

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



COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period: 5/28/2025 6:44 pm
Run Date Time: 5/28/2025 6:44 pm
From: 01/01/2024 MCRIF32 2540-10
To: 12/31/2024 Version: 11.1.179.1

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

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> 0 If this is an amended report enter the number of times the provider resubmitted this cost report. 3.01. <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date:	Time:
Contractor use only:	4. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. If line 4, column 1 is "4": Enter number of times reopened 0 11. Contractor Vendor Code: 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMPLETE CARE AT BAYSHORE, 315252 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2			
1	<i>Shalom Stein</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	SHALOM STEIN			2
3	Signatory Title	CEO			3
4	Signature Date	(Dated when report is electronically signed.)			4

PART III - SETTLEMENT SUMMARY

	Cost Center Description	Title V	Title XVIII			
			Part A	Part B	Title XIX	
1.00	SKILLED NURSING FACILITY	1.00	0	209,021	5,663	0 1.00
2.00	NURSING FACILITY		0			0 2.00
3.00	ICF/IID					0 3.00
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	209,021	5,663	0 100.00

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.

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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:	715 NORTH BEERS STREET	P.O. Box:					1.00
2.00	City:	HOLMDEL	State:	NJ	ZIP Code:	07733		2.00
3.00	County:	MONMOUTH	CBSA Code:	35154	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)		
					V	XVIII	XIX
4.00	SNF	COMPLETE CARE AT BAYSHORE	315252	01/01/1988	N	P	N
5.00	Nursing Facility						5.00
6.00	ICF/IID						6.00
7.00	SNF-Based HHA						7.00
8.00	SNF-Based RHC						8.00
9.00	SNF-Based FQHC						9.00
10.00	SNF-Based CMHC						10.00
11.00	SNF-Based OLTC						11.00
12.00	SNF-Based HOSPICE						12.00
13.00	SNF-Based CORF						13.00
				From:		To:	
				1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2024		12/31/2024	14.00
15.00	Type of Control (See Instructions)		2 - Voluntary Nonprofit, 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?	N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	Y	18.00

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	694,162	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	694,162	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
		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

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX IDENTIFICATION DATAWorksheet 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	
41.00	List malpractice premiums and paid losses:			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

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COMPLEX REIMBURSEMENT QUESTIONNAIREWorksheet 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	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
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) If no, see instructions.	Y	C		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		

Approved Educational Activities

6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
		Y/N		
		1.00		

Bad Debts

9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.	Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.	N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.	N	11.00

Bed Complement

12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
		Part A	Part B	
		Description	Y/N	Date
		0	1.00	2.00
			3.00	4.00

PS&R Data

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)		Y	03/26/2025	Y	03/26/2025	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.	KATHLEEN	MESKER	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	KATHLEEN.MESKER@HCRN.J.NET		21.00

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2540-10
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COMPLEX STATISTICAL DATA

Worksheet S-3

Part I
PPS

	Component	Number of Beds	Inpatient Days/Visits						Discharges					
			Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	232	84,912	0	7,807	34,590	9,093	51,490	0	194	172	210	576	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)	232	84,912	0	7,807	34,590	9,093	51,490	0	194	172	210	576	8.00
	Average Length of Stay						Admissions				Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	40.24	201.10	89.39	0	221	129	212	562	128.00	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	40.24	201.10	89.39	0	221	129	212	562	128.00	0.00	8.00	

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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)	9,036,653	0	9,036,653	267,052.00	33.84	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)	9,036,653	0	9,036,653	267,052.00	33.84	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)	9,036,653	0	9,036,653	267,052.00	33.84	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	1,569,304	0	1,569,304	28,272.00	55.51	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)	1,407,975	0	1,407,975			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)	1,407,975	0	1,407,975			22.00

