

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 SHREWSBURY
Provider CCN: 315136

Period: 01/01/2024 To: 12/31/2024 Run Date Time: 5/28/2025 6:32 pm
MCRIF32 Version: 11.1.179.1
2540-10

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 SHREWSBURY, 315136 {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	1	2	ELECTRONIC SIGNATURE STATEMENT	
				Y	1
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	(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	376,293	0	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	376,293	0	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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2540-10
Version: 11.1.179.1SKILLED 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:	89 AVENUE AT THE COMMONS	P.O. Box:					1.00
2.00	City:	SHREWSBURY	State:	NJ	ZIP Code:	07702		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 SHREWSBURY	315136	01/01/1967	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			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	452,482	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	452,482	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 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	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	03/20/2025	Y	03/20/2025	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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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	140	51,240	0	11,104	16,143	8,077	35,324	0	355	62	267	684	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													7.00
8.00	Total (Sum of lines 1-7)	140	51,240	0	11,104	16,143	8,077	35,324	0	355	62	267	684	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	31.28	260.37	51.64	0	374	36	274	684	66.90	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										0.00	0.00	6.00	
7.00	HOSPICE													7.00
8.00	Total (Sum of lines 1-7)	0.00	31.28	260.37	51.64	0	374	36	274	684	66.90	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)	4,826,633	0	4,826,633	143,133.00	33.72	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)	4,826,633	0	4,826,633	143,133.00	33.72	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	0	0	0	0.00	0.00	9.00
10.00	HOSPICE						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)	4,826,633	0	4,826,633	143,133.00	33.72	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	3,024,021	0	3,024,021	70,627.00	42.82	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)	812,118	0	812,118			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)	812,118	0	812,118			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	693,384	0	693,384	14,390.00	48.19	2.00
3.00	Plant Operation, Maintenance & Repairs	57,845	0	57,845	2,237.00	25.86	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	431,569	0	431,569	19,361.00	22.29	5.00
6.00	Dietary	580,838	0	580,838	24,093.00	24.11	6.00
7.00	Nursing Administration	572,090	0	572,090	10,392.00	55.05	7.00
8.00	Central Services and Supply	33,298	0	33,298	1,642.00	20.28	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	101,749	0	101,749	2,173.00	46.82	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	124,214	0	124,214	5,974.00	20.79	13.00
14.00	Total (sum lines 1 thru 13)	2,594,987	0	2,594,987	80,262.00	32.33	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)	131,650	8.00
9.00	Prescription Drug Plan	27	9.00
10.00	Dental, Hearing and Vision Plan	-574	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,581	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	175,425	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	370,511	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	133,498	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)	812,118	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)	459,662	77,342	537,004	8,691.00	61.79	1.00
2.00	Licensed Practical Nurses (LPNs)	718,890	120,959	839,849	15,209.00	55.22	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,053,094	177,191	1,230,285	35,426.00	34.73	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,231,646	375,492	2,607,138	59,326.00	43.95	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)	0	0	0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	915,853	915,853	19,978.00	45.84	15.00	
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,056,144	1,056,144	34,342.00	30.75	16.00	
17.00	Total Nursing (sum of lines 14 through 16)	1,971,997	1,971,997	54,320.00	36.30	17.00	
18.00	Physical Therapists	187,738	187,738	2,771.00	67.75	18.00	
19.00	Physical Therapy Assistants	321,321	321,321	5,218.00	61.58	19.00	
20.00	Physical Therapy Aides	0	0	0.00	0.00	20.00	
21.00	Occupational Therapists	338,229	338,229	4,079.00	82.92	21.00	
22.00	Occupational Therapy Assistants	162,376	162,376	2,154.00	75.38	22.00	
23.00	Occupational Therapy Aides	0	0	0.00	0.00	23.00	
24.00	Speech Therapists	42,360	42,360	2,084.00	20.33	24.00	
25.00	Respiratory Therapists	0	0	0.00	0.00	25.00	
26.00	Other Medical Staff	0	0	0	0.00	26.00	

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

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To: 12/31/2024Run Date Time: 5/28/2025 6:32 pm
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2540-10
Version: 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

