

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

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

Worksheet S Wednesday, May 7, 2025 at 11:34:41 AM

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

PART I - COST REPORT STATUS

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Reformed Church Home (31-5417) for the cost report period beginning January 1, 2024 and ending December 31, 2024, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX
1		2

1		
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

 ECR Encryption Information:

 PI Encryption Information:

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 1/1/2024 to 12/31/2024

Worksheet S-2 Part I Wednesday, May 7, 2025 at 11:34:41 AM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS

#

1 Street / P.O. Box: 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)	01/01/2024	12/31/2024				
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? N

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 1,463,428
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 1,463,428
 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) Yes
 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			

37 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? N
 38 Are you legally-required to carry malpractice insurance? Yes
 Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If
 39 policy is "occurrence", enter 2. 1
 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per
 40 lawsuit. Enter in column 2 the monetary limit per policy year.

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	260000	102427	

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Y/N

42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N

43 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 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

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part II Wednesday, May 7, 2025 at 11:34:41 AM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
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			
FINANCIAL DATA AND REPORTS				
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			
APPROVED EDUCATIONAL ACTIVITIES				
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			
BAD DEBTS				
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			
PS&R DATA				
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	05/01/2025	Y	05/01/2025
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.			
	N		N	
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.			
	N		N	
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			
	N		N	
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?			
	N		N	
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.			
	N		N	
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last Name/Title	1	2	3
	Marinela		Shqina	Preparer
20	Employer.	Zimmet Healthcare Services Group LLC		
21	Telephone number/Email address.	732-970-0733	costreports@zhealthcare.com	

REFORMED CHURCH HOME
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Worksheet S-3 Part I Wednesday, May 7, 2025 at 11:34:41 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	108	39,528	0	6,778	10,184	14,180	31,142
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	108	39,528	0	6,778	10,184	14,180	31,142

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	166	10	75	251	0.00	40.83	1,018.40	124.07
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	166	10	75	251	0.00	40.83	1,018.40	124.07

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	191	3	76	270	143.24	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	191	3	76	270	143.24	0

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Worksheet S-3 Part II Wednesday, May 7, 2025 at 11:34:41 AM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Amount Reported	Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
			from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	9,676,612	0	9,676,612	297,949.00	32.48
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)	9,676,612	0	9,676,612	297,949.00	32.48
7	Other Long Term Care	1,212,146	0	1,212,146	42,824.00	28.31
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	96,423	0	96,423	2,019.00	47.76
12	Subtotal Excluded salary (Sum of lines 7-11)	1,308,569	0	1,308,569	44,843.00	29.18
13	Total Adjusted Salaries (Line 6 - 12)	8,368,043	0	8,368,043	253,106.00	33.06
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	1,246,931	0	1,246,931	21,829.00	57.12
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)	2,393,044	0	2,393,044		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	323,612	0	323,612		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	2,069,432	0	2,069,432		

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Worksheet S-3 Part III Wednesday, May 7, 2025 at 11:34:41 AM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	178,943	0	178,943	6,304	28.39
2	Administrative & General	791,591	23,141	814,732	13,469	60.49
3	Plant Operation, Maint. & Repairs	352,606	0	352,606	12,739	27.68
4	Laundry & Linen Service	113,588	0	113,588	4,642	24.47
5	Housekeeping	436,668	0	436,668	26,937	16.21
6	Dietary	0	0	0	0	0.00
7	Nursing Administration	551,952	0	551,952	14,102	39.14
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	50,293	50,293	2,050	24.53
11	Social Service	121,014	0	121,014	2,889	41.89
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	536,288	0	536,288	26,532	20.21
14	Total	3,082,650	73,434	3,156,084	109,664	28.78