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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	645,746	0	645,746	13,998.00	46.13	2.00
3.00	Plant Operation, Maintenance & Repairs	134,929	0	134,929	3,825.00	35.28	3.00
4.00	Laundry & Linen Service	33,752	0	33,752	1,418.00	23.80	4.00
5.00	Housekeeping	485,563	0	485,563	23,173.00	20.95	5.00
6.00	Dietary	661,024	0	661,024	31,761.00	20.81	6.00
7.00	Nursing Administration	792,136	0	792,136	15,480.00	51.17	7.00
8.00	Central Services and Supply	30,778	0	30,778	1,280.00	24.05	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	28,897	0	28,897	1,369.00	21.11	10.00
11.00	Social Service	126,140	0	126,140	2,934.00	42.99	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	203,420	0	203,420	9,157.00	22.21	13.00
14.00	Total (sum lines 1 thru 13)	3,142,385	0	3,142,385	104,395.00	30.10	14.00

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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	0	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)	272,180	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	418	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	2,423	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	198,502	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	688,300	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	246,152	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)	1,407,975	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

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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)	859,564	133,926	993,490	15,807.00	62.85	1.00
2.00	Licensed Practical Nurses (LPNs)	2,262,001	352,436	2,614,437	49,005.00	53.35	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	2,613,584	407,215	3,020,799	95,091.00	31.77	3.00
4.00	Total Nursing (sum of lines 1 through 3)	5,735,149	893,577	6,628,726	159,903.00	41.45	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	159,119	24,792	183,911	2,755.00	66.76	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)	13,707		13,707	179.00	76.58	14.00
15.00	Licensed Practical Nurses (LPNs)	282,523		282,523	4,769.00	59.24	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	269,718		269,718	8,451.00	31.92	16.00
17.00	Total Nursing (sum of lines 14 through 16)	565,948		565,948	13,399.00	42.24	17.00
18.00	Physical Therapists	354,714		354,714	4,927.00	71.99	18.00
19.00	Physical Therapy Assistants	78,361		78,361	1,197.00	65.46	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	325,139		325,139	4,357.00	74.62	21.00
22.00	Occupational Therapy Assistants	156,278		156,278	2,303.00	67.86	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	88,864		88,864	2,089.00	42.54	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

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

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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

COMPLETE CARE AT BAYSHORE

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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

COMPLETE CARE AT BAYSHORE

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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			3,534,296	3,534,296	0	3,534,296	605,360	4,139,656
3.00	00300	EMPLOYEE BENEFITS		0	1,458,161	1,458,161	0	1,458,161	0	1,458,161
4.00	00400	ADMINISTRATIVE & GENERAL	645,746		3,055,766	3,701,512	0	3,701,512	-768,817	2,932,695
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	134,929		598,319	733,248	0	733,248	0	733,248
6.00	00600	LAUNDRY & LINEN SERVICE	33,752		15,426	49,178	0	49,178	0	49,178
7.00	00700	HOUSEKEEPING	485,563		39,280	524,843	0	524,843	0	524,843
8.00	00800	DIETARY	661,024		768,305	1,429,329	0	1,429,329	-157	1,429,172
9.00	00900	NURSING ADMINISTRATION	792,136		0	792,136	0	792,136	0	792,136
10.00	01000	CENTRAL SERVICE & SUPPLY	30,778		0	30,778	0	30,778	0	30,778
12.00	01200	MEDICAL RECORDS & LIBRARY	28,897		0	28,897	0	28,897	0	28,897
13.00	01300	SOCIAL SERVICE	126,140		0	126,140	0	126,140	0	126,140
15.00	01500	PATIENT ACTIVITIES	203,420		57,518	260,938	0	260,938	0	260,938
15.10	01510	REHAB TECH		0	0	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	5,735,149		1,170,749	6,905,898	0	6,905,898	0	6,905,898
31.00	03100	NURSING FACILITY		0	0	0	0	0	0	0
32.00	03200	ICF/IID		0	0	0	0	0	0	0
33.00	03300	OTHER LONG TERM CARE		0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY		0	28,105	28,105	0	28,105	0	28,105
41.00	04100	LABORATORY		0	42,468	42,468	0	42,468	0	42,468
42.00	04200	INTRAVENOUS THERAPY		0	0	0	0	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	159,119		386,802	545,921	0	545,921	0	545,921
44.00	04400	PHYSICAL THERAPY		0	388,464	388,464	0	388,464	0	388,464
45.00	04500	OCCUPATIONAL THERAPY		0	464,399	464,399	0	464,399	0	464,399
46.00	04600	SPEECH PATHOLOGY		0	149,509	149,509	0	149,509	0	149,509
47.00	04700	ELECTROCARDIOLOGY		0	0	0	0	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS		0	439,383	439,383	0	439,383	0	439,383
51.00	05100	SUPPORT SURFACES		0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS										
71.00	07100	AMBULANCE		0	23,805	23,805	0	23,805	0	23,805
SPECIAL PURPOSE COST CENTERS										
81.00	08100	INTEREST EXPENSE		0	0	0	0	0	0	0
82.00	08200	UTILIZATION REVIEW - SNF		0	0	0	0	0	0	0
83.00	08300	HOSPICE		0	0	0	0	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)		9,036,653	12,620,755	21,657,408	0	21,657,408	-163,614	21,493,794
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN		0	0	0	0	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP		0	0	0	0	0	0	0
92.00	09200	PHYSICIANS PRIVATE OFFICES		0	0	0	0	0	0	0
93.00	09300	NONPAID WORKERS		0	0	0	0	0	0	0
94.00	09400	PATIENT'S LAUNDRY		0	0	0	0	0	0	0
95.00	09500	ASSISTED LIVING		0	0	0	0	0	0	0
100.00		TOTAL		9,036,653	12,620,755	21,657,408	0	21,657,408	-163,614	21,493,794

