

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

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

TOTAL REHAB AT MOORESTOWN

Period:

From: 01/08/2024

To: 12/31/2024

Run Date Time: 5/28/2025 4:11 pm

MCRIF32

Version: 11.1.179.1

Provider CCN: 315517



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

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only:	1. ☒ Electronically prepared cost report	Date:	Time:
	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 use only:	4. ☐ Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	5. Date Received:	6. Contractor No.: _____
			7. ☐ First Cost Report for this Provider CCN
			8. ☐ Last Cost Report for this Provider CCN
			9. NPR Date: _____
			10. If line 4, column 1 is "4": Enter number of times reopened <u>0</u>
			11. Contractor Vendor Code: <u>4</u>
			12. ☐ Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TOTAL REHAB AT MOORESTOWN, 315517 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/08/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	Part A	Part B	Title XIX
		1.00	2.00	3.00	4.00
1.00	SKILLED NURSING FACILITY	0	1,022,115	7,735	0
2.00	NURSING FACILITY	0			0
3.00	ICF/IID				0
4.00	SNF - BASED HHA I	0	0	0	4.00
5.00	SNF - BASED RHC I	0		0	5.00
6.00	SNF - BASED FQHC I	0		0	6.00
7.00	SNF - BASED CMHC I	0		0	7.00
100.00	TOTAL	0	1,022,115	7,735	0

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

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

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



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

Worksheet S-2
Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:									
1.00	Street:	200 MARTER AVENUE	P.O. Box:						1.00
2.00	City:	MOORESTOWN	State:	NJ	ZIP Code:	15804			2.00
3.00	County:	BURLINGTON	CBSA Code:	15804	Urban / Rural:	U			3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)								3.01
SNF and SNF-Based Component Identification:									
	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00		
4.00	SNF	TOTAL REHAB AT MOORESTOWN	315517	11/10/2014	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
			From:	To:					
			1.00	2.00					
14.00	Cost Reporting Period (mm/dd/yyyy)	01/08/2024			12/31/2024			14.00	
15.00	Type of Control (See Instructions)	6 - Proprietary, Other			LLC			15.00	
							Y/N		
							1.00		
Type of Freestanding Skilled Nursing Facility									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	18.00
Miscellaneous Cost Reporting Information									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.									
20.00	Straight Line							22,372	20.00
21.00	Declining Balance							0	21.00
22.00	Sum of the Year's Digits							0	22.00
23.00	Sum of line 20 through 22							22,372	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	28.00
			Part A	Part B	Other				
			1.00	2.00	3.00				
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.									
29.00	Skilled Nursing Facility				N	N		29.00	
30.00	Nursing Facility						N	30.00	
31.00	ICF/IID							31.00	
32.00	SNF-Based HHA				N	N		32.00	
33.00	SNF-Based RHC							33.00	
34.00	SNF-Based FQHC							34.00	
35.00	SNF-Based CMHC					N		35.00	
36.00	SNF-Based OLTC							36.00	
					Y/N				
					1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)							Y	37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)							N	38.00

TOTAL REHAB AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:11 pm	
Provider CCN: 315517	From: 01/08/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

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

Worksheet S-2
Part I
PPS

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

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm	
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.1	

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

Worksheet S-2
Part II
PPS

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)							
Completed by All Skilled Nursing Facilities							
Provider Organization and Operation							
		Y/N	Date				
		1.00	2.00				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	Y	01/08/2024	1.00			
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions)	Y	A	06/15/2025			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N				6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N					7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N					8.00
		Y/N					
		1.00	2.00				
Bad Debts							
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y				9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N				10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N				11.00
Bed Complement							
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N				12.00
		Description	Y/N	Date	Y/N	Date	
		0	1.00	2.00	3.00	4.00	
PS&R Data							
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	04/10/2025	Y	04/10/2025		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N			14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N			15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N			16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N			17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N			18.00
		1.00	2.00	3.00			
Cost Report Preparer Contact Information							
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KITTY	BLISSIT	PREPARER			19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES					20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	KITTY.BLISSIT@HCRNJ.NET				21.00

TOTAL REHAB AT MOORESTOWN

Provider CCN: 315517

Period:

