

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0463
EXPIRES: 07/31/2027

PEACE CARE ST. JOSEPHS (CUSACK)

Period:
From: 01/01/2025
To: 12/31/2025

Run Date Time: 5/11/2026 2:20
MCRIF32
Version: 2540-24
2.7.181.0

Provider CCN: 31-5452

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTHCARE
COMPLEX COST REPORT STATUS, CERTIFICATION, AND SETTLEMENT SUMMARY


Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS	1	2	3	
1 ELECTRONICALLY PREPARED	Y	5/11/2026	2:20 pm	1
2 MANUALLY PREPARED				2
3 IF AMENDED, NUMBER OF TIMES AMENDED	0			3
4 MEDICARE UTILIZATION	F			4
5 CONTRACTOR: HCRIS STATUS CODE	1			5
6 CONTRACTOR: COST REPORT RECEIVED DATE				6
7 CONTRACTOR: CONTRACTOR NUMBER				7
8 CONTRACTOR: INITIAL COST REPORT FOR THIS CCN				8
9 CONTRACTOR: FINAL COST REPORT FOR THIS CCN				9
10 CONTRACTOR: NPR DATE				10
11 CONTRACTOR: ADR SOFTWARE VENDOR CODE	4			11
12 CONTRACTOR: REOPENING NUMBER	0			12

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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.

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 PEACE CARE ST. JOSEPHS (CUSACK), 31-5452 (PROVIDER NAME(S) AND PROVIDER CCN(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2025 AND ENDING 12/31/2025 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS REPORT AND STATEMENT ARE TRUE, CORRECT, COMPLETE AND PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	2		
	<input type="checkbox"/>	I HAVE READ AND AGREE WITH THE ABOVE CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE.	1
2 Signatory Printed Name: Maggie Tadrous			2
3 Signatory Title: ADMINISTRATOR			3
4 Signature Date: 5/13/24			4

PART III - SETTLEMENT SUMMARY

	Title V	Title XVIII		Title XIX	
	1.00	Part A 2.00	Part B 3.00	4.00	
1.00 SNF	0	65,782	0	0	1.00
2.00 NF	0			0	2.00
3.00 ICF/IID				0	3.00
4.00 SNF-BASED HHA I	0		0	0	4.00
100.00 TOTAL	0	65,782	0	0	100.00

ECR Encryption Information

ECR: Date: 5/11/2026 Time: 2:20 pm
kcrj9qW0mh9vZnaUCu3Qz9sH:5bQQ0
:W7Xu0LZBiUdcRJv:80gjq6M0Qx9W
oZCo0qgr1D0gTcas

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 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 DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER 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, CONTACT 1-800-MEDICARE.

PEACE CARE ST. JOSEPHS (CUSACK)	Period: 01/01/2025	Run Date Time: 5/11/2026 2:20
Provider CCN: 31-5452	To: 12/31/2025	MCRIF32 2540-24
		Version: 2.7.181.0

IDENTIFICATION DATA

Worksheet S-2

SNF / SNF HEALTHCARE COMPLEX INFORMATION

		STREET ADDRESS			P O BOX				
		1.00			2.00				
1.00	ADDRESS LINE 1	537 PAVONIA AVENUE							1.00
		CITY	STATE	ZIP CODE	COUNTY				
		1.00	2.00	3.00	4.00				
2.00	ADDRESS LINE 2	JERSEY CITY	NJ	07306	HUDSON				2.00
		COMPONENT TYPE	COMPONENT NAME	CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
3.00	SNF	PEACE CARE ST. JOSEPHS (CUSACK)		315452	35614	U	12/01/1997	12/01/1997	3.00
4.00	NF								4.00
5.00	ICF/IID								5.00
6.00	SNF-BASED HHA								6.00
7.00	SNF-BASED HOSPICE								7.00
8.00	CORF								8.00
8.10	OPT								8.10
8.20	OOT								8.20
8.30	OSP								8.30
		FROM	TO						
		1.00	2.00						
9.00	COST REPORTING PERIOD	01/01/2025	12/31/2025						
		TOC CODE	SPECIFY OTHER						
		1.00	2.00						
10.00	TYPE OF CONTROL	1							

SNF ORGANIZATION AND OPERATION

								1.00	
11.00	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?							N	11.00
12.00	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?							N	12.00
		COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE		
		1.00	2.00	3.00	4.00	5.00	6.00		
13.00	Non-contiguous component locations					Y/N	DATE	V O R I	
							1.00	2.00	3.00
14.00	COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination.					N			
15.00	COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date.					N			
							1.00	2.00	
16.00	COLUMN 1: Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? COLUMN 2: Enter the number of HO/COs allocating costs to this SNF.					N	0		
		HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	HO/CO CCN	HO/CO CONTRACTOR #
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
17.00	HO/CO ALLOCATING TO SNF								
									1.00
18.00	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?							N	18.00
19.00	Did this SNF operate a ventilator care unit?							N	19.00

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SNF OWNED SERVICES

		1.00	2.00	
20.00	COLUMN 1: Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493? COLUMN 2: Enter the CLIA ID number.	Y	31D2189821	20.00
21.00	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	N		21.00
22.00	COLUMN 1: Did this SNF operate an institutional based ambulance service? COLUMN 2: Enter the ambulance provider number.	N		22.00
			1.00	
23.00	Is this SNF involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?		Y	23.00
24.00	Indicate whether the provider is licensed in a State that certifies the provider as a SNF as described on line 3 above, regardless of the level of care given for Titles V and XIX patients. Enter Y or N.		Y	24.00

PROFESSIONAL SERVICES PURCHASED BY THE SNF

		1.00	2.00	
29.00	COLUMN 1: Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? COLUMN 2: Were the majority of the expenses (i.e., greater than 50 percent of the total professional services expenses) for services purchased from unrelated organizations located outside of the SNF's local area labor market?	Y	Y	29.00

SNF-BASED HHA THERAPY COSTS

		1.00		
31.00	Did the SNF-based HHA contract with outside suppliers for physical therapy services?	N		31.00
32.00	Did the SNF-based HHA contract with outside suppliers for occupational therapy services?	N		32.00
33.00	Did the SNF-based HHA contract with outside suppliers for speech therapy services?	N		33.00

MEDICAL MALPRACTICE COST

		1.00	2.00	3.00	
34.00	Is the SNF legally required to carry malpractice insurance?	N			34.00
35.00	If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy.				35.00
36.00	If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3.	0	0	0	36.00
37.00	Are malpractice premiums and paid losses reported in other than the A&G cost center?	N			37.00

LOWER OF COST OR CHARGE EXEMPTION

		PART A	PART B	
		1.00	2.00	
40.00	Did the SNF qualify for an exemption from the application of the lower of costs or charges?	N	N	40.00
41.00	Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges?	N	N	41.00

FINANCIAL STATEMENTS

		1.00	2.00	3.00	
50.00	COLUMN 1: Were the financial statements prepared by a CPA? COLUMN 2: If column 1 is Y, enter "A" for audited, "C" for complied, or "R" for reviewed in column 2. COLUMN 3: If complete copy of the financial statements not submitted with cost report, enter date available.	Y	A	06/15/2026	50.00
51.00	Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If "Y", submit a reconciliation.	N			51.00

BAD DEBTS

		1.00		
52.00	Is the SNF seeking reimbursement for Medicare bad debts?	Y		52.00
53.00	If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period?	N		53.00
54.00	If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance?	N		54.00

PS&R REPORT DATA

	Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
	0	1.00	2.00	3.00	4.00	
55.00	Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 55 "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N		55.00
56.00	Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N		56.00
57.00	If line 55 or 56 is Y, were adjustments made to PS&R data for additional claims that have been billed, but are not included on the PS&R used to file this cost report?	N		N		57.00
58.00	If line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?	N		N		58.00

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IDENTIFICATION DATA

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PS&R REPORT DATA

	Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
	0	1.00	2.00	3.00	4.00	
59.00	If line 55 or 56 is Y, were adjustments made to PS&R data for other reasons? If Y, describe the other adjustment:	N		N		59.00
60.00	Is this cost report prepared using only the provider's records?	Y		Y		60.00

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COST REPORT PREPARER CONTACT INFORMATION

		FIRST NAME	LAST NAME	TITLE	
		1.00	2.00	3.00	
70.00	PREPARER	SLAVKA	PARTILOVA	PREPARER	70.00
		NAME			
		1.00			
71.00	EMPLOYER	HEALTH CARE RESOURCES			71.00
		TELEPHONE NUMBER	EMAIL ADDRESS		
		1.00	2.00		
72.00	CONTACT INFORMATION	609-987-1440	SLAVKA.PARTILOVA@HCRNJ.NET		72.00