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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.

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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	39,893	15,515	0	15,515	0	55,408	0	4.00
5.00	Fixed Equipment	20,275	21,065	0	21,065	0	41,340	0	5.00
6.00	Movable Equipment	0	0	0	0	0	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	60,168	36,580	0	36,580	0	96,748	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	60,168	36,580	0	36,580	0	96,748	0	9.00

COMPLETE CARE AT BAYSHORE

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		(2) Basis For Adjustment	Amount	Cost Center	Line No.
			1.00	2.00	3.00
1.00	Investment income on restricted funds (chapter 2)	B	-7,389	CAP REL COSTS - BLDGS & FIXTURES	1.00 1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00 3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00 4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 5.00
6.00	Television and radio service (chapter 21)		0		0.00 6.00
7.00	Parking lot (chapter 21)		0		0.00 7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0		8.00
9.00	Home office cost (chapter 21)		0		0.00 9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00 11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	174,999		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	B	-1,262	ADMINISTRATIVE & GENERAL	4.00 18.00
19.00	Vending machines	B	-157	DIETARY	8.00 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	MISC REVENUE	B	-33	ADMINISTRATIVE & GENERAL	4.00 25.00
25.01	OTHER REVENUE - GIFT SHOP	B	-180	ADMINISTRATIVE & GENERAL	4.00 25.01
25.02	RESIDENT MISSING ITEMS	A	-3,877	ADMINISTRATIVE & GENERAL	4.00 25.02
25.03	MARKETING	A	-22,653	ADMINISTRATIVE & GENERAL	4.00 25.03
25.04	BAD DEBTS	A	-298,987	ADMINISTRATIVE & GENERAL	4.00 25.04
25.05	FINES & PENALTIES	A	-4,075	ADMINISTRATIVE & GENERAL	4.00 25.05
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-163,614		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.

COMPLETE CARE AT BAYSHORE

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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	1.00 CAP REL COSTS - BLDGS & FIXTURES	RENT	0	3,050,671	-3,050,671	1.00
2.00	4.00 ADMINISTRATIVE & GENERAL	REALTY A&G COSTS	45,468	0	45,468	2.00
3.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	INTEREST	2,978,600	0	2,978,600	3.00
4.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	DEPRECIATION	684,820	0	684,820	4.00
5.00	4.00 ADMINISTRATIVE & GENERAL	MANAGEMENT	602,662	1,085,880	-483,218	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.			4,311,550	4,136,551	174,999

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	B PC HMH OPCO HOLDINGS LLC	100.00		PC HMH PROPCO HOLDING LLC	100.00	REALTY
2.00	B PEACE CAPITAL LLC	100.00		COMPLETE CARE MANAGEMENT	100.00	MANAGEMENT OF FACILITY
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

