Pre-fatory - Certified Public Accountant		Name
		9290
Certified Public Accounting Firm	001	Freed Maxick
Name of CPA	002	Stephen D Holt
CPA License Number	003	058317

Pre-fatory - RHCF Ownership Type		Name	Code
		9099	0099
Ownership Type	001	6 = Public / Governmental	6

Pre-fatory - 1) Ownership Information Operations		Names of Established Operators (1)	Number (2)	Social Security Number	Percent Ownership (3)
		9100	0100	9101	0101
	001	Genesee County	1		100.00
	002				
	003				
	004				
	005				
	006				
	007				
	008				
	009				
	010				
	011				
	012				
	013				
	014				
	015				
	016				
	017				
	018				
	019				
	020				
	021				
	022				
	023				
	024				
	025				
	099	Total	1		100.00

(1) Proprietary & Not-For-Profit Corporation Identify Stockholders or Board of Directors on next Schedule
(2) Enter 1 for each Operator
(3) Must Total 100%

					Voluntary		
Pre-fatory - 2) Corporate Stockholders / Board of Directors		Stockholders / Directors Names	Number (1)	% of Owner. (2)	Term in Years	Date Term Expires MM/DD/YY	If Person Affiliated with Other RHCF, How Many?
		9102	0102	0103	0104	0105	0106
	001	Genesee County	1	100.00			
	002						
	003						
	004						
	005						
	006						
	007						
	008						
	009						
	010						
	011						
	012						
	013						
	014						
	015						
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	021						
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	028						
	029						
	030						
	031						
	032						
	033						
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	036						
	037						
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	040						
	041						
	042						
	043						
	044						
	045						
	046						
	047						
	048						
	049						
	050						
	051						
	099	Total	1	100.00			

(1) Enter 1 for each person listed
(2) Must Total 100%

				Percent Ownership		
Pre-fatory - 3) Ownership Information Tangible Property		Tangible Property Ownership(1) Owners Name(s)	Social Security Number	Land	Building	Moveable Equipment
		9107	9108	0107	0108	0109
	001	Genesee County		100.00%	100.00%	100.00%
	002					
	003					
	004					
	005					
	006					
	007					
	008					
	009					
	010					
	011					
	012					
	013					
	014					
	015					
	016					
	017					
	018					
	019					
	020					
	021					
	022					
	023					
	024					
	025					
	099	Totals (Must = 100%)		100.00%	100.00%	100.00%

(1) If owner is a corporation, identify the stockholder(s) on the next schedule

Pre-fatory - 4] Corporate Stockholders		Name of Corporation	Name of Stockholder	Number (1)	Percent Owner	Type of Prop. (2)
		9110	9111	0110	0111	9112
	001					
	002					
	003					
	004					
	005					
	006					
	007					
	008					
	009					
	010					
	011					
	012					
	013					
	014					
	015					
	016					
	017					
	018					
	019					
	020					
	021					
	022					
	023					
	024					
	025					
	099	Totals				

(1) Enter 1 for each stockholder
(2) Identify type of property:
1 = Land
2 = Building
3 = Moveable Equipment

Pre-fatory - 5) Ownership Information - Related Companies		
		0390
Does this RHCF have Related Companies?		
If NO enter 1, if YES enter 2 and complete the next section.	001	1

						Principal Activity (Enter 1)						
Pre-fatory - 5) Ownership Information - Related Companies		Name of Related Company	Enter 1 for Each Co.	% Owned (1)	State (2)	RHCF	Realty	C.O. Manag.	EDP/ Acct.	Other Specify	Part III Filed Y or N	Fin. State Filed Y or N
		9391	0391	0392	9392	0393	0394	0395	0396	9394	9395	9396
	001											
	002											
	003											
	004											
	005											
	006											
	007											
	008											
	009											
	010											
	011											
	012											
	013											
	014											
	015											
	099	Totals										

(1) % owned by Operators of reporting RHCF
(2) State facility located in
Realty = Realty Co.
C.O./Mang. = Central Office Management
EDP/Acct. = Electronic Data Processing / Accounting
Other = Specify type

Pre-fatory - 6) Related Company Employees with a NYS Nursing Home Admin License		
		0397
Do any employees of Related Companies have a NYS Nursing Home		
Administrators License?		
If NO enter 1, if YES enter 2 and complete the next section.	001	

		Individual with NYS NH Admin License			
Pre-fatory - 6) Related Company Employees with a NYS Nursing Home Admin License (continued)		Name	Related Co. Name	Hours Worked Per Week	Annual Salary
		9398	9399	0398	0399
	001				
	002				
	003				
	004				
	005				
	006				
	007				
	008				
	009				
	010				
	011				
	012				

Part I - 1) Patient Services Provided		RHCF
		0401
Activities Program	001	1
Audiology (Hearing Therapy)	002	
Clinical Laboratory	003	2
Dental (Dentistry)	004	1
Respiratory Therapy	005	
Psychological	006	1
Occupational Therapy	007	1
Outpatient Services	008	1
Oxygen	009	1
Pharmacy	010	2
Physical Therapy	011	1
Physician Services	012	1
Podiatry	013	1
Prescription Drugs	014	1
Residential Personal Services	015	
Special Duty Nurses	016	
Social Work Services	017	1
Speech Therapy	018	1
Optometry	019	1
Diagnostic Radiology	020	2

PATIENT SERVICES PROVIDED: ENTER 1 OR 2 FOR EACH SERVICE PROVIDED BY YOUR FACILITY ON LAST DAY OF COST REPORT PERIOD, LEAVE BLANK IF NOT PROVIDED.

		RHCF		
Part I - 2) Bed Capacity Changes		Effective Date MM/DD/YY	No. Beds From	No. Beds To
		0407	0408	0409
Change No. 1	001			
Change No. 2	002			
Change No. 3	003			
Change No. 4	004			
Change No. 5	005			
Change No. 6	006			

Part I - 3) Bed Capacity - Patient Days		RHCF	Total
		0410	0620
B. Bed Capacity (Total Facility)			
Enter Bed Capacity on Last Reporting Day			
1. Beds Set Up and Staffed For Use	007	160	160
2. Certified Medicare Bed Capacity	008	160	160
C. Number of Days of Care Provided During			
the Period: Include Reserve Bed Days			
Medicaid Days Paid by:			
1. Health	009	44,760	44,760
1A. Managed Care Provider	032		
of Which How Many Patient Days Were:			
Medicare Part B eligible (only)	010	2,790	2,790
Medicare Part D eligible (only)	022		
Medicare Part B and D eligible	023	40,867	40,867
Medicare Part B and D ineligible	024	1,103	1,103
2. Medicare (Days)	012	2,850	2,850
2A. Medicare - Managed Care Provider (Days)	033	2,450	2,450
3. Blue Cross (Days)	013	640	640
4. Other Private Insurance (Days)	014	76	76
4A.Private Pay Patient (Days)	031	4,907	4,907
5. Veterans Admin. (Days)	015		
6. Other (Days) Specify	016		
7. TOTAL (Sum of 009, 012-016, 031-033)	017	55,683	55,683
8. Total Number of Bed Reservations			
Established During Reporting Period	018	31	31
8A. Reserved Bed Days Included in			
TOTAL (Line 017 Above)	019	131	131
8B. Of Line 019, Number of Medicaid			
Hospital Bed Reservation Days	020	130	130
8C. Of Line 019, Number of Medicaid			
Therapeutic Leave Days	021	1	1

Part I - 4) Report Period and Medicare Information		
		0437
Report Period		
Beginning Date of Report (MM/DD/YY)	001	01/01/13
Ending Date of Report (MM/DD/YY)	002	12/31/13
Medicare Information		
Does Facility Have a Medicare Provider Number?		
(1 = Yes, 2 = No)	019	1
If Yes, Enter Medicare Number	020	335423
Physician Billing Code	021	

Part I - 5) Census		RHCF	Total
		0411	0621
Number of Patients:			
1. Census Data Beginning of Report Period:			
A) Census Midnight of Last Day of			
Previous Report Period	001	154	154
B) Of 001 Number on Bed Reservations	002		
2. Admissions During Reporting Period:			
A) From Hospital	003	244	244
B) From Private Residence	004	12	12
C) From Another RHCF	005	10	10
D) From Adult Care Facilities (ACF)	007	23	23
E) From OMH Psychiatric Centers	008		
F) From OMR Developmental Centers	009		
G) From Other Than Above (Specify)	010		
H) From Other Certified Program			
Service(s) At The Facility	011		
I) Total Admissions and Transfers	012	289	289
3 Total Patients Under Care During			
Report Period (Sum of Lines 001 + 012)	013	443	443
4 Discharges During Report Period			
A) To Hospital	014	75	75
B) To Private Residence	015	139	139
C) To Another RHCF	016	1	1
D) To Adult Care Facilities (ACF)	018	9	9
E) To State Fac(Psych & Developmental Ctrs)	019		
F) Deaths (In-House)	020	61	61
G) To Other Than Above Specify	021		
H) To Other Certified Program			
Service(s) At The Facility	022		
I) Total Discharges and Transfers	023	285	285
5 Census Data End of Report Period			
A) Census Midnight of Last Day of			
This Report Period	024	158	158
B) Of 024 Number on Bed Reservations	025	1	1

		RHCF		
Part I - 6) Age		Male	Female	Total
		0412	0413	0414
Age:				
0-15	001			
16-20	002			
21-54	003	1	3	4
55-64	004	5	10	15
65-69	005	1	5	6
70-74	006	1	12	13
75-79	007	2	6	8
80-84	008	5	19	24
85-89	009	8	33	41
90+	010	5	42	47
Total	011	28	130	158

NUMBER OF PATIENTS AS OF LAST DAY OF REPORT PERIOD:
NOTE: IF AGE IS UNKNOWN APPROXIMATE. TOTALS MUST AGREE WITH CC/LINE 0011/024 (CENSUS MIDNIGHT OF LAST DAY OF REPORT PERIOD)

		RHCF		
Part I - 7) Financial Arrangements (as of last day of report period)		Total Patients	Daily Rate Minimum	Daily Rate Maximum
		0413	0414	0415
Payors:				
A. Private	012	14	348.00	348.00
B. Medicaid	013	125	171.66	173.03
C. Medicare	014	11	165.87	682.07
D. Blue Cross	015	2	175.00	325.00
E. Veterans Admin.	016			
F. Other	017	6	165.87	682.07
G. Total *	018	158		
H. Previous Private **	019			
I. Weighted Average				
Private Pay Rate	026	348.00		

NOTE: *TOTALS MUST AGREE WITH CC/LINE, 0011/024
**MEDICAID PATIENTS (INCLUDED IN LINE 013 ABOVE)
THAT WERE PREVIOUS PRIVATE PAY

Part I - 8) Primary Payor of New* Admissions at the time of Admission		RHCF	Total
		0413	0613
Medicare/Private (including Private Insurance)	020	102	102
Medicare/Medicaid	021	5	5
Private and Other	022	145	145
Medicaid	023	37	37
Veterans Admin.	024		
Total	025	289	289

*TOTAL NEW ADMISSIONS IS DEFINED AS ALL ADMISSIONS (CC/LINE, 0011/012) EXCLUDING READMISSIONS (CC/LINE, 0011/027) AND, FOR MULTILEVEL FACILITIES, ADMISSIONS FROM OTHER COLUMN OF FACILITY (CC/LINE, 0011/011).

		RHCF				
Part I - 9) Length of Stay for Patients Discharged During Reporting		To Hospital	To RHCF	To ACF	To Home	Death
		0414	0415	0417	0418	0419
0-07 Days	026	12		2	14	2
08-14 Days	027	10		1	45	
15-21 Days	028	7		2	30	
22-30 Days	029	5		1	24	2
1 - 2 Mo.	030	9	1	2	20	8
2 - 3 Mo.	031	3		1	3	3
3 - 4 Mo.	032	2			1	4
4 - 5 Mo.	033	1			1	3
5 - 6 Mo.	034	2				2
6 - 9 Mo.	035	3				4
9 -12 Mo.	036	5				1
12-15 Mo.	037	4				1
15-18 Mo.	038	4				3
18-21 Mo.	039				1	5
21-24 Mo.	040	1				3
24-27 Mo.	041	2				
27-30 Mo.	042	2				5
30-33 Mo.	043	1				4
33-36 Mo.	044					2
36-39 Mo.	045	2				2
39-42 Mo.	046					
42-45 Mo.	047					2
45-48 Mo.	048					
48 + Mo.	049					5
Total	050	75	1	9	139	61

A. PATIENT ORIGIN BY COUNTY, RESIDENTIAL HEALTH CARE PATIENTS ONLY. ENTER THE NUMBER OF PATIENTS UNDER CARE AS OF THE LAST DAY OF THE REPORT PERIOD BY COUNTY OF RESIDENCE AT THE TIME OF MOST RECENT ADMISSION AND BY SOURCE OF PAYMENT. DESIGNATE THE COUNTY OF ORIGIN BY ENTERING THE FOLLOWING APPROPRIATE CODE NUMBERS IN COLUMN A.

01 ALBANY	19 GREENE	39 PUTNAM	59 WESTCHESTER
02 ALLEGANY	20 HAMILTON	41 RENSSELAER	60 WYOMING
03 BROOME	21 HERKIMER	43 ROCKLAND	61 YATES
04 CATTARAUGUS	22 JEFFERSON	44 ST. LAWRENCE	70 BRONX
05 CAYUGA	24 LEWIS	45 SARATOGA	71 KINGS
06 CHAUTAUGUA	25 LIVINGSTON	46 SCHENECTADY	72 MANHATTAN
07 CHEMUNG	26 MADISON	47 SCHOHARIE	73 QUEENS
08 CHENANGO	27 MONROE	48 SCHUYLER	74 RICHMOND
09 CLINTON	28 MONTGOMERY	49 SENECA	
10 COLUMBIA	29 NASSAU	50 STEUBEN	
11 CORTLAND	31 NIAGARA	51 SUFFOLK	
12 DELAWARE	32 ONEIDA	52 SULLIVAN	
13 DUTCHESS	33 ONONDAGA	53 TIOGA	
14 ERIE	34 ONTARIO	54 TOMPKINS	
15 ESSEX	35 ORANGE	55 ULSTER	
16 FRANKLIN	36 ORLEANS	56 WARREN	
17 FULTON	37 OSWEGO	57 WASHINGTON	
18 GENESEE	38 OTSEGO	58 WAYNE	

		RHCF			
Part I - 10) County of Origin		Col A.	Medicaid	Medicare	Private Pay or Other
		0422	0423	0424	0425
	001	14	4		1
	002	18	111	10	18
	003	27	3		
	004	36	2	1	
	005	58	1		
	006	60	4		3
	007				
	008				
	009				
	010				
	011				
	012				
	013				
	014				
	015				
	016				
	017				
	018				
	019				
	020				
	021				
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	034				
	035				
	036				
	037				
	038				
	039				
	040				
	041				
CT	042	92			
MA	043	93			
NJ	044	94			
PA	045	95			
VT	046	96			
Other U.S.	047	97			
Outside U.S.	048	98			
Total	049	99	125	11	22

NOTE: COLUMN TOTALS MUST AGREE WITH CORRESPONDING TOTALS ON CC/LINE 0413/018. PLEASE USE ONLY ONE LINE FOR EACH COUNTY OF ORIGIN, STARTING WITH LINE 1.

		RHCF							
Part I - 11) Nursing / Resident Unit Certified Bed Capacities									
		0426	0427	0428	0429	0430	0431	0432	0433
N.U. 1-8	001	1	2	3	4	5	6	7	8
	012	40	40	40	40				
N.U. 9-16	002	9	10	11	12	13	13	15	16
	013								
N.U. 17-24	003	17	18	19	20	21	22	23	24
	014								
N.U. 25-31	004	25	26	27	28	29	30	31	Total
	015								160

A. LABOR ORGANIZATION:

1. ARE ANY RESIDENTIAL HEALTH CARE FACILITY EMPLOYEES REPRESENTED BY A LABOR ORGANIZATION ENTER ?

2. IF ANSWER TO A1 IS YES, SUPPLY APPROPRIATE INFORMATION BELOW USING THE CODE NUMBER IN COLUMN B TO INDICATE UNION AFFILIATION FOR EACH UNIT AS DEFINED IN THE RECOGNITION CLAUSE OF THE LABOR AGREEMENT. IF THE RECOGNITION CLAUSE COVERS MORE THAN ONE UNIT, DATA FOR EACH UNIT MUST BE PROVIDED.
EX: RECOGNITION CLAUSE COVERS NON-PROFESSIONAL EMPLOYEES INCLUDING HOUSEKEEPING, DIETARY, AIDES, ORDERLIES, MAINTENANCE AND CLERICAL. THE HOUSEKEEPING, DIETARY AND ORDERLIES WOULD BE REPORTED ON THE 'SERVICE' LINE 01, THE MAINTENANCE EMPLOYEES ON LINE 02, AND THE CLERICAL EMPLOYEES ON LINE 05.
COLUMN B - UNION CODE

01 DISTRICT 1199, NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES
02 LOCAL 144, HOTEL, HOSP., NURSING HOME AND ALLIED SERVICES-SEIU
03 LOCAL 200, HOTEL, HOSP., NURSING HOME AND ALLIED SERVICES-SEIU
04 LOCAL 721, LICENSED PRACTICAL NURSES OF NYC, AFFIL. WITH HOTEL, HOSP., ETC. - SEIU
05 LOCAL 1115, JOINT BOARD OF NURSING AND HOSPITAL EMPLOYEES
06 LOCAL 4, MEDICAL AND HEALTH EMPLOYEES UNION
07 LOCAL 810, INTERNATIONAL BROTHERHOOD OF TEAMSTERS
08 LOCAL 30, INTERNATIONAL UNION OF OPERATING ENGINEERS
09 LOCAL 907, INTERNATIONAL UNION OF OPERATING ENGINEERS
10 BUFFALO & WESTERN NEW YORK HOSPITAL AND NURSING HOME COUNCIL
11 SNA - NEW YORK STATE NURSES ASSOCIATION
12 CSEA - CIVIL SERVICE EMPLOYEES ASSOCIATION
13 COUNCIL 66, AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES
14 DISTRICT COUNCIL 37, AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES
15 OTHER UNION - PLEASE SPECIFY ON NOTEPAD:

Part I - 12) Labor Organization		COL B	EMPLOYEES IN UNIT	CONTRACT EXPIRATION DATE MM/DD/YY	OTHER UNION SPECIFY
		0603	0604	0605	9605
Are any RHCF employees represented					
by a labor organization	001	1			
(Enter 1 if YES, or 2 if NO)					
COL BARGAINING/NEGOTIATING					
A UNITS					
01 SERVICE	002	12	155	12/31/12	
02 MAINTENANCE	003	12	4	12/31/15	
03 TECHNICAL	004				
04 PHARMACY	005				
05 CLERICAL	006	12	23	12/31/15	
06 LPN	007	12	25	12/31/12	
07 RN	008	12	18	12/31/12	
08 SUPV. NURSES	009				
09 SOCIAL WORKERS	010	12	3	12/31/15	
10 OTHER - SPECIFY	011		18		management

NOTE: LEAVE ANY 'BARGAINING UNIT' LINE BLANK FOR ANY GROUP OF WORKERS WHO ARE EITHER: 1) NOT REPRESENTED BY A UNION OR 2) NOT ON THE FACILITY PAYROLL.