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STATISTICAL DATA

Worksheet S-3
Part I

PART I - VISITS AND CENSUS DATA

		NUMBER OF BEDS	BED DAYS AVAILABL E	INPATIENT DAYS					DISCHARGES					
				TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
1.00	SNF - FFS	139	50,735	0	5,369	2,770	5,249	40,072	0	198	1	24	223	1.00
2.00	SNF - HMO			0	6,806	19,878			0	271	15	0	286	2.00
3.00	NF - FFS	0	0	0		0	0	0	0		0	0	0	3.00
4.00	NF - HMO					0			0		0	0	0	4.00
5.00	ICF/IID	0	0	0		0	0	0	0		0	0	0	5.00
6.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	TOTAL	139	50,735	0	12,175	22,648	5,249	40,072	0	469	16	24	509	7.00

PART I - VISITS AND CENSUS DATA

		AVERAGE LENGTH OF STAY					ADMISSIONS					FTE		
		TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	EMPLOYE E	NON-PAID	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	
1.00	SNF - FFS	0.00	27.12	2,770.00	218.71	179.70	0	209	3	15	227	100.70	0.00	1.00
2.00	SNF - HMO	0.00	25.11	1,325.20			0	302	6	0	308			2.00
3.00	NF - FFS	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	3.00
4.00	NF - HMO	0.00		0.00			0		0	0	0			4.00
5.00	ICF/IID	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	5.00
6.00	HOSPICE											0.00	0.00	6.00
7.00	TOTAL													7.00

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STATISTICAL DATA

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Part II

PART II - SNF WAGE INDEX - DIRECT SALARIES

		AMOUNT REPORTED	RECLASS-IFICATIONS	ADJUSTMENTS	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		1.00	2.00	3.00	4.00	5.00	6.00	
SALARIES								
1.00	TOTAL SALARY (SEE INSTRUCTIONS)	8,889,084	0	0	8,889,084	306,340.00	29.02	1.00
2.00	PHYSICIAN SALARIES-PART A	0	0	0	0	0.00	0.00	2.00
3.00	PHYSICIAN SALARIES-PART B	0	0	0	0	0.00	0.00	3.00
4.00	HOME OFFICE PERSONNEL	0	0	0	0	0.00	0.00	4.00
5.00	SUM OF LINES 2 THROUGH 4	0	0	0	0	0.00	0.00	5.00
6.00	REVISED WAGES (LINE 1 MINUS LINE 5)	8,889,084	0	0	8,889,084	306,340.00	29.02	6.00
7.00	HOME HEALTH AGENCY	0	0	0	0	0.00	0.00	7.00
8.00	HOSPICE	0	0	0	0	0.00	0.00	8.00
9.00	OTHER EXCLUDED AREAS	0	0	0	0	0.00	0.00	9.00
10.00	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9)	0	0	0	0	0.00	0.00	10.00
11.00	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10)	8,889,084	0	0	8,889,084	306,340.00	29.02	11.00
OTHER WAGES AND RELATED COST								
12.00	CONTRACT LABOR: PATIENT RELATED & MGMT	2,612,295	0	0	2,612,295	48,431.00	53.94	12.00
13.00	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	0	0	0	0	0.00	0.00	13.00
14.00	HOME OFFICE SALARIES AND WAGE RELATED COSTS	0	0	0	0	0.00	0.00	14.00
WAGE RELATED COSTS								
15.00	WAGE RELATED COSTS CORE (SEE PT.IV)	1,871,759	0	0	1,871,759			15.00
16.00	WAGE RELATED COSTS (EXCLUDED UNITS)	1,457	0	0	1,457			16.00
17.00	PHYSICIANS PART A - WRC	0	0	0	0			17.00
18.00	PHYSICIANS PART B - WRC	0	0	0	0			18.00
19.00	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUCTIONS)	1,870,302	0	0	1,870,302			19.00

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STATISTICAL DATA

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Part III

PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES

	WKST A LINE NUMBER	AMOUNT REPORTED			RECLASS OF SALARIES		ADJUSTED SALARIES		TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		0	1.00	2.00	3.00	4.00	5.00	6.00				
1.00	EMPLOYEE BENEFITS DEPARTMENT	3.00	0	0	0	0	0	0	0.00	0.00	1.00	
2.00	ADMINISTRATIVE AND GENERAL	4.00	570,381	0	0	0	570,381	10,805.00	52.79	2.00		
3.00	PLANT OP, MAINT & REPAIRS	5.00	293,539	0	0	0	293,539	15,292.00	19.20	3.00		
4.00	LAUNDRY AND LINEN SERVICE	6.00	158,852	0	0	0	158,852	8,964.00	17.72	4.00		
5.00	HOUSEKEEPING	7.00	465,595	0	0	0	465,595	26,478.00	17.58	5.00		
6.00	DIETARY	8.00	1,136,753	0	0	0	1,136,753	41,944.00	27.10	6.00		
7.00	NURSING ADMINISTRATION	9.00	1,263,337	0	0	0	1,263,337	26,445.00	47.77	7.00		
8.00	CENTRAL SERVICES AND SUPPLY	10.00	0	0	0	0	0	0.00	0.00	8.00		
9.00	PHARMACY	11.00	0	0	0	0	0	0.00	0.00	9.00		
10.00	MEDICAL RECORDS	12.00	0	0	0	0	0	0.00	0.00	10.00		
11.00	MEDICAL SOCIAL SERVICES	13.00	141,605	0	0	0	141,605	3,654.00	38.75	11.00		
12.00	ACTIVITIES PROGRAM	14.00	262,542	0	0	0	262,542	12,070.00	21.75	12.00		
13.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	15.00	0	0	0	0	0	0.00	0.00	13.00		
14.00	TRAINING AND IN-SERVICE EDUCATION	16.00	0	0	0	0	0	0.00	0.00	14.00		
15.00	PATIENT TRANSPORTATION PART A	17.00	0	0	0	0	0	0.00	0.00	15.00		
16.00	OTHER GENERAL SERVICE	18.00	0	0	0	0	0	0.00	0.00	16.00		

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Part IV

PART IV - SNF WAGE RELATED COSTS

		AMOUNT	
		1.00	
RETIREMENT COST			
1.00	401k EMPLOYER CONTRIBUTIONS	0	1.00
2.00	TAX SHELTERED ANNUITY EMPLOYER CONTRIBUTION	0	2.00
3.00	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	123,146	3.00
4.00	PRIOR YEAR PENSION SERVICE COST	0	4.00
PLAN ADMINISTRATIVE COSTS			
5.00	401K/TSA PLAN ADMINISTRATION FEES	0	5.00
6.00	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	0	6.00
7.00	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	0	7.00
HEALTH AND INSURANCE COSTS			
8.00	HEALTH INSURANCE	699,345	8.00
9.00	PRESCRIPTION DRUG PLAN	0	9.00
10.00	DENTAL, HEARING AND VISION PLANS	20,366	10.00
11.00	LIFE INSURANCE	468	11.00
12.00	ACCIDENTAL INSURANCE	0	12.00
13.00	DISABILITY INSURANCE	168,954	13.00
14.00	LONG-TERM CARE INSURANCE	0	14.00
15.00	WORKERS' COMPENSATION INSURANCE	140,225	15.00
16.00	RETIREMENT HEALTH CARE COST	0	16.00
TAXES			
17.00	FICA - EMPLOYER'S PORTION ONLY	645,304	17.00
18.00	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	0	18.00
19.00	UNEMPLOYMENT INSURANCE	0	19.00
20.00	STATE OR FEDERAL UNEMPLOYMENT TAXES	73,951	20.00
OTHER			
21.00	EXECUTIVE DEFERRED COMPENSATION	0	21.00
22.00	DAY CARE COST AND ALLOWANCES	0	22.00
23.00	TUITION REIMBURSEMENT	0	23.00
24.00	TOTAL WAGE RELATED COST	1,871,759	24.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period: 01/01/2025	Run Date Time: 5/11/2026 2:20
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STATISTICAL DATA

Worksheet S-3
Part V

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES

	AMOUNT REPORTED	EMPLOYEE WAGE-RELATED COSTS	ADJUSTED SALARIES (COL. 1 + COL. 2)	PAID HOURS RELATED TO SALARY IN COL. 3	AVERAGE HOURLY WAGE (COL. 3 + COL. 4)	
	1.00	2.00	3.00	4.00	5.00	