REFORMED CHURCH HOME
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Worksheet S-3 Part IV Wednesday, May 7, 2025 at 11:34:41 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	234,910
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)	1,096,981
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	245,037
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	714,292
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	80,140
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	21,684
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	2,393,044
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Wednesday, May 7, 2025 at 11:34:41 AM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
DIRECT SALARIES						
NURSING OCCUPATIONS						
1	Registered Nurses (RNs)	2,208,451	546,154	2,754,605	37,095	74.26
2	Licensed Practical Nurses (LPNs)	838,372	207,331	1,045,703	20,719	50.47
3	Certified Nursing Assistants/Nursing Assistants/Aides	2,238,570	553,602	2,792,172	83,550	33.42
4	Total Nursing (Sum of 1 - 3)	5,285,393	1,307,087	6,592,480	141,364	46.63
5	Physical Therapists	0	0	0	0	0.00
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	0.00
9	Occupational Therapy Assistants	0	0	0	0	0.00
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	0	0	0	0	0.00
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
CONTRACT LABOR						
NURSING OCCUPATIONS						
14	Registered Nurses (RNs)	0	0	0	0	0.00
15	Licensed Practical Nurses (LPNs)	193,156		193,156	3,280	58.89
16	Certified Nursing Assistants/Nursing Assistants/Aides	82,586		82,586	2,273	36.33
17	Total Nursing (Sum of 14 - 16)	275,742		275,742	5,553	49.66
18	Physical Therapists	261,304		261,304	4,136	63.18
19	Physical Therapy Assistants	211,084		211,084	3,703	57.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	163,435		163,435	2,356	69.37
22	Occupational Therapy Assistants	223,978		223,978	3,323	67.40
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	69,788		69,788	1,162	60.06
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	41,600		41,600	1,596	26.07

REFORMED CHURCH HOME
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Worksheet A Wednesday, May 7, 2025 at 11:34:41 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		2,056,859	2,056,859	0	2,056,859	0	2,056,859
2	Cap Rel Costs - Movable Equipment		18,340	18,340	0	18,340	0	18,340
3	Employee Benefits	178,943	2,512,248	2,691,191	0	2,691,191	0	2,691,191
4	Administrative & General	791,591	2,254,040	3,045,631	23,141	3,068,772	-2,398,044	670,728
5	Plant Operation, Maint. & Repairs	352,606	1,104,440	1,457,046	0	1,457,046	0	1,457,046
6	Laundry & Linen Service	113,588	123,548	237,136	0	237,136	0	237,136
7	Housekeeping	436,668	166,912	603,580	0	603,580	0	603,580
8	Dietary	0	2,241,038	2,241,038	0	2,241,038	-5,598	2,235,440
9	Nursing Administration	551,952	85,000	636,952	0	636,952	0	636,952
10	Central Services & Supply	0	203,886	203,886	-29,116	174,770	0	174,770
11	Pharmacy	0	18,710	18,710	0	18,710	0	18,710
12	Medical Records & Library	0	0	0	50,293	50,293	0	50,293
13	Social Service	121,014	70	121,084	0	121,084	0	121,084
14	Nursing and Allied Health Education	0	0	0	0	0	0	0
15	Other General Service Cost	536,288	30,968	567,256	0	567,256	0	567,256
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	5,285,393	348,148	5,633,541	-73,434	5,560,107	0	5,560,107
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	1,212,146	54,315	1,266,461	0	1,266,461	0	1,266,461
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	26,935	26,935	0	26,935	0	26,935
41	Laboratory	0	62,418	62,418	0	62,418	0	62,418
42	Intravenous Therapy	0	8,199	8,199	29,116	37,315	0	37,315
43	Oxygen (Inhalation) Therapy	0	50,221	50,221	41,600	91,821	0	91,821
44	Physical Therapy	0	1,069,000	1,069,000	-519,290	549,710	0	549,710
45	Occupational Therapy	0	0	0	387,412	387,412	0	387,412
46	Speech Pathology	0	0	0	90,278	90,278	0	90,278
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	338,410	338,410	0	338,410	0	338,410
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	4,188	4,188	0	4,188	0	4,188
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	0
81	Interest Expense	0	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	9,580,189	12,777,893	22,358,082	0	22,358,082	-2,403,642	19,954,440
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	Dental	0	0	0	0	0	0	0