From: 01/08/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:11 pm

2540-10

11.1.179.1



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

Worksheet S-3
Part I
PPS

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					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	11.00	12.00	
1.00	SKILLED NURSING FACILITY	124	44,516	0	29,167	2	15,128	44,297	0	880	1	811	1,692	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	124	44,516	0	29,167	2	15,128	44,297	0	880	1	811	1,692	8.00
	Component	Average Length of Stay				Admissions				Full Time Equivalent				
		Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	33.14	2.00	26.18	0	924	1	777	1,702	182.10	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00		2.00
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00		5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	0.00	33.14	2.00	26.18	0	924	1	777	1,702	182.10	0.00		8.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



SNF WAGE INDEX INFORMATION

Worksheet S-3
Part II
 PPS

PART II - DIRECT SALARIES							
		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALARIES							
1.00	Total salaries (See Instructions)	9,357,341	0	9,357,341	372,820.00	25.10	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	9,357,341	0	9,357,341	372,820.00	25.10	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	9,357,341	0	9,357,341	372,820.00	25.10	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	2,796,769	0	2,796,769	39,875.00	70.14	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	1,458,235	0	1,458,235			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	1,458,235	0	1,458,235			22.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS
PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	778,883	0	778,883	16,938.00	45.98	2.00
3.00	Plant Operation, Maintenance & Repairs	61,716	0	61,716	2,107.00	29.29	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	450,338	0	450,338	24,639.00	18.28	5.00
6.00	Dietary	0	0	0	0.00	0.00	6.00
7.00	Nursing Administration	1,330,153	0	1,330,153	24,961.00	53.29	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	42,834	0	42,834	2,064.00	20.75	10.00
11.00	Social Service	140,293	0	140,293	3,705.00	37.87	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	215,326	0	215,326	10,453.00	20.60	13.00
14.00	Total (sum lines 1 thru 13)	3,019,543	0	3,019,543	84,867.00	35.58	14.00

TOTAL REHAB AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517	From: 01/08/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS

PART IV - WAGE RELATED COSTS			
		Amount Reported	
		1.00	
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,907	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	139,519	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	239	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	347,818	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	699,172	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	269,580	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	1,458,235	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	1,356,976	211,470	1,568,446	38,691.00	40.54	1.00
2.00	Licensed Practical Nurses (LPNs)	2,677,152	417,205	3,094,357	117,409.00	26.36	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,303,670	359,002	2,662,672	131,855.00	20.19	3.00
4.00	Total Nursing (sum of lines 1 through 3)	6,337,798	987,677	7,325,475	287,955.00	25.44	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	967		967	12.00	80.58	14.00
15.00	Licensed Practical Nurses (LPNs)	31,409		31,409	486.00	64.63	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	45,286		45,286	1,117.00	40.54	16.00
17.00	Total Nursing (sum of lines 14 through 16)	77,662		77,662	1,615.00	48.09	17.00
18.00	Physical Therapists	848,702		848,702	10,791.00	78.65	18.00
19.00	Physical Therapy Assistants	508,279		508,279	6,463.00	78.64	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	545,618		545,618	8,425.00	64.76	21.00
22.00	Occupational Therapy Assistants	809,847		809,847	12,504.00	64.77	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	6,661		6,661	77.00	86.51	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

TOTAL REHAB AT MOORESTOWN

Provider CCN: 315517

Period:

From: 01/08/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:11 pm

2540-10

11.1.179.1



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

TOTAL REHAB AT MOORESTOWN			Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517			From: 01/08/2024	MCRIF32	2540-10
			To: 12/31/2024	Version:	11.1.179.1