DIRECT SALARIES

NURSING EMPLOYEES

1.00	REGISTERED NURSE	1,268,718	266,731	1,535,449	26,068.00	58.90	1.00
2.00	LICENSED PRACTICAL NURSE	854,261	179,597	1,033,858	19,979.00	51.75	2.00
3.00	CERTIFIED NURSING ASSISTANT	2,473,500	520,021	2,993,521	114,641.00	26.11	3.00
4.00	TOTAL NURSING EXPENDITURES	4,596,479	966,349	5,562,828	160,688.00	34.62	4.00
5.00	PHYSICAL THERAPIST	0	0	0	0.00	0.00	5.00
6.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	6.00
7.00	OCCUPATIONAL THERAPIST	0	0	0	0.00	0.00	7.00
8.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	8.00
9.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	9.00
10.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	10.00
11.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	11.00
12.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	12.00

CONTRACT LABOR

NURSING EMPLOYEES

15.00	REGISTERED NURSE	650,969	0	650,969	9,345.00	69.66	15.00
16.00	LICENSED PRACTICAL NURSE	20,564	0	20,564	370.00	55.58	16.00
17.00	CERTIFIED NURSING ASSISTANT	540,255	0	540,255	13,467.00	40.12	17.00
18.00	TOTAL NURSING EXPENDITURES	1,211,788	0	1,211,788	23,182.00	52.27	18.00

TECHNICAL/PROFESSIONAL EMPLOYEES

19.00	PHYSICAL THERAPIST	498,356	0	498,356	9,002.00	55.36	19.00
20.00	PHYSICAL THERAPY ASSISTANT	106,341	0	106,341	2,568.00	41.41	20.00
21.00	OCCUPATIONAL THERAPIST	431,943	0	431,943	8,400.00	51.42	21.00
22.00	OCCUPATIONAL THERAPY ASSISTANT	123,931	0	123,931	2,424.00	51.13	22.00
23.00	SPEECH-LANGUAGE PATHOLOGIST	239,936	0	239,936	2,856.00	84.01	23.00
24.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	24.00
25.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	25.00
26.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	26.00

HOME OFFICE/CHAIN ORGANIZATION

NURSING EMPLOYEES

29.00	REGISTERED NURSE	0	0	0	0.00	0.00	29.00
30.00	LICENSED PRACTICAL NURSE	0	0	0	0.00	0.00	30.00
31.00	CERTIFIED NURSING ASSISTANT	0	0	0	0.00	0.00	31.00
32.00	TOTAL NURSING EXPENDITURES	0	0	0	0.00	0.00	32.00

TECHNICAL/PROFESSIONAL EMPLOYEES

33.00	PHYSICAL THERAPIST	0	0	0	0.00	0.00	33.00
34.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	34.00
35.00	OCCUPATIONAL THERAPIST	0	0	0	0.00	0.00	35.00
36.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	36.00
37.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	37.00
38.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	38.00
39.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	39.00
40.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	40.00

PEACE CARE ST. JOSEPHS (CUSACK)

Period:

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Provider CCN: 31-5452

To: 12/31/2025

Version: 2.7.181.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

Cost Center Description			SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES				962,352	962,352	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT				85,399	85,399	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	1,831,462	1,831,462	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	570,381	83,294	653,675	1,893,443	2,547,118	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	293,539	506,767	800,306	473,226	1,273,532	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	158,852	0	158,852	43,020	201,872	6.00
7.00	00700	HOUSEKEEPING	465,595	0	465,595	215,344	680,939	7.00
8.00	00800	DIETARY	1,136,753	0	1,136,753	642,839	1,779,592	8.00
9.00	00900	NURSING ADMINISTRATION	1,263,337	0	1,263,337	12,193	1,275,530	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS	0	0	0	0	0	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	141,605	0	141,605	0	141,605	13.00
14.00	01400	ACTIVITIES PROGRAM	262,542	5,354	267,896	9,334	277,230	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	0	0	32,546	32,546	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	4,596,480	1,211,788	5,808,268	458,639	6,266,907	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS								
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	0	0	43,194	43,194	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	31.00
32.00	03200	LABORATORY	0	0	0	31,286	31,286	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	0	0	0	33.00
34.00	03400	RESPIRATORY THERAPY	0	0	0	0	0	34.00
35.00	03500	PHYSICAL THERAPY	0	604,696	604,696	20,899	625,595	35.00
36.00	03600	OCCUPATIONAL THERAPY	0	555,874	555,874	0	555,874	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	239,936	239,936	0	239,936	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	398,767	398,767	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	0	0	42.00
43.00	04300	DENTAL CARE	0	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	0	0	0	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	49,649	49,649	71.00
72.00	07200	HOSPICE	0	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	0	75.00
76.00	07600	OSP	0	0	0	0	0	76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	77.00

PEACE CARE ST. JOSEPHS (CUSACK)

Period:

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From: 01/01/2025

MCRIF32 2540-24

Provider CCN: 31-5452

To: 12/31/2025

Version: 2.7.181.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

Cost Center Description			SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES				15,912	15,912	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	81.00
89.00		SUBTOTAL	8,889,084	3,207,709	12,096,793	7,219,504	19,316,297	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	NONPAID WORKERS	0	0	0	0	0	91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	RESTRICTED EXPENSE	0	0	0	17,582	17,582	93.00
93.01	09301	BARBER & BEAUTY	0	0	0	7,078	7,078	93.01
100.00		TOTAL	8,889,084	3,207,709	12,096,793	7,244,164	19,340,957	100.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:
Provider CCN: 31-5452	From: 01/01/2025	5/11/2026 2:20
	To: 12/31/2025	MCRIF32 2540-24
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION	
			6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES	0	962,352	0	962,352	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT	0	85,399	0	85,399	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	1,831,462	0	1,831,462	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	0	2,547,118	197,094	2,350,024	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	0	1,273,532	0	1,273,532	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	201,872	0	201,872	6.00
7.00	00700	HOUSEKEEPING	0	680,939	0	680,939	7.00
8.00	00800	DIETARY	0	1,779,592	0	1,779,592	8.00
9.00	00900	NURSING ADMINISTRATION	0	1,275,530	0	1,275,530	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS	0	0	0	0	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	0	141,605	0	141,605	13.00
14.00	01400	ACTIVITIES PROGRAM	0	277,230	0	277,230	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	32,546	0	32,546	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
25.00	02500	SKILLED NURSING FACILITY	0	6,266,907	0	6,266,907	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS							
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	43,194	0	43,194	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	31.00
32.00	03200	LABORATORY	0	31,286	0	31,286	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	0	0	33.00
34.00	03400	RESPIRATORY THERAPY	0	0	0	0	34.00
35.00	03500	PHYSICAL THERAPY	0	625,595	0	625,595	35.00
36.00	03600	OCCUPATIONAL THERAPY	0	555,874	0	555,874	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	239,936	0	239,936	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	398,767	0	398,767	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	0	42.00
43.00	04300	DENTAL CARE	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	0	0	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	49,649	0	49,649	71.00
72.00	07200	HOSPICE	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	75.00
76.00	07600	OSP	0	0	0	0	76.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:	5/11/2026 2:20
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES	0	15,912	0	15,912		80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0		81.00
89.00		SUBTOTAL	0	19,316,297	-197,094	19,119,203		89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0		90.00
91.00	09100	NONPAID WORKERS	0	0	0	0		91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0		92.00
93.00	09300	RESTRICTED EXPENSE	0	17,582	0	17,582		93.00
93.01	09301	BARBER & BEAUTY	0	7,078	0	7,078		93.01
100.00		TOTAL	0	19,340,957	-197,094	19,143,863		100.00

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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

		ACQUISITIONS				DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
		BEGINNING BALANCES	PURCHASES	DONATION	TOTAL				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	LAND	2,281,004	0	0	0	0	2,281,004	0	1.00
2.00	LAND IMPROVEMENTS	623,260	68,360	0	68,360	0	691,620	0	2.00
3.00	BUILDINGS AND FIXTURES	30,660,452	327,610	0	327,610	0	30,988,062	0	3.00
4.00	BUILDING IMPROVEMENTS	0	0	0	0	0	0	0	4.00
5.00	FIXED EQUIPMENT	0	0	0	0	0	0	0	5.00
6.00	MOVABLE EQUIPMENT	4,798,421	53,563	0	53,563	0	4,851,984	0	6.00
7.00	SUBTOTAL	38,363,137	449,533	0	449,533	0	38,812,670	0	7.00
8.00	RECONCILING ITEMS	0	0	0	0	0	0	0	8.00
9.00	TOTAL	38,363,137	449,533	0	449,533	0	38,812,670	0	9.00

PART II - RECONCILIATION OF CAPITAL COST CENTERS (SUMMARY OF CAPITAL)

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	685,860	0	0	276,492	0	0	962,352	1.00
2.00	CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	72,864	12,535	0	0	0	0	85,399	2.00
3.00	TOTAL	758,724	12,535	0	276,492	0	0	1,047,751	3.00

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time:
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ADJUSTMENTS TO EXPENSES