COMPLETE CARE AT SHREWSBURY

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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 SHREWSBURY

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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			3,695,942		0	3,695,942	420,186	4,116,128
3.00	00300	EMPLOYEE BENEFITS		0	852,765	852,765	0	852,765	0	852,765
4.00	00400	ADMINISTRATIVE & GENERAL	693,384	2,332,266	3,025,650		0	3,025,650	-758,909	2,266,741
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	57,845	558,901	616,746		0	616,746	0	616,746
6.00	00600	LAUNDRY & LINEN SERVICE		0	10,712	10,712	0	10,712	0	10,712
7.00	00700	HOUSEKEEPING	431,569	36,327	467,896		0	467,896	0	467,896
8.00	00800	DIETARY		580,838	507,909	1,088,747	0	1,088,747	-150	1,088,597
9.00	00900	NURSING ADMINISTRATION		572,090	0	572,090	0	572,090	0	572,090
10.00	01000	CENTRAL SERVICES & SUPPLY		33,298	0	33,298	0	33,298	0	33,298
12.00	01200	MEDICAL RECORDS & LIBRARY		0	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE		101,749	9,136	110,885	0	110,885	0	110,885
15.00	01500	PATIENT ACTIVITIES		124,214	36,068	160,282	0	160,282	0	160,282
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY		2,231,646	2,323,671	4,555,317	0	4,555,317	0	4,555,317
31.00	03100	NURSING FACILITY		0	0	0	0	0	0	31.00
32.00	03200	ICF/IID		0	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE		0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY		0	40,645	40,645	0	40,645	0	40,645
41.00	04100	LABORATORY		0	64,649	64,649	0	64,649	0	64,649
42.00	04200	INTRAVENOUS THERAPY		0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY		0	1,402	1,402	0	1,402	0	1,402
44.00	04400	PHYSICAL THERAPY		0	470,607	470,607	0	470,607	0	470,607
45.00	04500	OCCUPATIONAL THERAPY		0	444,988	444,988	0	444,988	0	444,988
46.00	04600	SPEECH PATHOLOGY		0	138,835	138,835	0	138,835	0	138,835
47.00	04700	ELECTROCARDIOLOGY		0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS		0	356,395	356,395	0	356,395	0	356,395
51.00	05100	SUPPORT SURFACES		0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	07100	AMBULANCE		0	6,841	6,841	0	6,841	0	6,841
73.00	07300	CMHC		0	0	0	0	0	0	73.00
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
89.00		SUBTOTALS (sum of lines 1-84)		4,826,633	11,888,059	16,714,692	0	16,714,692	-338,873	16,375,819
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN		0	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP		0	19	19	0	19	0	19
92.00	09200	PHYSICIANS PRIVATE OFFICES		0	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS		0	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY		0	0	0	0	0	0	94.00
100.00		TOTAL		4,826,633	11,888,078	16,714,711	0	16,714,711	-338,873	16,375,838

COMPLETE CARE AT SHREWSBURY

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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.

COMPLETE CARE AT SHREWSBURY

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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	25,229	62,739	0	62,739	0	87,968	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	25,653	2,967	0	2,967	0	28,620	0	6.00
7.00	Subtotal (sum of lines 1-6)	50,882	65,706	0	65,706	0	116,588	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	50,882	65,706	0	65,706	0	116,588	0	9.00

COMPLETE CARE AT SHREWSBURY

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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	-5,590	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	-37,019		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Revenue - Employee meals	B	-150	DIETARY	8.00 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	-108	ADMINISTRATIVE & GENERAL	4.00 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	*** Cost Center Deleted ***	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	RESIDENT MISSING ITEMS	A	-184	ADMINISTRATIVE & GENERAL	4.00 25.00
25.01	MARKETING	A	-23,506	ADMINISTRATIVE & GENERAL	4.00 25.01
25.02	BAD DEBT	A	-272,316	ADMINISTRATIVE & GENERAL	4.00 25.02
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-338,873		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 SHREWSBURY