(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:

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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	4,139,656	4,139,656							1.00
3.00	EMPLOYEE BENEFITS	1,458,161	0	1,458,161						3.00
4.00	ADMINISTRATIVE & GENERAL	2,932,695	224,554	104,198	3,261,447	3,261,447				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	733,248	69,234	21,772	824,254	147,444	971,698			5.00
6.00	LAUNDRY & LINEN SERVICE	49,178	95,520	5,446	150,144	26,858	24,134	201,136		6.00
7.00	HOUSEKEEPING	524,843	20,700	78,351	623,894	111,603	5,230	0	740,727	7.00
8.00	DIETARY	1,429,172	292,334	106,663	1,828,169	327,027	73,861	0	58,059	8.00
9.00	NURSING ADMINISTRATION	792,136	157,526	127,820	1,077,482	192,742	39,801	0	31,285	9.00
10.00	CENTRAL SERVICE & SUPPLY	30,778	0	4,966	35,744	6,394	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	28,897	0	4,663	33,560	6,003	0	0	0	12.00
13.00	SOCIAL SERVICE	126,140	13,565	20,354	160,059	28,632	3,427	0	2,694	13.00
15.00	PATIENT ACTIVITIES	260,938	195,640	32,824	489,402	87,545	49,430	0	38,855	15.00
15.10	REHAB TECH	0	0	0	0	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	6,905,898	3,015,383	925,428	10,846,709	1,940,291	761,869	201,136	598,872	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	28,105	0	0	28,105	5,027	0	0	0	40.00
41.00	LABORATORY	42,468	0	0	42,468	7,597	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	545,921	0	25,676	571,597	102,248	0	0	0	43.00
44.00	PHYSICAL THERAPY	388,464	23,657	0	412,121	73,721	5,977	0	4,698	44.00
45.00	OCCUPATIONAL THERAPY	464,399	23,657	0	488,056	87,304	5,977	0	4,698	45.00
46.00	SPEECH PATHOLOGY	149,509	0	0	149,509	26,744	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	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	439,383	0	0	439,383	78,598	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	23,805	0	0	23,805	4,258	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
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)	21,493,794	4,139,656	1,458,161	21,485,908	3,260,036	969,706	201,136	739,161	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	7,886	0	7,886	1,411	1,992	0	1,566	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
95.00	ASSISTED LIVING	0	0	0	0	0	0	0	0	95.00
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	21,493,794	4,139,656	1,458,161	21,493,794	3,261,447	971,698	201,136	740,727	100.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/28/2025 6:44 pm

MCRIF32

2540-10

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	REHAB TECH	Subtotal	
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	2,287,116								8.00
9.00	NURSING ADMINISTRATION	0	1,341,310							9.00
10.00	CENTRAL SERVICE & SUPPLY	0	0	42,138						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	39,563					12.00
13.00	SOCIAL SERVICE	0	0	0	0	194,812				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	665,232			15.00
15.10	REHAB TECH	0	0	0	0	0	0	0		15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	2,287,116	1,341,310	0	39,563	194,812	665,232	0	18,876,910	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	0	33,132	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	50,065	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	673,845	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	496,517	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	586,035	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	176,253	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	42,138	0	0	0	0	560,119	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	0	28,063	71.00
SPECIAL PURPOSE COST CENTERS										
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)	2,287,116	1,341,310	42,138	39,563	194,812	665,232	0	21,480,939	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	0	12,855	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
95.00	ASSISTED LIVING	0	0	0	0	0	0	0	0	95.00
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	2,287,116	1,341,310	42,138	39,563	194,812	665,232	0	21,493,794	100.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period: 01/01/2024
From: 12/31/2024
To: 11.1.179.1