Worksheet A-8

				WORKSHEET A	
	DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	COST CENTER	LINE NO.
	1.00	2.00	3.00	4.00	5.00
1.00	INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2)		0		0.00 1.00
2.00	TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTER 8)		0		0.00 2.00
3.00	REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)		0		0.00 3.00
4.00	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8)		0		0.00 4.00
5.00	TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 5.00
6.00	TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 6.00
7.00	PARKING LOT (CMS PUB. 15-1, CHAPTER 21)		0		0.00 7.00
8.00	REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	0		8.00
9.00	SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)		0		0.00 9.00
10.00	RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPTER 10)	A-8-1	-125,527		10.00
11.00	LAUNDRY AND LINEN SERVICE		0		0.00 11.00
12.00	REVENUE - EMPLOYEE MEALS		0		0.00 12.00
13.00	COST OF MEALS - GUESTS		0		0.00 13.00
14.00	SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS		0		0.00 14.00
15.00	SALE OF DRUGS TO OTHER THAN PATIENTS		0		0.00 15.00
16.00	REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS		0		0.00 16.00
17.00	VENDING MACHINES		0		0.00 17.00
18.00	INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 18.00
19.00	INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS		0		0.00 19.00
20.00	DEPRECIATION--BUILDINGS AND FIXTURES		0	CAPITAL RELATED-BUILDINGS & FIXTURES	1.00 20.00
21.00	DEPRECIATION--MOVABLE EQUIPMENT		0	CAPITAL RELATED-MOVABLE EQUIPMENT	2.00 21.00
22.00	SHORT TERM INPATIENT HOSPICE CARE		0		0.00 22.00
23.00	HOSPICE NON-CORE CONTRACTED SERVICES		0		0.00 23.00
24.00	PCSJ MISC INCOME	B	-6,416	ADMINISTRATIVE AND GENERAL	4.00 24.00
24.01	FUNDRAISING	A	54,311	ADMINISTRATIVE AND GENERAL	4.00 24.01
24.02	ADVERTISING	A	-10,840	ADMINISTRATIVE AND GENERAL	4.00 24.02
100.00	TOTAL		-197,094		100.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:	5/11/2026 2:20
Provider CCN: 31-5452	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1
Parts I & II

PART I - COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS

WORKSHEET A COST CENTER								
LINE #	DESCRIPTION	EXPENSE ITEM	LINE # ON PART II	AMOUNT ALLOWABLE IN COST	AMOUNT INCLUDED IN WKST. A, COL. 9	NET ADJUSTMENT		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	4.00	ADMINISTRATIVE AND GENERAL	2.00	667,836	793,363	125,527	1.00	
2.00	0.00		0.00	0	0	0	2.00	
3.00	0.00		0.00	0	0	0	3.00	
4.00	0.00		0.00	0	0	0	4.00	
5.00	0.00		0.00	0	0	0	5.00	
6.00	0.00		0.00	0	0	0	6.00	
7.00	0.00		0.00	0	0	0	7.00	
8.00	0.00		0.00	0	0	0	8.00	
9.00	0.00		0.00	0	0	0	9.00	
10.00	0.00		0.00	0	0	0	10.00	
100.00	TOTAL			667,836	793,363	-125,527	100.00	

PART II - INTERRELATIONSHIP BETWEEN RELATED ORGANIZATIONS AND / OR HOME OFFICE

INTERRELATIONSHIP INDICATOR	INTERRELATIONSHIP DESCRIPTION (IF COLUMN 1 = G)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATIONS				
				NAME	MEDICARE CCN OR HOME OFFICE #	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	B	PEACE CARE INC.	100.00	PEACE CARE OF ST. JOSEPHS		100.00	FACILITY	1.00
2.00	B	PEACE CARE INC.	100.00	PEACE CARE INC.		100.00	MANAGEMENT OF FACILITY	2.00
3.00			0.00			0.00		3.00
4.00			0.00			0.00		4.00
5.00			0.00			0.00		5.00
6.00			0.00			0.00		6.00
7.00			0.00			0.00		7.00
8.00			0.00			0.00		8.00
9.00			0.00			0.00		9.00
10.00			0.00			0.00		10.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period: 01/01/2025	Run Date Time: 5/11/2026 2:20
Provider CCN: 31-5452	To: 12/31/2025	MCRIF32 Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
	0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS									
1.00 CAPITAL RELATED-BUILDINGS & FIXTURES	962,352	962,352							1.00
2.00 CAPITAL RELATED-MOVABLE EQUIPMENT	85,399		85,399						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	1,831,462	0	0	1,831,462					3.00
4.00 ADMINISTRATIVE AND GENERAL	2,350,024	132,387	11,748	117,425	2,611,584	2,611,584			4.00
5.00 PLANT OP, MAINT. & REPAIRS	1,273,532	60,004	5,325	60,431	1,399,292	221,045	1,620,337		5.00
6.00 LAUNDRY AND LINEN SERVICE	201,872	13,496	1,198	32,703	249,269	39,377	28,401	317,047	6.00
7.00 HOUSEKEEPING	680,939	19,366	1,719	95,853	797,877	126,040	40,754	0	7.00
8.00 DIETARY	1,779,592	113,033	10,031	234,024	2,136,680	337,529	237,872	0	8.00
9.00 NURSING ADMINISTRATION	1,275,530	0	0	260,084	1,535,614	242,579	0	0	9.00
10.00 CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00 PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00 MEDICAL RECORDS	0	0	0	0	0	0	0	0	12.00
13.00 MEDICAL SOCIAL SERVICES	141,605	3,060	272	29,152	174,089	27,501	6,440	0	13.00
14.00 ACTIVITIES PROGRAM	277,230	60,606	5,378	54,050	397,264	62,755	127,541	0	14.00
15.00 QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00 TRAINING AND IN-SERVICE EDUCATION	32,546	0	0	0	32,546	5,141	0	0	16.00
17.00 PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
25.00 SKILLED NURSING FACILITY	6,266,907	550,002	48,805	946,283	7,811,997	1,234,050	1,157,448	317,047	25.00
26.00 NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00 ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS									
30.00 RADIOLOGY-DIAGNOSTIC	43,194	0	0	0	43,194	6,823	0	0	30.00
31.00 RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00 LABORATORY	31,286	0	0	0	31,286	4,942	0	0	32.00
33.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00 PHYSICAL THERAPY	625,595	6,321	561	0	632,477	99,912	13,303	0	35.00
36.00 OCCUPATIONAL THERAPY	555,874	0	0	0	555,874	87,811	0	0	36.00
37.00 SPEECH LANGUAGE PATHOLOGIST	239,936	0	0	0	239,936	37,902	0	0	37.00
38.00 AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00 DRUGS: DRUGS CHARGED TO PATIENTS	398,767	0	0	0	398,767	62,993	0	0	41.00
42.00 DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00 DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00 APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00 BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00 BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00 OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS									
60.00 SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00 OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00 PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00 OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00 OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
70.00 HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00 AMBULANCE	49,649	0	0	0	49,649	7,843	0	0	71.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:	5/11/2026 2:20
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	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	15,912	63	6	0	15,981	2,525	132	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	19,119,203	958,338	85,043	1,830,005	19,113,376	2,606,768	1,611,891	317,047	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	RESTRICTED EXPENSE	17,582	0	0	0	17,582	2,777	0	0	93.00
93.01	BARBER & BEAUTY	7,078	4,014	356	1,457	12,905	2,039	8,446	0	93.01
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	19,143,863	962,352	85,399	1,831,462	19,143,863	2,611,584	1,620,337	317,047	100.00

PEACE CARE ST. JOSEPHS (CUSACK)

Period:

