,986	55,194	158,905	846,997	18,220,055	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	11,474	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	2,584,618	1,160,256	148,269	18,986	55,194	158,905	846,997	18,231,529	0

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COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	13,634,253
31 Nursing Facility	0
33 Other Long Term Care	3,022,678
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	22,142
41 Laboratory	29,709
42 Intravenous Therapy	15,884
43 Oxygen (Inhalation) Therapy	43,232
44 Physical Therapy	572,964
45 Occupational Therapy	469,103
46 Speech Pathology	178,873
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	230,996
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	221
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	18,220,055
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	11,474
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	18,231,529

REFORMED CHURCH HOME  
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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)	
	0	1	2	2A	3	4	5	6	7	
1	Cap Rel Costs - Bldgs & Fixtures	0	0							
2	Cap Rel Costs - Movable Equipment	0	0	0						
3	Employee Benefits	0	0	0	0					
4	Administrative & General	0	206,601	3,280	209,881	0	209,881			
5	Plant Operation, Maint. & Repairs	0	72,701	1,154	73,855	0	17,645	91,500		
6	Laundry & Linen Service	0	33,084	525	33,609	0	3,642	1,737	38,988	
7	Housekeeping	0	27,413	435	27,848	0	8,485	1,439	0	37,772
8	Dietary	0	58,276	925	59,201	0	28,860	3,060	0	1,309
9	Nursing Administration	0	13,307	211	13,518	0	13,153	699	0	299
10	Central Services & Supply	0	0	0	0	0	1,707	0	0	0
11	Pharmacy	0	0	0	0	0	219	0	0	0
12	Medical Records & Library	0	0	0	0	0	635	0	0	0
13	Social Service	0	4,968	79	5,047	0	1,753	261	0	112
15	Activities	0	59,857	950	60,807	0	8,833	3,143	0	1,344
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	0	963,944	15,305	979,249	0	80,947	50,611	38,988	21,644
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	547,309	8,690	555,999	0	26,404	28,737	0	12,289
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	0	0	255	0	0	0
41	Laboratory	0	0	0	0	0	342	0	0	0
42	Intravenous Therapy	0	0	0	0	0	183	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	498	0	0	0
44	Physical Therapy	0	29,825	474	30,299	0	6,139	1,566	0	670
45	Occupational Therapy	0	0	0	0	0	5,400	0	0	0
46	Speech Pathology	0	0	0	0	0	2,059	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	2,659	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	0	3	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	0	2,017,285	32,028	2,049,313	0	209,821	91,253	38,988	37,667
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	4,697	75	4,772	0	60	247	0	105
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	0	2,021,982	32,103	2,054,085	0	209,881	91,500	38,988	37,772

REFORMED CHURCH HOME  
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ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	92,430								
9 Nursing Administration	0	27,669							
10 Central Services & Supply	0	0	1,707						
11 Pharmacy	0	0	0	219					
12 Medical Records & Library	0	0	0	0	635				
13 Social Service	0	0	0	0	0	7,173			
15 Activities	0	0	0	0	0	0	74,127		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	92,430	27,669	1,707	219	635	7,173	74,127	1,375,399	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	623,429	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	255	0
41 Laboratory	0	0	0	0	0	0	0	342	0
42 Intravenous Therapy	0	0	0	0	0	0	0	183	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	498	0
44 Physical Therapy	0	0	0	0	0	0	0	38,674	0
45 Occupational Therapy	0	0	0	0	0	0	0	5,400	0
46 Speech Pathology	0	0	0	0	0	0	0	2,059	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	2,659	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	3	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	92,430	27,669	1,707	219	635	7,173	74,127	2,048,901	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	5,184	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	92,430	27,669	1,707	219	635	7,173	74,127	2,054,085	0

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Monday, May 20, 2024 at 9:41:20 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	1,375,399
31 Nursing Facility	0
33 Other Long Term Care	623,429
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	255
41 Laboratory	342
42 Intravenous Therapy	183
43 Oxygen (Inhalation) Therapy	498
44 Physical Therapy	38,674
45 Occupational Therapy	5,400
46 Speech Pathology	2,059
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	2,659
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	3
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	2,048,901
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	5,184
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	2,054,085



REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Monday, May 20, 2024 at 9:41:20 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1						
2						
3						
4						
5						
6						
7						
8						
9	27,041					
10	0	27,041				
11	0	0	27,041			
12	0	0	0	27,041		
13	0	0	0	0	27,041	
15	0	0	0	0	0	27,041
ANCILLARY SERVICE COST CENTERS						
30	27,041	27,041	27,041	27,041	27,041	27,041
31	0	0	0	0	0	0
33	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40	0	0	0	0	0	0
41	0	0	0	0	0	0
42	0	0	0	0	0	0
43	0	0	0	0	0	0
44	0	0	0	0	0	0
45	0	0	0	0	0	0
46	0	0	0	0	0	0
47	0	0	0	0	0	0
48	0	0	0	0	0	0
49	0	0	0	0	0	0
50	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51	0	0	0	0	0	0
52	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60	0	0	0	0	0	0
63	0	0	0	0	0	0
70	0	0	0	0	0	0
71	0	0	0	0	0	0
74	0	0	0	0	0	0
80	0	0	0	0	0	0
84	0	0	0	0	0	0
89	27,041	27,041	27,041	27,041	27,041	27,041
90	0	0	0	0	0	0
91	0	0	0	0	0	0
92	0	0	0	0	0	0
93	0	0	0	0	0	0
94	0	0	0	0	0	0
95	0	0	0	0	0	0
98	0	0	0	0	0	0
99	0	0	0	0	0	0
102	1,160,256	148,269	18,986	55,194	158,905	846,997

