

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).	FORM APPROVED OMB NO. 0938-0463 EXPIRES: 12/31/2021
LITTLE BROOK NURSING & CONV. HOME Provider CCN: 315467	Period: From: 01/01/2024 To: 12/31/2024 Run Date Time: 7/15/2025 8:12 pm MCRIF32 Version: 11.1.179.2



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

**Worksheet S
 Parts I, II & III**

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report. 3.01. <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date:	Time:
Contractor use only:	4. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No.: _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN
		8. <input type="checkbox"/> Last Cost Report for this Provider CCN	9. NPR Date: _____
		10. If line 4, column 1 is "4": Enter number of times reopened <u>0</u>	11. Contractor Vendor Code: <u>4</u>
		12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

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

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

PART III - SETTLEMENT SUMMARY

	Cost Center Description	Title V	Title XVIII			
			Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00	NURSING FACILITY	0				2.00
3.00	ICF/IID					3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0				5.00
6.00	SNF - BASED FQHC I	0				6.00
7.00	SNF - BASED CMHC I	0				7.00
100.00	TOTAL	0	0	0	0	100.00

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

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

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

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

Worksheet S-2
Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street:	78 SLIKER ROAD	P.O. Box:				1.00	
2.00	City:	CALIFON	State:	NJ	ZIP Code:	07830	2.00	
3.00	County:	HUNTERDON	CBSA Code:	35084	Urban / Rural:	U	3.00	
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

SNF and SNF-Based Component Identification:								
Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
				V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00		
4.00	SNF	LITTLE BROOK NURSING & CONV. HOME	315467	02/01/2001	N	P	O	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00
			From:	To:				
			1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)		01/01/2024	12/31/2024				14.00
15.00	Type of Control (See Instructions)		4 - Proprietary, Corporation					15.00
						Y/N		
						1.00		

Type of Freestanding Skilled Nursing Facility				
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?		N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?		N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.		Y	18.00

Miscellaneous Cost Reporting Information				
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.		N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.		N	19.01

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.				
20.00	Straight Line		16,767	20.00
21.00	Declining Balance		0	21.00
22.00	Sum of the Year's Digits		0	22.00
23.00	Sum of line 20 through 22		16,767	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.		0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)		N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)		N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)		N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)		N	28.00
		Part A	Part B	Other
		1.00	2.00	3.00

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.					
29.00	Skilled Nursing Facility		N	N	29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA		N	N	32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC			N	35.00
36.00	SNF-Based OLTC				36.00
			Y/N		
			1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)		Y		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)		N		38.00

LITTLE BROOK NURSING & CONV. HOME	Period:	Run Date Time:	7/15/2025 8:12 pm	
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	To: 12/31/2024	Version:	11.1.179.2	

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

Worksheet S-2
Part I
PPS

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

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Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



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

Worksheet S-2
Part II
PPS

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)

Completed by All Skilled Nursing Facilities

Provider Organization and Operation

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00

Financial Data and Reports

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	

Approved Educational Activities

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

Bad Debts

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

Bed Complement

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

PS&R Data

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	04/16/2025	Y	04/16/2025	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N		18.00
		1.00	2.00	3.00		

Cost Report Preparer Contact Information

19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HUBCO HCG	HUBCO HCG	HUBCOHCG	19.00
20.00	Enter the employer/company name of the cost report preparer.	HUBCO HEALTH CARE GROUP, LLC			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	215-450-0303	AQUINTO@HUBCO.NET		21.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



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

Worksheet S-3
Part I
PPS

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					Discharges					
				Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	36	13,176	0	698	8,034	3,185	11,917	0	14	10	9	33	1.00
2.00	NURSING FACILITY	0	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	ICF/IID													3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE													7.00
8.00	Total (Sum of lines 1-7)	36	13,176	0	698	8,034	3,185	11,917	0	14	10	9	33	8.00

	Component	Average Length of Stay				Admissions					Full Time Equivalent		
		Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	
1.00	SKILLED NURSING FACILITY	0.00	49.86	803.40	361.12	0	26	4	6	36	30.34	0.00	1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00	2.00
3.00	ICF/IID												3.00
4.00	HOME HEALTH AGENCY COST										0.00	0.00	4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00	5.00
6.00	SNF-Based CMHC										0.00	0.00	6.00
7.00	HOSPICE												7.00
8.00	Total (Sum of lines 1-7)	0.00	49.86	803.40	361.12	0	26	4	6	36	30.34	0.00	8.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