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		8,794,219	8,794,219	0	8,794,219	0	8,794,219	1.00
3.00	00300	EMPLOYEE BENEFITS	0	1,496,418	1,496,418	0	1,496,418	0	1,496,418	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	778,883	4,204,984	4,983,867	0	4,983,867	-1,144,223	3,839,644	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	61,716	620,041	681,757	0	681,757	0	681,757	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	15,445	15,445	0	15,445	0	15,445	6.00
7.00	00700	HOUSEKEEPING	450,338	66,027	516,365	0	516,365	0	516,365	7.00
8.00	00800	DIETARY	0	1,216,800	1,216,800	0	1,216,800	0	1,216,800	8.00
9.00	00900	NURSING ADMINISTRATION	1,330,153	231,875	1,562,028	0	1,562,028	-32,462	1,529,566	9.00
10.00	01000	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	42,834	0	42,834	0	42,834	0	42,834	12.00
13.00	01300	SOCIAL SERVICE	140,293	0	140,293	0	140,293	0	140,293	13.00
15.00	01500	PATIENT ACTIVITIES	215,326	42,234	257,560	0	257,560	0	257,560	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	6,337,798	480,366	6,818,164	0	6,818,164	0	6,818,164	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	65	65	0	65	0	65	40.00
41.00	04100	LABORATORY	0	559,411	559,411	0	559,411	0	559,411	41.00
42.00	04200	INTRAVENOUS THERAPY	0	236,937	236,937	0	236,937	0	236,937	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	7,126	7,126	0	7,126	0	7,126	43.00
44.00	04400	PHYSICAL THERAPY	0	1,102,649	1,102,649	0	1,102,649	0	1,102,649	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	1,331,951	1,331,951	0	1,331,951	0	1,331,951	45.00
46.00	04600	SPEECH PATHOLOGY	0	229,187	229,187	0	229,187	0	229,187	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	964,968	964,968	0	964,968	0	964,968	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	07100	AMBULANCE	0	253,512	253,512	0	253,512	0	253,512	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		0	0	0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	9,357,341	21,854,215	31,211,556	0	31,211,556	-1,176,685	30,034,871	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	0	0	94.00
100.00		TOTAL	9,357,341	21,854,215	31,211,556	0	31,211,556	-1,176,685	30,034,871	100.00

TOTAL REHAB AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517	From: 01/08/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.1



RECLASSIFICATIONS

Worksheet A-6

PPS

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

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	21,285	165,484	0	165,484	0	186,769	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	5,231	88,511	0	88,511	0	93,742	0	6.00
7.00	Subtotal (sum of lines 1-6)	26,516	253,995	0	253,995	0	280,511	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	26,516	253,995	0	253,995	0	280,511	0	9.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	
Provider CCN: 315517		From: 01/08/2024	5/28/2025 3:11 pm	
		To: 12/31/2024	MCRIF32 Version: 11.1.179.1	

ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.
		1.00	2.00	3.00	4.00
1.00	Investment income on restricted funds (chapter 2)	B	-6,368	ADMINISTRATIVE & GENERAL	4.00 1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00 3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00 4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 5.00
6.00	Television and radio service (chapter 21)		0		0.00 6.00
7.00	Parking lot (chapter 21)		0		0.00 7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0		8.00
9.00	Home office cost (chapter 21)		0		0.00 9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00 11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-61,249		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Revenue - Employee meals		0		0.00 14.00
15.00	Cost of meals - Guests		0		0.00 15.00
16.00	Sale of medical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Vending machines		0		0.00 19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00 22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00 23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00 24.00
25.00	OTHER REVENUE - MISC	B	-649	ADMINISTRATIVE & GENERAL	4.00 25.00
25.01	CONTRIBUTIONS	A	-5,280	ADMINISTRATIVE & GENERAL	4.00 25.01
25.02	PENALTIES	A	-8,750	ADMINISTRATIVE & GENERAL	4.00 25.02
25.03	PATIENT REIMBURSEMENT	A	-443	ADMINISTRATIVE & GENERAL	4.00 25.03
25.04	BAD DEBT EXPENSE	A	-1,093,946	ADMINISTRATIVE & GENERAL	4.00 25.04
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,176,685		100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:
Provider CCN: 315517		From: 01/08/2024	5/28/2025 3:11 pm
		To: 12/31/2024	MCRIF32 2540-10
			Version: 11.1.179.1

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

	Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	9.00	NURSING ADMINISTRATION	NURSING ASSISTANCE	199,413	231,875	-32,462	1.00
2.00	4.00	ADMINISTRATIVE & GENERAL	BACK OFFICE ASSISTANCE	176,838	205,625	-28,787	2.00
3.00	4.00	ADMINISTRATIVE & GENERAL	MANGAEMENT FEE	1,568,144	1,568,144	0	3.00
4.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	RENT	8,282,590	8,282,590	0	4.00
5.00	0.00			0	0	0	5.00
6.00	0.00			0	0	0	6.00
7.00	0.00			0	0	0	7.00
8.00	0.00			0	0	0	8.00
9.00	0.00			0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.			10,226,985	10,288,234	-61,249	10.00

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

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

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

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	A		0.00	PCA MANAGEMENT LLC	0.00	MANAGEMENT	1.00
2.00	A		0.00	PCA MANAGEMENT LLC	0.00	MANAGEMENT	2.00
3.00	A		0.00	PC CONSULTING	0.00	CLINICAL CONSULTING	3.00
4.00	A		0.00	MOORESTOWN MANAGEMENT LLC	100.00	MANAGEMENT	4.00
5.00	A		0.00	212 MARTER AVE MOORESTOWN LLC	100.00	LESSSOR	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