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Monday, May 20, 2024 at 9:41:20 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
103	Unit Cost Multiplier per Bp1	15.974703	0.253630	0.292186	0.000000	0.093396	14.050665	12.775378	7.228142	31.860483
104	Cost to be Allocated per Bp2	0	0	0	0	209,881	91,500	38,988	37,772	92,430
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.012587	0.838757	1.441811	0.358698	1.139381

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Monday, May 20, 2024 at 9:41:20 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	
103	Unit Cost Multiplier per Bp1	42.907289	5.483118	0.702119	2.041123	5.876447	31.322695
104	Cost to be Allocated per Bp2	27,669	1,707	219	635	7,173	74,127
105	Unit Cost Multiplier per Bp2	1.023224	0.063126	0.008099	0.023483	0.265264	2.741282

REFORMED CHURCH HOME  
Provider CCN: 31-5417  
Period from 1/1/2023 to 12/31/2023

Worksheet B-2                      Monday, May 20, 2024 at 9:41:20 PM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet C Monday, May 20, 2024 at 9:41:20 PM

Ratio of Cost of Charges  
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	22,142	20,251	1.093378
41	Laboratory	29,709	65,136	0.456107
42	Intravenous Therapy	15,884	14,527	1.093412
43	Oxygen (Inhalation) Therapy	43,232	39,539	1.093401
44	Physical Therapy	572,964	919,357	0.623223
45	Occupational Therapy	469,103	808,721	0.580055
46	Speech Pathology	178,873	310,033	0.576948
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	0	0	0.000000
49	Drugs Charged to Patients	230,996	266,708	0.866101
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	221	202	1.094059
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	1,563,124	2,444,474	

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part I Monday, May 20, 2024 at 9:41:20 PM

Skilled Nursing Facility  
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
<b>ANCILLARY SERVICE COST CENTERS</b>						
40	Radiology	1.093378	13,383	0	14,633	0
41	Laboratory	0.456107	29,736	0	13,563	0
42	Intravenous Therapy	1.093412	9,739	0	10,649	0
43	Oxygen (Inhalation) Therapy	1.093401	0	0	0	0
44	Physical Therapy	0.623223	468,092	0	291,726	0
45	Occupational Therapy	0.580055	392,125	0	227,454	0
46	Speech Pathology	0.576948	232,480	0	134,129	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	0.000000	0	0	0	0
49	Drugs Charged to Patients	0.866101	193,239	0	167,364	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	1.094059	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	<b>TOTAL</b>		<b>1,338,794</b>	<b>0</b>	<b>859,518</b>	<b>0</b>

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part II Monday, May 20, 2024 at 9:41:20 PM

Skilled Nursing Facility  
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.866101
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)	
	1	2	3	4	5	
40	Radiology	0	0	0.000000	14,633	0
41	Laboratory	0	0	0	13,563	0
42	Intravenous Therapy	0	0	0	10,649	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0
44	Physical Therapy	0	0	0	291,726	0
45	Occupational Therapy	0	0	0	227,454	0
46	Speech Pathology	0	0	0	134,129	0
47	Electrocardiology	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	167,364	0
50	Dental Care - Title XIX only	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0
	=====	=====	=====	=====	=====	
100	TOTAL	0	0		859,518	0

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Monday, May 20, 2024 at 9:41:20 PM

Nursing Facility  
 Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	27,041
2	Private room days	0
3	Inpatient days incl. Program prvt.	4,782
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	13,634,253
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	2,524,952
7	General Inpatient routine service RCC	5.399807
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	13,634,253
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	504.21
17	Program routine service cost	2,411,132
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,411,132
20	Capital related cost allocated to inpati	1,375,399
21	Per diem capital related costs	50.86
22	Program capital related cost	243,213
23	Inpatient routine service cost	2,167,919
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	2,167,919
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

REFORMED CHURCH HOME  
Provider CCN: 31-5417  
Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Monday, May 20, 2024 at 9:41:20 PM

Computation of Inpatient Routine Costs

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

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	27,041
2	Program inpatient days (see instructions)	4,782
3	Total Nursing & Allied Health costs ( see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.176843
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet E Monday, May 20, 2024 at 9:41:20 PM