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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
95.01	Marketing	96,423	84,285	180,708	0	180,708	0	180,708
100	TOTAL	9,676,612	12,862,178	22,538,790	0	22,538,790	-2,403,642	20,135,148

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet A-6 Wednesday, May 7, 2025 at 11:34:41 AM

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 Medical record cost	A	Medical Records & Li	12.00	50,293	0	Administrative & Gen	4.00	50,293	0
2	To reclass admin costs	B	Administrative & Gen	4.00	73,434	0	Skilled Nursing Faci	30.00	73,434	0
3	To reclass OT costs	C	Occupational Therapy	45.00	387,412	0	Physical Therapy	44.00	387,412	0
4	To reclass ST costs	D	Speech Pathology	46.00	90,278	0	Physical Therapy	44.00	90,278	0
5	To reclass Inhalation cost	E	Oxygen (Inhalation)	43.00	41,600	0	Physical Therapy	44.00	41,600	0
6	To reclass IV Therapy cost	F	Intravenous Therapy	42.00	0	29,116	Central Services & S	10.00	0	29,116
100	TOTAL RECLASSIFICATIONS				643,017	29,116			643,017	29,116

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet A-7 Wednesday, May 7, 2025 at 11:34:41 AM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	1,589,290	0	0	1,589,290	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	24,292,227	13,015	54,918	24,250,324	53,645
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	6,852,380	126,631	0	6,979,011	15,808
6	Movable Equipment	1,265,447	199,203	0	1,464,650	0
7	Subtotal	33,999,344	338,849	54,918	34,283,275	69,453
8	Reconciling Items	0	0	0	0	0
9	Total	33,999,344	338,849	54,918	34,283,275	69,453

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet A-8 Wednesday, May 7, 2025 at 11:34:41 AM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-578,774	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	B	-5,598	Dietary	8	
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	-571,655	Administrative & General	4	
26	BAD DEBT AL	A	-1,831	Administrative & General	4	
27	MISCELLANEOUS INCOME	B	-100	Administrative & General	4	
28	REALIZED GAIN/LOSS ON INVESTMENTS	B	-1,239,736	Administrative & General	4	
29	SNF PATIENT LOST/DESTROYED ITEMS	A	-2,131	Administrative & General	4	
30	ACT SNF TRAVEL & ENTERTAINMENT	A	-125	Administrative & General	4	
31	BARBER/BEAUTY SHOP INCOME	B	-3,692	Administrative & General	4	
100	TOTAL		-2,403,642			

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2024 to 12/31/2024

Worksheet A-8-1 Wednesday, May 7, 2025 at 11:34:41 AM

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

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

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

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet A-8-2 Wednesday, May 7, 2025 at 11:34:41 AM

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation	Profess- ional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
		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 1/1/2024 to 12/31/2024

Worksheet B Part I Wednesday, May 7, 2025 at 11:34:41 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Adjustments 17	Total 18
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
ANCILLARY SERVICE COST CENTERS		
30	0	14,758,058
31	0	0
33	0	3,375,438
OTHER REIMBURSABLE COST CENTERS		
40	0	28,538
41	0	66,132
42	0	39,536
43	0	97,285
44	0	659,220
45	0	410,467
46	0	95,650
47	0	0
48	0	0
49	0	358,548
50	0	0
SPECIAL PURPOSE COST CENTERS		
51	0	0
52	0	0
NON-REIMBURSABLE COST CENTERS		
60	0	0
63	0	0
70	0	0
71	0	4,437
74	0	0
84	0	0
89	0	19,893,309
90	0	0
91	0	12,093
92	0	0
93	0	0
94	0	0
95	0	0
95.01	0	229,746
98	0	0
99	0	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Wednesday, May 7, 2025 at 11:34:41 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
100 TOTAL	20,135,148	2,056,859	18,340	2,691,191	20,135,148	1,113,885	1,728,763	336,184	827,671