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

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

G. Other (financial or non-financial) specify:

TOTAL REHAB AT MOORESTOWN				Period:	Run Date Time:	5/28/2025 3:11 pm			
Provider CCN: 315517				From: 01/08/2024	MCRIF32	2540-10			
				To: 12/31/2024	Version:	11.1.179.1			



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	8,794,219	8,794,219							1.00
3.00	EMPLOYEE BENEFITS	1,496,418	81,026	1,577,444						3.00
4.00	ADMINISTRATIVE & GENERAL	3,839,644	531,010	131,303	4,501,957	4,501,957				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	681,757	157,856	10,404	850,017	149,875	999,892			5.00
6.00	LAUNDRY & LINEN SERVICE	15,445	188,675	0	204,120	35,990	23,510	263,620		6.00
7.00	HOUSEKEEPING	516,365	119,224	75,917	711,506	125,453	14,856	0	851,815	7.00
8.00	DIETARY	1,216,800	641,263	0	1,858,063	327,614	79,906	0	70,789	8.00
9.00	NURSING ADMINISTRATION	1,529,566	69,451	224,235	1,823,252	321,476	8,654	0	7,667	9.00
10.00	CENTRAL SERVICE & SUPPLY	0	34,725	0	34,725	6,123	4,327	0	3,833	10.00
12.00	MEDICAL RECORDS & LIBRARY	42,834	104,466	7,221	154,521	27,245	13,017	0	11,532	12.00
13.00	SOCIAL SERVICE	140,293	0	23,650	163,943	28,906	0	0	0	13.00
15.00	PATIENT ACTIVITIES	257,560	296,613	36,299	590,472	104,112	36,960	0	32,743	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	6,818,164	5,654,750	1,068,415	13,541,329	2,387,602	704,626	263,620	624,227	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	65	0	0	65	11	0	0	0	40.00
41.00	LABORATORY	559,411	0	0	559,411	98,635	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	236,937	0	0	236,937	41,777	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	7,126	0	0	7,126	1,256	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,102,649	740,086	0	1,842,735	324,911	92,220	0	81,698	44.00
45.00	OCCUPATIONAL THERAPY	1,331,951	0	0	1,331,951	234,850	0	0	0	45.00
46.00	SPEECH PATHOLOGY	229,187	0	0	229,187	40,410	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,938	0	28,938	5,102	3,606	0	3,194	48.00
49.00	DRUGS CHARGED TO PATIENTS	964,968	0	0	964,968	170,143	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	253,512	0	0	253,512	44,699	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	30,034,871	8,648,083	1,577,444	29,888,735	4,476,190	981,682	263,620	835,683	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	146,136	0	146,136	25,767	18,210	0	16,132	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	30,034,871	8,794,219	1,577,444	30,034,871	4,501,957	999,892	263,620	851,815	100.00

TOTAL REHAB AT MOORESTOWN

Period:

Run Date Time: 5/28/2025 3:11 pm



Provider CCN: 315517

From: 01/08/2024

MCRIF32

2540-10

To: 12/31/2024

Version: 11.1.179.1

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	2,336,372								8.00
9.00	NURSING ADMINISTRATION	0	2,161,049							9.00
10.00	CENTRAL SERVICE & SUPPLY	0	0	49,008						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	206,315					12.00
13.00	SOCIAL SERVICE	0	0	0	0	192,849				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	764,287			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	2,336,372	2,161,049	12,729	206,315	192,849	764,287	23,195,005	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	76	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	658,046	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	278,714	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	8,382	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	2,341,564	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	1,566,801	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	269,597	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	40,840	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	36,279	0	0	0	1,171,390	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	0	0	298,211	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	2,336,372	2,161,049	49,008	206,315	192,849	764,287	29,828,626	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	206,245	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0			0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	2,336,372	2,161,049	49,008	206,315	192,849	764,287	30,034,871	0	100.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	EMPLOYEE BENEFITS		3.00
4.00	ADMINISTRATIVE & GENERAL		4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	LAUNDRY & LINEN SERVICE		6.00
7.00	HOUSEKEEPING		7.00
8.00	DIETARY		8.00
9.00	NURSING ADMINISTRATION		9.00
10.00	CENTRAL SERVICE & SUPPLY		10.00
12.00	MEDICAL RECORDS & LIBRARY		12.00
13.00	SOCIAL SERVICE		13.00
15.00	PATIENT ACTIVITIES		15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	SKILLED NURSING FACILITY	23,195,005	30.00
31.00	NURSING FACILITY	0	31.00
32.00	ICF/IID	0	32.00
33.00	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	RADIOLOGY	76	40.00
41.00	LABORATORY	658,046	41.00
42.00	INTRAVENOUS THERAPY	278,714	42.00
43.00	OXYGEN (INHALATION) THERAPY	8,382	43.00
44.00	PHYSICAL THERAPY	2,341,564	44.00
45.00	OCCUPATIONAL THERAPY	1,566,801	45.00
46.00	SPEECH PATHOLOGY	269,597	46.00
47.00	ELECTROCARDIOLOGY	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,840	48.00
49.00	DRUGS CHARGED TO PATIENTS	1,171,390	49.00
51.00	SUPPORT SURFACES	0	51.00
OTHER REIMBURSABLE COST CENTERS			
71.00	AMBULANCE	298,211	71.00
SPECIAL PURPOSE COST CENTERS			
80.00	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	INTEREST EXPENSE		81.00
82.00	UTILIZATION REVIEW - SNF		82.00
83.00	HOSPICE	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	29,828,626	89.00
NONREIMBURSABLE COST CENTERS			
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	BARBER AND BEAUTY SHOP	206,245	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	NONPAID WORKERS	0	93.00
94.00	PATIENTS LAUNDRY	0	94.00
98.00	Cross Foot Adjustments	0	98.00
99.00	Negative Cost Centers	0	99.00
100.00	TOTAL	30,034,871	100.00

TOTAL REHAB AT MOORESTOWN

Provider CCN: 315517

Period:

From: 01/08/2024

To: 12/31/2024

Run Date Time: 5/28/2025 3:11 pm

MCRIF32

Version: 11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	81,026	81,026	81,026					3.00
4.00	ADMINISTRATIVE & GENERAL	0	531,010	531,010	6,744	537,754				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	157,856	157,856	534	17,902	176,292			5.00
6.00	LAUNDRY & LINEN SERVICE	0	188,675	188,675	0	4,299	4,145	197,119		6.00
7.00	HOUSEKEEPING	0	119,224	119,224	3,899	14,985	2,619	0	140,727	7.00
8.00	DIETARY	0	641,263	641,263	0	39,133	14,088	0	11,695	8.00
9.00	NURSING ADMINISTRATION	0	69,451	69,451	11,518	38,400	1,526	0	1,267	9.00
10.00	CENTRAL SERVICE & SUPPLY	0	34,725	34,725	0	731	763	0	633	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	104,466	104,466	371	3,254	2,295	0	1,905	12.00
13.00	SOCIAL SERVICE	0	0	0	1,215	3,453	0	0	0	13.00
15.00	PATIENT ACTIVITIES	0	296,613	296,613	1,865	12,436	6,517	0	5,409	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	5,654,750	5,654,750	54,880	285,200	124,233	197,119	103,128	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	1	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	11,782	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	4,990	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	150	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	740,086	740,086	0	38,810	16,259	0	13,497	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	28,052	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	4,827	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,938	28,938	0	609	636	0	528	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	20,323	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	5,339	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	8,648,083	8,648,083	81,026	534,676	173,081	197,119	138,062	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	146,136	146,136	0	3,078	3,211	0	2,665	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	8,794,219	8,794,219	81,026	537,754	176,292	197,119	140,727	100.00

TOTAL REHAB AT MOORESTOWN

Provider CCN: 315517

Period:

From: 01/08/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:11 pm

2540-10

11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	706,179								8.00
9.00	NURSING ADMINISTRATION	0	122,162							9.00
10.00	CENTRAL SERVICE & SUPPLY	0	0	36,852						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	112,291					12.00
13.00	SOCIAL SERVICE	0	0	0	0	4,668				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	322,840			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	706,179	122,162	9,571	112,291	4,668	322,840	7,697,021	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	1	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	11,782	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	4,990	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	150	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	808,652	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	28,052	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	4,827	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	30,711	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	27,281	0	0	0	47,604	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	0	0	5,339	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	706,179	122,162	36,852	112,291	4,668	322,840	8,639,129	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	155,090	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0			0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	706,179	122,162	36,852	112,291	4,668	322,840	8,794,219	0	100.00

TOTAL REHAB AT MOORESTOWN

Period:

From: 01/08/2024

To: 12/31/2024

Run Date Time:

5/28/2025 3:11 pm

MCRIF32

2540-10

Version:

11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	EMPLOYEE BENEFITS		3.00
4.00	ADMINISTRATIVE & GENERAL		4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS		5.00
6.00	LAUNDRY & LINEN SERVICE		6.00
7.00	HOUSEKEEPING		7.00
8.00	DIETARY		8.00
9.00	NURSING ADMINISTRATION		9.00
10.00	CENTRAL SERVICE & SUPPLY		10.00
12.00	MEDICAL RECORDS & LIBRARY		12.00
13.00	SOCIAL SERVICE		13.00
15.00	PATIENT ACTIVITIES		15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	SKILLED NURSING FACILITY	7,697,021	30.00
31.00	NURSING FACILITY	0	31.00
32.00	ICF/IID	0	32.00
33.00	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	RADIOLOGY	1	40.00
41.00	LABORATORY	11,782	41.00
42.00	INTRAVENOUS THERAPY	4,990	42.00
43.00	OXYGEN (INHALATION) THERAPY	150	43.00
44.00	PHYSICAL THERAPY	808,652	44.00
45.00	OCCUPATIONAL THERAPY	28,052	45.00
46.00	SPEECH PATHOLOGY	4,827	46.00
47.00	ELECTROCARDIOLOGY	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,711	48.00
49.00	DRUGS CHARGED TO PATIENTS	47,604	49.00
51.00	SUPPORT SURFACES	0	51.00
OTHER REIMBURSABLE COST CENTERS			
71.00	AMBULANCE	5,339	71.00
SPECIAL PURPOSE COST CENTERS			
80.00	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	INTEREST EXPENSE		81.00
82.00	UTILIZATION REVIEW - SNF		82.00
83.00	HOSPICE	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	8,639,129	89.00
NONREIMBURSABLE COST CENTERS			
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	BARBER AND BEAUTY SHOP	155,090	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	92.00
93.00	NONPAID WORKERS	0	93.00
94.00	PATIENTS LAUNDRY	0	94.00
98.00	Cross Foot Adjustments	0	98.00
99.00	Negative Cost Centers	0	99.00
100.00	TOTAL	8,794,219	100.00

TOTAL REHAB AT MOORESTOWN				Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517				From: 01/08/2024	MCRIF32	2540-10
				To: 12/31/2024	Version:	11.1.179.1



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	60,780								1.00
3.00	EMPLOYEE BENEFITS	560	9,357,341							3.00
4.00	ADMINISTRATIVE & GENERAL	3,670	778,883	-4,501,957	25,532,914					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,091	61,716	0	850,017	55,459				5.00
6.00	LAUNDRY & LINEN SERVICE	1,304	0	0	204,120	1,304	44,297			6.00
7.00	HOUSEKEEPING	824	450,338	0	711,506	824	0	53,331		7.00
8.00	DIETARY	4,432	0	0	1,858,063	4,432	0	4,432	132,891	8.00
9.00	NURSING ADMINISTRATION	480	1,330,153	0	1,823,252	480	0	480	0	9.00
10.00	CENTRAL SERVICE & SUPPLY	240	0	0	34,725	240	0	240	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	722	42,834	0	154,521	722	0	722	0	12.00
13.00	SOCIAL SERVICE	0	140,293	0	163,943	0	0	0	0	13.00
15.00	PATIENT ACTIVITIES	2,050	215,326	0	590,472	2,050	0	2,050	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	39,082	6,337,798	0	13,541,329	39,082	44,297	39,082	132,891	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	65	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	559,411	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	236,937	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	7,126	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	5,115	0	0	1,842,735	5,115	0	5,115	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	1,331,951	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	229,187	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	200	0	0	28,938	200	0	200	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	964,968	0	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	253,512	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	59,770	9,357,341	-4,501,957	25,386,778	54,449	44,297	52,321	132,891	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	1,010	0	0	146,136	1,010	0	1,010	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	8,794,219	1,577,444		4,501,957	999,892	263,620	851,815	2,336,372	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	144.689355	0.168578		0.176320	18.029391	5.951193	15.972230	17.581115	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		81,026		537,754	176,292	197,119	140,727	706,179	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.008659		0.021061	3.178781	4.449940	2.638747	5.313972	105.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:
Provider CCN: 315517		From: 01/08/2024	5/28/2025 3:11 pm
		To: 12/31/2024	MCRIF32 Version: 11.1.179.1