Part I - 13) Number of Employees		Full Time	Part Time	Casual	Total
		0606	0607	0608	0609
Number of Employees	012	153	124	42	319

COUNT EACH PERSON EMPLOYED AND EACH CATEGORY. (I.E. ONE PERSON COULD BE COUNTED TWICE IF THEY WERE EMPLOYED BOTH FULL AND PART TIME) CASUAL SHALL BE DEFINED AS: ANY PERSON EMPLOYED BY THE NURSING HOME ON A PER DIEM BASIS OR THROUGH A CONTRACT WITH A NON-RELATED AGENCY, SERVING IN A CAPACITY NORMALLY FILLED BY A FULL TIME OR PART TIME STAFF INDIVIDUAL. ALL EMPLOYEES HIRED THROUGH A RELATED COMPANY SHALL BE CLASSIFIED AS IF THEY ARE STAFF OF THE NURSING HOME.

Part I - 14) Nursing Home Expenses funded with Health Recruitment and Retention funds		Total Compensation	Non-Compenstion Expenditures	Enter CC/LN where cost is reported on Part IV Exhibit H. If more than one CC/LN enter detail in notepad
		0626	0627	0628
Salary	001			
Employee Uniform Allowance	002			
Group Health Insurance	003			
Pension & Retirement - Union	004			
Pension & Retirement Non Union	005			
Disability	006			
Union Health and Welfare	007			
Employee Meal Allowance	008			
Other Specify Below				
	009			
	010			
	011			
	012			
	013			
	014			
	015			
	016			
	017			
	018			
	019			
	020			
Total	099			

Schedule 7 - Analysis of Net Patient Revenue & Total Operating Revenue		RHCF	Revenue - Other	Total
		0463	0160	0161
Analysis of Total Operating Revenue				
Medicaid Net Revenue				
A. Social Services	011	8,438,865	1,824,529	10,263,394
B. Managed Care Provider	025			
C. Other Services	012			
TOTAL MEDICAID NET REVENUE	001	8,438,865	1,824,529	10,263,394
Medicare Net Revenue				
A. Part A - All Income	002	988,961		988,961
B Part B - Income	003	414,024		414,024
C. Part B - Final Settlement	004			
D. Managed Care Provider	026			
TOTAL MEDICARE NET REVENUE	013	1,402,985		1,402,985
Private Patient Revenue	005	1,433,815	418,140	1,851,955
Other Net Patient Revenue	006	560,828		560,828
TOTAL NET PATIENT REVENUE	010	11,836,493	2,242,669	14,079,162
All Other Operating Revenue*	015	23,016		23,016
TOTAL OPERATING REVENUE	020	11,859,509	2,242,669	14,102,178

*Line 0015 Column 00160 would be used for reporting revenue for all other operating revenue centers.

Schedule 7 - Analysis of Net Patient Revenue & Total Operating Revenue (continued)		Blue Cross	Travelers	Other
		0243	0244	0245
Part B Cash Receipts By Intermediary				
For Report Year	021			
For Prior Year	022			
All Other Years	023			
TOTAL	030			

Schedule B - Medicaid Rate Calculation Supplement		Amount	Location on Part IV* Column/Line Number
		0250	0251
Imputed Value Service Rendered by Operator	001		
Life Insurance Premium on Life of Operator	002		
Interest Not Related To Patient Care	003		
Litigation Against the State	004		
Christmas Parties and Gifts (Not For All Emp)	005		
Advertising	006	9,079	0041/005
Contributions	007		
Private Duty Nursing Fees	008		
Ancillary Cost Not Included in Medicaid Rate:			
	009		
	010		
	011		
	012		
Maintenance Furnished To Institutional Employee	013		
Maintenance Furnished To Other Employees	014		
Clothing and Incidentals	015		
Non-Institutional Costs	016		
Medicare Part B - Final Settlement:			
(1) Physicians	017		
(2) Physical Therapy	018		
	019		
Speech Therapy:			
(1) Speech Pathologist - Salaries & Fees	020	46,612	0039/041
(2) Speech Pathologist - Fringe Benefits	021		
(3) Speech Pathology - Other Direct Expense	022		
Director of Volunteers	023		
Work. Capital Int. Exp. On Obligation(1) > 1 YR	024	24,494	0003/041
Work. Capital Int. Exp. On Obligation(1) <= 1 YR	025		
Ambulance Fees	027	3,217	0039/022
Insurance			
(1) Malpractice	028	18,045	0041/005
(2) General Liability	029	1,126	0041/005
(3) Umbrella (Blanket)	030		
	031		
Interest On Letters Of Credit To Acquire			
Minimum Equity	032		
Intergovernmental Transfer (I.G.T.)	033		

*Location on Part IV refers to the column line where an item is actually reported or the column and line affected if the item would not be properly included on the part IV, ie. prepared in accordance with generally accepted accounting principles.

(1) Do not include: (1) Interest paid to NYSDSS on recovery determinations.
(2) Interest paid on funds borrowed to repay NYSDSS recovery determinations.
(3) Interest paid to related parties.

Schedule 8A - Medicaid Rate Calculation Supplement (continued)		Amount	Location On Part IV Column/Line Number
		0260	0261
Volunteer Coordinator	034	5,752	0034/014
Volunteer Coordinator Benefits	035	2,640	0036/014
	036		
	037		
	038		
	039		
	040		
	041		
	042		
	043		
	044		
	045		
	046		
	047		
	048		
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	050		
	051		
	052		
	053		
	054		
	055		
	056		
	057		
	058		
	059		
	060		

Schedule 8B - Analysis of Bad Debts		RHCF	Adult Day Care	All Other	Total
		0262	0266	0267	0268
Self Pay	001	79,839		92,357	172,196
Medicare - Part A	002				
Medicare - Part B	003				
Medicaid	004				
Other	005				
TOTAL	010	79,839		92,357	172,196

Schedule 8C - General Reimbursement Information		Amount	Where Reported On Exhibit 'H' Column/Line Number
		0291	0292
Facility non-capital costs of providing residents transportation			
for physicians, hospital and other medical appointments.			
TRANSPORTATION OPERATION COSTS - MEDICAL	001	3,217	0044/022
Number of Transports - MEDICAL	007	772	
Depreciation, interest, rent/lease payments and other capital			
costs for vehicles used by facility to provide services on line 001.			
Depreciation	041		
Interest	042		
Rent / Lease Payments	043		
Other Capital	044		
TOTAL TRANSPORTATION CAPITAL COSTS - MEDICAL	002		
Facility's non-capital costs of providing			
transportation to registrants in its ADHCP.			
TRANSPORTATION OPERATING COSTS - ALL ADULT DAY CARE - 1	003		
Number of Transports - ALL ADULT DAY CARE - 1	040		
Depreciation, interest, rent/lease payments and other capital			
costs for vehicles used by facility to provide services on line 003.			
Depreciation	051		
Interest	052		
Rent / Lease Payments	053		
Other Capital	054		
TOTAL TRANSPORTATION CAPITAL COSTS- ADULT DAY CARE- 1	004		
Facility's non-capital costs of non-medical transportation			
activities performed in the operation of facility.			
TRANSPORTATION OPERATING COSTS - OTHER (1)	005		
Depreciation, interest, rent/lease payments and other capital costs			
for vehicles used by facility to provide services on line 005.			
Depreciation	061		
Interest	062		
Rent / Lease Payments	063		
Other Capital	064		
TRANSPORTATION CAPITAL COSTS - OTHER (1)	006		

(1) Do not include maintenance equipment such as lawn mowers, snow blowers, etc.

Schedule 8C - General Reimbursement Information (continued)		Amount	Where Reported On Exhibit 'H' Column/Line Number
		0291	0292
Number of Hepatitis B 'At Risk' employees	010	295	
Number of employees in 010 that completed vaccination			
(3 Shot Series) prior to report year	011		
Number of employees that completed vaccination in report year	012		
Number of inoculations given to employees in report year			
(count each inoculation in series as '1')	013		
Total cost of vaccination for inoc. given to employ. in 013.	014		
Avg. cost Hepatitis B vaccine for 3 injection series	015		
Does the facility provide cafeteria services to its employees based			
on a formal written agreement or policy? 1=Yes, 2=No.	023	2	
If yes, enter actual cost to the facility (Gross cost - employee meal			
charges, all other cafeteria revenue & capital costs.)	024		
DEMENTIA GRANT PROGRAMS:			
Did the facility operate a Dementia Grant Project during the			
report year, the cost of which was reimbursed in the facilities			
Medicaid rate? (Enter 1 for Yes, 2 for No, on Line 018.)	018	2	
If yes, complete lines 019 thru 027 detailing where costs of			
grant are reported.			
Dementia Project:			
	019		
	020		
	021		
	022		
	025		
	026		
	027		
Number of Measles and/or Rubella 'At Risk' employees.	028	295	
Number of employees in 028 that completed vaccination or			
provided cert. of immunization prior to report year.	029	63	
Number of employees that completed vaccination in report year.	030		
Number of inoculations given employees in report year.	031		
Total cost of inoculations given in line 031.	032		
Total cost of syringes used in line 031.	033		
Total cost (lines 032 + 033)	034		
Did you receive Health Recruitment and Retention Revenue			
established by Chapter 1 of the Laws of 2002 which added			
subdivision 18 of Section 2808? (Enter 1 for Yes, 2 for No).	037	2	
Health Recruitment and Retention Revenue (1)	035		
Did you receive Nursing Home Quality Improvement Demonstration			
Program Award Revenue established by Chapter 1 of Laws of 2002			
which added Section 2808-d? (Enter 1 for Yes, 2 for No).	038	2	
Nursing Home Quality Improvement Demonstration Program Grant (2)	036		
Number of Criminal Background Checks in accordance with			
Part 400 of Title 10 of NYCRR	065	58	
Total Cost of Criminal Record Background Checks requested for			
employees on line 065	066	4,601	0005/041

(1) All revenue received in the rate from the Health Recruitment and Retention adjustment.

(2) All revenue received in the rate from the Nursing Home Quality Improvement Demonstration Program Grant Awards pursuant to Section 2808-d.

Schedule 8D - Analysis of Working Capital Interest Expense		Name of Lender	Purpose of Loan / Advance	Term 1=Short 2=Long	Principal Amount	Interest Rate	Amount of Interest*
		9178	9179	9180	0178	0179	0180
	001	JP Morgan Chase	Revenue Anticipation	1	5,000,000	0.48	24,494
	002						
	003						
	004						
	005						
	006						
	007						
	008						
	009						
	010						
TOTALS	025				5,000,000		24,494

*Must agree with sum of ccln's (0025/024 & 0025/025 on schedule 8).

Schedule 8E - Change in Method of rendered Service in operating base		(1=Yes, 2=No)
		0180
Did Facility Have a change in rendered services between the operating base and current cost report		
(ie Laundry and Linen on site to Contracted Laundry offsite) 1=Yes, 2=No:	050	2
If yes list the change in Rendered Service below:		
	051	
	052	
	053	
	054	
	055	
	056	
	057	
	058	
	059	

Schedule 8F - Hospital Property Allocation		Description of the allocated expense	Amount	RHCF 4 Cost Center to allocate to	ICR Cost Center Allocated From
		9178	0178	0179	0180
	030				
	031				
	032				
	033				
	034				
	035				
	036				
	037				
	038				
	039				
	040				
	041				
	042				
	043				
	044				
TOTAL	045				

Schedule 9 - Property Expenses (All Property Expenses Must be Reported on This Schedule)		Amount	Cost Center Line No. Affected
		0270	0271
Building/Fixed Equipment:			
Depreciation - Owned Assets	001	527,294	001
Depreciation - Capitalized Assets	002	262,464	001
Interest - Mortgage(s)	003	10,160	003
Interest - Capitalized Leases	004	95,656	003
Rent	005		001
Property Insurance	006	31,109	005
Boiler Insurance	007	4,476	005
County Allocated Overhead - Interest on Debt	008	3,023	003
	009		
	010		
SPRINKLERS(Accelerated Project Financing Only)			
Depreciation	011		
Interest - Mortgages	012		
Amortization	013		
TOTAL (Lines 001 thru 013)	015	934,182	
Land/Leasehold Improvements:			
Depreciation - Owned Assets	016	3,069	001
Depreciation - Capitalized Leases	017		001
Amortization	018		001
Interest - Owned Assets	019		003
Interest - Capitalized Leases	020		003
Rent	021		001
	022		
	025		
	026		
SPRINKLERS(Accelerated Project Financing Only)			
Depreciation	027		
Interest - Mortgages	028		
Amortization	029		
TOTAL (Lines 016 thru 022 + 025 thru 029)	031	3,069	
Moveable Equipment:			
Depreciation - Owned Assets	032	74,536	002
Depreciation - Capitalized Leases	033		002
Interest - Mortgage(s)	034		003
Interest - Capitalized Leases	035		003
Interest - Other	036		
Equipment Rent A	037	77	006
Equipment Rent B	038	43,337	051
Equipment Rent C	039	4,097	051
Equipment Rent D	040	60	051
Equipment Rent E	041	5,611	051
Equipment Rent F	042		
Equipment Rent G	043		
Equipment Rent H	044		
Equipment Rent I	045		
Equipment Rent J	046		
Equipment Rent K	047		
Equipment Rent L	048		
Equipment Rent M	049		
Equipment Rent N	050		
Equipment Rent O	051		
Equipment Rent P	052		
Equipment Rent Q	053		
Equipment Rent R	054		
Equipment Rent S	055		
Equipment Rent T	056		
Equipment Rent U	057		
Equipment Rent V	058		
Equipment Rent W	059		
Equipment Rent X	060		
Equipment Rent Y	061		
Equipment Rent Z	062		
Computer Equipment Rent	063		
TOTAL Rental (Lines 37 thru 63)	096	53,182	
Auto Insurance	064		
Rent: All Capitalized Leases (Sch. 9A)	065	558,683	
	067		
TOTAL (Lines 032 thru 067)	070	686,401	
Other:			
Sales Tax	071		
Real Estate Taxes	023		005
Payments in lieu of Taxes	094		005
Occupancy Taxes	024		005
Mortgage Insurance Premium	072		
Fees & Charges: 28A Fees	073		005
Fees: Outside PRI Assessor	074		
Other Fees (Specify):			
	075		
Amortization - Mortgage Expense	076	28,965	005
Amortization - Organization Expense	077		
Amortization - Legal Expense	078		005
Nurse Aide Training Costs	079		
Nurse Aide Testing Costs	080		
NYS Revenue Assessment	081	663,554	005
Bad Debts	082	172,196	005
Telephone Equipment - Depreciation	091		
Telephone Equipment - Interest	092		
Telephone Equipment - Rental	093		

Schedule 9A - Capitalized Leased Equipment Information (For All Capitalized Leases)		Lease Date YY/MM/DD	Lease Term In Months	Tot. Lease Payment In Report Period	Capitalized Lease Cost	Int. In Exhibit H Amount	Line	Depr. In Exhibit H Amount	Line	YES = 1, (2) See Footnotes	NO = 2 (3) See Footnotes
		0272	0273	0274	0275	0276	0277	0278	0279	0280	0288
Equipment Description (1)											
Cogen Plant - Phase 1	001	00/10/27	180	292,650	3,101,010	45,513	003	155,050	001	1	2
Energy PErformance Contract - Phase II	002	01/03/21	180	266,033	2,685,353	50,143	003	107,414	001	1	2
	003										
	004										
	005										
	006										
	007										
	008										
	009										
	010										
	011										
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	037										
	038										
	039										
	040										
	041										
	042										
	043										
	044										
	045										
	046										
	047										
	048										
	049										
	050										
TOTAL	099			558,683		95,656		262,464			

(1) If any of the Equipment is leased as part of a Non-Arms Length Arrangement (See Part II, Schedule 16, Section B) explain on Notepad.
(2) Does Facility have the option to purchase the equipment leased? Enter 1 for YES, 2 for NO in Column 0280.
(3) If lease payment has expired or depreciation and/or interest is fully booked or paid, enter 1 for YES, 2 for NO in column 0288

Schedule 10 - Schedule of Depreciation		
		0189
IMPORTANT -		
If the Depreciation listed on Schedule 10 was calculated using a life		
which is equal to or more than the useful life as prescribed in the		
American Hospital Association's publication "ESTIMATED USEFUL LIVES OF		
DEPRECIABLE HOSPITAL ASSETS" (Enter 1 for YES, 2 for NO)	101	1
28A Facilities Must Complete the Following Schedule		
(see Footnotes for Instructions)		
CAPITAL COST CATEGORY		Depreciation
		Article 28A
Land Improvements	201	
Buildings	202	
Building Improvements	203	
Non-Moveable Equipment	204	
Moveable Equipment	205	
Total	206	

Instructions for Facilities Financed Pursuant to
Article 28A of the Public Health Law:

The first line of each Capital Cost Category of Schedule 10 entitled "Article 28A Financed Costs" is to be used to report the total cost of all assets purchased with 28A mortgage loan funds and/or operating escrow funds regardless of amount. The remaining lines in each Capital Cost Category are to be used to report only the cost of assets acquired with non-28A funds.