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Wednesday, May 7, 2025 at 11:34:41 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Nursing & Allied Health Ed. (Patient Days)	Activities Service (Patient Days)	SubTotal
	8	9	10	11	12	13	14	15	16
100 TOTAL	2,518,523	874,825	185,170	19,823	68,385	177,413	0	916,143	20,135,148

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Wednesday, May 7, 2025 at 11:34:41 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Adjustments	Total
	17	18
100	<hr/>	<hr/>
	TOTAL	TOTAL
	0	20,135,148

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Wednesday, May 7, 2025 at 11:34:41 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Adjustments 17	Total 18
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
ANCILLARY SERVICE COST CENTERS		
30	0	1,380,373
31	0	0
33	0	631,895
OTHER REIMBURSABLE COST CENTERS		
40	0	305
41	0	708
42	0	423
43	0	1,041
44	0	39,506
45	0	4,394
46	0	1,024
47	0	0
48	0	0
49	0	3,838
50	0	0
SPECIAL PURPOSE COST CENTERS		
51	0	0
52	0	0
NON-REIMBURSABLE COST CENTERS		
60	0	0
63	0	0
70	0	0
71	0	48
74	0	0
84	0	0
89	0	2,063,555
90	0	0
91	0	5,240
92	0	0
93	0	0
94	0	0
95	0	0
95.01	0	6,404
98	0	0
99	0	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Wednesday, May 7, 2025 at 11:34:41 AM

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
100 TOTAL	0	2,056,859	18,340	2,075,199	0	212,300	93,212	35,768	38,206

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Wednesday, May 7, 2025 at 11:34:41 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Nursing & Allied Health Ed. (Patient Days)	Activities Service (Patient Days)	SubTotal
	8	9	10	11	12	13	14	15	16
100 TOTAL	90,364	23,843	1,982	212	732	7,304	0	74,932	2,075,199

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Wednesday, May 7, 2025 at 11:34:41 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Adjustments	Total
	17	18
100	<hr/>	<hr/>
	TOTAL 0	2,075,199

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Wednesday, May 7, 2025 at 11:34:41 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Nursing & Allied Health Ed. (Patient Days) 14	Activities Service (Patient Days) 15
1	Cap Rel Costs - Bldgs & Fixtures						
2	Cap Rel Costs - Movable Equipment						
3	Employee Benefits						
4	Administrative & General						
5	Plant Operation, Maint. & Repairs						
6	Laundry & Linen Service						
7	Housekeeping						
8	Dietary						
9	Nursing Administration	31,142					
10	Central Services & Supply	0	31,142				
11	Pharmacy	0	0	31,142			
12	Medical Records & Library	0	0	0	31,142		
13	Social Service	0	0	0	0	31,142	
14	Nursing and Allied Health Education	0	0	0	0	0	0
15	Other General Service Cost	0	0	0	0	0	31,142
ANCILLARY SERVICE COST CENTERS							
30	Skilled Nursing Facility	31,142	31,142	31,142	31,142	31,142	0
31	Nursing Facility	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
40	Radiology	0	0	0	0	0	0
41	Laboratory	0	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0	0
45	Occupational Therapy	0	0	0	0	0	0
46	Speech Pathology	0	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
51	Support Surfaces	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS							
60	Clinic	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0
89	Subtotal	31,142	31,142	31,142	31,142	31,142	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0
95	Dental	0	0	0	0	0	0
95.01	Marketing	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Wednesday, May 7, 2025 at 11:34:41 AM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
99	Negative Cost Center	0	0	0	0	0	0	0	0	
102	Cost to be Allocated per Bp1	2,056,859	18,340	2,691,191	0	1,113,885	1,728,763	336,184	827,671	2,518,523
103	Unit Cost Multiplier per Bp1	16.270302	0.145074	0.283353	0.000000	0.059509	15.869820	10.795196	7.871561	24.001248
104	Cost to be Allocated per Bp2	0	0	0	0	212,300	93,212	35,768	38,206	90,364
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.011342	0.855674	1.148545	0.363358	0.861159