SNF WAGE INDEX INFORMATION

Worksheet S-3
Part II
PPS

PART II - DIRECT SALARIES							
		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALARIES							
1.00	Total salaries (See Instructions)	2,212,111	0	2,212,111	63,121.00	35.05	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	2,212,111	0	2,212,111	63,121.00	35.05	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE						10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	2,212,111	0	2,212,111	63,121.00	35.05	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	16,925	0	16,925	335.00	50.52	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	402,385	0	402,385			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	402,385	0	402,385			22.00

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		To: 12/31/2024	Version:	11.1.179.2



SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	268,430	0	268,430	5,408.00	49.64	2.00
3.00	Plant Operation, Maintenance & Repairs	68,243	0	68,243	2,418.00	28.22	3.00
4.00	Laundry & Linen Service	20,476	0	20,476	1,338.00	15.30	4.00
5.00	Housekeeping	71,659	0	71,659	3,154.00	22.72	5.00
6.00	Dietary	172,348	0	172,348	7,266.00	23.72	6.00
7.00	Nursing Administration	123,947	0	123,947	1,842.00	67.29	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	9,244	0	9,244	250.00	36.98	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	64,327	0	64,327	2,327.00	27.64	13.00
14.00	Total (sum lines 1 thru 13)	798,674	0	798,674	24,003.00	33.27	14.00

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	To: 12/31/2024	Version:	11.1.179.2



SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS

PART IV - WAGE RELATED COSTS		Amount Reported	
		1.00	
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	60,352	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	7,776	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	164,488	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	170,247	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	402,863	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER	-478	25.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	239,307	43,530	282,837	3,953.00	71.55	1.00
2.00	Licensed Practical Nurses (LPNs)	489,810	89,097	578,907	11,951.00	48.44	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	623,772	113,465	737,237	22,255.00	33.13	3.00
4.00	Total Nursing (sum of lines 1 through 3)	1,352,889	246,092	1,598,981	38,159.00	41.90	4.00
5.00	Physical Therapists	48,146	8,758	56,904	762.00	74.68	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	7,245	1,318	8,563	137.00	62.50	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	5,157	938	6,095	63.00	96.75	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	6,265		6,265	70.00	89.50	14.00
15.00	Licensed Practical Nurses (LPNs)	4,534		4,534	71.00	63.86	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	6,126		6,126	194.00	31.58	16.00
17.00	Total Nursing (sum of lines 14 through 16)	16,925		16,925	335.00	50.52	17.00
18.00	Physical Therapists	0		0	0.00	0.00	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	0		0	0.00	0.00	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