Schedule 10 - Schedule of Depreciation (continued)		Year Of Acquisition	Historical Cost (Exclusive of Land)	Less Salvage Value	Cost To Be Depreciated	Accum. Depr. At Beginning Of Year	Disposal of Assets	Method Of Computing Depreciation See (3)	Rate (%)	Depreciation For This Year	Con. Or Admin. Approved? (1)	See (2) Below
		0182	0183	0184	0185	0186	0200	0187	0188	0189	0294	0295
A. Land Improvements												
Art. 28A Financed Costs	001							1				
Approved Initial Historical Cost	002							1				
Additions All Other Years	003		201,202		201,202	194,305		1	0.01	1,046		
Preceding Year Additions - Year 5	012							1				
Preceding Year Additions - Year 4	013	2009	465		465	162		1	0.10	46		
Preceding Year Additions - Year 3	014	2010	11,130		11,130	11,130		1				
Preceding Year Additions - Year 2	015	2011	4,365		4,365	819		1	0.13	546		
Preceding Year Additions - Year 1	004	2012	11,449		11,449	716		1	0.12	1,431		
Report Year Additions:												
(Over $1,000,000)	005							1				
(Over $1,000,000)	006							1				
($1,000,000 & Under)	007							1				
($1,000,000 & Under)	008							1				
($1,000,000 & Under)	009							1				
($1,000,000 & Under)	010							1				
($1,000,000 & Under)	011							1				
TOTAL (Lines 001 thru 015)	020		228,611		228,611	207,132			0.01	3,069		
B. Buildings												
Art. 28A Financed Costs	021							1				
Approved Initial Historical Cost	022							1				
Addtions All Other Years	023		5,950,478		5,950,478	5,827,142		1	0.02	102,236		
Preceding Year Additions - Year 5	032							1				
Preceding Year Additions - Year 4	033							1				
Preceding Year Additions - Year 3	034							1				
Preceding Year Additions - Year 2	035							1				
Preceding Year Additions - Year 1	024							1				
Report Year Additions:												
(Over $1,000,000)	025							1				
(Over $1,000,000)	026							1				
($1,000,000 & Under)	027							1				
($1,000,000 & Under)	028							1				
($1,000,000 & Under)	029							1				
($1,000,000 & Under)	030							1				
($1,000,000 & Under)	031							1				
TOTAL (Lines 021 thru 035)	040		5,950,478		5,950,478	5,827,142			0.02	102,236		

(1) Have these expenditures received CON or Administrative Review Approval?
(Enter 1 for Yes, 2 for No in Col. 0294)

(2) Are any of these expenditures of a related nature which in their aggregate would result in a total project cost of over $1,000,000? (Enter 1 for Yes, 2 for No in Col. 0295)

(3) Depreciation methods accepable are: (Indicate by using 1, 2, or 3 in Col. 0187)
1. Straight-line.
2. Declining Balance
3. Sum of the Year's Digits

Schedule 10 - Schedule of Depreciation (continued)		Year Of Acquisition	Historical Cost (Exclusive of Land)	Less Salvage Value	Cost To Be Depreciated	Accum. Depr. At Beginning Of Year	Disposal of Assets	Method Of Computing Depreciation See (3)	Rate (%)	Depreciation For This Year	Con. Or Admin. Approved? (1)	See (2) Below
		0182	0183	0184	0185	0186	0200	0187	0188	0189	0294	0295
C. Building Improvements												
Art. 28A Financed Costs	041							1				
Approved Initial Historical Cost	042							1				
Additions All Other Years	043		10,176,585		10,176,585	4,282,711		1	0.04	407,877		
Preceding Year Additions - Year 5	052							1				
Preceding Year Additions - Year 4	053							1				
Preceding Year Additions - Year 3	054							1				
Preceding Year Additions - Year 2	055							1				
Preceding Year Additions - Year 1	044							1				
Report Year Additions:												
(Over $1,000,000)	045							1				
(Over $1,000,000)	046							1				
($1,000,000 & Under)	047							1				
($1,000,000 & Under)	048							1				
($1,000,000 & Under)	049							1				
($1,000,000 & Under)	050							1				
($1,000,000 & Under)	051							1				
TOTAL (Lines 041 thru 055)	060		10,176,585		10,176,585	4,282,711			0.04	407,877		
D. Non-Moveable Equipment												
Art. 28A Financed Costs	061							1				
Approved Initial Historical Cost	062							1				
Additions All Other Years	063		5,229,246		5,229,246	3,289,614		1	0.04	192,066		
Preceding Year Additions - Year 5	072	2008	45,505		45,505	12,575		1	0.07	3,387		
Preceding Year Additions - Year 4	073	2009	85,967		85,967	21,834		1	0.10	8,732		
Preceding Year Additions - Year 3	074	2010	522,142		522,142	58,399		1	0.07	38,932		
Preceding Year Additions - Year 2	175	2011	209,437		209,437	4,909		1	0.05	9,813		
Preceding Year Additions - Year 1	064	2012	202,051		202,051	9,337		1	0.10	19,944		
Report Year Additions:												
(Over $1,000,000)	065							1				
(Over $1,000,000)	066							1				
($1,000,000 & Under)	067	2013	120,640		120,640			1	0.05	6,587		2
($1,000,000 & Under)	068	2013	3,670		3,670			1	0.05	184		2
($1,000,000 & Under)	069							1				
($1,000,000 & Under)	070							1				
($1,000,000 & Under)	071							1				
Sprinklers (Accelerated Financing only)	056							1				
TOTAL (Lines 061 thru 074 + 175)	075		6,418,658		6,418,658	3,396,668			0.04	279,645		

(1) Have these expenditures received CON or Administrative Review Approval?
(Enter 1 for Yes, 2 for No in Col. 0294)

(2) Are any of these expenditures of a related nature which in their aggregate would result in a total project cost of over $1,000,000? (Enter 1 for Yes, 2 for No in Col. 0295)

(3) Depreciation methods accepable are: (Indicate by using 1, 2, or 3 in Col. 0187)
1. Straight-line.
2. Declining Balance
3. Sum of the Year's Digits

Schedule 10 - Schedule of Depreciation (continued)		Year Of Acquisition	Historical Cost (Exclusive of Land)	Less Salvage Value	Cost To Be Depreciated	Accum. Depr. At Beginning Of Year	Disposal of Assets	Method Of Computing Depreciation See (3)	Rate (%)	Depreciation For This Year	Con. Or Admin. Approved? (1)	See (2) Below
		0182	0183	0184	0185	0186	0200	0187	0188	0189	0294	0295
E. Moveable Equipment												
1. Motor Vehicles (specify type)												
Dodge Caravan	076	2000					19,383	1				
Chev Silverado 1500 4WD 2004	077	2007	10,740		10,740	10,740		1				
Bus, Type 1, 12-pass, w/c lift	078	2010	42,083		42,083	21,042		1	0.20	8,417		
	079											
TOTAL (Lines 076 thru 079)	080		52,823		52,823	31,782			0.16	8,417		
2. Other Than Motor Vehicles												
Art. 28A Financed Costs	081											
Approved Initial Historical Cost	082											
Additions All Other Years	083		2,046,122		2,046,122	1,983,441		1		8,587		
Preceding Year Additions - Year 5	092	2008	36,715		36,715	17,510		1	0.08	2,951		
Preceding Year Additions - Year 4	093	2009	83,986		83,986	31,765		1	0.12	10,437		
Preceding Year Additions - Year 3	094	2010	66,934		66,934	13,722		1	0.22	14,873		
Preceding Year Additions - Year 2	095	2011	45,827		45,827	3,260		1	0.14	6,230		
Preceding Year Additions - Year 1	084	2012	100,666		100,666	9,987		1	0.19	19,566		
Report Year Additions:												
(Over $1,000,000)	085											
(Over $1,000,000)	086											
($1,000,000 & Under)	087	2013	59,249		59,249			1	0.06	3,475		2
($1,000,000 & Under)	088											
($1,000,000 & Under)	089											
($1,000,000 & Under)	090											
($1,000,000 & Under)	091											
TOTAL (Lines 081 thru 095)	100		2,439,499		2,439,499	2,059,685				66,119		

(1) Have these expenditures received CON or Administrative Review Approval?
(Enter 1 for Yes, 2 for No in Col. 0294)

(2) Are any of these expenditures of a related nature which in their aggregate would result in a total project cost of over $1,000,000? (Enter 1 for Yes, 2 for No in Col. 0295)

(3) Depreciation methods accepable are: (Indicate by using 1, 2, or 3 in Col. 0187)
1. Straight-line.
2. Declining Balance
3. Sum of the Year's Digits

Schedule 10D - Schedule Sprinkler		0261
A. What is current status of the financial arrangement(s) for the		
Capital Assets of your facility? (1) (2) (3)	001	3
1 = Original Approved Financing		
2 = Approved Refinancing		
3 = None		
A.1 Number of facility financial arrangements (MAX = 1)	002	1
B. Description: (1) Mortgage, (2) Note, (3) Letter of Credit, (4) Bonds	003	
Original principal amount	004	
Refinanced principal amount	005	
Date of first payment (YY/MM/DD)	006	
Current unpaid balance	007	
Type of loan: (1) Fixed Rate, (2) Variable	008	
Current interest rate	009	
Term (in years)	010	
Payout period (in years)	011	
(1) Facilities with Non-Arms Length leases must identify		
related companie(s) financial arrangements.		
(2) Facilities with Arms Length leases entered into after		
03/10/1975 must identify financial arrangements.		
C. Description of Assets purchased from proceeds of each mortgage.		
(Enter amount.)		
Land	012	
Building	013	
Fixed Equipment	014	
Furniture and Fixtures	015	
Balance of Previous Financing	016	
Prepayment Penalty (Specify details on Notepad)	017	
Refinancing Costs (Specify details on Notepad)	018	
	019	
	020	
	021	
	022	
TOTAL: ORIGINAL FINANCING (MUST AGREE WITH LINE 0004)	023	

Schedule 10D - Sprinker Schedule (continued)		Interest	Amortization	Mortgage Insurance	Total
		0293	0294	0295	0296
YEAR:					
2012	101				
2013	102				
2014	103				
2015	104				
2016	105				
2017	106				
2018	107				
2019	108				
2020	109				
2021	110				
2022	111				
2023	112				
2024	113				
2025	114				
2026	115				
2027	116				
2028	117				
2029	118				
2030	119				
2031	120				
2032	121				
2033	122				
2034	123				
2035	124				
Amount Prior 2012	125				
Amount After 2014	126				
TOTAL	127				
Specify the Name and Address of Lending Institution:					
Name (Line 0129), Street (Line 0130),					
City and Zip (Line 0131)					
	130				
	131				
	132				

Schedule 10A - Schedule of Depreciation Approved Certified Cost Projects		Year Of Acquisition	Historical Cost (Exclusive of Land)	Less Salvage Value	Cost To Be Depreciated	Accum. Depr. At Beginning Of Year	Disposal of Assets	Method Of Computing Depreciation See (A)	Rate (%)	Depreciation For This Year	Capital Cost Category See (B)
		1312	1313	1314	1315	1316	1317	1318	1319	1320	1321
Approved Certified Cost Project Number											
AEP 3074 Cogen Plant	001	2001	3,101,010		3,101,010	1,783,080		1		155,050	4
002236-C Energy Performance Contract	002	2002	10,176,585		10,176,585	4,282,711		1		407,877	3
AEP-6187 Reconnect to Grid	003	2010	376,900		376,900	62,151		1		23,858	3
AEP-6601 Install Sprinkler System	004	2011	176,475		176,475	10,589		1		7,059	4
	005							1			
	006							1			
	007							1			
	008							1			
	009							1			
	010							1			
	011							1			
	012							1			
	013							1			
	014							1			
	015							1			

(A) Depreciation methods accepable are: (Indicate by using 1, 2, or 3 in Col. 1318)
1. Straight-line.
2. Declining Balance
3. Sum of the Year's Digits

(B) 1. Land Improvement
2. Building
3. Building Improvements
4. Non-Movable Equipment
5. Movable Equipment

Schedule 10B - Age of Facility		Age of Facility	Date Opened	Year Of Acquisition	Historical Cost (Exclusive of Land)	Project No.	Con. Or Admin. Approved? (1)	Years Left
		1181	1182	0182	0183	1183	0290	1184
A.Building								
Age of Facility	141	41						
Date Opened	142		1,973					
Age of Facility	143							
Date Opened	144							
Age of Facility	145							
Date Opened	146							
Building Improvement Projects								
1	147			2,002	10,196,931	3,074	1	
2	148			2,010	132,277	6,187	1	
3	149			2,011	287,481	6,601	1	
4	150							
5	151							
6	152							
Estimated Remaining Useful Life of Facility	153	20						

(1) Have these expenditures received CON or Administrative Review Approval?
(Enter 1 for Yes, 2 for No in Col. 0294)

Schedule 11 Schedule of Amortization (Items must be Amortized using Straight Line-Method.)		
		0196
IMPORTANT		
If Amortization of LEASEHOLD IMPROVEMENTS (C) was calculated using the		
remaining life of the lease (IF ARMS LENGTH) or a life which is equal		
to or greater than the useful life prescribed in the A.H.A. publication		
"ESTIMATED USEFUL LIVES OF DEPRECIABLE HOSPITAL ASSETS"		
(IF NON-ARMS LENGTH). (Enter 1 for YES 2 for NO)	051	1

Schedule 11 Schedule of Amortization (Items must be Amortized using Straight Line-Method.)		Year of Acquisition	Length of Amortization	Cost To Be Amortized	Accum. Amort. At Beginning Of Year	Basis For Computing Amortization	Disposal of Assets	Rate (%)	Amort. For This Year	Con. or Admin. Approved? (1)	See (2) Below
		0190	0191	0192	0193	0194	0259	0195	0196	0296	0297
(A) Organization Expense											
	001										
	002										
	003										
TOTAL	010										
(B) Mortgage Expense											
	011	2010	6	173,790	80,861			0.17	28,965	2	2
	012										
	013										
TOTAL	020			173,790	80,861			0.17	28,965		
(C) Leasehold Improvements & Other											
Additions All Other Years	021										
Preceding Year Additions - Year 5	031										
Preceding Year Additions - Year 4	032										
Preceding Year Additions - Year 3	033										
Preceding Year Additions - Year 2	034										
Preceding Year Additions - Year 1	022										
Report Year Additions:											
(Over $1,000,000)	023										
(Over $1,000,000)	024										
($1,000,000 & Under)	025										
($1,000,000 & Under)	026										
($1,000,000 & Under)	027										
($1,000,000 & Under)	028										
($1,000,000 & Under)	029										
($1,000,000 & Under)	030										
Sprinklers (Accelerated Financing Only)	035										
TOTAL (Lines 021 thru 035)	040										
(D) Legal Establishment											
	041										
	042										
	043										
TOTAL (Lines 041-043)	050										

(1) Have these expenditures received CON or Administrative Review Approval?
(Enter 1 for Yes, 2 for No in Col. 0296)

(2) Are any of these expenditures of a related nature which in their aggregate would result in a total project cost of over $1,000,000?

(Enter 1 for Yes, 2 for No in Col. 0297)

Schedule 11A - Annual Capital Listing		YY/MM/DD Completed	Project Description	Cost In Thousands
		0197	9199	0199
	001			
	002			
	003			
	004			
	005			
	006			
	007			
	008			
	009			
	010			
	011			
	012			
	013			
	014			
	015			
	016			
	017			
	018			
	019			
	020			
	021			
	022			
	023			
TOTAL	024			

List all report year improvements and equipment acquisitions with a cost of over $100,000 and reported in Parts II or III of this cost report.

Schedule 11B - Part II - Crosswalk - Schedule of Amortization Approved Certified Cost Projects		Year of Acquisition	Length of Amortization	Cost to Be Amortized	Accum. Amort. At Beginning of Year	Disposal of Assets	Basis For Computing Amortization	Rate (%)	Amortization For This Year
		1323	1324	1325	1326	1327	1328	1329	1330
Approved Certified Cost Project Number									
	001								
	002								
	003								
	004								
	005								
	006								
	007								
	008								
	009								
	010								

Schedule 12 Schedule Of Funded Depreciation Contributions To Retirement System		Amount
		0241
TO BE COMPLETED BY VOLUNTARY FACILITIES ONLY		
A.		
Prior year ending balance in funded depreciation account	001	
Less: purchases of property, plant and equipment from funded depreciation account	002	
Impact of any loans involving funded depreciation account (specify on Notepad)	003	
Other withdrawls (specify on Notepad)	004	
Amount actually deposited during year to the funded depreciation account	005	
Current year earned income in funded depreciation account	006	
Year end balance in the funded depreciation account	007	
Amount of operating account cash disbursed for capital expenses during the year exclusive of funds borrowed from outside sources	008	
Principal portion of payments made during the year to amortize indebtness related to capital items	009	
Total amount of both funded depreciation and capital expenses during year (sum of lines 5, 8 and 9)	010	
For facilities funded under Article 28A, what portion of the total listed on line 10 is not attributable to 28A funds or purchases*	011	
TO BE COMPLETED BY GOVERNMENT FACILITIES ONLY		
B.		
Amt. of cash pd. to NYS Retirement System during the calendar year	012	1,281,160
Amount of revenue reported in Part IV, Exhibit E paid to the RHCF by its affiliated county government	013	

*NOTE: In calculating the portion not attributable to 28A funds or purchases the principal portion of payments made to amortize indebtedness (item 9) must be included. Purchases made from the operating escrow acct. should not be included in the amount of operating fund cash disbursed for capital expenses (item 8).