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRA TION (DIRECT NURSING)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	PATIENT ACTIVITIES (PATIENT CENSUS)		
		9.00	10.00	12.00	13.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS - BLDGS & FIXTURES							1.00
3.00	EMPLOYEE BENEFITS							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION	289,569						9.00
10.00	CENTRAL SERVICE & SUPPLY	0	1,303,520					10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	44,297				12.00
13.00	SOCIAL SERVICE	0	0	0	44,297			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	44,297		15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	SKILLED NURSING FACILITY	289,569	338,552	44,297	44,297	44,297		30.00
31.00	NURSING FACILITY	0	0	0	0	0		31.00
32.00	ICF/IID	0	0	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS								
40.00	RADIOLOGY	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	964,968	0	0	0		49.00
51.00	SUPPORT SURFACES	0	0	0	0	0		51.00
OTHER REIMBURSABLE COST CENTERS								
71.00	AMBULANCE	0	0	0	0	0		71.00
SPECIAL PURPOSE COST CENTERS								
80.00	MALPRACTICE PREMIUMS & PAID LOSSES							80.00
81.00	INTEREST EXPENSE							81.00
82.00	UTILIZATION REVIEW - SNF							82.00
83.00	HOSPICE	0	0	0	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	289,569	1,303,520	44,297	44,297	44,297		89.00
NONREIMBURSABLE COST CENTERS								
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0		93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0		94.00
98.00	Cross Foot Adjustments							98.00
99.00	Negative Cost Centers							99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,161,049	49,008	206,315	192,849	764,287		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	7.462985	0.037597	4.657539	4.353545	17.253697		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	122,162	36,852	112,291	4,668	322,840		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.421875	0.028271	2.534957	0.105380	7.288078		105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	76	0	0.000000	40.00
41.00	LABORATORY	658,046	559,411	1.176319	41.00
42.00	INTRAVENOUS THERAPY	278,714	236,937	1.176321	42.00
43.00	OXYGEN (INHALATION) THERAPY	8,382	0	0.000000	43.00
44.00	PHYSICAL THERAPY	2,341,564	1,599,494	1.463940	44.00
45.00	OCCUPATIONAL THERAPY	1,566,801	1,821,794	0.860032	45.00
46.00	SPEECH PATHOLOGY	269,597	789,556	0.341454	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,840	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	1,171,390	964,968	1.213916	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS					
71.00	AMBULANCE	298,211	0	0.000000	71.00
100.00	Total	6,633,621	5,972,160		100.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I

Title XVIII

Skilled Nursing Facility

PPS

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

			Health Care Program Charges		Health Care Program Cost		
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0.000000	0	0	0	0	40.00
41.00	LABORATORY	1.176319	248	0	292	0	41.00
42.00	INTRAVENOUS THERAPY	1.176321	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1.463940	1,005,835	0	1,472,482	0	44.00
45.00	OCCUPATIONAL THERAPY	0.860032	1,166,406	0	1,003,146	0	45.00
46.00	SPEECH PATHOLOGY	0.341454	487,219	0	166,363	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.213916	0	0	0	0	49.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		2,659,708	0	2,642,283	0	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.

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

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

PART II - APPORTIONMENT OF VACCINE COST

		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.213916	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	22,550	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	27,374	3.00

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

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

ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	76	0	0.000000	0	0	40.00
41.00	LABORATORY	658,046	0	0.000000	292	0	41.00
42.00	INTRAVENOUS THERAPY	278,714	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	8,382	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	2,341,564	0	0.000000	1,472,482	0	44.00
45.00	OCCUPATIONAL THERAPY	1,566,801	0	0.000000	1,003,146	0	45.00
46.00	SPEECH PATHOLOGY	269,597	0	0.000000	166,363	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,840	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1,171,390	0	0.000000	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	6,335,410	0		2,642,283	0	100.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Part I