		Group	Days	
		1.00	2.00	
58.00	SSA			58.00
59.00	IB2			59.00
60.00	IB1			60.00
61.00	IA2			61.00
62.00	IA1			62.00
63.00	BB2			63.00
64.00	BB1			64.00
65.00	BA2			65.00
66.00	BA1			66.00
67.00	PE2			67.00
68.00	PE1			68.00
69.00	PD2			69.00
70.00	PD1			70.00
71.00	PC2			71.00
72.00	PC1			72.00
73.00	PB2			73.00
74.00	PB1			74.00
75.00	PA2			75.00
76.00	PA1			76.00
99.00	AAA			99.00
100.00				100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing				101.00
102.00	Recruitment				102.00
103.00	Retention of employees				103.00
104.00	Training				104.00
105.00	OTHER (SPECIFY)				105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)				106.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		468,000	468,000	0	468,000	-276,553	191,447	1.00
3.00	00300	EMPLOYEE BENEFITS	0	402,385	402,385	0	402,385	0	402,385	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	268,430	659,924	928,354	0	928,354	-71,090	857,264	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	68,243	131,236	199,479	0	199,479	0	199,479	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	20,476	13,222	33,698	0	33,698	0	33,698	6.00
7.00	00700	HOUSEKEEPING	71,659	21,694	93,353	0	93,353	0	93,353	7.00
8.00	00800	DIETARY	172,348	95,213	267,561	0	267,561	-1,343	266,218	8.00
9.00	00900	NURSING ADMINISTRATION	123,947	0	123,947	0	123,947	0	123,947	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	74,639	74,639	0	74,639	0	74,639	10.00
11.00	01100	PHARMACY	0	22,237	22,237	0	22,237	0	22,237	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	9,244	0	9,244	0	9,244	0	9,244	13.00
15.00	01500	PATIENT ACTIVITIES	64,327	16,290	80,617	0	80,617	0	80,617	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	1,352,889	16,925	1,369,814	0	1,369,814	0	1,369,814	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	4,120	4,120	0	4,120	0	4,120	40.00
41.00	04100	LABORATORY	0	1,461	1,461	0	1,461	0	1,461	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	4,359	4,359	0	4,359	0	4,359	43.00
44.00	04400	PHYSICAL THERAPY	48,146	0	48,146	0	48,146	0	48,146	44.00
45.00	04500	OCCUPATIONAL THERAPY	7,245	0	7,245	0	7,245	0	7,245	45.00
46.00	04600	SPEECH PATHOLOGY	5,157	0	5,157	0	5,157	0	5,157	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	39,806	39,806	0	39,806	0	39,806	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	06200	FQHC								62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00		SUBTOTALS (sum of lines 1-84)	2,212,111	1,971,511	4,183,622	0	4,183,622	-348,986	3,834,636	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00	09100	BARBER & BEAUTY SHOP	0	726	726	0	726	0	726	91.00
92.00	09200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	0	0	93.00
94.00	09400	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	94.00
95.00	09500	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	95.00
100.00		TOTAL	2,212,111	1,972,237	4,184,348	0	4,184,348	-348,986	3,835,362	100.00

LITTLE BROOK NURSING & CONV. HOME	Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

RECLASSIFICATIONS

Worksheet A-6

PPS

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

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

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

		Acquisitions								
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00		
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES										
1.00	Land	0	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	315,307	0	0	0	0	315,307	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	424,222	0	0	0	0	424,222	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	739,529	0	0	0	0	739,529	0	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	739,529	0	0	0	0	739,529	0	0	9.00

LITTLE BROOK NURSING & CONV. HOME	Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467	From: 01/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	11.1.179.2	

ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

	Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
				1.00	2.00	3.00	4.00
						Cost Center	Line No.
1.00	Investment income on restricted funds (chapter 2)	B	-342		CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0			0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0			0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	5.00
6.00	Television and radio service (chapter 21)		0			0.00	6.00
7.00	Parking lot (chapter 21)		0			0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0				8.00
9.00	Home office cost (chapter 21)		0			0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0			0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-347,301				12.00
13.00	Laundry and linen service		0			0.00	13.00
14.00	Revenue - Employee meals		0			0.00	14.00
15.00	Cost of meals - Guests		0			0.00	15.00
16.00	Sale of medical supplies to other than patients		0			0.00	16.00
17.00	Sale of drugs to other than patients		0			0.00	17.00
18.00	Sale of medical records and abstracts		0			0.00	18.00
19.00	Vending machines		0			0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	82.00	22.00
23.00	Depreciation--buildings and fixtures		0		CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0		*** Cost Center Deleted ***	2.00	24.00
25.00	FOOD REBATE	B	-1,343		DIETARY	8.00	25.00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-348,986				100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1
Parts I & II
PPS

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

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)		
1.00	2.00	3.00	4.00	5.00	6.00		
1.00	4.00	ADMINISTRATIVE & GENERAL	ACCOUNTING/MGMT/HR/IT	213,910	285,000	-71,090	1.00
2.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	DEPR/AMORT/INTEREST/TAXES	83,789	360,000	-276,211	2.00
3.00	0.00			0	0	0	3.00
4.00	0.00			0	0	0	4.00
5.00	0.00			0	0	0	5.00
6.00	0.00			0	0	0	6.00
7.00	0.00			0	0	0	7.00
8.00	0.00			0	0	0	8.00
9.00	0.00			0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.			297,699	645,000	-347,301	10.00

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership		Type of Business
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	B		0.00	MARTHE HEALTH, INC.	0.00	CONSULTING	1.00
2.00	B		0.00	LAZARE GROUP, INC.	0.00	CONSULTING	2.00
3.00	B		0.00	BETHANE PROPERTIES, INC.	0.00	REAL ESTATE	3.00
4.00	E	JP HAMPILOS	49.00		49.00		4.00
5.00	E	ROSE MARY FERNANDEZ	51.00		51.00		5.00
6.00			0.00		0.00		6.00
7.00			0.00		0.00		7.00
8.00			0.00		0.00		8.00
9.00			0.00		0.00		9.00
10.00			0.00		0.00		10.00