Schedule 12A Summary of Funded Depreciation Account From Date of Opening (To Be Completed Only By Facilities Funded Under Article 28A That Have A Funded Depreciation Account)		Year	Annual Depr.	Mortgage Principal Payments	Operating Escrow Deposits	Annual Eligible Funding	Cumulative Eligible Funding	Funding Deposits	Withdrawals	Cumulative Funding	Loans Receivable	Interest Income	Purchases Of Plant Prop. & Equip	Fund Balance
		0201	0202	0203	0204	0205	0206	0207	0208	0209	0210	0211	0212	0213
	001													
	002													
	003													
	004													
	005													
	006													
	007													
	008													
	009													
	010													
	011													
	012													
	013													
	014													
	015													
	016													
	017													
	018													
	019													
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	023													
	024													
	025													
	026													
	027													
	028													
	029													
	030													
	031													
	032													
	033													
	034													
	035													
	036													
	037													
	038													
	039													
	040													

Schedule 12B Schedule of Activity in Funded Depreciation Account (To Be Completed Only By Facilities Funded Under Article 28A That Have Established a Funded Depreciation Account)		Effective YY/MM/DD of Board Approval	Amount of Total Loan	YY/MM/DD of Withdrawal	Amount Withdrawn
		0214	0215	0216	0217
A. Loans From Funded Depreciation Account					
For Each Transaction (Cash Basis Only)					
PURPOSE:					
	001				
	002				
	003				
	004				
	005				
	006				
	007				
	008				
	009				
	010				

Schedule 12B Schedule of Activity in Funded Depreciation Account (continued) (To Be Completed Only By Facilities Funded Under Article 28A That Have Established a Funded Depreciation Account)		YY/MM/DD of Original Loan	Total Amount of Original Loan	YY/MM/DD of Repayment	Amount Repaid
		0218	0219	0220	0221
B. Repayment of Loans Which Were Obtained					
From Funded Depreciation Account					
For Each Transaction (Cash Basis Only)					
	001				
	002				
	003				
	004				
	005				
	006				
	007				
	008				
	009				

Schedule 12B Schedule of Activity in Funded Depreciation Account (continued) (To Be Completed Only By Facilities Funded Under Article 28A That Have Established a Funded Depreciation Account)		Amount
		0222
C. Restricted Interest Income		
Interest income on funded depreciation deposited		
in the Funded Depreciation Account	001	
Interest on loans from the		
Funded Depreciation Account	002	
Interest on fund deposits in excess of cumulative		
eligible funding	003	
Restricted interest income		
(Line 001-(002+003))	004	

Schedule 12C - Funded Depreciation Waiver Request (To Be Completed By All Voluntary Facilities)		Enter 1 for Yes 2 for No
		0222
1) Does the nursing facility request a waiver of the requirement of part 86-2.19(b)?	010	
If yes, state the reasons that the waiver should be granted. (Enter on Notepad)		
2) If yes, does the facility agree not to borrow from or to otherwise reduce the funded depreciation		
account for any purpose other than to retire debt or to make capital additions for the next five years?	011	
3) If yes to 1) and 2) above the facility MUST provide complete copies of the current year certified		
financial statements for ALL affiliate entities which have not completed Part III of the cost report.		
4) Does the facility have any outstanding loans from the funded depreciation account?	012	
If yes is the facility current in all payments of principal and interest required under the loan provisions?	013	
5) Has the facility previously received a waiver to the funded depreciation requirements?	014	
If yes, indicate all years for which a waiver was obtained. (Enter on Notepad)		

NOTE: To be considered for a waiver of the requirements of Part 86-2.19(b) for this calendar year a facility must respond yes to items 1) and 2) and provide full and complete responses to items 3), 4) and 5) above.

Schedule 13 Equity Capital (To Be Completed By Proprietary Facilities Only)		A Month (1 thru 12)	B Equity Capital Beginning of Period*	C Capital Investments During Period	D Gain or (Loss) Sale of Assets	E (Withdrawals) or Dividend Distributions	F Other Increases or (Decreases)	G Increases or (Decreases) Due To Operations	H Equity Capital End of Month (Net Total of Col. B Thru G)	Total Dollars (From Col.H, Line 0013)	Number of Months in Reporting Period	Average Equity Capital During the Period
		0224	0225	0226	0227	0228	0229	0230	0231	0232	0233	0234
	001											
	002											
	003											
	004											
	005											
	006											
	007											
	008											
	009											
	010											
	011											
	012											
Total	013											
Calculation of Avg. Equity	014										12	

*Equity Capital beginning of period must be entered on Line 001.

NOTE: Show a detailed reconciliation of any difference between Equity Capital at either the beginning or end of the reporting period from the amounts shown on Part IV, Exhibit B, CC. 0006, Lines 001 and/or 040. Enter reconciliation on general Notepad.

Schedule 14 Supplementary Salary and Fringe Benefits (Must be completed by all facilities.) Detail below any salary (paid or imputed), fringe benefits, or other payments made to or on behalf of, which are included in the statement of expenses for services rendered by the following: operators, relatives of operators, executive directors, administrators, assistant administrators and receiver. Also, detail any imputed amounts for these services. Indicate in column 0281 whether the amount was paid ('1') or imputed ('2'). If imputed, do not complete 0284 and 0286.		Name	Title	Paid (1) Or Imputed (2)	If Relative Enter(1)	Salary	Reported on Exhibit H Column/Line Number	Non-Routine Fringe	Reported on Exhibit H Column/Line Number	Hours Worked Per Week
		9281	9282	0281	0282	0283	0284	0285	0286	0287
	001		Administrator							
	002		Administrator							
	003	Christine Schaller	Administrator	1		146,663	0039/005			
	004									
	005									
	006									
	007									
	008									
	009									
	010									
	011									
	012									
	013									
	014									
	015									
	016									
	017									
	018									
	019									
Totals (Lines 001-019)	020					146,663				
Total Paid to Operators	021									
Total Paid to Exec. Dir. & Admin.	022					146,663				
Total Paid to V.P's & Asst. Admin.	023									
Total Paid to Relative(s) pf Operator	024									
Total Paid to Medical Director	025									
Total Paid to All Others	026									
Total (Lines 021-026) (Must equal ln 020)	030					146,663				

Schedule 15 Property Expenses Non-Capitalized Leased Equipment Information		% Used See Note 4 (Footnote)	Lease/Rental Date YY/MM/DD	Lease Term In Months	Monthly Lease Payment	Amount Reported on Exhibit H	Location on Exhibit H Col 40 LN	YES = 1, NO = 2 See Note 1 (Footnote)	See Note 2 (Footnote)	See Note 3 (Footnote)	See Note 5 (Footnote)
		0235	0246	0247	0248	0249	0252	0253	0257	0258	0269
Auto Description:											
	001										
	002										
	003										
	004										
	005										
Total of Auto Rentals	006										
Equipment Description:											
Oxygen Concentrators	007	100.00%	13/01/01	12	3,612	43,337	051	2	2	2	1
Bed Rental	008	100.00%	13/01/01	9	455	4,097	051	2	2	2	1
Wound Vac Rental	009	100.00%	13/10/01	3	1,870	5,611	051	2	2	2	1
Chair rental	010	100.00%	13/07/01	1	60	60	051	2	2	2	1
02 Cylinder rental	011	100.00%	13/05/01	12	7	77	006	2	2	2	1
	012										
	013										
	014										
	015										
	016										
	017										
	018										
	019										
	020										
	021										
	022										
	023										
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	043										
	044										
	045										
	046										
	047										
	048										
	049										
	050										
	051										
	052										
	053										
	054										
	055										
Equip. Total	099					53,182					
Equip. Total & Auto Rental Total (ln 6 + ln 99)	100					53,182					

1. Is the equipment leased from a publicly owned corporation?
2. Does lessor actually own this equipment?
3. Did the operator or any family member own all or a portion of the leased equipment?

If the answers to questions 1 and/or 2 is no, or 3 is yes, explain on notepad.

4. What % is equipment properly charged to daily operations?
5. Is this lease an annual lease? Enter 1 for YES, 2 for NO in column 0269

Schedule 16 - Related Companies		For all questions requiring a 'YES' or 'NO' the Numbers 1 = Yes and 2 = No. Enter the correct number in the column.
		0242
A. Was there any Interest Expense incurred to a lender related through control		
ownership, affiliation or personal relationship to the borrower?	001	
If 'YES', complete Lines 002-008.		
Total Liabilities relative to loans from related parties that are reported		
on the Balance Sheet, in Part IV, Col. 0001, Line 071.	002	
Amount of Total Liabilities relative to loans from related parties		
not included on Line 002.	003	
Column/Line Numbers in Part IV the amounts on Line 003 reported.	004	
	005	
Total Amount of Interest Expenses to related parties.	006	
Is the Interest Expense on Line 005 included on Part IV, Exhibit E,		
Column 0011, Line 050?	007	
If 'YES', was Prior approval obtained from the Commissioner of Health?	008	
B. Non-Arms Length Arrangements: An Arrangement between the operator of		
a facility and an organization related to the operator by common		
ownership or control for the furnishing of services, facilities, or		
supplies; An arrangement where there is a family relationship		
between the operator and the organization, and where services,		
facilites, or supplies are furnished in instances where the operator		
and the organization are involved in any other business.		
According to the above definition of Non-Arms Length Arrangement, list		
below and attach Part III and an audited financial statement for each		
company with which the facility has a Non-Arms Length Arrangement.		
Enter 1 for each company listed:		
	009	
	010	
	011	
	012	
	013	
	014	
	015	
	016	
	017	
	018	
TOTAL NUMBER OF COMPANIES	025	

Schedule 17 (1) Capital Cost Financing		
		0236
A. What is current status of the financial arrangement(s) for the		
Capital Assets of your facility? (1) (2) (3)	001	2
1 = Original Approved Financing		
2 = Approved Refinancing		
3 = None		
A.1 Number of facility financial arrangements (Max. 10).	002	3
A.1a Is Debt Instrument secured through an unrelated third Party?		
If Yes enter 1, if No enter 2	024	2
If Yes, facility must provide proper documentation to the Department		
for Reimbursement		
B. Description: (1) Mortgage, (2) Note, (3) Letter of Credit, (4) Bonds	003	4
Original principal amount	004	7,312,409
Refinanced principal amount	005	4,105,000
Date of first payment (YY/MM/DD)	006	10/04/15
Current unpaid balance	007	1,865,000
Type of loan: (1) Fixed Rate, (2) Variable	008	2
Current interest rate	009	3.00
Term (in years)	010	6
Payout period (in years)	011	6
(1) Facilities with Non-Arms Length leases must identify		
related companie(s) financial arrangements.		
(2) Facilities with Arms Length leases entered into after		
03/10/1975 must identify financial arrangements.		
C. Description of Assets purchased from proceeds of each mortgage.		
(Enter amount.)		
Land	012	
Building	013	7,312,409
Fixed Equipment	014	
Furniture and Fixtures	015	
Balance of Previous Financing	016	
Prepayment Penalty (Specify details on Notepad)	017	
Refinancing Costs (Specify details on Notepad)	018	
	019	
	020	
	021	
	022	
TOTAL: ORIGINAL FINANCING (MUST AGREE WITH LINE 0004)	023	7,312,409

Schedule 17 (1) Capital Cost Financing (continued) Schedule of Payments For Debt Instrument		Interest	Amortization	Mortgage Insurance	Total
		0236	0237	0238	0239
YEAR:					
1991	025				
1992	026				
1993	027				
1994	028				
1995	029				
1996	030				
1997	031				
1998	032				
1999	033				
2000	034				
2001	035				
2002	036				
2003	037				
2004	038				
2005	039				
2006	040				
2007	041				
2008	042				
2009	043				
2010	044	75,020	575,000		650,020
2011	045	120,938	535,000		655,938
2012	046	105,925	555,000		660,925
2013	047	86,100	575,000		661,100
2014	048	62,700	595,000		657,700
2015	049	38,300	625,000		663,300
2016	050	12,900	645,000		657,900
Amount Prior 1991	057				
Amount After 2015	058				
TOTAL	059	501,883	4,105,000		4,606,883
Specify the Name and Address of Lending Institution:					
Name (Line 0060), Street (Line 0061),					
City and Zip (Line 0062)					
	060				
	061				
	062				

Schedule 17 (2) Capital Cost Financing		
		0236
A. What is current status of the financial arrangement(s) for the		
Capital Assets of your facility? (1) (2) (3)	101	1
1 = Original Approved Financing		
2 = Approved Refinancing		
3 = None		
A.1 Number of facility financial arrangements (Max. 10).	102	
A.1a Is Debt Instrument secured through an unrelated third Party?		
If Yes enter 1, if No enter 2	124	2
If Yes, facility must provide proper documentation to the Department		
for Reimbursement		
B. Description: (1) Mortgage, (2) Note, (3) Letter of Credit, (4) Bonds	103	2
Original principal amount	104	2,685,354
Refinanced principal amount	105	
Date of first payment (YY/MM/DD)	106	02/04/15
Current unpaid balance	107	719,614
Type of loan: (1) Fixed Rate, (2) Variable	108	1
Current interest rate	109	5.36
Term (in years)	110	15
Payout period (in years)	111	15
(1) Facilities with Non-Arms Length leases must identify		
related companie(s) financial arrangements.		
(2) Facilities with Arms Length leases entered into after		
03/10/1975 must identify financial arrangements.		
C. Description of Assets purchased from proceeds of each mortgage.		
(Enter amount.)		
Land	112	
Building	113	
Fixed Equipment	114	2,685,354
Furniture and Fixtures	115	
Balance of Previous Financing	116	
Prepayment Penalty (Specify details on Notepad)	117	
Refinancing Costs (Specify details on Notepad)	118	
	119	
	120	
	121	
	122	
TOTAL: ORIGINAL FINANCING (MUST AGREE WITH LINE 0104)	123	2,685,354

Schedule 17 (2) Capital Cost Financing (continued) Schedule of Payments For Debt Instrument		Interest	Amortization	Mortgage Insurance	Total
		0236	0237	0238	0239
YEAR:					
1991	125				
1992	126				
1993	127				
1994	128				
1995	129				
1996	130				
1997	131				
1998	132				
1999	133				
2000	134				
2001	135				
2002	136	154,466	111,567		266,033
2003	137	137,955	128,078		266,033
2004	138	131,090	134,943		266,033
2005	139	123,857	142,176		266,033
2006	140	116,236	149,797		266,033
2007	141	108,207	157,826		266,033
2008	142	99,748	166,285		266,033
2009	143	90,835	175,198		266,033
2010	144	81,444	184,589		266,033
2011	145	71,550	194,483		266,033
2012	146	61,126	204,907		266,033
2013	147	50,143	215,890		266,033
2014	148	38,571	227,462		266,033
2015	149	26,379	239,654		266,033
2016	150	13,534	252,499		266,033
Amount Prior 1991	157				
Amount After 2015	158				
TOTAL	159	1,305,141	2,685,354		3,990,495
Specify the Name and Address of Lending Institution:					
Name (Line 0160), Street (Line 0161),					
City and Zip (Line 0162)					
	160				
	161				
	162				

Schedule 17 (3) Capital Cost Financing		
		0236
A. What is current status of the financial arrangement(s) for the		
Capital Assets of your facility? (1) (2) (3)	201	1
1 = Original Approved Financing		
2 = Approved Refinancing		
3 = None		
A.1 Number of facility financial arrangements (Max. 10).	202	
A.1a Is Debt Instrument secured through an unrelated third Party?		
If Yes enter 1, if No enter 2	224	2
If Yes, facility must provide proper documentation to the Department		
for Reimbursement		
B. Description: (1) Mortgage, (2) Note, (3) Letter of Credit, (4) Bonds	203	2
Original principal amount	204	2,999,681
Refinanced principal amount	205	
Date of first payment (YY/MM/DD)	206	01/01/27
Current unpaid balance	207	536,211
Type of loan: (1) Fixed Rate, (2) Variable	208	1
Current interest rate	209	5.81
Term (in years)	210	15
Payout period (in years)	211	15
(1) Facilities with Non-Arms Length leases must identify		
related companie(s) financial arrangements.		
(2) Facilities with Arms Length leases entered into after		
03/10/1975 must identify financial arrangements.		
C. Description of Assets purchased from proceeds of each mortgage.		
(Enter amount.)		
Land	212	
Building	213	
Fixed Equipment	214	2,999,681
Furniture and Fixtures	215	
Balance of Previous Financing	216	
Prepayment Penalty (Specify details on Notepad)	217	
Refinancing Costs (Specify details on Notepad)	218	
	219	
	220	
	221	
	222	
TOTAL: ORIGINAL FINANCING (MUST AGREE WITH LINE 0204)	223	2,999,681

Schedule 17 (3) Capital Cost Financing (continued) Schedule of Payments For Debt Instrument		Interest	Amortization	Mortgage Insurance	Total
		0236	0237	0238	0239
YEAR:					
1991	225				
1992	226				
1993	227				
1994	228				
1995	229				
1996	230				
1997	231				
1998	232				
1999	233				
2000	234				
2001	235	44,539	248,111		292,650
2002	236	159,866	132,784		292,650
2003	237	152,152	140,498		292,650
2004	238	143,989	148,661		292,650
2005	239	135,351	157,298		292,649
2006	240	126,212	166,438		292,650
2007	241	116,542	176,108		292,650
2008	242	106,310	186,339		292,649
2009	243	95,484	197,166		292,650
2010	244	84,029	208,621		292,650
2011	245	71,908	220,742		292,650
2012	246	59,083	233,567		292,650
2013	247	45,513	247,137		292,650
2014	248	31,154	261,496		292,650
2015	249	17,935	274,715		292,650
2016	250				
Amount Prior 1991	257				
Amount After 2015	258				
TOTAL	259	1,390,067	2,999,681		4,389,748
Specify the Name and Address of Lending Institution:					
Name (Line 0260), Street (Line 0261),					
City and Zip (Line 0262)					
	260				
	261				
	262				

Schedule 18 (1) Adult Day Health Care Services		
		0175
Number of A.D.H.C programs being operated (Max. 10)	099	1
Hours of Service delivered to registrants		HOURS
Total hours of service (excluding the time for transportation)	001	11,861
Medicaid hours of service (included in Line 0001)	002	11,586
Non-Medicaid Hours of Service (included in Line 0001)	003	275
Number of Adult Day Health Care (Sub-Chapter A-Article 6) Registrants		REGISTRANTS
Number of registrants on last day of previous report	004	11
Number of registrants gained during report period	005	5
Number of registrants lost during report period	006	5
Number of registrants on last day of this report	007	11
		YY/MM/DD
Date of approved operation for Sub-A-6 service	008	
Adult Day Health Care (Sub A-6) Clinic Services Provided		ENCOUNTERS
Medical	009	
Nursing	010	1,925
Diagnostic	011	
Rehabilitation	012	
Inhalation Therapy	013	
Pharmaceutical	014	
Podiatric	015	
Self-Care (ADL, etc.)	016	
Dental	017	
Social Work	018	1,925
Leisure/Activities	019	14,536
Dietary	020	1,925
Transportation	021	
Other (Specify Below):		
	022	
(1) Did the Program have a NYSDOH approved operational change		
during the report year? (1 = Yes, 2 = No)	031	2
Transportation: Are transportation costs incurred by the A.D.H.C. program?		
(Enter 1 if YES, 2 if NO)	051	2
Is this A.D.H.C. program on site or off site?		
(Enter 1 if ON SITE, 2 if OFF SITE)	052	1
If off-site indicated on line 052, is there an arms-length real property		
agreement? (Enter 1 if YES, 2 if NO; blank if program On Site)	064	
If arms-length rental is indicated on prior line, identify reported rental		
expense and the line number on Exhibit H, column 0040.		
Amount	065	
Line number	066	
Is this A.D.H.C. program an AIDS program?		
(Enter 1 if YES, 2 if NO)	053	2
MMIS Provider ID	054	00629176
Locator Code	055	03
Cost Center on Exhibit H for this ADHC Program	067	058
Amount Reported in Column 0044 of Exhibit H		
for the Cost Center indicated in Line 0067 above)	063	

(1) NYSDOH approved change in capacity sessions or days of operation.