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I
PPS

	Cost Center Description	Post Stepdown Adjustments	Total	
		17.00	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
15.10	REHAB TECH			15.10
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	0	18,876,910	30.00
31.00	NURSING FACILITY	0	0	31.00
32.00	ICF/IID	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	0	33,132	40.00
41.00	LABORATORY	0	50,065	41.00
42.00	INTRAVENOUS THERAPY	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	673,845	43.00
44.00	PHYSICAL THERAPY	0	496,517	44.00
45.00	OCCUPATIONAL THERAPY	0	586,035	45.00
46.00	SPEECH PATHOLOGY	0	176,253	46.00
47.00	ELECTROCARDIOLOGY	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	560,119	49.00
51.00	SUPPORT SURFACES	0	0	51.00
OTHER REIMBURSABLE COST CENTERS				
71.00	AMBULANCE	0	28,063	71.00
SPECIAL PURPOSE COST CENTERS				
81.00	INTEREST EXPENSE			81.00
82.00	UTILIZATION REVIEW - SNF			82.00
83.00	HOSPICE	0	0	83.00
89.00	Subtotals (sum of lines 1-84)	0	21,480,939	89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	12,855	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	NONPAID WORKERS	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	94.00
95.00	ASSISTED LIVING	0	0	95.00
98.00	Cross Foot Adjustments	0	0	98.00
99.00	Negative Cost Centers	0	0	99.00
100.00	TOTAL	0	21,493,794	100.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:44 pm

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2540-10

Version: 11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG'S & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		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	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	224,554	224,554	0	224,554				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	69,234	69,234	0	10,152	79,386			5.00
6.00	LAUNDRY & LINEN SERVICE	0	95,520	95,520	0	1,849	1,972	99,341		6.00
7.00	HOUSEKEEPING	0	20,700	20,700	0	7,684	427	0	28,811	7.00
8.00	DIETARY	0	292,334	292,334	0	22,516	6,034	0	2,258	8.00
9.00	NURSING ADMINISTRATION	0	157,526	157,526	0	13,270	3,252	0	1,217	9.00
10.00	CENTRAL SERVICE & SUPPLY	0	0	0	0	440	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	413	0	0	0	12.00
13.00	SOCIAL SERVICE	0	13,565	13,565	0	1,971	280	0	105	13.00
15.00	PATIENT ACTIVITIES	0	195,640	195,640	0	6,027	4,038	0	1,511	15.00
15.10	REHAB TECH	0	0	0	0	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	3,015,383	3,015,383	0	133,594	62,244	99,341	23,293	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	346	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	523	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	7,040	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	23,657	23,657	0	5,076	488	0	183	44.00
45.00	OCCUPATIONAL THERAPY	0	23,657	23,657	0	6,011	488	0	183	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	1,841	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	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,411	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	293	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
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	4,131,770	4,131,770	0	224,457	79,223	99,341	28,750	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	7,886	7,886	0	97	163	0	61	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	PATIENT'S LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	ASSISTED LIVING	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments							0	0	98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	4,139,656	4,139,656	0	224,554	79,386	99,341	28,811	100.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/28/2025 6:44 pm

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2540-10

Version: 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	REHAB TECH	Subtotal	
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	323,142								8.00
9.00	NURSING ADMINISTRATION	0	175,265							9.00
10.00	CENTRAL SERVICE & SUPPLY	0	0	440						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	413					12.00
13.00	SOCIAL SERVICE	0	0	0	0	15,921				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	207,216			15.00
15.10	REHAB TECH	0	0	0	0	0	0	0		15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	323,142	175,265	0	413	15,921	207,216	0	4,055,812	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	0	346	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	523	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	7,040	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	29,404	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	30,339	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	1,841	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	440	0	0	0	0	5,851	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	0	293	71.00
SPECIAL PURPOSE COST CENTERS										
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)	323,142	175,265	440	413	15,921	207,216	0	4,131,449	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	0	8,207	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
95.00	ASSISTED LIVING	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	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	323,142	175,265	440	413	15,921	207,216	0	4,139,656	100.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:44 pm

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2540-10

Version: 11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	Post Step-Down Adjustments	Total	
		17.00	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
15.10	REHAB TECH			15.10

INPATIENT ROUTINE SERVICE COST CENTERS

30.00	SKILLED NURSING FACILITY	0	4,055,812	30.00
31.00	NURSING FACILITY	0	0	31.00
32.00	ICF/IID	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	33.00

ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	0	346	40.00
41.00	LABORATORY	0	523	41.00
42.00	INTRAVENOUS THERAPY	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	7,040	43.00
44.00	PHYSICAL THERAPY	0	29,404	44.00
45.00	OCCUPATIONAL THERAPY	0	30,339	45.00
46.00	SPEECH PATHOLOGY	0	1,841	46.00
47.00	ELECTROCARDIOLOGY	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	5,851	49.00
51.00	SUPPORT SURFACES	0	0	51.00

OTHER REIMBURSABLE COST CENTERS

71.00	AMBULANCE	0	293	71.00
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SPECIAL PURPOSE COST CENTERS

81.00	INTEREST EXPENSE			81.00
82.00	UTILIZATION REVIEW - SNF			82.00
83.00	HOSPICE	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	4,131,449	89.00

NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	8,207	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	NONPAID WORKERS	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	94.00
95.00	ASSISTED LIVING	0	0	95.00
98.00	Cross Foot Adjustments	0	0	98.00
99.00	Negative Cost Centers	0	0	99.00
100.00	TOTAL	0	4,139,656	100.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:44 pm

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDG'S & 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	88,193								1.00
3.00	EMPLOYEE BENEFITS	0	9,036,653							3.00
4.00	ADMINISTRATIVE & GENERAL	4,784	645,746	-3,261,447	18,232,347					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,475	134,929	0	824,254	81,934				5.00
6.00	LAUNDRY & LINEN SERVICE	2,035	33,752	0	150,144	2,035	51,490			6.00
7.00	HOUSEKEEPING	441	485,563	0	623,894	441	0	79,458		7.00
8.00	DIETARY	6,228	661,024	0	1,828,169	6,228	0	6,228	154,470	8.00
9.00	NURSING ADMINISTRATION	3,356	792,136	0	1,077,482	3,356	0	3,356	0	9.00
10.00	CENTRAL SERVICE & SUPPLY	0	30,778	0	35,744	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	28,897	0	33,560	0	0	0	0	12.00
13.00	SOCIAL SERVICE	289	126,140	0	160,059	289	0	289	0	13.00
15.00	PATIENT ACTIVITIES	4,168	203,420	0	489,402	4,168	0	4,168	0	15.00
15.10	REHAB TECH	0	0	0	0	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	64,241	5,735,149	0	10,846,709	64,241	51,490	64,241	154,470	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	28,105	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	42,468	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	159,119	0	571,597	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	504	0	0	412,121	504	0	504	0	44.00
45.00	OCCUPATIONAL THERAPY	504	0	0	488,056	504	0	504	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	149,509	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	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	439,383	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	23,805	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
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)	88,025	9,036,653	-3,261,447	18,224,461	81,766	51,490	79,290	154,470	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	168	0	0	7,886	168	0	168	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
95.00	ASSISTED LIVING	0	0	0	0	0	0	0	0	95.00
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)	4,139,656	1,458,161	3,261,447	971,698	201,136	740,727	2,287,116	102.00	
103.00	Unit cost multiplier (Wkst. B, Part I)	46.938601	0.161361	0.178882	11.859521	3.906312	9.322246	14.806215	103.00	
104.00	Cost to be allocated (per Wkst. B, Part II)		0	224,554	79,386	99,341	28,811	323,142	104.00	
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000	0.012316	0.968902	1.929326	0.362594	2.091940	105.00	

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period: 01/01/2024
From: 12/31/2024
To: 11.1.179.1