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Wednesday, May 7, 2025 at 11:34:41 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Nursing & Allied Health Ed. (Patient Days) 14	Activities Service (Patient Days) 15
99 Negative Cost Center	0	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	874,825	185,170	19,823	68,385	177,413	0	916,143
103 Unit Cost Multiplier per Bp1	28.091484	5.945989	0.636536	2.195909	5.696905	0.000000	29.418245
104 Cost to be Allocated per Bp2	23,843	1,982	212	732	7,304	0	74,932
105 Unit Cost Multiplier per Bp2	0.765622	0.063644	0.006808	0.023505	0.234539	0.000000	2.406140

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2024 to 12/31/2024

Worksheet B-2 Wednesday, May 7, 2025 at 11:34:41 AM

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 1/1/2024 to 12/31/2024

Worksheet C Wednesday, May 7, 2025 at 11:34:41 AM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	28,538	33,932	0.841035
41	Laboratory	66,132	62,418	1.059502
42	Intravenous Therapy	39,536	37,315	1.059520
43	Oxygen (Inhalation) Therapy	97,285	91,822	1.059496
44	Physical Therapy	659,220	679,027	0.970830
45	Occupational Therapy	410,467	846,637	0.484821
46	Speech Pathology	95,650	319,209	0.299647
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	0	0	0.000000
49	Drugs Charged to Patients	358,548	338,410	1.059508
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	4,437	4,188	1.059456
100	TOTAL	1,759,813	2,412,958	

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet D Part I Wednesday, May 7, 2025 at 11:34:41 AM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	0.841035	28,221	0	23,735	0
41	Laboratory	1.059502	39,347	0	41,688	0
42	Intravenous Therapy	1.059520	24,178	0	25,617	0
43	Oxygen (Inhalation) Therapy	1.059496	0	0	0	0
44	Physical Therapy	0.970830	271,688	0	263,763	0
45	Occupational Therapy	0.484821	310,141	0	150,363	0
46	Speech Pathology	0.299647	173,540	0	52,001	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	1.059508	221,969	0	235,178	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	1.059456	0	0	0	0
100	TOTAL		1,069,084	0	792,345	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet D Part II Wednesday, May 7, 2025 at 11:34:41 AM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.059508
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	28,538	0	23,735	0
41	Laboratory	66,132	0	41,688	0
42	Intravenous Therapy	39,536	0	25,617	0
43	Oxygen (Inhalation) Therapy	97,285	0	0	0
44	Physical Therapy	659,220	0	263,763	0
45	Occupational Therapy	410,467	0	150,363	0
46	Speech Pathology	95,650	0	52,001	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	358,548	0	235,178	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	1,755,376	0	792,345	0

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Wednesday, May 7, 2025 at 11:34:41 AM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	31,142
2	Private room days	0
3	Inpatient days incl. Program prvt.	6,778
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	14,758,058
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	4,219,651
7	General Inpatient routine service RCC	3.497459
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	14,758,058
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	473.90
17	Program routine service cost	3,212,094
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	3,212,094
20	Capital related cost allocated to inpati	1,380,373
21	Per diem capital related costs	44.33
22	Program capital related cost	300,469
23	Inpatient routine service cost	2,911,625
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	2,911,625
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 1/1/2024 to 12/31/2024

Worksheet D-1 Wednesday, May 7, 2025 at 11:34:41 AM

Computation of Inpatient Routine Costs

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

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	31,142
2	Program inpatient days (see instructions)	6,778
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.217648
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet E Wednesday, May 7, 2025 at 11:34:41 AM