Schedule 18 (1) Adult Day Health Care Services Utilization		Start of Report Period	Change 1	Change 2	Change 3	Total
		0175	0176	0177	0181	9834
NYSDOH approved maximum Program Capacity Per WeekDAY Session (Mon-Fri.)	032	13				
Number of NYSDOH approved Daily Sessions per WeekDAY (Monday - Friday)	040	1				
Does Facility have WeekEND Sessions (1 = Yes, 2 = No)	056	2				
NYSDOH approved maximum Capacity Per WeekEND Session (Sat. &/or Sun)	061					
Number of NYSDOH approved operation Days Per WeekEND	057					
Number of NYSDOH approved Daily WeekEND Sessions	058					
Total Number of WeekEND Visits During Report Period	059					
TOTAL Number of Program operation Days Per Week (WeekDAY + WeekEND)	033	5				
Number of Weeks Program Operated in Report Period	037	52				52
TOTAL Number of Visits During Report Period	038	1,925				1,925
MAXIMUM Visits (0032*0040*(0033-0057)*0037)+(0061*0057*0058*0037)	062	3,380				3,380
Program Utilization (0038)/(0062)	039	0.57				0.57
Daily Operating Hours per Session	060	9				

Schedule 18 (1) Adult Day Health Care Services (continued)		Number of Visits by NonOccupant		
		Female	Male	Total
		0176	0177	0181
According to Age:				
Under 21	001			
21-49	002			
50-64	003	320		320
65-74	004	200	660	860
75-84	005	171	125	296
85 +	006	385	64	449
Unknown	007			
TOTAL	008	1,076	849	1,925
According to Method of Payment:				
Medicaid	009	1,884		1,884
Medicare	010			
Private	012	41		41
Other	011			

Schedule 18 (1) Adult Day Health Care Services (continued)		
		9175
Financial Arrangement		
(as of last day of Report Period)		Daily Rate
Medicaid	064	90.35
Medicare	065	
Private	066	95.00
Other	067	
Address of A.D.H.C. program:		Address
Street	061	278 Bank St
City	062	Batavia
Zip Code	063	14020

Part IV - Uniform Report Balance Sheet Exhibit A			Amount
		0383	0001
Assets			
Current Assets			
Cash on Hand & In Banks	001		609,115
Time Deposits and Equivalents	002		
Investments (Market Value)	003		
Patient Accounts and Notes Receivable	004		1,983,466
Less: Allowances and Adjustments	005		291,807
(Result of Lines 004 - 005) ---------->	006		1,691,659
Receivables from Third Party Payors	007		
Accounts Receivable, other (net of uncollectibles)	008		35,338
Pledges Receivable (net of uncollectibles)	009		
Inventories	010		17,587
Due from other funds	011		462,068
Due from Parent/Subsidiary/Affiliates	012		
Prepaid Expenses and other Current Assets	013		4,552
Other Current (specify below):			
	014		
TOTAL CURRENT ASSETS (Lines 001 thru 003, 006 thru 014)	015		2,820,319
Assets Whose Use is Limited:			
Depreciation Funds	016		
Operating Escrow Funds	017		
Mortgage Repayment Funds	018		
Other (specify below):			
	019		
TOTAL ASSETS WHOSE USE IS LIMITED (Lines 016 thru 019)	020		
Less: Assets Whose Use is Limited and that are required for current liabilities	021		
NONCURRENT ASSETS WHOSE USE IS LIMITED (Lines 020 thru 021)	022		
Other NonCurrent Assets:			
Cash	023		
Time Deposits and Equivalents	024		
Investments (market value)	025		
Patient Funds Held in Trust (proprietary facilities only)	026		
Land	027		
Land Improvement	028		228,610
Less: Accumulated Depreciation	029		210,201
(Result of Lines 028 - 029) ---------->	030		18,409
Buildings and Fixed Equipment	031		22,563,833
Less: Accumulated Depreciation	032		14,608,171
(Result of Lines 031 - 032) ---------->	033		7,955,662
Major Moveable Equipment	034		2,492,321
Less: Accumulated Depreciation	035		2,185,816
(Result of Lines 034 - 035) ---------->	036		306,505
Leasehold Improvements	037		
Less: Accumulated Depreciation	038		
(Result of Lines 037 - 038) ---------->	039		
Minor Equipment	040		
Less: Accumulated Depreciation	041		
(Result of Lines 040 - 041) ---------->	042		
Construction in Progress	043		
Investment in NonOperating Property, Plant Equipment			
Equipment (Net of Accumulated Depreciation)	044		
Due from other funds	045		
Other intangible assets	046		
Other assets (specify below):			
Resident Funds Held in Trust	047		179,627
	048		
TOTAL NONCURRENT (Lines 022 thru 027,030,033,036,039, 042 thru 048)	050		8,460,203
TOTAL ASSETS (Lines 015 + 050)	060		11,280,522

Part IV - Uniform Report Balance Sheet Exhibit A (continued)			Amount
		0383	0001
Liabilities and Fund Balance or Equity			
Current Liabilities:			
Notes and Loans Payable	061		
Accounts Payable	062		560,035
Accrued Compensation and Related Liabilities	063		968,874
Other Accrued Expense	064		
Current Installments of Long-Term Debt	065		6,395,000
Advances from Third Party Payors	066		
Payables to Private and Third Party Payors	067		9,011
Income Taxes Payable	068		
Deferred Revenue - Patient Deposits	069		
Deferred Revenue - Other	070		2,742
Due to Parent/Subsidiary/Affiliate	071		
Due to Other Funds	072		
Other Current Liabilities (specify below):			
Current Portion Long Term Debt Lease	073		488,958
Due to Genesee County	074		1,137,369
	075		
TOTAL CURRENT LIABILITIES (Lines 061 thru 075)	080		9,561,989
NonCurrent Liabilities:			
Deferred Income Taxes	081		
Deferred Third Party Revenue	082		
Patient funds Held in Trust (Proprietary Fac. Only)	083		
Long Term Debt	084		1,453,280
Due to Other Funds	085		55,935
Other NonCurrent Liabilities (specify below):			
Resident Funds Held In Trust	086		179,627
Capital Lease Obligation	087		766,867
TOTAL NONCURRENT LIABILITIES (Lines 081 thru 087)	090		2,455,709
TOTAL LIABILITIES (Line 080 + 090)	120		12,017,698
Fund Balance or Equity or Net Assets:			
Fund Balance - Depreciation Funds	091		
Fund Balance - Operating Escrow Funds	092		
Fund Balance - Mortgage Repayment Escrow Funds	093		
Other Fund Balances	094		-737,176
Capital	095		
Preferred Stock	096		
Common Stock	097		
Additional Paid-In Capital	098		
Retained Earnings	099		
Less: Treasury Stock	100		
Contribution from Other Funds	101		
Net Assets - Unrestricted	102		
Net Assets - Temporarily Restricted	103		
Net Assets - Permanently Restricted	104		
TOTAL FUND BALANCE or EQUITY (Lines (091 thru 099) - 100 + (101 thru 104))	110		-737,176
TOTAL LIABILITIES & FUND BALLANCE or EQUITY (Lines 120 + 110)	190		11,280,522

1) See Notes to the Financial Statements

Exhibit B* Statement of Changes in Fund Balances, Equity or Net Assets		Unrestricted	Temporarily Restricted	Permanently Restricted	Total
		1806	1807	1808	1809
Fund Balance Beginning of Yr as Previously Reported	001	3,599,830			3,599,830
Restatement (describe below) (1):					
GASB 65 writedown	002	-92,928			-92,928
	003				
	004				
	005				
Fund Balance Beginning of Yr, as Restated (Lines 001 thru 005)	010	3,506,902			3,506,902
Additions (Deductions):					
Excess of Revenues (Expenses)	011	-4,244,078			-4,244,078
Proceeds from Sale of Stock	012				
Contributions and Grants	013				
Investment Income	014				
Gain (Loss) from Disposition of Investment	015				
Withdrawal of Equity	016				
Net Assets Released from Restrictions	028				
Transfer of Assets Out	017				
Other (describe below) (1):					
	018				
TOTAL ADDITIONS (DEDUCTIONS) (Lines 011 thru 017 + 018 + 028)	020	-4,244,078			-4,244,078
Transfers:					
Provision for Depreciation	021				
Property & Equipment Addition	022				
Principal Payments - Long Term Debt	023				
Other Operating Revenue	024				
NonOperating Revenue	025				
Discounts, Allowances & Bad Debts	026				
Other (describe below) (1):					
	027				
TOTAL TRANSFER (Lines 021 thru 027)	030				
BALANCE AT END OF YEAR (Lines 010 + 020 + 030)	040	-737,176			-737,176

*A Statement of changes in the agency fund balance is not required.

(1) Provide detail for Lines 002 thru 005, 017 and 027 on the General Notepad as needed.
(2) See Notes to Financial Statements

Exhibit C - Statement of Cash Flows		0010
Net Income or Loss/Change in Net Assets	001	-4,244,078
Adjustments to Reconcile Net Income/Assets to		
Net Cash Provided by Operating Activities:		
Depreciation and Amortization	002	947,074
Gain (Loss) on Sale of Equipment	003	
Increase in Deferred Third Party Reimb.	004	
Other Funds Derived from Operations	005	
Change in Assets:		
Time Deposits and Equivalents	006	
Investments	007	
Patient Accounts and Notes Receivable	008	1,221,945
Receivables from Third Party Payors	009	-367,963
Accounts Receivable, Other, Net	010	2,602,032
Pledges Receivable, Net	011	
Inventories	012	18,065
Due from Other Funds	013	
Due from Parent/Subsidiary/Affiliate	014	
Prepaid Expenses	015	
Other Current Assets (specify below):		
Bond Issuance Amort, Bond Premium Amort	016	-49,450
Change in Assets Whose Use is Limited:		
Depreciation Funds	017	
Operating Escrow Funds	018	
Mortgage Repayment Escrow Funds	019	
Other (specify below):		
	020	
Change in Liabilities:		
Notes and Loans Payable	021	
Accounts Payable	022	159,409
Accrued Compensation and Related Liabilities	023	-32,984
Other Accrued Expense	024	2,831
Current Installments of Long Term Debt	025	
Advances from Third Party Payors	026	
Income Taxes Payable	027	
Deferred Revenue - Patient Deposits	028	
Deferred Revenue - Other	029	-19,803
Due to Parent/Subsidiary/Affiliate	030	
Due to Other Funds	031	-641,109
Other Current Liabilities (specify below):		
Due to Genesee County	032	
	033	
	034	
	035	
TOTAL ADJUSTMENTS (Lines 002 thru 035):	040	3,840,047
NET CASH PROVIDED (USED) BY (IN) OPERATING		
ACTIVITIES (Lines 001 + 040):	050	-404,031
Cash Flows from Investing Activities:		
Additions to Property, Plant and Equipment	051	-230,866
Less: Property, Plant and Equipment Expenditures Financed Other Funds	052	
Other (specify below):		
	053	
NET CASH PROVIDED (USED) BY (IN) INVESTING ACTIVITIES	060	-230,866
Cash Flows from Financing Activities:		
Increases in Long Term Debt	061	
Reduction in Long Term Debt	062	-1,038,027
Drawings	063	
Other (specify below):		
Short Term Borrowing	064	800,000
NET CASH PROVIDED (USED) BY (IN) FINANCING		
ACTIVITIES (Lines 061 thru 064)	070	-238,027
NET INCREASE (DECREASE) IN CASH AND TEMPORARY		
INVESTMENTS (Lines 050 + 060 + 070)	080	-872,924
Cash and temporary investments beginning of year	090	1,482,039
CASH AND TEMPORARY INVESTMENTS AT END		
OF YEAR (Lines 080 + 090)	100	609,115

1) See Notes to Financial Statements

Exhibit D - Notes to Financial Statements

Notes to the Financial Statements must be attached electronically as part of this software. Failure to include the notes will deem this cost report incomplete pursuant to Part 86-2.2(e) of the Commissioner's Administrative Rules and Regulations.

This will also cause a fatal edit error when trying to finalize this cost report.

Part IV - Uniform Report Statement of Revenues and Expenses - Exhibit E		Revenue/ Expenses
		0011
Patient Service Revenue:		
Inpatient Service Revenue	003	13,900,580
Outpatient Service Revenue	006	178,582
Total Patient Service Revenue (Lines 003 + 006)	010	14,079,162
Other Operating Revenue:		
Transfers from Restricted Funds:		
Research	011	
Education	012	
Spec. Oper. Purpose	013	
Supplies Sold to Others	014	
Private Duty Nurses Fees	015	
Cafeteria	016	15,620
Gift Shop & Public Restaurant	017	
Sold Services	018	
Rental of Living Quarters	019	
Physicians' Offices and Other Rentals	020	
Cash Discounts and Rebates on Purchases	021	5,089
Telephone and Telegraph Services	022	
Television and Radio Rentals	023	
Vending Machine Commissions (Net)	024	2,257
Medical Record and Abstract Fees	025	
Sale of Scrap and Waste	026	
Barber and Beauty Shops	027	
Contributions	028	50
Investment Income - Unrestricted	029	
Investment Income - Restricted	030	
Nurse Aide Training	031	
	032	
	033	
	034	
	035	
TOTAL OTHER OPERATING REVENUE (Lines 011 thru 035)	036	23,016
TOTAL OPERATING REVENUE (Lines 010 + 036)	040	14,102,178
Operating Expenses:		
Nonrevenue Support Services	041	8,393,360
Ancillary Service Revenue Centers	042	1,365,377
Program Services Revenue Centers	043	8,691,018
TOTAL OPERATING EXPENSES	050	18,449,755
Expenses (Deficiency) of Operating Revenues		
Over Expenses (Lines 040 minus 050)	060	-4,347,577
Nonoperating Revenue:		
Income from Investments:		
Funded Depreciation Acct.	061	
Operating Escrow Income	062	
Moitgage Repayment Escrow Income	063	
Other Investment Income - Unrestricted	064	3,052
Other Investment Income - Restricted	059	
TOTAL INCOME FROM INVESTMENTS (Lines 059 + 061 thru 064)	065	3,052
Donated Services	066	
Contributions from Other Funds	067	57,469
Intergovernmental Transfer (I.G.T.)	075	
Other: (specify below):		
Premium on Obligation	068	42,978
	069	
TOTAL NONOPERATING REVENUE (Lines 065 thru 069 + 075)	070	103,499
Nonoperating Expenses:		
Federal, State and Local Taxes	071	
Other: (specify below)		
	072	
TOTAL NONOPERATING EXPENSES (Lines 071 thru 072)	074	
Excess (Deficiency) of Nonoperating Revenue over		
Nonoperating Expenses (Lines 070 minus 074)	080	103,499
Excess of Total Revenues over Total Expenses (Expenses over Revenues)		
Before Extraordinary Gain (Loss) (Lines 060 + 080)	090	-4,244,078
Extraordinary Gain (Loss): (specify below)		
	095	
Excess of Total Revenues over Total Expenses (Expenses over Revenues)		
after Extraordinary Gain (Loss) (Lines 090 + 095)	099	-4,244,078

* State detail for lines 068, 069, 072 and 095 on Notepad as needed.
1) See Notes to Financial Statement

Exhibit F Functional Report Revenue Reclassification Summary		----- Reclassification -----			
		Direct Responsible Revenues	DR. (-)	CR. (+)	Functional Revenues
		0012	0013	0014	0015
Ancillary Services:					
Laboratory Services	031				
Electrocardiology	032				
Electroencephalogy	033				
Radiology	034				
Inhalation Therapy	035				
Podiatry	036				
Dental	037				
Psychiatric	038				
Physical Therapy	039	477,745			477,745
Occupational Therapy	040	369,119			369,119
Speech & Hearing Therapy	041	29,299			29,299
Pharmacy	042				
Central Service Supply	043				
Medical Staff Services	044	150,344			150,344
Ancillary Other (specify below):					
Flu, Pneumo, Transp, Glucose, Prior Yr Ref	045	56,605			56,605
	046				
	047				
Program Services:					
Res.Health Care Fac.	051	10,757,607			10,757,607
Adult Care Facility	053	2,059,861			2,059,861
I.C.F Mental Retardation	054				
Independent Living	055				
Outpatient Clinics	057	9,774			9,774
Adult Day Health Care (1)	058	168,808			168,808
Home Health Care	059				
Homemaker Services	060				
Meals on Wheels	061				
Research	062				
Phys. Office & Other Rent	063				
Gift Shop	064				
Public Restaurant	065				
Fund Raising	066				
Barber & Beauty Shop	067				
Sold Services	068				
Other	069				
GRAND TOTAL (Lines 031 thru 089)	090	14,079,162			14,079,162