Run Date Time: 5/11/2026 2:20

From: 01/01/2025

MCRIF32 2540-24

Provider CCN: 31-5452

To: 12/31/2025

Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS									
1.00 CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00 CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00 ADMINISTRATIVE AND GENERAL									4.00
5.00 PLANT OP, MAINT. & REPAIRS									5.00
6.00 LAUNDRY AND LINEN SERVICE									6.00
7.00 HOUSEKEEPING	964,671								7.00
8.00 DIETARY	147,931	2,860,012							8.00
9.00 NURSING ADMINISTRATION	0	0	1,778,193						9.00
10.00 CENTRAL SERVICES AND SUPPLY	0	0	0	0					10.00
11.00 PHARMACY	0	0	0	0	0				11.00
12.00 MEDICAL RECORDS	0	0	0	0	0	0			12.00
13.00 MEDICAL SOCIAL SERVICES	4,005	0	0	0	0	0	212,035		13.00
14.00 ACTIVITIES PROGRAM	79,317	0	0	0	0	0	0	666,877	14.00
15.00 QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00 TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00 PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
25.00 SKILLED NURSING FACILITY	719,810	2,860,012	1,778,193	0	0	0	212,035	666,877	25.00
26.00 NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00 ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS									
30.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00 RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00 LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00 PHYSICAL THERAPY	8,273	0	0	0	0	0	0	0	35.00
36.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	36.00
37.00 SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00 AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00 DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00 DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00 DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00 APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00 BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00 BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00 OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS									
60.00 SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00 OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00 PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00 OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00 OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
70.00 HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00 AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00 HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00 CORF	0	0	0	0	0	0	0	0	73.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:	5/11/2026 2:20
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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	82	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	959,418	2,860,012	1,778,193	0	0	0	212,035	666,877	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	RESTRICTED EXPENSE	0	0	0	0	0	0	0	0	93.00
93.01	BARBER & BEAUTY	5,253	0	0	0	0	0	0	0	93.01
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	964,671	2,860,012	1,778,193	0	0	0	212,035	666,877	100.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:	5/11/2026 2:20
Provider CCN: 31-5452	From: 01/01/2025	MCRIF32	2540-24
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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL	
		15.00	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES							1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE AND GENERAL							4.00
5.00	PLANT OP, MAINT. & REPAIRS							5.00
6.00	LAUNDRY AND LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	CENTRAL SERVICES AND SUPPLY							10.00
11.00	PHARMACY							11.00
12.00	MEDICAL RECORDS							12.00
13.00	MEDICAL SOCIAL SERVICES							13.00
14.00	ACTIVITIES PROGRAM							14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0						15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	37,687					16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	SKILLED NURSING FACILITY	0	37,687	0	16,795,156	0	16,795,156	25.00
26.00	NURSING FACILITY	0	0		0	0	0	26.00
27.00	ICF/IID	0	0		0	0	0	27.00
ANCILLARY SERVICE COST CENTERS								
30.00	RADIOLOGY-DIAGNOSTIC	0	0		50,017	0	50,017	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0	31.00
32.00	LABORATORY	0	0		36,228	0	36,228	32.00
33.00	INTRAVENOUS THERAPY	0	0		0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0		0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0		753,965	0	753,965	35.00
36.00	OCCUPATIONAL THERAPY	0	0		643,685	0	643,685	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		277,838	0	277,838	37.00
38.00	AUDIOLOGY	0	0		0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		461,760	0	461,760	41.00
42.00	DRUGS: IV SOLUTIONS	0	0		0	0	0	42.00
43.00	DENTAL CARE	0	0		0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	HOME HEALTH AGENCY	0	0		0	0	0	70.00
71.00	AMBULANCE	0	0	0	57,492	0	57,492	71.00
72.00	HOSPICE	0	0		0	0	0	72.00
73.00	CORF	0	0		0	0	0	73.00

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time: 5/11/2026 2:20
Provider CCN: 31-5452		From: 01/01/2025	MCRIF32 2540-24
		To: 12/31/2025	Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	19.00	20.00	21.00		
74.00	OPT	0	0		0	0	0		74.00
75.00	OOT	0	0		0	0	0		75.00
76.00	OSP	0	0		0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS									
80.00	PREVENTIVE VACCINES	0	0		18,720	0	18,720		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0		81.00
89.00	SUBTOTAL	0	37,687	0	19,094,861	0	19,094,861		89.00
NONREIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0		92.00
93.00	RESTRICTED EXPENSE	0	0		20,359	0	20,359		93.00
93.01	BARBER & BEAUTY	0	0		28,643	0	28,643		93.01
98.00	CROSS FOOT ADJUSTMENTS								98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0		99.00
100.00	TOTAL	0	37,687	0	19,143,863	0	19,143,863		100.00

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time:
Provider CCN: 31-5452		From: 01/01/2025	5/11/2026 2:20
		To: 12/31/2025	MCRIF32 2540-24
			Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
	0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS									
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0				3.00
4.00	ADMINISTRATIVE AND GENERAL	0	132,387	11,748	144,135	0	144,135		4.00
5.00	PLANT OP, MAINT. & REPAIRS	0	60,004	5,325	65,329	0	12,199	77,528	5.00
6.00	LAUNDRY AND LINEN SERVICE	0	13,496	1,198	14,694	0	2,173	1,359	18,226
7.00	HOUSEKEEPING	0	19,366	1,719	21,085	0	6,956	1,950	0
8.00	DIETARY	0	113,033	10,031	123,064	0	18,628	11,381	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0	13,387	0	0
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0	0	0
11.00	PHARMACY	0	0	0	0	0	0	0	0
12.00	MEDICAL RECORDS	0	0	0	0	0	0	0	0
13.00	MEDICAL SOCIAL SERVICES	0	3,060	272	3,332	0	1,518	308	0
14.00	ACTIVITIES PROGRAM	0	60,606	5,378	65,984	0	3,463	6,102	0
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	284	0	0
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS									
25.00	SKILLED NURSING FACILITY	0	550,002	48,805	598,807	0	68,111	55,381	18,226
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0
27.00	ICF/IID	0	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS									
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	377	0	0
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0
32.00	LABORATORY	0	0	0	0	0	273	0	0
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0
35.00	PHYSICAL THERAPY	0	6,321	561	6,882	0	5,514	637	0
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	4,846	0	0
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	2,092	0	0
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	3,476	0	0
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0
43.00	DENTAL CARE	0	0	0	0	0	0	0	0
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS									
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0
OUTPATIENT REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0
71.00	AMBULANCE	0	0	0	0	0	433	0	0

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time:
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			Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	63	6	69	0	139	6	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	0	958,338	85,043	1,043,381	0	143,869	77,124	18,226	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	RESTRICTED EXPENSE	0	0	0	0	0	153	0	0	93.00
93.01	BARBER & BEAUTY	0	4,014	356	4,370	0	113	404	0	93.01
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	962,352	85,399	1,047,751	0	144,135	77,528	18,226	100.00

PEACE CARE ST. JOSEPHS (CUSACK)

Period:

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From: 01/01/2025

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To: 12/31/2025

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	HOUSEKEEPING 7.00	DIETARY 8.00	NURSING ADMIN 9.00	CENTRAL SERVICES & SUPPLY 10.00	PHARMACY 11.00	MEDICAL RECORDS 12.00	MEDICAL SOCIAL SERVICES 13.00	ACTIVITIES PROGRAM 14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	29,991								7.00
8.00	DIETARY	4,599	157,672							8.00
9.00	NURSING ADMINISTRATION	0	0	13,387						9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	0					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	0			12.00
13.00	MEDICAL SOCIAL SERVICES	125	0	0	0	0	0	5,283		13.00
14.00	ACTIVITIES PROGRAM	2,466	0	0	0	0	0	0	78,015	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	22,378	157,672	13,387	0	0	0	5,283	78,015	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	257	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time:
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			Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	3	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	29,828	157,672	13,387	0	0	0	5,283	78,015	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	RESTRICTED EXPENSE	0	0	0	0	0	0	0	0	93.00
93.01	BARBER & BEAUTY	163	0	0	0	0	0	0	0	93.01
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	29,991	157,672	13,387	0	0	0	5,283	78,015	100.00

PEACE CARE ST. JOSEPHS (CUSACK)

Period:
From: 01/01/2025
To: 12/31/2025

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Provider CCN: 31-5452

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL	
		15.00	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES							1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE AND GENERAL							4.00
5.00	PLANT OP, MAINT. & REPAIRS							5.00
6.00	LAUNDRY AND LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	CENTRAL SERVICES AND SUPPLY							10.00
11.00	PHARMACY							11.00
12.00	MEDICAL RECORDS							12.00
13.00	MEDICAL SOCIAL SERVICES							13.00
14.00	ACTIVITIES PROGRAM							14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0						15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	284					16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	SKILLED NURSING FACILITY	0	284	0	1,017,544	0	1,017,544	25.00
26.00	NURSING FACILITY	0	0		0	0	0	26.00
27.00	ICF/IID	0	0		0	0	0	27.00
ANCILLARY SERVICE COST CENTERS								
30.00	RADIOLOGY-DIAGNOSTIC	0	0		377	0	377	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0	31.00
32.00	LABORATORY	0	0		273	0	273	32.00
33.00	INTRAVENOUS THERAPY	0	0		0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0		0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0		13,290	0	13,290	35.00
36.00	OCCUPATIONAL THERAPY	0	0		4,846	0	4,846	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		2,092	0	2,092	37.00
38.00	AUDIOLOGY	0	0		0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		3,476	0	3,476	41.00
42.00	DRUGS: IV SOLUTIONS	0	0		0	0	0	42.00
43.00	DENTAL CARE	0	0		0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	HOME HEALTH AGENCY	0	0		0	0	0	70.00
71.00	AMBULANCE	0	0	0	433	0	433	71.00
72.00	HOSPICE	0	0		0	0	0	72.00
73.00	CORF	0	0		0	0	0	73.00