Calculation of Reimbursement Settlement
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	5,134,161
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	5,134,161
4	Primary payor amounts	0
5	Coinsurance	834,156
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	4,300,005
12	Interim payments (See instructions)	4,214,005
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)	86,000
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 1/1/2024 to 12/31/2024

Worksheet E-1 Wednesday, May 7, 2025 at 11:34:41 AM

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		4,214,005		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		4,214,005		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 1/1/2024 to 12/31/2024

Worksheet G Wednesday, May 7, 2025 at 11:34:41 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	2,135,645	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,560,585	0	0	0
5	Other receivables	740,334	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	834,929	0	0	0
7	Inventory	99,731	0	0	0
8	Prepaid expenses	260,762	0	0	0
9	Other current assets	120,653	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	5,082,781	0	0	0
FIXED ASSETS					
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	24,250,324	0	0	0
16	Less: Accumulated depreciation	19,383,653	0	0	0
17	Leasehold improvements	0	0	0	0
18	Less: Accumulated amortization	0	0	0	0
19	Fixed equipment	6,979,011	0	0	0
20	Less: Accumulated depreciation	5,488,524	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	1,464,650	0	0	0
24	Less: Accumulated depreciation	1,017,459	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	476,884	0	0	0
28	TOTAL FIXED ASSETS	8,870,523	0	0	0
OTHER ASSETS					
29	Investments	21,962,826	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	1,443,387	0	0	0
33	TOTAL OTHER ASSETS	23,406,213	0	0	0
34	TOTAL ASSETS	37,359,517	0	0	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet G Wednesday, May 7, 2025 at 11:34:41 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
CURRENT LIABILITIES					
35	Accounts payable	1,249,776	0	0	0
36	Salaries, wages & fees payable	303,024	0	0	0
37	Payroll taxes payable	32,347	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	999,627	0	0	0
43	TOTAL CURRENT LIABILITIES	2,584,774	0	0	0
LONG TERM LIABILITIES					
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	722,594	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	722,594	0	0	0
51	TOTAL LIABILITIES	3,307,368	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	34,052,149			
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	TOTAL FUND BALANCES	34,052,149	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	37,359,517	0	0	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet G-1 Wednesday, May 7, 2025 at 11:34:41 AM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		34500423		0		0		0
2 Net income (loss)		-450624						
3 Total		34049799		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Prior Period	2350		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		2350		0		0		0
11 Subtotal		34052149		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		34052149		0		0		0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part I Wednesday, May 7, 2025 at 11:34:41 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	15,929,228		15,929,228
2	Nursing Facility	3,311,388		3,311,388
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	19,240,616		19,240,616
	ALL OTHER CARE SERVICES			
6	Ancillary services	2,251,334	0	2,251,334
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0	0	0
		=====	=====	=====
14	Total Patient Revenues	21,491,950	0	21,491,950

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part II Wednesday, May 7, 2025 at 11:34:41 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		22,538,790
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		22,538,790

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2024 to 12/31/2024

Worksheet G-3 Wednesday, May 7, 2025 at 11:34:41 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		21,491,950
2	Less: contractual allowances and ...		2,147,467
3	Net Patient Revenues (Line 1 - 2)		19,344,483
4	Less: total operating expenses		22,538,790
5	Net income from service to patients (Line 3 - 4)		-3,194,307
	Other Income:		
6	Contributions, donations, bequests, etc.	151,882	
7	Income from investments	1,818,510	
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	5,598	
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	3,692	
24.01	Other Income	3,991	
24.02	PHYSICAL EXAM INCOME	146,226	
24.03	UNREALIZED GAIN/LOSS ON INVESTMENTS	613,784	
24.50	COVID-19 PHE Funding	0	
25	Total other income		2,743,683
26	Total		-450,624
27	Other Expenses (specify)	0	
28		0	
29		0	
30	Total other expenses		0
31	Net income (or loss) for the period		-450,624