Exhibit F Functional Report Expense Reclassification Summary		----- Reclassification -----			
		Direct Responsible Center Expenses	DR. (+)	CR. (-)	Functional Expenses
		0016	0017	0018	0019
NonRevenue Support Services:					
Depreciation, Leases & Rentals	001	869,469			869,469
Depreciation, Major Mov. Equip	002	77,605			77,605
Interest on Capital Debt	003	182,783			182,783
Fiscal Services	004	406,753			406,753
Administrative Services	005	1,813,855			1,813,855
Plant Operations & Maintenance	006	817,015			817,015
Grounds	007	1,792			1,792
Security	008				
Laundry and Linen	009	489,218			489,218
Housekeeping	010	755,899			755,899
Patient Food Service	011	1,766,294			1,766,294
Cafeteria	012				
Nursing Administration	013	417,995			417,995
Activities Program	014	297,545			297,545
NonPhysician Education	015				
Medical Education	016				
Medical Director's Office	017	43,928			43,928
Housing	018				
Medical Records	019	208,123			208,123
Utilization Review	020				
Social Services	021	241,869			241,869
Transportation	022	3,217			3,217
Other (specify below):					
	023				
TOTAL (Lines 001 thru 023)	030	8,393,360			8,393,360
Ancillary Services:					
Laboratory Services	031	23,773			23,773
Electrocardiology	032				
Electroencephalogy	033				
Radiology	034	19,417			19,417
Inhalation Therapy	035				
Podiatry	036				
Dental	037	27,282			27,282
Psychiatric	038	10,000			10,000
Physical Therapy	039	472,977			472,977
Occupational Therapy	040	361,228			361,228
Speech & Hearing Therapy	041	46,612			46,612
Pharmacy	042	270,462			270,462
Central Service Supply	043				
Medical Staff Services	044	133,626			133,626

Exhibit F Functional Report Expense Reclassification Summary (continued)		----- Reclassification -----			
		Direct Responsible Center Expenses	DR. (+)	CR. (-)	Functional Expenses
		0016	0017	0018	0019
Ancillary Other (specify below):					
	045				
	046				
	047				
TOTAL (Lines 031 thru 047)	050	1,365,377			1,365,377
Program Services:					
Res. Health Care Fac.	051	7,692,446			7,692,446
Adult Care Facility	053	998,572			998,572
I.C.F. Mental Retardation	054				
Independent Living	055				
Outpatient Clinics	057				
Adult Day Health Care (1)	058				
Home Health Care	059				
Homemaker-Services	060				
Meals on Wheels	061				
Research	062				
Physicians' Office & Other Rentals	063				
Gift Shop	064				
Public Restaurant	065				
Fund Raising	066				
Barber & Beauty Shops	067				
Sold Services	068				
Other	069				
TOTAL (Lines 051 thru 089)	090	8,691,018			8,691,018
GRAND TOTAL (Lines 030 + 050 + 090)	099	18,449,755			18,449,755

Exhibit G - Patient Service Revenue		RHCF	Adult Care Facility	ICF Mental Retardation	Independent Living	Other Inpatient	Total Inpatient
		0020	0022	0023	0024	0025	0026
Inpatient Revenues:							
Service Charges	001	10,757,607	2,059,861				12,817,468
Laboratory Services	002						
Electrocardiology	003						
Electroencephalogy	004						
Radiology	005						
Inhalation Therapy	006						
Podiatry	007						
Dental	008						
Psychiatric	009						
Physical Therapy	010	477,745					477,745
Occupational Therapy	011	369,119					369,119
Speech & Hearing Therapy	012	29,299					29,299
Pharmacy	013						
Central Service Supply	014						
Medical Staff Services	015	143,144	7,200				150,344
Ancillary (specify below):							
Flu, Pneumo, Transport, Glucose, Prior Yr Refund	016	56,605					56,605
TOTAL INPATIENT SERV REV.	099	11,833,519	2,067,061				13,900,580

Exhibit G - Patient Service Revenue (continued)		Outpatient Clinics	Adult Day Health Care (1)	Home Health Care	Homemaker	Meals on Wheels	Other Outpatient	Total Outpatient
		0027	0028	0029	0030	0031	0032	0033
Outpatient Revenues:								
Service Charges	001		168,808					168,808
Laboratory Services	002							
Electrocardiology	003							
Electroencephalogy	004							
Radiology	005							
Inhalation Therapy	006							
Podiatry	007							
Dental	008							
Psychiatric	009							
Physical Therapy	010	8,397						8,397
Occupational Therapy	011	902						902
Speech & Hearing Therapy	012	475						475
Pharmacy	013							
Central Service Supply	014							
Medical Staff Services	015							
Ancillary (specify below):								
	016							
TOTAL OUTPATIENT SERV REV.	099	9,774	168,808					178,582

Exhibit H Statement of Functional Expenses		Salaries & Wages	Physicians Remuneration	Employee Benefits	Fees[1]	Supplies and Material	Purchased and Contracted Services	Deprec. Leases & Rentals	Other Direct Expense	Assessments	Transfers	Totals
		0034	0035	0036	0037	0038	0039	0040	0041	0042	0043	0044
Nonrevenue Support Services:												
Depreciation Leases & Rental	001							869,469				869,469
Depreciation, Major Movable Equip.	002							77,605				77,605
Interest on Capital Debt	003								182,783			182,783
Fiscal Services	004	251,221		148,532	7,000							406,753
Administrative Services	005	135,281		74,990	125,151	19,749	219,786		766,515		472,383	1,813,855
Plant Operation & Maint.	006	224,765		140,549		41,227	102,471	77	307,926			817,015
Grounds	007					1,322	470					1,792
Security	008											
Laundry and Linen	009	113,347		97,210		11,432	267,229					489,218
Housekeeping	010	416,559		253,713		52,341	33,286					755,899
Patient Food Service	011					74,951	1,691,343					1,766,294
Cafeteria	012											
Nursing Administration	013	252,588		165,407								417,995
Activities Program	014	170,349		106,636		5,815	1,280		13,465			297,545
Nonphysician Education	015											
Medical Education	016											
Medical Director's Office	017		30,035	13,894								43,929
Housing	018											
Medical Records	019	140,016		60,230		350	7,481		45			208,122
Utilization Review	020											
Social Service	021	146,983		90,454		226	3,855		351			241,869
Transportation	022						3,217					3,217
TOTAL (Lines 001 thru 022)	030	1,851,109	30,035	1,151,615	132,151	207,413	2,330,418	947,151	1,271,085		472,383	8,393,360
Ancillary Services												
Laboratory Services	031						23,773					23,773
Electrocardiology	032											
Electroencephalogy	033											
Radiology	034						19,417					19,417
Inhalation Therapy	035											
Podiatry	036											
Dental	037						27,282					27,282
Psychiatric	038						10,000					10,000
Physical Therapy	039	12,079		11,700		4,006	445,192					472,977
Occupational Therapy	040	36,380		30,329		2,503	292,016					361,228
Speech/Hearing Therapy	041						46,612					46,612
Pharmacy	042					259,035	11,427					270,462
Central Service Supply	043											
Medical Staff Services	044		54,836	24,855			53,935					133,626

Exhibit H Statement of Functional Expenses (continued)		Salaries & Wages	Physicians Remuneration	Employee Benefits	Fees[1]	Supplies and Material	Purchased and Contracted Services	Deprec. Leases & Rentals	Other Direct Expense	Assessments	Transfers	Totals
		0034	0035	0036	0037	0038	0039	0040	0041	0042	0043	0044
Ancillary Other (specify below):												
	045											
	046											
	047											
TOTAL (Lines 031 thru 047)	050	48,459	54,836	66,884		265,544	929,654					1,365,377
Program Services												
Res. Health Care Fac.	051	4,405,284		2,684,456	137,563	230,788	175,191	53,105	6,060			7,692,447
Adult Care Facility	053	548,631		449,940								998,571
I.C.F. Mental Retardation	054											
Independent Living	055											
Outpatient Clinics	057											
Adult Day Health Care (1)	058											
Home Health Care	059											
Homemaker-Services	060											
Meals on Wheels	061											
Research	062											
Physicians' Office & Other Rentals	063											
Gift Shop	064											
Public Restaurant	065											
Fund Raising	066											
Barber & Beauty Shops	067											
Sold Services	068											
Other	069											
TOTAL (Lines 051 thru 089)	090	4,953,915		3,134,396	137,563	230,788	175,191	53,105	6,060			8,691,018
GRAND TOTAL (Lines 030 + 050 + 090)	099	6,853,483	84,871	4,352,895	269,714	703,745	3,435,263	1,000,256	1,277,145		472,383	18,449,755

Exhibit H (Supplemental) Direct Assignment of Expenses (Optional)		Cost Center Line No. Exhibit H From	Amount Transferred	Cost Center Line No. Exhibit H To
		0045	0254	0046
For each direct assignment listed on this screen				
a narrative must be completed as set forth below				
on the general Notepad. Refer to specific				
instructions to complete this Exhibit properly.				
	001			
	002			
	003			
	004			
	005			
	006			
	007			
	008			
	009			
	010			
If any direct assignments have been listed on this exhibit,				
the following must be answered for each direct assignment listed.				
1. Explain the basis used to arrive at the alternative assignment.				
2. Show the calculation(s) used to arrive at the amounts				
directly assigned.				
3. What facility records were used?				
4. Why would this direct assignment more accurately reflect the cost				
experience than the mandated allocation basis?				
5. Enter the above information on the general Notepad.				

Part IV - Uniform Report Recoveries of Expense - Exhibit I Prior to Cost Allocation		Cost/ Income (1)	Amount**	Cost Ctr. Line Affected on Ex. H	Cost Ctr. Affected
		0388	0047	9048	9049
Description of Recoveries:					
Medical Supp. Sold to Others	001			043	Central Svc. Supply
Barber & Beauty Shops	002			067	Barber & Beauty Shp.
Cafeteria	003	2	15,620	012	Cafeteria
Gift Shop	004			064	Gift Shop
Public Restaurants	005			065	Pub. Restaurants
Laundry and/or Linen Svc.	006			009	Laundry & Linen
Telephone & Telegraph Svc.	007			005	Admin. Services
Parking	008			007	Grounds
Television & Radio Rental	009			005	Admin. Services
Medical Records & Abstract Fees	010			019	Medical Records
Sale of Scrap & Waste	011			006	Plant Oper. & Maint.
Vending Machine Comm. (Net)	012	2	2,257		[2]
Rental of Living Qtrs.	013			018	Housing
Physicians' Office & Other Rentals	014			063	Physicians' Offcs & Other Rentals
Cash Discounts on Purch.	015	2	5,089	004	Fiscal Services
Private Duty Nurses Fees	016				[2]
Rebates & Refunds from Vendors	017				[2]
Donated Commodities	018				[2]
Sold Services	019				[2]
Tot. Unrestricted Invest. Inc.	020	2	3,052	005	Admin Services
Other:					
Contribution	021	2	50		[2]
	022				[2]
	023				[2]
	024				[2]
	025				[2]
	026				[2]
	027				[2]
	028				[2]
	029				[2]
	030				[2]
TOTAL (Lines 001-030)	099		26,068	099	

** A minus sign should not be used unless it is also used in the facility's certified financial statements.

(1)In the Cost/Income column, indicate whether the amount shown is based on cost or income (if cost is not determinable). Cost = 1 and Income = 2

(2)Indicate cost center line no. from Exhibit H.

Part IV - Uniform Report Allocation Basis Nonrevenue Support Services - Exhibit J*		Depreciation/ Leases/Rentals by Bldg./Dept.	(1) Interest Expense	Square Feet Net	Dry & Clean Pounds Distrib.	Housekeeping Assigned Time	Average Number of Employees	Assigned Time of Students	Interns & Residents Assigned Time	No. of Rooms Occupied by Dept. Assigned	(1) If Stat. Present	If (1) Complete Column
		0049	0050	0051	0052	0053	0054	0055	0056	0057	0058	9058
Non-Revenue												
Support Services:												
Fiscal Services	004	9,410	1,978	1,652		74	8					N/A
Administrative Services	005	38,424	8,078	6,746		223	7					N/A
Plant Operation & Main.	006	65,041	13,673	11,419			4				1	0051
Grounds	007											0051
Security	008											0051
Laundry & Linen	009	18,056	3,796	3,170		99	3				1	0052
Housekeeping	010	4,756	1,000	835	5,489	62	18				1	0053
Patient Food Service	011	52,726	11,084	9,257	8,733						1	0053
Cafeteria	012	2,905	611	510		37					1	0054
Nursing Administration	013	9,501	1,997	1,668		62	8				1	0060
Activities Program	014	21,553	4,531	3,784		87	10				1	0061
Nonphysician Education	015											0055
Medical Education	016											0056
Medical Director's Office	017	456	96	80		25	1				1	0062
Housing	018											0057
Medical Records	019	2,193	461	385		37	8				1	0063
Utilization Review	020											0064
Social Services	021	2,945	619	517		62	3				1	0065
Transportation	022											0066
TOTAL (Lines 004-022)	030	227,966	47,924	40,023	14,222	768	70					
Ancillary Services												
Laboratory Services	031											0074
Electrocardiology	032											0075
Electroencephalogy	033											0076
Radiology	034											0077
Inhalation Therapy	035											0078
Podiatry	036											0079
Dental	037	1,213	255	213							1	0080
Psychiatric	038											0081
Physical Therapy	039	18,084	3,802	3,175	8,140	37					1	0082
Occupational Therapy	040	13,676	2,875	2,401		37	1				1	0083
Speech/Hearing Therapy	041	319	67	56							1	0084
Pharmacy	042											0085
Central Service Supply	043	9,267	1,948	1,627		74	1				1	0086
Medical Staff Services	044					37	1				1	0087
Ancillary - Other (specify below)												
	045											0088
	046											0089
	047											0090
TOTAL (Lines 031-047)	050	42,559	8,947	7,472	8,140	185	3					

* If an entry is made on any line of the schedule, then a (1) must be entered in column 0058. The adjacent 'If Complete Column' identifies the mandated statistic applicable to the cost center identified on that line. Facilities should verify that the mandated statistic data for each line on which there is an entry has been recorded on Exhibits J or J (Supplement).

(1)See specific instructions.

Part IV - Uniform Report Allocation Basis Nonrevenue Support Services - Exhibit J* (continued)		Depreciation/ Leases/Rentals by Bldg./Dept.	[1] Interest Expense	Square Feet Net	Dry & Clean Pounds Distrib.	Housekeeping Assigned Time	Average Number of Employees	Assigned Time of Students	Interns & Residents Assigned Time	No. of Rooms Occupied by Dept. Assigned
		0049	0050	0051	0052	0053	0054	0055	0056	0057
Program Services:										
Res. Health Care Fac.	051	390,208	82,031	68,508	542,165	21,285	133			
Adult Care Facility	053	194,530	40,895	34,153	48,828	6,286	39			
ICF - Mental Retardation	054									
Independent Living	055									
Outpatient Clinics	057									
Adult Day Health Care [1]	058	4,728	994	830	619	148	2			
Home Health Care	059									
Homemaker Services	060									
Meals on Wheels	061									
Research	062									
Physicians Offices										
& Other Rentals	063	7,917	1,664	1,390		62				
Gift Shop	064									
Public Restaurant	065									
Fund Raising	066									
Barber & Beauty Shop	067	1,561	328	274	4,119	62				
Sold Services	068									
Other	069					495				
TOTAL (Lines 051-089)	090	598,944	125,912	105,155	595,731	28,338	174			
GRAND TOTAL (Lines 030 + 050 + 090)	099	869,469	182,783	152,650	618,093	29,291	247			

* If an entry is made on any line of the schedule, then a (1) must be entered in column 0058. The adjacent 'If Complete Column' identifies the mandated statistic applicable to the cost center identified on that line. Facilities should verify that the mandated statistic data for each line on which there is an entry has been recorded on Exhibits J or J (Supplement).

(1)See specific instructions.

Part IV - Uniform Report Allocation Basis Nonrevenue Support Services - Exhibit J THIS PAGE TO BE COMPLETED BY MULTISERVICE CARE FACILITIES ONLY		Dietary Meals Served	Total Hrs of Direct Nursing Service	Number of Participants	Time Spent	Medical Records Hrs. of Service	No. of Cases Reviewed by Program	Social Services Hrs of Service	No. of Users by Program
		0059	0060	0061	0062	0063	0064	0065	0066
Program Services:									
Res. Health Care Fac.	051	167,409	262,559	72,830	428	7,867		4,674	896
Adult Care Facility	053	45,708	36,611	15,480	47	1,542		1,256	
ICF - Mental Retardation	054								
Independent Living	055								
Outpatient Clinics	057								
Adult Day Health Care (1)	058	1,929	4,113	16,101	3	124		324	
Home Health Care	059								
Homemaker Services	060								
Meals on Wheels	061								
Research	062								
Physicians Offices									
& Other Rentals	063								
Gift Shop	064								
Public Restaurant	065								
Fund Raising	066								
Barber & Beauty Shop	067								
Sold Services	068								
Other	069								
GRAND TOTAL (Lines 051-089)	099	215,046	303,283	104,411	478	9,533		6,254	896

Part IV - Uniform Report Allocation Basis for Depreciation - Major Movable Equipment - Exhibit J (Supplemental) (1)		Book Basis - Complete these columns if Depreciation per Books is computed on other than a Straight-line basis.			Straight-Line Basis - All Facilities must compete these columns.				
		$ Alloc. by Net Sq. Feet	$ Alloc. by Physic. Location	Total $ Alloc. To Department	$ Alloc. by Net Sq. Feet	$ Alloc. by Physic. Location	Total $ Alloc. To Department	Enter '1' if Stat. Present	If [1] Complete Column
		0067	0068	0069	0070	0071	0072	0073	9073
Non-Revenue									
Support Services:									
Fiscal Services	004								N/A
Administrative Services	005					12,743	12,743		N/A
Plant Operation & Main.	006					5,780	5,780	1	0051
Grounds	007								0051
Security	008								0051
Laundry & Linen	009					1,177	1,177	1	0052
Housekeeping	010					1,894	1,894	1	0053
Patient Food Service	011					6,787	6,787	1	0059
Cafeteria	012								0054
Nursing Administration	013								0060
Activities Program	014					8,412	8,412	1	0061
Nonphysician Education	015								0055
Medical Education	016								0056
Medical Director's Office	017								0062
Housing	018								0057
Medical Records	019					129	129	1	0063
Utilization Review	020								0064
Social Services	021								0065
Transportation	022								0066
TOTAL (Lines 004-022)	030					36,922	36,922		
Ancillary Services									
Laboratory Services	031								0074
Electrocardiology	032								0075
Electroencephalogy	033								0076
Radiology	034								0077
Inhalation Therapy	035								0078
Podiatry	036								0079
Dental	037								0080
Psychiatric	038								0081
Physical Therapy	039					985	985	1	0082
Occupational Therapy	040					879	879	1	0083
Speech/Hearing Therapy	041								0084
Pharmacy	042								0085
Central Service Supply	043								0086
Medical Staff Services	044								0087
Ancillary - Other (specify below)									
	045								0088
	046								0089
	047								0090
TOTAL (Lines 031-047)	050					1,864	1,864		

(1) The Depreciation Expense relating to all additions to Major Movable Equipment as of January 1, 1978 must be charged directly to the cost center in which the equipment is located and utilized in column 00071. Depreciation for Assets acquired prior to January 1, 1978 by specific identification may allocate such Depreciation to Cost Centers on the basis of Net Square Feet in column 00070.