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time:
Provider CCN: 31-5452		From: 01/01/2025	5/11/2026 2:20
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	19.00	20.00	21.00		
74.00	OPT	0	0		0	0	0		74.00
75.00	OOT	0	0		0	0	0		75.00
76.00	OSP	0	0		0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS									
80.00	PREVENTIVE VACCINES	0	0		217	0	217		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0		81.00
89.00	SUBTOTAL	0	284	0	1,042,548	0	1,042,548		89.00
NONREIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0		92.00
93.00	RESTRICTED EXPENSE	0	0		153	0	153		93.00
93.01	BARBER & BEAUTY	0	0		5,050	0	5,050		93.01
98.00	CROSS FOOT ADJUSTMENTS								98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0		99.00
100.00	TOTAL	0	284	0	1,047,751	0	1,047,751		100.00

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time:
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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS									
1.00 CAPITAL RELATED-BUILDINGS & FIXTURES	76,727								1.00
2.00 CAPITAL RELATED-MOVABLE EQUIPMENT		76,727							2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	8,896,162						3.00
4.00 ADMINISTRATIVE AND GENERAL	10,555	10,555	570,381	-2,611,584	16,532,279				4.00
5.00 PLANT OP, MAINT. & REPAIRS	4,784	4,784	293,539	0	1,399,292	61,388			5.00
6.00 LAUNDRY AND LINEN SERVICE	1,076	1,076	158,852	0	249,269	1,076	40,072		6.00
7.00 HOUSEKEEPING	1,544	1,544	465,595	0	797,877	1,544	0	58,768	7.00
8.00 DIETARY	9,012	9,012	1,136,753	0	2,136,680	9,012	0	9,012	8.00
9.00 NURSING ADMINISTRATION	0	0	1,263,337	0	1,535,614	0	0	0	9.00
10.00 CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0	0	0	10.00
11.00 PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00 MEDICAL RECORDS	0	0	0	0	0	0	0	0	12.00
13.00 MEDICAL SOCIAL SERVICES	244	244	141,605	0	174,089	244	0	244	13.00
14.00 ACTIVITIES PROGRAM	4,832	4,832	262,542	0	397,264	4,832	0	4,832	14.00
15.00 QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00 TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	32,546	0	0	0	16.00
17.00 PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
25.00 SKILLED NURSING FACILITY	43,851	43,851	4,596,480	0	7,811,997	43,851	40,072	43,851	25.00
26.00 NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00 ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS									
30.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	43,194	0	0	0	30.00
31.00 RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00 LABORATORY	0	0	0	0	31,286	0	0	0	32.00
33.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00 PHYSICAL THERAPY	504	504	0	0	632,477	504	0	504	35.00
36.00 OCCUPATIONAL THERAPY	0	0	0	0	555,874	0	0	0	36.00
37.00 SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	239,936	0	0	0	37.00
38.00 AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00 DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	398,767	0	0	0	41.00
42.00 DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00 DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00 APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00 BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00 BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00 OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS									
60.00 SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00 OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00 PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00 OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00 OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
70.00 HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:
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		2.7.181.0

COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
71.00	AMBULANCE	0	0	0	0	49,649	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	5	5	0	0	15,981	5	0	5	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	76,407	76,407	8,889,084	-2,611,584	16,501,792	61,068	40,072	58,448	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	RESTRICTED EXPENSE	0	0	0	0	17,582	0	0	0	93.00
93.01	BARBER & BEAUTY	320	320	7,078	0	12,905	320	0	320	93.01
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	962,352	85,399	1,831,462		2,611,584	1,620,337	317,047	964,671	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	12.542547	1.113024	0.205871		0.157969	26.395012	7.911934	16.414903	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II			0		144,135	77,528	18,226	29,991	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II			0.000000		0.008718	1.262918	0.454831	0.510329	105.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period: From: 01/01/2025 To: 12/31/2025	Run Date Time: 5/11/2026 2:20 MCRIF32 Version: 2.7.181.0
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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMIN (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (TIME SPENT)	MEDICAL SOCIAL SERVICES (TIME SPENT)	ACTIVITIES PROGRAM (TIME SPENT)	QUALITY & PERFORM IMPROV PGM (TIME SPENT)	
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS									
1.00 CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00 CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00 ADMINISTRATIVE AND GENERAL									4.00
5.00 PLANT OP, MAINT. & REPAIRS									5.00
6.00 LAUNDRY AND LINEN SERVICE									6.00
7.00 HOUSEKEEPING									7.00
8.00 DIETARY	120,216								8.00
9.00 NURSING ADMINISTRATION	0	184,049							9.00
10.00 CENTRAL SERVICES AND SUPPLY	0	0	807,389						10.00
11.00 PHARMACY	0	0	0	0					11.00
12.00 MEDICAL RECORDS	0	0	0	0	40,072				12.00
13.00 MEDICAL SOCIAL SERVICES	0	0	0	0	0	40,072			13.00
14.00 ACTIVITIES PROGRAM	0	0	0	0	0	0	40,072		14.00
15.00 QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	40,072	15.00
16.00 TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00 PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
25.00 SKILLED NURSING FACILITY	120,216	184,049	392,710	0	40,072	40,072	40,072	40,072	25.00
26.00 NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00 ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS									
30.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00 RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00 LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	0	35.00
36.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	36.00
37.00 SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00 AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00 DRUGS: DRUGS CHARGED TO PATIENTS	0	0	398,767	0	0	0	0	0	41.00
42.00 DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00 DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00 APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00 BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00 BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00 OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS									
60.00 SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00 OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00 PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00 OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00 OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
70.00 HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00 AMBULANCE	0	0	0	0	0	0	0	0	71.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period: From: 01/01/2025 To: 12/31/2025	Run Date Time: 5/11/2026 2:20 MCRIF32 Version: 2.7.181.0
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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMIN (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (TIME SPENT)	MEDICAL SOCIAL SERVICES (TIME SPENT)	ACTIVITIES PROGRAM (TIME SPENT)	QUALITY & PERFORM IMPROV PGM (TIME SPENT)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	15,912	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	120,216	184,049	807,389	0	40,072	40,072	40,072	40,072	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	RESTRICTED EXPENSE	0	0	0	0	0	0	0	0	93.00
93.01	BARBER & BEAUTY	0	0	0	0	0	0	0	0	93.01
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	2,860,012	1,778,193	0	0	0	212,035	666,877	0	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	23.790610	9.661519	0.000000	0.000000	0.000000	5.291351	16.641969	0.000000	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	157,672	13,387	0	0	0	5,283	78,015	0	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	1.311573	0.072736	0.000000	0.000000	0.000000	0.131838	1.946871	0.000000	105.00

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time:
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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (TIME SPENT)	PATIENT TRANSPORT PART A (USAGE)	
		16.00	17.00	
GENERAL SERVICE COST CENTERS				
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES			1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT			3.00
4.00	ADMINISTRATIVE AND GENERAL			4.00
5.00	PLANT OP, MAINT. & REPAIRS			5.00
6.00	LAUNDRY AND LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES AND SUPPLY			10.00
11.00	PHARMACY			11.00
12.00	MEDICAL RECORDS			12.00
13.00	MEDICAL SOCIAL SERVICES			13.00
14.00	ACTIVITIES PROGRAM			14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM			15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	40,072		16.00
17.00	PATIENT TRANSPORTATION PART A	0	100	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
25.00	SKILLED NURSING FACILITY	40,072	100	25.00
26.00	NURSING FACILITY	0		26.00
27.00	ICF/IID	0		27.00
ANCILLARY SERVICE COST CENTERS				
30.00	RADIOLOGY-DIAGNOSTIC	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0		31.00
32.00	LABORATORY	0		32.00
33.00	INTRAVENOUS THERAPY	0		33.00
34.00	RESPIRATORY THERAPY	0		34.00
35.00	PHYSICAL THERAPY	0		35.00
36.00	OCCUPATIONAL THERAPY	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0		37.00
38.00	AUDIOLOGY	0		38.00
39.00	ELECTROCARDIOLOGY	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0		41.00
42.00	DRUGS: IV SOLUTIONS	0		42.00
43.00	DENTAL CARE	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0		47.00
OUTPATIENT SERVICE COST CENTERS				
60.00	SCREENING & PREVENTIVE SERVICES	0		60.00
61.00	OUTPATIENT LABORATORY	0		61.00
62.00	PORTABLE X-RAY SERVICES	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS				
70.00	HOME HEALTH AGENCY	0		70.00
71.00	AMBULANCE	0	0	71.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period: 01/01/2025	Run Date Time: 5/11/2026 2:20
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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (TIME SPENT)	PATIENT TRANSPORT PART A (USAGE)	
		16.00	17.00	
72.00	HOSPICE	0		72.00
73.00	CORF	0		73.00
74.00	OPT	0		74.00
75.00	OOT	0		75.00
76.00	OSP	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0		77.00
COST REIMBURSED SERVICES COST CENTERS				
80.00	PREVENTIVE VACCINES	0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0		81.00
89.00	SUBTOTAL	40,072	100	89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		90.00
91.00	NONPAID WORKERS	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0		92.00
93.00	RESTRICTED EXPENSE	0		93.00
93.01	BARBER & BEAUTY	0		93.01
98.00	CROSS FOOT ADJUSTMENT			98.00
99.00	NEGATIVE COST CENTER			99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	37,687	0	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	0.940482	0.000000	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	284	0	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.007087	0.000000	105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