Calculation of Reimbursement Settlement  
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	3,163,775
2	Nursing and Allied Health Education Activities (pass through payments)	0
		-----
3	Subtotal	3,163,775
4	Primary payor amounts	0
5	Coinsurance	576,600
6	Reimbursable bad debts (From your records)	0
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	0
8	Adjusted reimbursable bad debts. (See instructions)	0
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0
		-----
11	Subtotal	2,587,175
12	Interim payments (See instructions)	2,535,431
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	51,744
15	Balance due provider/program	0
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

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

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

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet E-1 Monday, May 20, 2024 at 9:41:20 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		2,535,431		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		2,535,431		0

TO BE COMPLETED BY CONTRACTOR

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

Name of Contractor: \_\_\_\_\_ Contractor Number: \_\_\_\_\_  
 8 Name of Contractor/Number 0 0

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet G Monday, May 20, 2024 at 9:41:20 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	431,694	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,538,693	0	0	0
5	Other receivables	506,647	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	1,301,350	0	0	0
7	Inventory	93,847	0	0	0
8	Prepaid expenses	221,865	0	0	0
9	Other current assets	70,241	0	0	0
10	Due from other funds	0	0	0	0
11	<b>TOTAL CURRENT ASSETS</b>	<b>2,561,637</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FIXED ASSETS</b>					
12	Land	1,589,290	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	24,292,227	0	0	0
16	Less: Accumulated depreciation	18,487,139	0	0	0
17	Leasehold improvements	0	0	0	0
18	Less: Accumulated amortization	0	0	0	0
19	Fixed equipment	6,852,380	0	0	0
20	Less: Accumulated depreciation	4,992,468	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	1,265,447	0	0	0
24	Less: Accumulated depreciation	946,600	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	<b>TOTAL FIXED ASSETS</b>	<b>9,573,137</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER ASSETS</b>					
29	Investments	23,461,181	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	1,376,286	0	0	0
33	<b>TOTAL OTHER ASSETS</b>	<b>24,837,467</b>	<b>0</b>	<b>0</b>	<b>0</b>
34	<b>TOTAL ASSETS</b>	<b>36,972,241</b>	<b>0</b>	<b>0</b>	<b>0</b>

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet G Monday, May 20, 2024 at 9:41:20 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
<b>CURRENT LIABILITIES</b>					
35	Accounts payable	661,465	0	0	0
36	Salaries, wages & fees payable	213,236	0	0	0
37	Payroll taxes payable	23,488	0	0	0
38	Notes & loans payable (short term)	0	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	953,238	0	0	0
43	<b>TOTAL CURRENT LIABILITIES</b>	<b>1,851,427</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM LIABILITIES</b>					
44	Mortgage payable	0	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	620,391	0	0	0
49		0	0	0	0
50	<b>TOTAL LONG TERM LIABILITIES</b>	<b>620,391</b>	<b>0</b>	<b>0</b>	<b>0</b>
51	<b>TOTAL LIABILITIES</b>	<b>2,471,818</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	34,500,423			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	<b>TOTAL FUND BALANCES</b>	<b>34,500,423</b>	<b>0</b>	<b>0</b>	<b>0</b>
60	<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>36,972,241</b>	<b>0</b>	<b>0</b>	<b>0</b>

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-1 Monday, May 20, 2024 at 9:41:20 PM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		35244989		0		0		0
2 Net income (loss)		-744566						
3 Total		34500423		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	0		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		0		0		0		0
11 Subtotal		34500423		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	0		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		0		0		0		0
19 Fund balances - ending		34500423		0		0		0

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part I Monday, May 20, 2024 at 9:41:20 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	13,252,086		13,252,086
2	Nursing Facility	3,067,047		3,067,047
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	16,319,133		16,319,133
	ALL OTHER CARE SERVICES			
6	Ancillary services	2,376,525	0	2,376,525
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	18,695,658	0	18,695,658

REFORMED CHURCH HOME  
Provider CCN: 31-5417  
Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part II Monday, May 20, 2024 at 9:41:20 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		20,467,418
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	
14	Total Deductions		0
15	Total Operating Expenses		20,467,418

REFORMED CHURCH HOME  
 Provider CCN: 31-5417  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-3 Monday, May 20, 2024 at 9:41:20 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		18,695,658
2	Less: contractual allowances and ...		2,969,931
3	Net Patient Revenues (Line 1 - 2)		15,725,727
4	Less: total operating expenses		20,467,418
5	Net income from service to patients (Line 3 - 4)		-4,741,691
	Other Income:		
6	Contributions, donations, bequests, etc.	656,046	
7	Income from investments	1,409,210	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	0	
14	Revenue from meals sold to employees and guests	5,928	
15	Revenue from rental of living quarters	0	
16	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	3,965	
24.01	Other Income -Transportation	24,295	
24.02	Physical Exam Inc	96,244	
24.03	Contributions	52,701	
24.04	un rec gain/loss investments	1,748,736	
24.05	PPP Forgiveness	0	
24.06		0	
24.50	COVID-19 PHE Funding	0	
25	Total other income		3,997,125
26	Total		-744,566
27	Other Expenses (specify)	0	
28		0	
29		0	
29.01		0	
30	Total other expenses		0
31	Net income (or loss) for the period		-744,566