		Book Basis - Complete these columns if Depreciation per Books is computed on other than a Straight-line basis.			Straight-Line Basis - All Facilities must compete these columns.		
Part IV - Uniform Report Allocation Basis for Depreciation - Major Movable Equipment - Exhibit J (Supplemental) (1) (continued)		$ Alloc. by Net Sq. Feet	$ Alloc. by Physic. Location	Total $ Alloc. To Department	$ Alloc. by Net Sq. Feet	$ Alloc. by Physic. Location	Total $ Alloc. To Department
		0067	0068	0069	0070	0071	0072
Program Services:							
Res. Health Care Fac.	051					30,502	30,502
Adult Care Facility	053					5,248	5,248
ICF - Mental Retardation	054						
Independent Living	055						
Outpatient Clinics	057						
Adult Day Health Care (1)	058						
Home Health Care	059						
Homemaker Services	060						
Meals on Wheels	061						
Research	062						
Physicians Offices							
& Other Rentals	063						
Gift Shop	064						
Public Restaurant	065						
Fund Raising	066						
Barber & Beauty Shop	067						
Sold Services	068						
Other	069						
TOTAL (Lines 051-089)	090					35,750	35,750
GRAND TOTAL (Lines 030 + 050 + 090)	099					74,536	74,536

(1) The Depreciation Expense relating to all additions to Major Movable Equipment as of January 1, 1978 must be charged directly to the cost center in which the equipment is located and utlilized in column 00071. Depreciation for Assets acquired prior to January 1, 1978 by specific identification may allocate such Depreciation to Cost Centers on the basis of Net Square Feet in column 00070.

Exhibit K Allocation Basis: Ancillary Service Revenue Centers This Exhibit is to be completed by multiservice care facilities only.		Laboratory C.A.P Workload	Electro Cardiology C.A.P. Workload	Electro Cephalogy C.A.P. Workload	Radiology R.V.U's	Inhalation Therapy No. of Treatments	Podiatry No. of Visits	Dental No. of Visits	Psychiatric No. of Visits	Physical Therapy No. of Treatments
		0074	0075	0076	0077	0078	0079	0080	0081	0082
Program Services:										
Res. Health Care Fac.	051	16,412			387		742	675	197	8,796
Adult Care Facility	053	3,974			85		169	58	52	
I.C.F. Mental Retardation	054									
Independent Living	055									
Outpatient Clinics	057									145
Adult Day Health Care (1)	058									41
Home Health Care	059									
Homemaker-Services	060									
Meals on Wheels	061									
Research	062									
Physicians' Office & Other Rentals	063									
Gift Shop	064									
Public Restaurant	065									
Fund Raising	066									
Barber & Beauty Shops	067									
Sold Services	068									
Other	069									
GRAND TOTAL (Lines 051 thru 089)	099	20,386			472		911	733	249	8,982

Exhibit K Allocation Basis: Ancillary Service Revenue Centers (continued) This Exhibit is to be completed by multiservice care facilities only.		Occupational Therapy No. of Treatments	Speech & Hearing Therapy No. of Treatments	Pharmacy Costed Requisition	Central Service Costed Requisition	Med. Staff Serv Hrs of Service by Physician	(1) Ancillary Other-A	(1) Ancillary Other-B	(1) Ancillary Other-C
		0083	0084	0085	0086	0087	0088	0089	0090
Program Services:									
Res. Health Care Fac.	051	5,612	389	270,462	230,788	997			
Adult Care Facility	053								
I.C.F. Mental Retardation	054								
Independent Living	055								
Outpatient Clinics	057	10							
Adult Day Health Care (1)	058	14	10						
Home Health Care	059								
Homemaker-Services	060								
Meals on Wheels	061								
Research	062								
Physicians' Office & Other Rentals	063								
Gift Shop	064								
Public Restaurant	065								
Fund Raising	066								
Barber & Beauty Shops	067								
Sold Services	068								
Other	069								
GRAND TOTAL (Lines 051 thru 089)	099	5,636	399	270,462	230,788	997			

(1) For each Ancillary-Other Category used, explain the proposed Allocation Basis on the Notepad.

Part IV - Uniform Report Alternative Allocation Basis - Exhibit L		No. 1	No. 2	No. 3
		9810	9820	9830
Enter Last 3 Digits of the Related Class Code				
Numbers from Exhibits J, J(Supp), or K	098			
Non-Revenue Support Services:				
Fiscal Services	004			
Administrative Services	005			
Plant Operation & Maintenance	006			
Grounds	007			
Security	008			
Laundry & Linen	009			
Housekeeping	010			
Patient Food Service	011			
Cafeteria	012			
Nursing Administration	013			
Activities Program	014			
Nonphysician Education	015			
Medical Education	016			
Medical Director's Office	017			
Housing	018			
Medical Records	019			
Utilization Review	020			
Social Services	021			
Transportation	022			
TOTAL (Lines 004-022)	030			
Basis of Alternative Allocation				
(Double click below)				
	001			
	002			
	003			

Enter the basis for each allocation and the last 3 digits of the related Class Code numbers from Exhibits J, J (Supplemental), or K.
For any entries on this Exhibit, Schedule 3 must be completed.

Part IV - Uniform Report Alternative Allocation Basis - Exhibit L (continued)		No. 1	No. 2	No. 3
		9810	9820	9830
Enter Last 3 Digits of the Related Class Code				
Numbers from Exhibits J, J(Supp), or K	098			
Ancillary Services				
Laboratory Services	031			
Electrocardiology	032			
Electroencephalogy	033			
Radiology	034			
Inhalation Therapy	035			
Podiatry	036			
Dental	037			
Psychiatric	038			
Physical Therapy	039			
Occupational Therapy	040			
Speech/Hearing Therapy	041			
Pharmacy	042			
Central Service Supply	043			
Medical Staff Services	044			
Ancillary - Other (specify below)				
	045			
	046			
	047			
TOTAL (Lines 031-047)	050			
Program Services:				
Res. Health Care Fac.	051			
Adult Care Facility	053			
ICF - Mental Retardation	054			
Independent Living	055			
Outpatient Clinics	057			
Adult Day Health Care (1)	058			
Home Health Care	059			
Homemaker Services	060			
Meals on Wheels	061			
Research	062			
Physicians Offices & Other Rentals	063			
Gift Shop	064			
Public Restaurant	065			
Fund Raising	066			
Barber & Beauty Shop	067			
Sold Services	068			
Other	069			
TOTAL (Lines 051-089)	090			
GRAND TOTAL (Lines 030 + 050 + 090)	099			

Enter the basis for each allocation and the last 3 digits of the related Class Code numbers from Exhibits J, J (Supplemental), or K.
For any entries on this Exhibit, Schedule 3 must be completed.

Part IV - Uniform Report Standard Units of Measurement for NonRevevue Support and Ancillary Services - Exhibit M		Statistic	Standard Unit of Measure
		0091	9092
Non-Revenue Support Services:			
Depreciation, Lease & Rentals			
Interest on Capital Debt	001	159,003	Square Feet Gross
Fiscal Services			
Administrative Services			
Plant Operation & Maintenance	003	152,650	Square Feet Net
Grounds	004	276,606	Square Feet Serviced
Laundry & Linen	005	618,093	Dry & Clean lbs. Processed
Housekeeping	006	141,231	Square Feet Serviced
Patient Food Service	007	215,046	Dietary Meals Served
Cafeteria	008		Equiv. Cafeteria Meals Served
Nursing Administration	009	142	Avg. No. of Nursing Employees
Activities Program	010	104,411	Tot. No. of Partic. in Program
Nonphysician Education	011		Number of Students
Medical Education	012		Number of Students
Housing	013		Avg. No. of Persons Housed
Utilization Review	014		Number of Cases Reviewed
Transportation	015	926	Number of Trips
Ancillary Services Revenue Centers:			
Laboratory Services	016	20,386	CAP Workload Measurement Unit
Electrocardiology	017		CAP Workload Measurement Unit
Electroencephalogy	018		CAP Workload Measurement Unit
Radiology	019	472	Relative Value Units
Inhalation Therapy	020		Number of Treatments
Podiatry	021	911	Number of Visits
Dental	022	733	Number of Visits
Psychiatric	023	249	Number of Visits
Physical Therapy	024	8,982	Number of Treatments
Occupational Therapy	025	5,636	Number of Treatments
Speech & Hearing Therapy	026	399	Number of Treatments
Ancillary - Other (specify below)			
	027		
	028		
	029		

Exhibit N Standard Unit of Measure for Program Services		Admissions	Discharges	Patient Days	Certified Bed Capacity
		0092	0093	0094	0095
Inpatient					
Res. Health Care Fac.	051	289	285	55,683	160
Adult Care Facility	053	29	45	15,237	80
ICF - Mental Retardation	054				
Independent Living	055				
TOTAL INPATIENT	010	318	330	70,920	240

Exhibit N Standard Unit of Measure for Program Services (continued)		Visits	Meals
		0092	0093
Outpatient			
Outpatient Clinics	057	155	
Adult Day Health Care (1)	058	1,925	
Home Health Care	059		
Homemaker Services	060		
Meals on Wheels	061		
Other:			
	090		
	091		
	092		
	093		
	094		

Schedule O (1) - Quality Measures Hours Paid for Purchased or Contracted Services		Registered Nurses	Licensed Practical Nurses	Aides Orderlies & Assistants	
		Hours Paid	Hours Paid	Hours Paid	Total Hours
		0560	0561	0562	0563
Program Services					
Res. Health Care Fac.-051	001	1,031	1,496	1,817	4,344
Specialty Pediatric-071	002				
Head Injury-072	003				
AIDS-073	004				
Long Term Ventilator	005				
Respite Care	006				
Behavioral Intervention	007				
Adult Care Facility-053	008				
I.C.F. Mental Retardation-054	009				
Independent Living-055	010				
Outpatient Clinics-057	011				
Adult Day Health Care (1)	058				
Home Health Care	022				

Schedule O (2) - Quality Measures Total Number of Per Diem Employees		1-Jan	31-Mar	30-Jun	30-Sept	31-Dec
		0570	0571	0572	0573	0574
Program Services						
Res. Health Care Fac.-051	001	14	17	19	25	30
Specialty Pediatric-071	002					
Head Injury-072	003					
AIDS-073	004					
Long Term Ventilator	005					
Respite Care	006					
Behavioral Intervention	007					
Adult Care Facility-053	008					
I.C.F. Mental Retardation-054	009					
Independent Living-055	010					
Outpatient Clinics-057	011					
Adult Day Health Care (1)	058					
Home Health Care	022					

Schedule Q Facility Reported Capital		Description	Facility Amount	Related Company Amount	Totals
		0272	0273	0274	0275
Building and Fixed Equipment					
Depreciation	101		789,758		789,758
Interest	102		108,839		108,839
Rent	103				
Insurance	104		35,585		35,585
Return on Equity	105				
Return of Equity	106				
Other	107	County Allocated Overhead - Depreciation	79,711		79,711
Land / Leasehold Improvements					
Amoritzation	108				
Interest	109				
Rent	110				
Other	111	DEPRECIATION	3,069		3,069
Moveable Equipment					
Depreciation	112		74,536		74,536
Interest	113				
RENTAL	114		43,338		43,338
RENTAL	115		4,097		4,097
RENTAL	116		60		60
RENTAL	117		5,611		5,611
RENTAL	118		77		77
RENTAL	119				
RENTAL	120				
RENTAL	121				
RENTAL	122				
RENTAL	123				
RENTAL	124				
RENTAL	125				
RENTAL	126				
RENTAL	127				
RENTAL	128				
RENTAL	129				
RENTAL	130				
RENTAL	131				
RENTAL	132				
Insurance	133				
Renturn on Equity	134				
Other	135	Capitalized Leases	558,683		558,683
Mortgage Amortization	136		28,965		28,965
Mortgage Insurance	137				
Rep / Cont Fee	138				
Health Agency Fee	139				
Mortgage Expense Amortization	140				
Non Trended Items					
Organization / Start Up	141				
Sales Tax	142				
Other	143				
WCI Expens	144				
Income Offset					
Other Interest	145	Unrestricted Interest	3,052		3,052
Working Capital Interest	146		24,494		24,494
Other	147	County Allocated Overhead - Interest on Debt	3,023		3,023
Total	148		1,762,898		1,762,898
Patient Days	149		55,693		55,693
Per Diem	150		32		32

Schedule P Staff Turnover RHCF		Total number of employees									
		1-Jan	31-Mar	30-Jun	30-Sep	31-Dec	Full Time as of 12/31	Part Time as of 12/31	Employees retained as of 12/31, who were employed on 1/1	Employees Hired (Year)	Employees Terminated (Year)
		0770	0771	0772	0773	0774	0775	0776	0777	0778	0779
NON-CONTRACT STAFF											
RN Director of Services	001	1	1	1	1	1	1		1		
Nurses with Administrative Duties	002	10	11	11	10	10	7	3	8	1	2
Registered Nurses	003	14	12	11	12	14	5	9	9	5	5
Licensed Practical/License Vocational Nurses	004	26	27	28	29	26	7	19	15	8	11
Certified Nurse Aides	005	88	88	85	90	101	51	50	45	51	43
Total Lines 1 - 5 Employees	006	139	139	136	142	152	71	81	78	65	61
Occupational Therapists	007										
Occupational Therapy Assistants	008	1	1	1	1	1					1
Occupational Therapy Aides	009										
Physical Therapists	010										
Physical Therapists Assistants	011	2									2
Physical Therapy Aides	012										
Speech/Language Pathologist	013										
Respiratory Therapists	014										
Qualified Social Workers	015	3	3	3	3	3	3		2	1	1
Other Social Services	016										
Total Lines 7 - 16 Employees	017	6	4	4	4	4	3		2	1	4
Total Lines 6 and 17	018	145	143	140	146	156	74	81	80	66	65
CONTRACT STAFF											
RN Director of Services	019										
Nurses with Administrative Duties	020										
Registered Nurses	021										
Licensed Practical/License Vocational Nurses	022										
Certified Nurse Aides	023										
Total Lines 19 - 23 Employees	024										
Occupational Therapists	025										
Occupational Therapy Assistants	026										
Occupational Therapy Aides	027										
Physical Therapists	028										
Physical Therapists Assistants	029										
Physical Therapy Aides	030										
Speech/Language Pathologist	031										
Respiratory Therapists	032										
Qualified Social Workers	033										
Other Social Services	034										
Total Lines 25 - 34 Employees	035										
Total Lines 24 and 35	036										

Schedule of Fees and Purchased or Contracted Services - Schedule 1		Services Exceeding $10,000 Name of Vendor Code* Services Rendered	Cost Ctr. Line No.	Fee Amount	If Purch. Contract, Service Amt. of Contract	Personnel Service Included in Col. 0096 or 0097
		9096	0389	0096	0097	0098
	001	Medical Staffing Network Agency Nurses	051	28,450		
	002	Nursefinders Agency Nurses	051	40,012		
	003	SHC Services, Inc Agency Nurses	051	57,737		
	004	Nursecore Mgmt Agency Nurses	051	11,364		
	005	MDS Consultants Consult	051		113,620	
	006	United Memorial Medical Center PA	044		58,212	
	007	Quest Diagnostics Lab Serv	044		19,489	
	008	Mobilex Xray	034		14,630	
	009	Omnicare Pharmacy	042		11,427	
	010	Dentserv Dental	037		27,282	
	011	Avallon Behavioral Psych	038		10,000	
	012	Daniel Schwenk PT	039		16,415	
	013	Shawn Strausbaugh PT	039		12,618	
	014	Freedom Therapy PT	039		381,530	
	015	Freedom Therapy OT	040		223,733	
	016	Barb Loftus OT	040		13,132	
	017	Amy Martin OT	040		13,120	
	018	Sarah Orr OT	040		12,276	
	019	Dawn Palmer OT	040		19,800	
	020	Freedom Therapy ST	041		46,612	
	021	Morrison Dietary	012		1,681,152	
	022	Siemens Maint	006		110,082	
	023	Waste Mgmt Disposal	010		21,793	
	024	Angelica Textiles Laundry	009		199,533	
	025	NYSID Laundry	009		24,296	
	026	Terry Cotton Consulting	005	12,581		
	027	Summitt Health Care Solutions MDCD Conversions Services	005	16,510		
	028	Freed Maxick Auditor	004	73,390		
	029	Insource Healthcare Solutions Administrator	005		146,663	
	030	ADP Time and Attend	005		27,560	
	031	P&NP Computers Software Support	005		11,208	
	032	Thysesen Krupp Elevator Serv	005		15,126	
	033					
	034					
	035	Total		240,044	3,231,309	

Detail All Fees and Purchased or Contracted Services
by Cost Center - Do not Include Fees Paid to Physicians
For All Fees and Purchased or Contracted Services Exceeding $10,000,
Complete Column 0098

* Enter Code for Relationship to Facility Operator as Follows:
0-None, 1-Family, 2-Marriage, 3-Other NonArms Length Business Relationship

Schedule of Fees and Purchased or Contracted Services - Schedule 1		Services $5,000-$9,999 Name of Vendor Code* Services Rendered	Cost Ctr. Line No.	Fee Amount	If Purch. Contract, Service Amt. of Contract	Personnel Service Included in Col. 0096 or 0097
		9096	0389	0096	0097	0098
	036	Kenneth Comer Chaplain	051		7,394	
	037	Tammy Rebmann PT	039		7,073	
	038	Melanie Roth PT	039		2,431	
	039	Joseph Grisetta PT	039		7,117	
	040	Jean Lichtenthal PT	039		9,411	
	041	Melissa Dettman PT	039		8,597	
	042	Janine McKenrick OT	040		9,955	
	043	Iridium Technologies Transcription	019		5,634	
	044	Servomation Vending	012		8,734	
	045	Steritech Disposal	010		5,039	
	046	CINTAS Uniforms	010		5,097	
	047	Beth Platt and Assoc Billing	005		9,163	
	048	Russell Phillips Fire Prevention	005		6,719	
	049	Eagle Systems Copier	005		9,970	
	050					
	051					
	052					
	053					
	054					
	055					
	056					
	057					
	058					
	059					
	060					
	061					
	062					
	063					
	064					
	065					
	066					
	067					
	068					
	069					
	072					
	073					
	074					
	075					
	076					
	077					
	078					
	079					
	080					
	081					
	082					
	083					
	084					
	085					
	086					
	087					
	088					
	089					
	090					
	091					
	092					
	070	Total (Lines 036-068 and 072-092)		29,670	102,334	
	071	Total Other Fees Reported in Notepad			101,620	
	099	Grand Totals (Lines 035+070+071)		269,714	3,435,263	

Detail All Fees and Purchased or Contracted Services
by Cost Center - Do not Include Fees Paid to Physicians
For All Fees and Purchased or Contracted Services Exceeding $10,000,
Complete Column 0098

* Enter Code for Relationship to Facility Operator as Follows:
0-None, 1-Family, 2-Marriage, 3-Other NonArms Length Business Relationship

Part IV - Uniform Report Statement of Expenses - Schedule 2 (Imputed Salaries)		Employee Position	Hours Worked	Cost Ctr. Line No.	Amount
		9255	0255	0256	0113
	001				
	002				
	003				
	004				
	005				
	006				
	007				
	008				
	009				
	010				
	099	Total			

PART IV - UNIFORM REPORT
ANALYSIS OF ALTERNATIVE ALLOCATION BASIS/INSTITUTIONAL DIFFERENCES
SCHEDULE 3

THE INFORMATION ON THIS SCHEDULE MUST BE COMPLETED IF AN ALTERNATIVE ALLOCATION BASIS WAS SHOWN ON EXHIBIT L. DETAIL EACH PROPOSED ALTERNATIVE ALLOCATION BASIS, BY NUMBER (1, 2 OR 3), AND PUT THE REQUESTED INFORMATION ON THE GENERAL NOTEPAD.