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Version: 11.1.179.1STATEMENT 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	1.00 CAP REL COSTS - BLDGS & FIXTURES	RENT	0	3,294,300	-3,294,300	1.00
2.00	4.00 ADMINISTRATIVE & GENERAL	A&G	57,026	0	57,026	2.00
3.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	DEPRECIATION	445,200	0	445,200	3.00
4.00	1.00 CAP REL COSTS - BLDGS & FIXTURES	INTEREST	3,274,876	0	3,274,876	4.00
5.00	4.00 ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	390,899	910,720	-519,821	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.			4,168,001	4,205,020	-37,019

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:

COMPLETE CARE AT SHREWSBURY

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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	4,116,128	4,116,128							1.00
3.00	EMPLOYEE BENEFITS	852,765	0	852,765						3.00
4.00	ADMINISTRATIVE & GENERAL	2,266,741	659,330	122,506	3,048,577	3,048,577				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	616,746	150,305	10,220	777,271	177,798	955,069			5.00
6.00	LAUNDRY & LINEN SERVICE	10,712	31,490	0	42,202	9,654	9,096	60,952		6.00
7.00	HOUSEKEEPING	467,896	42,471	76,249	586,616	134,187	12,267	0	733,070	7.00
8.00	DIETARY	1,088,597	394,977	102,622	1,586,196	362,838	114,088	0	89,572	8.00
9.00	NURSING ADMINISTRATION	572,090	43,714	101,076	716,880	163,984	12,627	0	9,913	9.00
10.00	CENTRAL SERVICES & SUPPLY	33,298	0	5,883	39,181	8,963	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	9,116	0	9,116	2,085	2,633	0	2,067	12.00
13.00	SOCIAL SERVICE	110,885	7,873	17,977	136,735	31,278	2,274	0	1,785	13.00
15.00	PATIENT ACTIVITIES	160,282	14,709	21,946	196,937	45,049	4,249	0	3,336	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	4,555,317	2,584,699	394,286	7,534,302	1,723,454	746,581	60,952	586,157	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	40,645	0	0	40,645	9,297	0	0	0	40.00
41.00	LABORATORY	64,649	0	0	64,649	14,788	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,402	0	0	1,402	321	0	0	0	43.00
44.00	PHYSICAL THERAPY	470,607	137,045	0	607,652	138,999	39,585	0	31,079	44.00
45.00	OCCUPATIONAL THERAPY	444,988	21,339	0	466,327	106,671	6,164	0	4,839	45.00
46.00	SPEECH PATHOLOGY	138,835	1,347	0	140,182	32,066	389	0	305	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	356,395	0	0	356,395	81,524	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	6,841	0	0	6,841	1,565	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	16,375,819	4,098,415	852,765	16,358,106	3,044,521	949,953	60,952	729,053	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	19	17,713	0	17,732	4,056	5,116	0	4,017	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	16,375,838	4,116,128	852,765	16,375,838	3,048,577	955,069	60,952	733,070	100.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/28/2025 6:32 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 SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	
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	2,152,694								8.00
9.00	NURSING ADMINISTRATION	0	903,404							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	48,144						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	15,901					12.00
13.00	SOCIAL SERVICE	0	0	0	0	172,072				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	249,571			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	2,152,694	903,404	0	15,901	172,072	249,571	14,145,088	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	49,942	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	79,437	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	0	0	1,723	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	817,315	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	584,001	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	172,942	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	48,144	0	0	0	486,063	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	8,406	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	2,152,694	903,404	48,144	15,901	172,072	249,571	16,344,917	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	30,921	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	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	2,152,694	903,404	48,144	15,901	172,072	249,571	16,375,838	0	100.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

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	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 SERVICES & 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	14,145,088	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	49,942	40.00
41.00	LABORATORY	79,437	41.00
42.00	INTRAVENOUS THERAPY	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,723	43.00
44.00	PHYSICAL THERAPY	817,315	44.00
45.00	OCCUPATIONAL THERAPY	584,001	45.00
46.00	SPEECH PATHOLOGY	172,942	46.00
47.00	ELECTROCARDIOLOGY	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	486,063	49.00
51.00	SUPPORT SURFACES	0	51.00