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

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

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN:	315467	From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	191,447	191,447							1.00
3.00	EMPLOYEE BENEFITS	402,385	0	402,385						3.00
4.00	ADMINISTRATIVE & GENERAL	857,264	3,191	48,828	909,283	909,283				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	199,479	1,276	12,413	213,168	66,242	279,410			5.00
6.00	LAUNDRY & LINEN SERVICE	33,698	5,105	3,725	42,528	13,216	7,629	63,373		6.00
7.00	HOUSEKEEPING	93,353	1,276	13,035	107,664	33,457	1,907	0	143,028	7.00
8.00	DIETARY	266,218	7,658	31,350	305,226	94,849	11,443	0	6,065	8.00
9.00	NURSING ADMINISTRATION	123,947	3,191	22,546	149,684	46,514	4,768	0	2,527	9.00
10.00	CENTRAL SERVICES & SUPPLY	74,639	1,276	0	75,915	23,591	1,907	0	1,011	10.00
11.00	PHARMACY	22,237	0	0	22,237	6,910	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	1,276	0	1,276	397	1,907	0	1,011	12.00
13.00	SOCIAL SERVICE	9,244	0	1,681	10,925	3,395	0	0	0	13.00
15.00	PATIENT ACTIVITIES	80,617	0	11,701	92,318	28,688	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	1,369,814	156,987	246,092	1,772,893	550,928	234,591	63,373	124,328	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	4,120	0	0	4,120	1,280	0	0	0	40.00
41.00	LABORATORY	1,461	0	0	1,461	454	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	4,359	0	0	4,359	1,355	0	0	0	43.00
44.00	PHYSICAL THERAPY	48,146	10,211	8,758	67,115	20,856	15,258	0	8,086	44.00
45.00	OCCUPATIONAL THERAPY	7,245	0	1,318	8,563	2,661	0	0	0	45.00
46.00	SPEECH PATHOLOGY	5,157	0	938	6,095	1,894	0	0	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	39,806	0	0	39,806	12,370	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	3,834,636	191,447	402,385	3,834,636	909,057	279,410	63,373	143,028	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	726	0	0	726	226	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	3,835,362	191,447	402,385	3,835,362	909,283	279,410	63,373	143,028	100.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN:	315467	From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	
		8.00	9.00	10.00	11.00	12.00	13.00	15.00	16.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	417,583								8.00
9.00	NURSING ADMINISTRATION	0	203,493							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	102,424						10.00
11.00	PHARMACY	0	0	0	29,147					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	4,591				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	14,320			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	121,006		15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	417,583	203,493	102,424	29,147	4,591	14,320	121,006	3,638,677	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	5,400	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	1,915	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	5,714	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	111,315	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	11,224	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	7,989	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	52,176	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	417,583	203,493	102,424	29,147	4,591	14,320	121,006	3,834,410	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	952	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0				0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	417,583	203,493	102,424	29,147	4,591	14,320	121,006	3,835,362	100.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Post Stepdown Adjustments	Total	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
11.00	PHARMACY			11.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	0	3,638,677	30.00
31.00	NURSING FACILITY	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	0	5,400	40.00
41.00	LABORATORY	0	1,915	41.00
42.00	INTRAVENOUS THERAPY	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	5,714	43.00
44.00	PHYSICAL THERAPY	0	111,315	44.00
45.00	OCCUPATIONAL THERAPY	0	11,224	45.00
46.00	SPEECH PATHOLOGY	0	7,989	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	52,176	49.00
51.00	SUPPORT SURFACES	0	0	51.00
OUTPATIENT SERVICE COST CENTERS				
62.00	FQHC			62.00
OTHER REIMBURSABLE COST CENTERS				
70.00	HOME HEALTH AGENCY COST	0	0	70.00
71.00	AMBULANCE	0	0	71.00
73.00	CMHC	0	0	73.00
SPECIAL PURPOSE COST CENTERS				
89.00	SUBTOTALS (sum of lines 1-84)	0	3,834,410	89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	952	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	NONPAID WORKERS	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	95.00
98.00	Cross Foot Adjustments	0	0	98.00
99.00	Negative Cost Centers	0	0	99.00
100.00	TOTAL	0	3,835,362	100.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time: 7/15/2025 8:12 pm	
Provider CCN: 315467		From: 01/01/2024	MCRIF32 2540-10	
		To: 12/31/2024	Version: 11.1.179.2	