PPS

Title XVIII

Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS		
		1.00
INPATIENT DAYS		
1.00	Inpatient days including private room days	44,297 1.00
2.00	Private room days	0 2.00
3.00	Inpatient days including private room days applicable to the Program	29,167 3.00
4.00	Medically necessary private room days applicable to the Program	0 4.00
5.00	Total general inpatient routine service cost	23,195,005 5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6.00	General inpatient routine service charges	31,460,598 6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.737272 7.00
8.00	Enter private room charges from your records	0 8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00 9.00
10.00	Enter semi-private room charges from your records	0 10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00 11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00 12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00 13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0 14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	23,195,005 15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	523.62 16.00
17.00	Program routine service cost (Line 3 times line 16)	15,272,425 17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0 18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	15,272,425 19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	7,697,021 20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	173.76 21.00
22.00	Program capital related cost (Line 3 times line 21)	5,068,058 22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	10,204,367 23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0 24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	10,204,367 25.00
26.00	Enter the per diem limitation (1)	
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)	
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
		1.00
1.00	Total SNF inpatient days	44,297 1.00
2.00	Program inpatient days (see instructions)	29,167 2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0 3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.658442 4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0 5.00

TOTAL REHAB AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:11 pm	
Provider CCN: 315517	From: 01/08/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E

Part I

Title XVIII

Skilled Nursing Facility

PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
		1.00	
1.00	Inpatient PPS amount (See Instructions)	23,774,037	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	23,774,037	3.00
4.00	Primary payor amounts	219,337	4.00
5.00	Coinsurance	3,580,200	5.00
6.00	Allowable bad debts (From your records)	1,730,960	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	1,125,124	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	21,099,624	11.00
12.00	Interim payments (See instructions)	19,655,517	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	22,502	14.75
14.99	Sequestration amount (see instructions)	399,490	14.99
15.00	Balance due provider/program (see Instructions)	1,022,115	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	27,374	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	27,374	19.00
20.00	Medicare Part B ancillary charges (See instructions)	22,550	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	22,550	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	22,550	25.00
26.00	Interim payments (See instructions)	14,364	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	451	28.99
29.00	Balance due provider/program (see instructions)	7,735	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

TOTAL REHAB AT MOORESTOWN	Period:	Run Date Time:	5/28/2025 3:11 pm	
Provider CCN: 315517	From: 01/08/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.1	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		19,655,517		14,364	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS 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	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		19,655,517		14,364	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
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 (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		1,022,115		7,735	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		20,677,632		22,099	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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

TOTAL REHAB AT MOORESTOWN

Provider CCN: 315517

Period:

From: 01/08/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:11 pm

2540-10

11.1.179.1



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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	350,777	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	8,040,977	0	0	0	4.00
5.00	Other receivables	67,612	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-449,600	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	1,818,055	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	9,827,821	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	186,769	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	93,742	0	0	0	23.00
24.00	Less: Accumulated depreciation	-29,142	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	24,541,075	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	24,792,444	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	1,000	0	0	0	30.00
31.00	Due from owners/officers	658,973	0	0	0	31.00
32.00	Other assets	23,687	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	683,660	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	35,303,925	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	669,372	0	0	0	35.00
36.00	Salaries, wages, and fees payable	528,829	0	0	0	36.00
37.00	Payroll taxes payable	49,116	0	0	0	37.00
38.00	Notes & loans payable (Short term)	391,536	0	0	0	38.00
39.00	Deferred income	187,770	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	2,724,127	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	4,550,750	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	25,168,814	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	6,213,147	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	31,381,961	0	0	0	50.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	35,932,711	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-628,786				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-628,786	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	35,303,925	0	0	0	60.00

() = contra amount

TOTAL REHAB AT MOORESTOWN

Provider CCN: 315517

Period:

From: 01/08/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

5/28/2025 3:11 pm

2540-10

11.1.179.1



STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		-477,502		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-49,285							2.00
3.00	Total (sum of line 1 and line 2)		-526,787		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00	ROUNDING	1		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		1		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-526,786		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00	DIVIDENDS	102,000		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		102,000		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-628,786		0		0		0	19.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	31,460,598		31,460,598	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	31,460,598		31,460,598	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	5,972,159	0	5,972,159	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	37,432,757	0	37,432,757	14.00
PART II - OPERATING EXPENSES					
		1.00	2.00		
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			31,211,556	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			31,211,556	15.00

TOTAL REHAB AT MOORESTOWN		Period:	Run Date Time:	5/28/2025 3:11 pm
Provider CCN: 315517		From: 01/08/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.1



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	37,432,757	1.00
2.00	Less: contractual allowances and discounts on patients accounts	6,297,465	2.00
3.00	Net patient revenues (Line 1 minus line 2)	31,135,292	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	31,211,556	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-76,264	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,368	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PRIOR YEAR	19,962	24.00
24.01	NON PATIENT REVENUE	649	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	26,979	25.00
26.00	Total (Line 5 plus line 25)	-49,285	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-49,285	31.00