OTHER REIMBURSABLE COST CENTERS

71.00	AMBULANCE	8,406	71.00
73.00	CMHC	0	73.00

SPECIAL PURPOSE COST CENTERS

80.00	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	INTEREST EXPENSE		81.00
89.00	SUBTOTALS (sum of lines 1-84)	16,344,917	89.00

NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	BARBER AND BEAUTY SHOP	30,921	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	16,375,838	100.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:32 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	BLDGS & 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	659,330	659,330	0	659,330				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	150,305	150,305	0	38,453	188,758			5.00
6.00	LAUNDRY & LINEN SERVICE	0	31,490	31,490	0	2,088	1,798	35,376		6.00
7.00	HOUSEKEEPING	0	42,471	42,471	0	29,021	2,425	0	73,917	7.00
8.00	DIETARY	0	394,977	394,977	0	78,472	22,548	0	9,032	8.00
9.00	NURSING ADMINISTRATION	0	43,714	43,714	0	35,465	2,495	0	1,000	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,938	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	9,116	9,116	0	451	520	0	208	12.00
13.00	SOCIAL SERVICE	0	7,873	7,873	0	6,765	449	0	180	13.00
15.00	PATIENT ACTIVITIES	0	14,709	14,709	0	9,743	840	0	336	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	2,584,699	2,584,699	0	372,742	147,553	35,376	59,103	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/HID	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	2,011	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	3,198	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	69	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	137,045	137,045	0	30,062	7,824	0	3,134	44.00
45.00	OCCUPATIONAL THERAPY	0	21,339	21,339	0	23,070	1,218	0	488	45.00
46.00	SPEECH PATHOLOGY	0	1,347	1,347	0	6,935	77	0	31	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	17,632	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	338	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
89.00	Subtotals (sum of lines 1-84)	0	4,098,415	4,098,415	0	658,453	187,747	35,376	73,512	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	17,713	17,713	0	877	1,011	0	405	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	4,116,128	4,116,128	0	659,330	188,758	35,376	73,917	100.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:32 pm

MCRIF32

2540-10

Version: 11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	
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	505,029								8.00
9.00	NURSING ADMINISTRATION	0	82,674							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	1,938						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	10,295					12.00
13.00	SOCIAL SERVICE	0	0	0	0	15,267				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	25,628			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	505,029	82,674	0	10,295	15,267	25,628	3,838,366	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	2,011	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	3,198	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	0	0	69	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	178,065	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	46,115	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	8,390	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	1,938	0	0	0	19,570	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	338	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	505,029	82,674	1,938	10,295	15,267	25,628	4,096,122	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	20,006	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	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	505,029	82,674	1,938	10,295	15,267	25,628	4,116,128	0	100.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period: 01/01/2024
From: 12/31/2024
To: 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 SERVICES & 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	3,838,366	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	2,011	40.00
41.00	LABORATORY	3,198	41.00
42.00	INTRAVENOUS THERAPY	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	69	43.00
44.00	PHYSICAL THERAPY	178,065	44.00
45.00	OCCUPATIONAL THERAPY	46,115	45.00
46.00	SPEECH PATHOLOGY	8,390	46.00
47.00	ELECTROCARDIOLOGY	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	19,570	49.00
51.00	SUPPORT SURFACES	0	51.00

OTHER REIMBURSABLE COST CENTERS

71.00	AMBULANCE	338	71.00
73.00	CMHC	0	73.00

SPECIAL PURPOSE COST CENTERS

80.00	MALPRACTICE PREMIUMS & PAID LOSSES		80.00
81.00	INTEREST EXPENSE		81.00
89.00	SUBTOTALS (sum of lines 1-84)	4,096,122	89.00

NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	90.00
91.00	BARBER AND BEAUTY SHOP	20,006	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	4,116,128	100.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:32 pm