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	3,191	3,191	0	3,191				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	1,276	1,276	0	233	1,509			5.00
6.00	LAUNDRY & LINEN SERVICE	0	5,105	5,105	0	46	41	5,192		6.00
7.00	HOUSEKEEPING	0	1,276	1,276	0	117	10	0	1,403	7.00
8.00	DIETARY	0	7,658	7,658	0	333	62	0	59	8.00
9.00	NURSING ADMINISTRATION	0	3,191	3,191	0	163	26	0	25	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	1,276	1,276	0	83	10	0	10	10.00
11.00	PHARMACY	0	0	0	0	24	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	1,276	1,276	0	1	10	0	10	12.00
13.00	SOCIAL SERVICE	0	0	0	0	12	0	0	0	13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	101	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	156,987	156,987	0	1,934	1,268	5,192	1,220	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	4	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	2	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	5	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	10,211	10,211	0	73	82	0	79	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	9	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	7	0	0	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	43	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	0	191,447	191,447	0	3,190	1,509	5,192	1,403	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	1	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	191,447	191,447	0	3,191	1,509	5,192	1,403	100.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	
		8.00	9.00	10.00	11.00	12.00	13.00	15.00	16.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	8,112								8.00
9.00	NURSING ADMINISTRATION	0	3,405							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	1,379						10.00
11.00	PHARMACY	0	0	0	24					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,297				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	12			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	101		15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	8,112	3,405	1,379	24	1,297	12	101	180,931	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	4	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	2	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	5	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	10,445	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	9	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	7	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	43	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	8,112	3,405	1,379	24	1,297	12	101	191,446	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0	0	1	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0			0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	8,112	3,405	1,379	24	1,297	12	101	191,447	100.00

LITTLE BROOK NURSING & CONV. HOME	Period: 01/01/2024	Run Date Time: 7/15/2025 8:12 pm	
Provider CCN: 315467	To: 12/31/2024	MCRIF32 2540-10	
		Version: 11.1.179.2	