	Cost Center Description	CHARGES				COST TO CHARGE RATIO	
		TOTAL COST 1.00	TOTAL CHARGES 2.00	RECLASS- IFICATIONS 3.00	RECLASSIFIED CHARGES 4.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
25.00	SKILLED NURSING FACILITY	16,795,156	24,223,464	0	24,223,464		25.00
26.00	NURSING FACILITY	0	0	0	0		26.00
27.00	ICF/IID	0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS							
30.00	RADIOLOGY-DIAGNOSTIC	50,017	57,555	0	57,555	0.869030	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0.000000	31.00
32.00	LABORATORY	36,228	223	0	223	162.457399	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0.000000	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0.000000	34.00
35.00	PHYSICAL THERAPY	753,965	1,305,403	0	1,305,403	0.577573	35.00
36.00	OCCUPATIONAL THERAPY	643,685	991,619	0	991,619	0.649125	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	277,838	222,144	0	222,144	1.250711	37.00
38.00	AUDIOLOGY	0	0	0	0	0.000000	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0.000000	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	461,760	73,913	0	73,913	6.247345	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0.000000	42.00
43.00	DENTAL CARE	0	0	0	0	0.000000	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0.000000	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0.000000	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0.000000	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0.000000	47.00
OUTPATIENT SERVICE COST CENTERS							
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0.000000	64.00
OUTPATIENT REIMBURSABLE COST CENTERS							
71.00	AMBULANCE	57,492	0	0	0	0.000000	71.00
COST REIMBURSED SERVICES COST CENTERS							
80.00	PREVENTIVE VACCINES	18,720	12,590	0	12,590	1.486894	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0.000000	81.00
100.00	Total	19,094,861	26,886,911	0	26,886,911		100.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:
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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D

Title XVIII Skilled Nursing Facility

	RATIO OF COST TO CHARGES	HEALTHCARE CHARGES			HEALTHCARE COSTS			
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS								
30.00	RADIOLOGY-DIAGNOSTIC	0.869030	0	0		0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0.000000	0	0		0	0	31.00
32.00	LABORATORY	162.457399	0	0		0	0	32.00
33.00	INTRAVENOUS THERAPY	0.000000	0	0		0	0	33.00
34.00	RESPIRATORY THERAPY	0.000000	0	0		0	0	34.00
35.00	PHYSICAL THERAPY	0.577573	415,810	0		240,161	0	35.00
36.00	OCCUPATIONAL THERAPY	0.649125	415,623	0		269,791	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	1.250711	105,437	0		131,871	0	37.00
38.00	AUDIOLOGY	0.000000	0	0		0	0	38.00
39.00	ELECTROCARDIOLOGY	0.000000	0	0		0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0		0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	6.247345	56,173	0		350,932	0	41.00
42.00	DRUGS: IV SOLUTIONS	0.000000	0	0		0	0	42.00
43.00	DENTAL CARE	0.000000	0	0		0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0.000000	0	0		0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0.000000	0	0		0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0.000000	0	0		0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0.000000	0	0		0	0	47.00
OUTPATIENT SERVICE COST CENTERS								
64.00	OTHER OUTPATIENT SERVICE COST	0.000000	0	0		0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
71.00	AMBULANCE	0.000000	0	0		0	0	71.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	PREVENTIVE VACCINES	1.486894			0			80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0.000000	0	0		0	0	81.00
100.00	Total		993,043	0	0	992,755	0	100.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period: 01/01/2025	Run Date Time: 5/11/2026 2:20
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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Title XVIII Skilled Nursing Facility

		1.00	
INPATIENT DAYS			
1.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	40,072	1.00
2.00	PRIVATE ROOM DAYS	0	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	5,369	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,795,156	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	24,223,464	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.693342	7.00
8.00	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	8.00
9.00	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00	9.00
10.00	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	10.00
11.00	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00	11.00
12.00	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00	12.00
13.00	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00	13.00
14.00	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0	14.00
15.00	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	16,795,156	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	419.12	16.00
17.00	PROGRAM ROUTINE SERVICE COST	2,250,255	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,250,255	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,017,544	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	25.39	21.00
22.00	PROGRAM CAPITAL RELATED COST	136,319	22.00
23.00	INPATIENT ROUTINE SERVICE COST	2,113,936	23.00
24.00	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0	24.00
25.00	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,113,936	25.00
26.00	ENTER THE PER DIEM LIMITATION		26.00
27.00	INPATIENT ROUTINE SERVICE COST LIMITATION		27.00
28.00	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS		28.00

PEACE CARE ST. JOSEPHS (CUSACK)	Period:	Run Date Time:	5/11/2026 2:20
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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A

**Worksheet E
Part A**

Title XVIII Skilled Nursing Facility

		1.00	
1.00	INPATIENT PPS AMOUNT	4,361,759	1.00
2.00	ALLOWABLE BAD DEBTS	348,682	2.00
3.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	147,488	3.00
4.00	REIMBURSABLE BAD DEBTS	226,643	4.00
5.00	TOTAL REIMBURSABLE COST	4,588,402	5.00
6.00	PRIMARY PAYER AMOUNTS	0	6.00
7.00	COINSURANCE	602,578	7.00
8.00	OTHER ADJUSTMENTS (SPECIFY)	0	8.00
9.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	9.00
10.00	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	4,533	10.00
11.00	SEQUESTRATION AMOUNT	73,709	11.00
12.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	12.00
13.00	NET REIMBURSABLE COST	3,907,582	13.00
14.00	INTERIM PAYMENTS	3,841,800	14.00
15.00	TENTATIVE ADJUSTMENT	0	15.00
16.00	BALANCE DUE PROVIDER/PROGRAM	65,782	16.00
17.00	PROTESTED AMOUNTS	0	17.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES

Worksheet E-1

		Title XVIII		Skilled Nursing Facility			
		PART A		PART B			
		DATE	AMOUNT	DATE	AMOUNT		
		1.00	2.00	3.00	4.00		
1.00	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,855,696			0	1.00
2.00	INTERIM PAYMENTS PAYABLE		0			0	2.00
3.00	RETROACTIVE LUMP SUM ADJUSTMENTS						3.00
PROGRAM TO PROVIDER							
3.01	ADJUSTMENT TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
PROVIDER TO PROGRAM							
3.50	ADJUSTMENT TO PROGRAM	12/17/2025	13,896			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	SUBTOTAL		-13,896			0	3.99
4.00	TOTAL INTERIM PAYMENTS		3,841,800			0	4.00
5.00	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS						5.00
PROGRAM TO PROVIDER							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
PROVIDER TO PROGRAM							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	SUBTOTAL		0			0	5.99
6.00	CONTRACTOR: NET SETTLEMENT AMOUNT						6.00
6.01	PROGRAM TO PROVIDER		65,782			0	6.01
6.02	PROVIDER TO PROGRAM		0			0	6.02
7.00	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		3,907,582			0	7.00
		NAME OF CONTRACTOR	CONTRACTOR NUMBER		DATE OF NPR		
8.00		1.00	2.00	3.00			

PEACE CARE ST. JOSEPHS (CUSACK)		Period:	Run Date Time:	5/11/2026 2:20
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CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER

Worksheet E-2

Title XIX Skilled Nursing Facility

		1.00	
COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	INPATIENT ANCILLARY SERVICES	0	1.00
2.00	OUTPATIENT SERVICES	0	2.00
3.00	INPATIENT ROUTINE SERVICES	0	3.00
4.00	COST OF COVERED SERVICES	0	4.00
5.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	5.00
6.00	SUBTOTAL	0	6.00
7.00	PRIMARY PAYER AMOUNTS	0	7.00
8.00	TOTAL REASONABLE COST	0	8.00
REASONABLE CHARGES			
9.00	INPATIENT ANCILLARY SERVICES CHARGES	0	9.00
10.00	OUTPATIENT SERVICES CHARGES	0	10.00
11.00	INPATIENT ROUTINE SERVICES CHARGES	0	11.00
12.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	12.00
13.00	TOTAL REASONABLE CHARGES	0	13.00
CUSTOMARY CHARGES			
14.00	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0	14.00
15.00	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	0	15.00
16.00	RATIO OF LINE 14 TO LINE 15 (NOT TO EXCEED 1.000000)	0.000000	16.00
17.00	TOTAL CUSTOMARY CHARGES	0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18.00	COST OF COVERED SERVICES	0	18.00
19.00	COST SHARING	0	19.00
20.00	SUBTOTAL	0	20.00
21.00	ALLOWABLE BAD DEBTS	0	21.00
22.00	SUBTOTAL	0	22.00
23.00	OTHER ADJUSTMENTS (SPECIFY)	0	23.00
24.00	SUBTOTAL	0	24.00
25.00	INTERIM PAYMENTS	0	25.00
26.00	BALANCE DUE PROVIDER/PROGRAM (INDICATE OVERPAYMENT IN PARENTHESES)	0	26.00

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BALANCE SHEET

Worksheet G

		1.00	
ASSETS			
CURRENT ASSETS			
1.00	CASH ON HAND AND IN BANKS	447,940	1.00
2.00	TEMPORARY INVESTMENTS	0	2.00
3.00	NOTES RECEIVABLE	0	3.00
4.00	ACCOUNTS RECEIVABLE	2,048,190	4.00
5.00	OTHER RECEIVABLES	2,340	5.00
6.00	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	408,708	6.00
7.00	INVENTORY	0	7.00
8.00	PREPAID EXPENSES	231,118	8.00
9.00	OTHER CURRENT ASSETS	31,898	9.00
10.00	DUE FROM OTHER FUNDS	681,087	10.00
11.00	TOTAL CURRENT ASSETS)	3,033,865	11.00
FIXED ASSETS			
12.00	LAND	2,281,004	12.00
13.00	LAND IMPROVEMENTS	691,620	13.00
14.00	LESS: ACCUMULATED DEPRECIATION	571,871	14.00
15.00	BUILDINGS	30,988,062	15.00
16.00	LESS: ACCUMULATED DEPRECIATION	21,250,118	16.00
17.00	LEASEHOLD IMPROVEMENTS	0	17.00
18.00	LESS: ACCUMULATED AMORTIZATION	0	18.00
19.00	FIXED EQUIPMENT	0	19.00
20.00	LESS: ACCUMULATED DEPRECIATION	0	20.00
21.00	AUTOMOBILES AND TRUCKS	92,557	21.00
22.00	LESS: ACCUMULATED DEPRECIATION	0	22.00
23.00	MAJOR MOVABLE EQUIPMENT	4,851,984	23.00
24.00	LESS: ACCUMULATED DEPRECIATION	4,670,284	24.00
25.00	MINOR EQUIPMENT - DEPRECIABLE	0	25.00
26.00	MINOR EQUIPMENT NONDEPRECIABLE	0	26.00
27.00	OTHER FIXED ASSETS	0	27.00
28.00	TOTAL FIXED ASSETS	12,412,954	28.00
OTHER ASSETS			
29.00	INVESTMENTS	0	29.00
30.00	DEPOSITS ON LEASES	0	30.00
31.00	DUE FROM OWNERS/OFFICERS	-3,760,569	31.00
32.00	OTHER ASSETS	3,406,310	32.00
33.00	TOTAL OTHER ASSETS	-354,259	33.00
34.00	TOTAL ASSETS	15,092,560	34.00
LIABILITIES			
CURRENT LIABILITIES			
35.00	ACCOUNTS PAYABLE	928,507	35.00
36.00	SALARIES, WAGES, AND FEES PAYABLE	2,365,021	36.00
37.00	PAYROLL TAXES PAYABLE	34,052	37.00
38.00	NOTES & LOANS PAYABLE (SHORT TERM)	0	38.00
39.00	DEFERRED INCOME	0	39.00
40.00	ACCELERATED PAYMENTS	0	40.00
41.00	DUE TO OTHER FUNDS	0	41.00
42.00	OTHER CURRENT LIABILITIES	1,086,882	42.00
43.00	TOTAL CURRENT LIABILITIES	4,414,462	43.00
LONG TERM LIABILITIES			
44.00	MORTGAGE PAYABLE	0	44.00
45.00	NOTES PAYABLE	0	45.00
46.00	UNSECURED LOANS	0	46.00
47.00	LOANS FROM OWNERS	0	47.00
48.00	OTHER LONG TERM LIABILITIES	733,164	48.00
49.00	TOTAL LONG TERM LIABILITIES	733,164	49.00
50.00	TOTAL LIABILITIES	5,147,626	50.00
CAPITAL ACCOUNTS			
51.00	FUND BALANCE	9,944,934	51.00
52.00	TOTAL LIABILITIES AND FUND BALANCES	15,092,560	52.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

PART I - PATIENT REVENUES													
		INPATIENT					OUTPATIENT						
		MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
GENERAL INPATIENT ROUTINE CARE SERVICES													
1.00	SKILLED NURSING FACILITY	4,058,509	3,015,175	2,665,896	11,679,697	2,804,187						24,223,464	1.00
2.00	NURSING FACILITY	0	0	0	0	0						0	2.00
3.00	ICF/IID	0	0	0	0	0						0	3.00
4.00	TOTAL GENERAL INPATIENT CARE SERVICES	4,058,509	3,015,175	2,665,896	11,679,697	2,804,187						24,223,464	4.00
ALL OTHER SERVICES													
5.00	ANCILLARY SERVICES	1,270,988	575,260	12,454	0	648,970	155,908	0	0	0	0	2,663,580	5.00
6.00	HOME HEALTH AGENCY						0	0	0	0	0	0	6.00
7.00	AMBULANCE		0	0	0	0	0	0	0	0	0	0	7.00
8.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	8.00
9.00	ALL OTHER REVENUES	0	0	0	0	0	0	0	0	0	0	0	9.00
10.00	TOTAL PATIENT REVENUES	5,329,497	3,590,435	2,678,350	11,679,697	3,453,157	155,908	0	0	0	0	26,887,044	10.00
PART II - OPERATING EXPENSES													
		TOTAL											
		1.00											
11.00	OPERATING EXPENSES	19,340,957										11.00	
12.00	ADD (SPECIFY)	0										12.00	
13.00	TOTAL ADDITIONS	0										13.00	
14.00	DEDUCT (SPECIFY)	0										14.00	
15.00	TOTAL DEDUCTIONS	0										15.00	
16.00	TOTAL OPERATING EXPENSES	19,340,957										16.00	

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STATEMENT OF REVENUES AND EXPENSES

Worksheet G-3

		1.00	
INCOME FROM SERVICES TO PATIENTS			
1.00	TOTAL PATIENT REVENUES	26,887,044	1.00
2.00	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	10,209,061	2.00
3.00	NET PATIENT REVENUES	16,677,983	3.00
4.00	LESS: TOTAL OPERATING EXPENSES	19,340,957	4.00
5.00	NET INCOME FROM SERVICES TO PATIENTS	-2,662,974	5.00
OTHER INCOME			
6.00	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	567,343	6.00
7.00	INCOME FROM INVESTMENTS	78,050	7.00
8.00	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	0	8.00
9.00	REVENUE FROM TELEVISION AND RADIO SERVICES	0	9.00
10.00	PURCHASE DISCOUNTS	0	10.00
11.00	REBATES AND REFUNDS OF EXPENSES	0	11.00
12.00	PARKING LOT RECEIPTS	0	12.00
13.00	REVENUE FROM LAUNDRY AND LINEN SERVICE	0	13.00
14.00	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	0	14.00
15.00	REVENUE FROM RENTAL OF LIVING QUARTERS	0	15.00
16.00	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	0	16.00
17.00	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	0	17.00
18.00	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	0	18.00
19.00	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	0	19.00
20.00	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	0	20.00
21.00	RENTAL OF VENDING MACHINES	3,296	21.00
22.00	RENTAL OF SKILLED NURSING SPACE	0	22.00
23.00	GOVERNMENTAL APPROPRIATIONS	0	23.00
24.00	NON PATIENT REVENUE	413,045	24.00
25.00	PHE FUNDING	0	25.00
26.00	TOTAL OTHER INCOME	1,061,734	26.00
27.00	TOTAL INCOME	-1,601,240	27.00
EXPENSES			
28.00	OTHER EXPENSES (SPECIFY)	0	28.00
29.00		0	29.00
30.00		0	30.00
31.00	TOTAL OTHER EXPENSES	0	31.00
32.00	NET INCOME (LOSS) FOR THE PERIOD	-1,601,240	32.00