THE FOLLOWING MUST BE ANSWERED FOR EACH ALTERNATIVE ALLOCATION BASIS PROPOSED:

1. ALTERNATIVE ALLOCATION BASIS PROPOSED:
2. COST CENTER AFFECTED:
3. HAS THIS PROPOSED ALTERNATIVE ALLOCATION BASIS BEEN USED IN THE PAST AND APPROVED THROUGH AUDIT BY THE THIRD PARTY REIMBURSEMENT AGENCY AUDITOR ?
4. IF YES, IDENTIFY THE APPROVING THIRD PARTY(S).
5. EXPLAIN: A) HOW THE ALTERNATIVE ALLOCATION BASIS WAS COMPILED, B) WHY THE PROPOSED ALTERNATIVE ALLOCATION BASIS MORE ACCURATELY ALLOCATES THE COSTS OF THE COST CENTER THAN THE MANDATED ALLOCATION BASIS.
6. IN ADDITION TO PROVIDING JUSTIFICATION FOR THE USE OF AN ALTERNATIVE ALLOCATION BASIS, SCHEDULE 3 MAY ALSO BE USED TO HIGHLIGHT INSTITUTIONAL DIFFERENCES (SEE SPECIFIC INSTRUCTIONS)

Schedule 4 - Salaries And Wages		Management & Supervision	Tech Specs & Non-Physician Medical Pracs	Registered Nurses	Licensed Practical Nurses	Aides Orderlies & Assistants	Clerical & Other Admin Employees	Environment Hotel & Food Service	Interns Residents & Fellows	Total Salaries and Wages
		0114	0115	0116	0117	0118	0119	0120	0121	0122
NonRevenue Support Services:										
Fiscal Services	004	66,529					184,692			251,221
Administration Services	005						135,281			135,281
Plant Operation & Maint.	006	69,527						155,238		224,765
Grounds	007									
Security	008									
Laundry and Linen	009							113,347		113,347
Housekeeping	010	35,052						381,507		416,559
Patient Food Service	011									
Cafeteria	012									
Nursing Administration	013	198,434					54,154			252,588
Activities Program	014					170,349				170,349
NonPhysician Education	015									
Medical Education	016									
Medical Director's Office	017									
Housing	018									
Medical Records	019						140,016			140,016
Utilization Review	020									
Social Services	021					146,983				146,983
Transportation	022									
TOTAL	030	369,542				317,332	514,143	650,092		1,851,109
Ancillary Services:										
Laboratory Services	031									
Electrocardiology	032									
Electroencephalogy	033									
Radiology	034									
Inhalation Therapy	035									
Podiatry	036									
Dental	037									
Psychiatric	038									
Physical Therapy	039					12,079				12,079
Occupational Therapy	040					36,380				36,380
Speech/Hearing Therapy	041									
Pharmacy	042									
Central Service Supply	043									
Medical Staff Services	044									

Schedule 4 - Salaries And Wages (continued)		Management & Supervision	Tech Specs & Non-Physician Medical Pracs	Registered Nurses	Licensed Practical Nurses	Aides Orderlies & Assistants	Clerical & Other Admin Employees	Environment Hotel & Food Service	Interns Residents & Fellows	Total Salaries and Wages
		0114	0115	0116	0117	0118	0119	0120	0121	0122
Ancillary Services - Other (specify below):										
	045									
	046									
	047									
TOTAL (Lines 031 thru 047)	050					48,459				48,459
Program Services:										
Res. Health Care Fac.	051			1,103,651	1,052,089	2,249,544				4,405,284
Adult Care Facility	053					520,802		27,829		548,631
I.C.F. Mental Retardation	054									
Independent Living	055									
Outpatient Clinics	057									
Adult Day Health Care (1)	058									
Home Health Care	059									
Homemaker-Services	060									
Meals on Wheels	061									
Research	062									
Physicians' Office & Other Rentals	063									
Gift Shop	064									
Public Restaurant	065									
Fund Raising	066									
Barber & Beauty Shops	067									
Sold Services	068									
Other	069									
TOTAL (Lines 051 thru 089)	090			1,103,651	1,052,089	2,770,346		27,829		4,953,915
GRAND TOTAL (Lines 030 + 050 + 090)	099	369,542		1,103,651	1,052,089	3,136,137	514,143	677,921		6,853,483

Schedule 5 - Full Time Equivalents & Hours Paid		Number of Wks for Calculation
		0140
IMPORTANT:		
This box must be completed. Enter on line 001 the number of weeks used		
in the calculation of the columns "Hours Paid" on Schedule 5 and "Hours Worked"		
on Schedule 5A. A typical entry would be 52 wks. If the data is not for		
52 wks. enter the number of weeks included in the calculation.	001	52

		Management & Supervision		Tech Specs & Non-Physician Medical Pracs		Registered Nurses		Licensed Practical Nurses		Aides Orderlies & Assistants		Clerical & Other Admin Employees		Environment Hotel & Food Service		Interns Residents & Fellows		Total
Schedule 5 -		FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE's
		0123	0124	0125	0126	0127	0128	0129	0130	0131	0132	0133	0134	0135	0136	0137	0138	0139
NonRevenue Support Services:																		
Fiscal Services	004	1.00	1,950									6.50	12,676					7.50
Administration Services	005	1.19	2,473									2.99	5,835					4.18
Plant Operation & Maint.	006	1.68	3,501											3.93	8,167			5.61
Grounds	007																	
Security	008																	
Laundry and Linen	009													4.86	10,103			4.86
Housekeeping	010	1.25	2,596											15.88	33,021			17.13
Patient Food Service	011																	
Cafeteria	012																	
Nursing Administration	013	3.00	5,850									1.94	3,780					4.94
Activities Program	014									7.60	14,827							7.60
NonPhysician Education	015																	
Medical Education	016																	
Medical Director's Office	017																	
Housing	018																	
Medical Records	019											5.13	10,674					5.13
Utilization Review	020																	
Social Services	021									4.79	9,340							4.79
Transportation	022																	
TOTAL	030	8.12	16,370							12.39	24,167	16.56	32,965	24.67	51,291			61.74
Laboratory Services	031																	
Electrocardiology	032																	
Electroencephalogy	033																	
Radiology	034																	
Inhalation Therapy	035																	
Podiatry	036																	
Dental	037																	
Psychiatric	038																	
Physical Therapy	039									0.87	1,695							0.87
Occupational Therapy	040									1.23	2,407							1.23
Speech/Hearing Therapy	041																	
Pharmacy	042																	
Central Service Supply	043																	
Medical Staff Services	044																	

		Management & Supervision		Tech Specs & Non-Physician Medical Pracs		Registered Nurses		Licensed Practical Nurses		Aides Orderlies & Assistants		Clerical & Other Admin Employees		Environment Hotel & Food Service		Interns Residents & Fellows		Total
Schedule 5 -		FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE	HRS PD	FTE's
		0123	0124	0125	0126	0127	0128	0129	0130	0131	0132	0133	0134	0135	0136	0137	0138	0139
Ancillary Services - Other																		
(specify below):																		
	045																	
	046																	
	047																	
TOTAL (Lines 031 thru 047)	050									2.10	4,102							2.10
Res. Health Care Fac.	051					25.48	49,682	32.86	64,077	98.13	191,362							156.47
Adult Care Facility	053									21.44	41,799			1.24	2,577			22.68
I.C.F. Mental Retardation	054																	
Independent Living	055																	
Outpatient Clinics	057																	
Adult Day Health Care (1)	058																	
Home Health Care	059																	
Homemaker-Services	060																	
Meals on Wheels	061																	
Research	062																	
Physicians' Office & Other	063																	
Gift Shop	064																	
Public Restaurant	065																	
Fund Raising	066																	
Barber & Beauty Shops	067																	
Sold Services	068																	
Other	069																	
TOTAL (Lines 051 thru 089)	090					25.48	49,682	32.86	64,077	119.57	233,161			1.24	2,577			179.15
GRAND TOTAL																		
(Lines 030 + 050 + 090)	099	8.12	16,370			25.48	49,682	32.86	64,077	134.06	261,430	16.56	32,965	25.91	53,868			242.99

Schedule 5A -		Management & Supervision		Tech Specs & Non-Physician Medical Pracs		Registered Nurses		Licensed Practical Nurses		Aides Orderlies & Assistants		Clerical & Other Admin Employees		Environment Hotel & Food Service		Interns Residents & Fellows	
		WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD
		0141	0142	0143	0144	0145	0146	0147	0148	0149	0150	0151	0152	0153	0154	0155	0156
NonRevenue Support Services:																	
Fiscal Services	004	37.50	1,950									37.50	12,676				
Administration Services	005	40.00	2,473									37.50	5,038				
Plant Operation & Maint.	006	40.00	2,618											40.00	9,050		
Grounds	007																
Security	008																
Laundry and Linen	009													40.00	7,216		
Housekeeping	010	40.00	1,722											40.00	24,116		
Patient Food Service	011																
Cafeteria	012																
Nursing Administration	013	37.50	5,850									37.50	3,061				
Activities Program	014									37.50	11,115						
NonPhysician Education	015																
Medical Education	016																
Medical Director's Office	017																
Housing	018																
Medical Records	019											40.00	10,043				
Utilization Review	020																
Social Services	021									37.50	6,590						
Transportation	022																
Laboratory Services	031																
Electrocardiology	032																
Electroencephalogy	033																
Radiology	034																
Inhalation Therapy	035																
Podiatry	036																
Dental	037																
Psychiatric	038																
Physical Therapy	039									37.50	436						
Occupational Therapy	040									37.50	1,514						
Speech/Hearing Therapy	041																
Pharmacy	042																
Central Service Supply	043																
Medical Staff Services	044																

		Management & Supervision		Tech Specs & Non-Physician Medical Pracs		Registered Nurses		Licensed Practical Nurses		Aides Orderlies & Assistants		Clerical & Other Admin Employees		Environment Hotel & Food Service		Interns Residents & Fellows	
Schedule 5A -		WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD	WRK WK	HRS WRKD
		0141	0142	0143	0144	0145	0146	0147	0148	0149	0150	0151	0152	0153	0154	0155	0156
Ancillary Services - Other																	
(specify below):																	
	045																
	046																
	047																
Res. Health Care Fac.	051					37.50	36,198	37.50	51,518	37.50	151,275						
Adult Care Facility	053									37.50	29,487			40.00	1,818		
I.C.F. Mental Retardation	054																
Independent Living	055																
Outpatient Clinics	057																
Adult Day Health Care (1)	058																
Home Health Care	059																
Homemaker-Services	060																
Meals on Wheels	061																
Research	062																
Physicians' Office & Other	063																
Gift Shop	064																
Public Restaurant	065																
Fund Raising	066																
Barber & Beauty Shops	067																
Sold Services	068																
Other	069																

Schedule 6 - Expenses by Natural Classification		Natural Class	Amount
		9157	0157
NATURAL CLASSIFICATION:			
Salaries and Wages:			
Management and Supervision	001	01	369,542
Technicians, Specialists & NonPhysician			
Medical Practitioner	002	02	
Registered Nurses	003	03	1,103,651
Licensed Practical Nurses	004	04	1,052,089
Aides, Orderlies and Assistants	005	05	3,136,137
Clerical and Other Administrative Employees	006	06	514,143
Environment, Hotel and Food Service Employees	007	07	677,921
Interns, Residents and Fellows	008	08	
TOTAL SALARIES & WAGES (Lines 001 thru 008)	010		6,853,483
Physician Remuneration:			
Physician Salaries	011	08	84,871
Physician Fees	012	27	
TOTAL PHYSICIAN			
REMUNERATION (Lines 011 thru 012)	020		84,871
Employee Benefits:			
Employee Uniform Allowance	021	15	4,914
FICA	022	16	535,313
State Unemployment Ins. & Federal			
Unemployment Ins.	023	17	59,767
Group Health Insurance	024	18	1,496,619
Pension & Retirement - Union	025	19	1,281,160
Workmen's Compensation Insurance	026	20	975,122
Pension & Retirement - NonUnion	027	21	
Disability	028	22	
Other Employee Benefits	029	23	
Union Health & Welfare	030	24	
Employee Meal Allowance	031	25	
TOTAL EMPLOYEE BENEFITS (Lines 021 thru 031)	040		4,352,895
Fees:			
Administrative Fees - Long Term Debt	041	26	
Therapists & Other (NonPhysician)	042	28	
Consulting & Management Services	043	29	124,690
Legal Services	044	30	460
Auditing Services	045	31	7,000
Registered Nurses	046	34	46,396
Licensed Practical Nurses	047	35	49,377
Aides Orderlies and Assistants	121	94	41,791
Private Duty Nurses Fees	048	36	
Other Fees: (specify below)			
	049	37	
TOTAL FEES (Lines 041 thru 049 + 121)	050		269,714

Schedule 6 - Expenses by Natural Classification (continued)		Natural Class	Amount
		9157	0157
NATURAL CLASSIFICATION:			
Supplies and Materials:			
Disposable Linen	051	30	65,523
Prescription Drugs	052	44	166,371
Medicine Cabinet Drugs	053	45	92,665
Other Medical Care Materials			
and Supplies	054	49	82,731
Dietary - Food	055	50	37,688
Dietary - Other	056	51	
Linen and Bedding	057	53	7,666
Cleaning Supplies	058	54	24,188
Office & Administrative Supplies	059	55	517
Employee Wearing Apparel	060	56	
Instrument & Minor Medical Equipment	061	57	461
Minor NonMedical Equipment	062	58	9,071
Other Supplies & Materials	063	59	216,864
TOTAL SUPPLIES & MATERIALS	070		703,745
(Lines 051 thru 063)			
Purchased and Contracted Services:			
Repairs & Maintenance Purchased			
Services - NonAssignable	071	61	
Medical - Purchased Services	072	62	53,935
Repairs & Maintenance Purchased			
Services - Directly Assigned	073	63	863
Management Services	074	66	
Collection Services	075	66	
Other Purchased Services	076	67	43,660
Contracted Services	077	68	3,336,805
TOTAL PURCHASED & CONTRACTED SERVICES	080		3,435,263
(Lines 071 thru 077)			
Depreciation, Leases & Rentals:			
Depreciation and Amortization	081	69	947,074
Lease or Rental - Land	082	70	
Lease or Rental - Buildings	083	71	
Lease or Rental - Fixed Equipment	084	72	
Lease or Rental - Movable Equipment	085	73	53,182
TOTAL DEPREC, LEASES & RENTALS	090		1,000,256
(Lines 081 thru 085)			
Other Direct Expenses:			
Electricity	091	74	67,913
Gas	092	75	192,589
Water and Sewer	093	76	38,051
Fuel Oil No.2	094	77	1,263
Fuel Oil No.4	095	78	
Fuel Oil No.6	096	79	
Other Utilities	097	80	
Insurance	098	81	54,756
Interest	099	82	133,333
Taxes (Other than Income Taxes)	100	83	
Telephone & Telegraph	101	84	27,375
Dues to Nursing Home Associations	102	85	22,129
Printing, Duplicating & Microfilming	103	86	590
Travel, Conference & Workshops	104	88	6,187
Books, Periodicals, Etc.	105	89	2,119
Other Direct Expenses	106	91	730,840
Licenses	107	93	
TOTAL OTHER EXPENSES (Lines 091 thru 107)	110		1,277,145
Assessments:			
Assessments from Municipalities, Religious			
Organizations, Educ. Foundations or Other			
Associations	120	92	472,383
GRAND TOTAL	199		18,449,755
(Lines 010+020+040+050			
+070+080+090+110+120)			