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Post Step-Down Adjustments	Total	
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
11.00	PHARMACY			11.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	0	180,931	30.00
31.00	NURSING FACILITY	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	0	4	40.00
41.00	LABORATORY	0	2	41.00
42.00	INTRAVENOUS THERAPY	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	5	43.00
44.00	PHYSICAL THERAPY	0	10,445	44.00
45.00	OCCUPATIONAL THERAPY	0	9	45.00
46.00	SPEECH PATHOLOGY	0	7	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	43	49.00
51.00	SUPPORT SURFACES	0	0	51.00
OUTPATIENT SERVICE COST CENTERS				
62.00	FQHC			62.00
OTHER REIMBURSABLE COST CENTERS				
70.00	HOME HEALTH AGENCY COST	0	0	70.00
71.00	AMBULANCE	0	0	71.00
73.00	CMHC	0	0	73.00
SPECIAL PURPOSE COST CENTERS				
89.00	SUBTOTALS (sum of lines 1-84)	0	191,446	89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	1	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	92.00
93.00	NONPAID WORKERS	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	95.00
98.00	Cross Foot Adjustments	0	0	98.00
99.00	Negative Cost Centers	0	0	99.00
100.00	TOTAL	0	191,447	100.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	7,500								1.00
3.00	EMPLOYEE BENEFITS	0	2,212,111							3.00
4.00	ADMINISTRATIVE & GENERAL	125	268,430	-909,283	2,926,079					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	50	68,243	0	213,168	7,325				5.00
6.00	LAUNDRY & LINEN SERVICE	200	20,476	0	42,528	200	11,917			6.00
7.00	HOUSEKEEPING	50	71,659	0	107,664	50	0	7,075		7.00
8.00	DIETARY	300	172,348	0	305,226	300	0	300	11,917	8.00
9.00	NURSING ADMINISTRATION	125	123,947	0	149,684	125	0	125	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	50	0	0	75,915	50	0	50	0	10.00
11.00	PHARMACY	0	0	0	22,237	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	50	0	0	1,276	50	0	50	0	12.00
13.00	SOCIAL SERVICE	0	9,244	0	10,925	0	0	0	0	13.00
15.00	PATIENT ACTIVITIES	0	64,327	0	92,318	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	6,150	1,352,889	0	1,772,893	6,150	11,917	6,150	11,917	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	4,120	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	1,461	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	4,359	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	400	48,146	0	67,115	400	0	400	0	44.00
45.00	OCCUPATIONAL THERAPY	0	7,245	0	8,563	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	5,157	0	6,095	0	0	0	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	39,806	0	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS										
62.00	FQHC									62.00
OTHER REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
SPECIAL PURPOSE COST CENTERS										
89.00	SUBTOTALS (sum of lines 1-84)	7,500	2,212,111	-909,283	2,925,353	7,325	11,917	7,075	11,917	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	726	0	0	0	0	91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	191,447	402,385		909,283	279,410	63,373	143,028	417,583	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	25.526267	0.181901		0.310751	38.144710	5.317865	20.215972	35.040950	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		3,191	1,509	5,192	1,403	8,112	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.001091	0.206007	0.435680	0.198304	0.680708	105.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN:	315467	From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (PATIENT DAYS)	PHARMACY (PATIENT DAYS)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	PATIENT ACTIVITIES (PATIENT DAYS)		
		9.00	10.00	11.00	12.00	13.00	15.00		
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS - BLDGS & FIXTURES								1.00
3.00	EMPLOYEE BENEFITS								3.00
4.00	ADMINISTRATIVE & GENERAL								4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS								5.00
6.00	LAUNDRY & LINEN SERVICE								6.00
7.00	HOUSEKEEPING								7.00
8.00	DIETARY								8.00
9.00	NURSING ADMINISTRATION	11,917							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	11,917						10.00
11.00	PHARMACY	0	0	11,917					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	11,917				12.00
13.00	SOCIAL SERVICE	0	0	0	0	11,917			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	11,917		15.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	11,917	11,917	11,917	11,917	11,917	11,917		30.00
31.00	NURSING FACILITY	0	0	0	0	0	0		31.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	0	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0		46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0		49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0		51.00
OUTPATIENT SERVICE COST CENTERS									
62.00	FQHC								62.00
OTHER REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0		71.00
73.00	CMHC	0	0	0	0	0	0		73.00
SPECIAL PURPOSE COST CENTERS									
89.00	SUBTOTALS (sum of lines 1-84)	11,917	11,917	11,917	11,917	11,917	11,917		89.00
NONREIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0		90.00
91.00	BARBER & BEAUTY SHOP	0	0	0	0	0	0		91.00
92.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0		93.00
94.00	PATIENTS' LAUNDRY	0	0	0	0	0	0		94.00
95.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0		95.00
98.00	Cross Foot Adjustments								98.00
99.00	Negative Cost Centers								99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	203,493	102,424	29,147	4,591	14,320	121,006		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	17.075858	8.594781	2.445834	0.385248	1.201645	10.154066		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	3,405	1,379	24	1,297	12	101		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.285726	0.115717	0.002014	0.108836	0.001007	0.008475		105.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	5,400	4,120	1.310680	40.00
41.00	LABORATORY	1,915	1,461	1.310746	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	5,714	4,359	1.310851	43.00
44.00	PHYSICAL THERAPY	111,315	80,130	1.389180	44.00
45.00	OCCUPATIONAL THERAPY	11,224	7,267	1.544516	45.00
46.00	SPEECH PATHOLOGY	7,989	16,467	0.485152	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	52,176	43,306	1.204822	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS					
62.00	FQHC				62.00
71.00	AMBULANCE	0	0	0.000000	71.00
100.00	Total	195,733	157,110		100.00

LITTLE BROOK NURSING & CONV. HOME	Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.2



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Part I
PPS

Title XVIII Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	1.310680	0	0	0	0	40.00
41.00	LABORATORY	1.310746	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1.310851	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1.389180	14,505	0	20,150	0	44.00
45.00	OCCUPATIONAL THERAPY	1.544516	1,724	0	2,663	0	45.00
46.00	SPEECH PATHOLOGY	0.485152	1,090	0	529	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.204822	25,288	0	30,468	0	49.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
62.00	FQHC						62.00
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		42,607	0	53,810	0	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.
 (2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