MCRIF32 2540-10

Version: 11.1.179.1



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	39,736								1.00
3.00	EMPLOYEE BENEFITS	0	4,826,633							3.00
4.00	ADMINISTRATIVE & GENERAL	6,365	693,384	-3,048,577	13,327,261					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,451	57,845	0	777,271	31,920				5.00
6.00	LAUNDRY & LINEN SERVICE	304	0	0	42,202	304	35,324			6.00
7.00	HOUSEKEEPING	410	431,569	0	586,616	410	0	31,206		7.00
8.00	DIETARY	3,813	580,838	0	1,586,196	3,813	0	3,813	105,972	8.00
9.00	NURSING ADMINISTRATION	422	572,090	0	716,880	422	0	422	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	33,298	0	39,181	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	88	0	0	9,116	88	0	88	0	12.00
13.00	SOCIAL SERVICE	76	101,749	0	136,735	76	0	76	0	13.00
15.00	PATIENT ACTIVITIES	142	124,214	0	196,937	142	0	142	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	24,952	2,231,646	0	7,534,302	24,952	35,324	24,952	105,972	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	40,645	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	64,649	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	0	0	1,402	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,323	0	0	607,652	1,323	0	1,323	0	44.00
45.00	OCCUPATIONAL THERAPY	206	0	0	466,327	206	0	206	0	45.00
46.00	SPEECH PATHOLOGY	13	0	0	140,182	13	0	13	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	356,395	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	6,841	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
89.00	Subtotals (sum of lines 1-84)	39,565	4,826,633	-3,048,577	13,309,529	31,749	35,324	31,035	105,972	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	171	0	0	17,732	171	0	171	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	PATIENT'S 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)	4,116,128	852,765		3,048,577	955,069	60,952	733,070	2,152,694	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	103.586873	0.176679		0.228747	29,920708	1,725512	23,491316	20,313800	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		659,330	188,758	35,376	73,917	505,029	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.049472	5,913471	1,001472	2,368679	4,765683	105.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period: 01/01/2024

Run Date Time: 5/28/2025 6:32 pm

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To: 12/31/2024

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	PATIENT ACTIVITIES (PATIENT DAYS)	
		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	113,646					9.00
10.00	CENTRAL SERVICES & SUPPLY	0	356,395				10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	35,324			12.00
13.00	SOCIAL SERVICE	0	0	0	35,324		13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	35,324	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	113,646	0	35,324	35,324	35,324	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	356,395	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
73.00	CMHC	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS							
80.00	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	INTEREST EXPENSE						81.00
89.00	SUBTOTALS (sum of lines 1-84)	113,646	356,395	35,324	35,324	35,324	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)	903,404	48,144	15,901	172,072	249,571	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	7.949281	0.135086	0.450147	4.871249	7.065196	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	82,674	1,938	10,295	15,267	25,628	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.727470	0.005438	0.291445	0.432199	0.725512	105.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period: 01/01/2024
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/28/2025 6:32 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	49,942	17,100	2.920585	40.00
41.00	LABORATORY	79,437	0	0.000000	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,723	0	0.000000	43.00
44.00	PHYSICAL THERAPY	817,315	664,288	1.230362	44.00
45.00	OCCUPATIONAL THERAPY	584,001	643,244	0.907900	45.00
46.00	SPEECH PATHOLOGY	172,942	328,488	0.526479	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	486,063	356,395	1.363832	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS					
71.00	AMBULANCE	8,406	0	0.000000	71.00
100.00	Total	2,199,829	2,009,515		100.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/28/2025 6:32 pm

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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	2.920585	17,100	0	49,942	0	40.00
41.00	LABORATORY	0.000000	0	0	0	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	1.230362	396,684	0	488,065	0	44.00
45.00	OCCUPATIONAL THERAPY	0.907900	383,911	0	348,553	0	45.00
46.00	SPEECH PATHOLOGY	0.526479	231,247	0	121,747	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	1.363832	210,210	0	286,691	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)		1,239,152	0	1,294,998	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 SHREWSBURY

Provider CCN: 315136

Period:
From: 01/01/2024
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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)				1.363832	1.00
2.00	Program vaccine charges (From your records, or the PS&R)				5,747	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)				7,838	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	49,942	0	0.000000	49,942	0	40.00
41.00	LABORATORY	79,437	0	0.000000	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1,723	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	817,315	0	0.000000	488,065	0	44.00
45.00	OCCUPATIONAL THERAPY	584,001	0	0.000000	348,553	0	45.00
46.00	SPEECH PATHOLOGY	172,942	0	0.000000	121,747	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	486,063	0	0.000000	286,691	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	2,191,423	0		1,294,998	0	100.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period: 01/01/2024