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	PATIENT ACTIVITIES (PATIENT CENSUS)	REHAB TECH (DIRECT COST)		
		9.00	10.00	12.00	13.00	15.00	15.10		
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	163,302							9.00
10.00	CENTRAL SERVICE & SUPPLY	0	439,383						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	51,490					12.00
13.00	SOCIAL SERVICE	0	0	0	51,490				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	51,490			15.00
15.10	REHAB TECH	0	0	0	0	0	0		15.10
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	163,302	0	51,490	51,490	51,490	0		30.00
31.00	NURSING FACILITY	0	0	0	0	0	0		31.00
32.00	ICF/IID	0	0	0	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	0	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	439,383	0	0	0	0		49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0		51.00
OTHER REIMBURSABLE COST CENTERS									
71.00	AMBULANCE	0	0	0	0	0	0		71.00
SPECIAL PURPOSE COST CENTERS									
81.00	INTEREST EXPENSE								81.00
82.00	UTILIZATION REVIEW - SNF								82.00
83.00	HOSPICE	0	0	0	0	0	0		83.00
89.00	Subtotals (sum of lines 1-84)	163,302	439,383	51,490	51,490	51,490	0		89.00
NONREIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0		93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0		94.00
95.00	ASSISTED LIVING	0	0	0	0	0	0		95.00
98.00	Cross Foot Adjustments								98.00
99.00	Negative Cost Centers								99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,341,310	42,138	39,563	194,812	665,232	0		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	8,213678	0.095903	0.768363	3,783492	12,919635	0.000000		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	175,265	440	413	15,921	207,216	0		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	1,073257	0.001001	0.008021	0.309206	4,024393	0.000000		105.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period: 01/01/2024
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/28/2025 6:44 pm
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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	33,132	0	0.000000	40.00
41.00	LABORATORY	50,065	5,570	8.988330	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	673,845	0	0.000000	43.00
44.00	PHYSICAL THERAPY	496,517	547,544	0.906807	44.00
45.00	OCCUPATIONAL THERAPY	586,035	660,477	0.887291	45.00
46.00	SPEECH PATHOLOGY	176,253	357,976	0.492360	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	560,119	439,383	1.274785	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS					
71.00	AMBULANCE	28,063	0	0.000000	71.00
100.00	Total	2,604,029	2,010,950		100.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:

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To: 12/31/2024

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I

Title XVIII

Skilled Nursing Facility

PPS

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost	
			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	8.988330	5,391	0	48,456	0 41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0 42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0 43.00
44.00	PHYSICAL THERAPY	0.906807	231,968	0	210,350	0 44.00
45.00	OCCUPATIONAL THERAPY	0.887291	261,157	0	231,722	0 45.00
46.00	SPEECH PATHOLOGY	0.492360	151,793	0	74,737	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	1.274785	158,217	0	201,693	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)		808,526	0	766,958	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.

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:

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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)				1.274785	1.00
2.00	Program vaccine charges (From your records, or the PS&R)				10,505	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)				13,392	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	33,132	0	0.000000	0	0	40.00
41.00	LABORATORY	50,065	0	0.000000	48,456	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	673,845	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	496,517	0	0.000000	210,350	0	44.00
45.00	OCCUPATIONAL THERAPY	586,035	0	0.000000	231,722	0	45.00
46.00	SPEECH PATHOLOGY	176,253	0	0.000000	74,737	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	560,119	0	0.000000	201,693	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	2,575,966	0		766,958	0	100.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period: 01/01/2024
From: 12/31/2024
To: 11.1.179.1Run Date Time: 5/28/2025 6:44 pm
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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Part I

Title XVIII

Skilled Nursing Facility

PPS

PART I CALCULATION OF INPATIENT ROUTINE COSTS

		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	51,490	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	7,807	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	18,876,910	5.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

6.00	General inpatient routine service charges	21,349,085	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.884202	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)	18,876,910	15.00

PROGRAM INPATIENT ROUTINE SERVICE COSTS

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	366.61	16.00
17.00	Program routine service cost (Line 3 times line 16)	2,862,124	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)	2,862,124	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)	4,055,812	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	78.77	21.00
22.00	Program capital related cost (Line 3 times line 21)	614,957	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	2,247,167	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)	2,247,167	25.00
26.00	Enter the per diem limitation (1)	26.00	
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	27.00	
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)	28.00	

PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH

		1.00	
1.00	Total SNF inpatient days	51,490	1.00
2.00	Program inpatient days (see instructions)	7,807	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)	0.151622	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period: 01/01/2024 From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/28/2025 6:44 pm MCRIF32 Version: 11.1.179.1 2540-10