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/28/2025 6:32 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	35,324	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	11,104	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	14,145,088	5.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

6.00	General inpatient routine service charges	18,161,729	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.778840	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)	14,145,088	15.00

PROGRAM INPATIENT ROUTINE SERVICE COSTS

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	400.44	16.00
17.00	Program routine service cost (Line 3 times line 16)	4,446,486	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)	4,446,486	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)	3,838,366	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	108.66	21.00
22.00	Program capital related cost (Line 3 times line 21)	1,206,561	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	3,239,925	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)	3,239,925	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	35,324	1.00
2.00	Program inpatient days (see instructions)	11,104	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)	0.314347	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

COMPLETE CARE AT SHREWSBURY

Provider CCN: 315136

Period: 01/01/2024 From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/28/2025 6:32 pm MCRIF32 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)	9,085,814	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)	9,085,814	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinurance	1,345,460	5.00
6.00	Allowable bad debts (From your records)	590,827	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	229,785	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	384,038	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)	8,124,392	11.00
12.00	Interim payments (See instructions)	7,585,611	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)	7,681	14.75
14.99	Sequestration amount (see instructions)	154,807	14.99
15.00	Balance due provider/program (see Instructions)	376,293	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)	7,838	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	7,838	19.00
20.00	Medicare Part B ancillary charges (See instructions)	5,747	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	5,747	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)	5,747	25.00
26.00	Interim payments (See instructions)	5,632	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)	115	28.99
29.00	Balance due provider/program (see instructions)	0	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 SHREWSBURY

Provider CCN: 315136

Period: 01/01/2024 From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/28/2025 6:32 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	07/17/2024	41,747	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)		-41,747		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)		7,585,611		5,632	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		376,293		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,961,904		5,632	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 SHREWSBURY

Provider CCN: 315136

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/28/2025 6:32 pm
MCRIF32
2540-10
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	90,130	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	3,717,698	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	-54,686	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	75,867	0	0	0	8.00
9.00	Other current assets	16,066	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)	3,845,075	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	87,968	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	28,619	0	0	0	23.00
24.00	Less: Accumulated depreciation	-11,245	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)	105,342	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	84,091	0	0	0	31.00
32.00	Other assets	714,878	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	798,969	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	4,749,386	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	1,814,443	0	0	0	35.00
36.00	Salaries, wages, and fees payable	1,351,775	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	16,340	0	0	0	38.00
39.00	Deferred income	178,842	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)	3,361,400	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	1,691,940	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)	1,691,940	0	0	0	50.00

COMPLETE CARE AT SHREWSBURY

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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	
		5,053,340	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-303,954				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)	-303,954	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	4,749,386	0	0	0	60.00

(-) = contra amount

COMPLETE CARE AT SHREWSBURY

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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			-1,803,650		0		0		0 1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)			1,499,694						2.00
3.00	Total (sum of line 1 and line 2)			-303,956		0		0		0 3.00
4.00	Additions (credit adjustments)									4.00
5.00	ROUNDING		2		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)			2		0		0		0 10.00
11.00	Subtotal (line 3 plus line 10)			-303,954		0		0		0 11.00
12.00	Deductions (debit adjustments)									12.00
13.00			0		0		0		0	13.00
14.00			0		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)			0		0		0		0 18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)			-303,954		0		0		0 19.00

COMPLETE CARE AT SHREWSBURY

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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	18,161,729		18,161,729	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)	18,161,729		18,161,729	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	2,009,514	0	2,009,514	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	70	0	70	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	20,171,313		0	20,171,313
14.00					14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		16,714,711	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)		16,714,711	15.00

COMPLETE CARE AT SHREWSBURY

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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)	20,171,313	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,962,756	2.00
3.00	Net patient revenues (Line 1 minus line 2)	18,208,557	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	16,714,711	4.00
5.00	Net income from service to patients (Line 3 minus 4)	1,493,846	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,590	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	108	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	150	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other miscellaneous revenue (specify)	0	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	5,848	25.00
26.00	Total (Line 5 plus line 25)	1,499,694	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)	1,499,694	31.00