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E

Part I

Title XVIII Skilled Nursing Facility

PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	6,787,511	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)	6,787,511	3.00
4.00	Primary payor amounts	2,126	4.00
5.00	Coinurance	1,101,600	5.00
6.00	Allowable bad debts (From your records)	441,298	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	138,533	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	286,844	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)	5,970,629	11.00
12.00	Interim payments (See instructions)	5,642,195	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)	5,737	14.75
14.99	Sequestration amount (see instructions)	113,676	14.99
15.00	Balance due provider/program (see Instructions)	209,021	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)	13,392	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	13,392	19.00
20.00	Medicare Part B ancillary charges (See instructions)	10,505	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	10,505	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance 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)	10,505	25.00
26.00	Interim payments (See instructions)	4,632	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)	210	28.99
29.00	Balance due provider/program (see instructions)	5,663	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period: 01/01/2024 From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/28/2025 6:44 pm MCRIF32 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	Total interim payments paid to provider	1.00	2.00	3.00	4.00
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	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	06/21/2024	12,727	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)		-12,727		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)		5,642,195		4,632	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
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Program to Provider

5.01	TENTATIVE TO PROVIDER		0	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	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		209,021		5,663	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,851,216		10,295	7.00

Contractor Name

Contractor Number

1.00

2.00

(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.

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/28/2025 6:44 pm
MCRIF32
Version: 11.1.179.1

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	598,292	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	4,652,629	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-24,905	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	131,755	0	0	0	8.00
9.00	Other current assets	38,033	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)	5,395,804	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	55,408	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	41,340	0	0	0	23.00
24.00	Less: Accumulated depreciation	-12,126	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	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	84,622	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	3,023,471	0	0	0	31.00
32.00	Other assets	36,162	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	3,059,633	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	8,540,059	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	2,130,061	0	0	0	35.00
36.00	Salaries, wages, and fees payable	2,033,124	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	387,486	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	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	4,550,671	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	339,588	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	654,138	0	0	0	47.00
48.00	Other long term liabilities	5,876,880	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)	6,870,606	0	0	0	50.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/28/2025 6:44 pm
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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	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	1.00	2.00	3.00	4.00	
		11,421,277	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-2,881,218				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)	-2,881,218	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	8,540,059	0	0	0	60.00

(-) = contra amount

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/28/2025 6:44 pm

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Version: 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			-3,121,412		0		0		0 1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)			60,192						2.00
3.00	Total (sum of line 1 and line 2)			-3,061,220		0		0		0 3.00
4.00	Additions (credit adjustments)									4.00
5.00	ADDITIONS			180,000		0		0		5.00
6.00	ROUNDING			2		0		0		6.00
7.00				0		0		0		7.00
8.00				0		0		0		8.00
9.00				0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)			180,002		0		0		0 10.00
11.00	Subtotal (line 3 plus line 10)			-2,881,218		0		0		0 11.00
12.00	Deductions (debit adjustments)									12.00
13.00				0		0		0		13.00
14.00				0		0		0		14.00
15.00				0		0		0		15.00
16.00				0		0		0		16.00
17.00				0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)			0		0		0		0 18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)			-2,881,218		0		0		0 19.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

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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		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	21,349,085		21,349,085	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/HID	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)	21,349,085		21,349,085	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	2,010,950	0	2,010,950	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	ROUTINE CHARGES / BED HOLD	320	0	320	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	23,360,355		0	23,360,355
14.00					14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		21,657,408	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)		21,657,408	15.00

COMPLETE CARE AT BAYSHORE

Provider CCN: 315252

Period: 01/01/2024 From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/28/2025 6:44 pm MCRIF32 Version: 11.1.179.1 2540-10



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)	23,360,355	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,699,356	2.00
3.00	Net patient revenues (Line 1 minus line 2)	21,660,999	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	21,657,408	4.00
5.00	Net income from service to patients (Line 3 minus 4)	3,591	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	47,580	6.00
7.00	Income from investments	7,389	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	1,262	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	157	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	213	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	56,601	25.00
26.00	Total (Line 5 plus line 25)	60,192	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)	60,192	31.00