LITTLE BROOK NURSING & CONV. HOME	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 7/15/2025 8:12 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315467			

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Parts II-III
PPS

Title XVIII Skilled Nursing Facility

PART II - APPORTIONMENT OF VACCINE COST		
		1.00
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.204822
2.00	Program vaccine charges (From your records, or the PS&R)	0
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	

ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	5,400	0	0.000000	0	0	40.00
41.00	LABORATORY	1,915	0	0.000000	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	5,714	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	111,315	0	0.000000	20,150	0	44.00
45.00	OCCUPATIONAL THERAPY	11,224	0	0.000000	2,663	0	45.00
46.00	SPEECH PATHOLOGY	7,989	0	0.000000	529	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	52,176	0	0.000000	30,468	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	195,733	0		53,810	0	100.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I
PPS

Title XVIII Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	11,917	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	698	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	3,638,677	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	4,828,969	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.753510	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	4,828,969	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	405.22	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	3,638,677	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	305.33	16.00
17.00	Program routine service cost (Line 3 times line 16)	213,120	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	213,120	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	180,931	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	15.18	21.00
22.00	Program capital related cost (Line 3 times line 21)	10,596	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	202,524	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	202,524	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
		1.00	
1.00	Total SNF inpatient days	11,917	1.00
2.00	Program inpatient days (see instructions)	698	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.058572	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

LITTLE BROOK NURSING & CONV. HOME	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 7/15/2025 8:12 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315467			

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E
Part I
PPS

Title XVIII Skilled Nursing Facility

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT		
		1.00
1.00	Inpatient PPS amount (See Instructions)	355,007
2.00	Nursing and Allied Health Education Activities (pass through payments)	0
3.00	Subtotal (Sum of lines 1 and 2)	355,007
4.00	Primary payor amounts	0
5.00	Coinsurance	75,480
6.00	Allowable bad debts (From your records)	0
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0
8.00	Adjusted reimbursable bad debts. (See instructions)	0
9.00	Recovery of bad debts - for statistical records only	0
10.00	Utilization review	0
11.00	Subtotal (See instructions)	279,527
12.00	Interim payments (See instructions)	273,936
13.00	Tentative adjustment	0
14.00	OTHER adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (see instructions)	0
14.99	Sequestration amount (see instructions)	5,591
15.00	Balance due provider/program (see Instructions)	0
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY		
17.00	Ancillary services Part B	0
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0
19.00	Total reasonable costs (Sum of lines 17 and 18)	0
20.00	Medicare Part B ancillary charges (See instructions)	0
21.00	Cost of covered services (Lesser of line 19 or line 20)	0
22.00	Primary payor amounts	0
23.00	Coinsurance and deductibles	0
24.00	Allowable bad debts (From your records)	0
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0
24.02	Adjusted reimbursable bad debts (see instructions)	0
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0
26.00	Interim payments (See instructions)	0
27.00	Tentative adjustment	0
28.00	Other Adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0
29.00	Balance due provider/program (see instructions)	0
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0

LITTLE BROOK NURSING & CONV. HOME	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 7/15/2025 8:12 pm MCRIF32 Version: 11.1.179.2	
Provider CCN: 315467			

CALCULATION OF REIMBURSEMENT SETTLEMENT TITLE V and TITLE XIX ONLY

**Worksheet E
Part II**

		Title XIX	Skilled Nursing Facility	Cost
			1.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient ancillary services (see Instructions)		0	1.00
2.00	Nursing & Allied Health Cost (From Worksheet D-1, Pt. II, line 5)		0	2.00
3.00	Outpatient services		0	3.00
4.00	Inpatient routine services (see instructions)		0	4.00
5.00	Utilization review--physicians' compensation (from provider records)		0	5.00
6.00	Cost of covered services (Sum of lines 1 - 5)		0	6.00
7.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations		0	7.00
8.00	SUBTOTAL (Line 6 minus line 7)		0	8.00
9.00	Primary payor amounts		0	9.00
10.00	Total Reasonable Cost (Line 8 minus line 9)		0	10.00
REASONABLE CHARGES				
11.00	Inpatient ancillary service charges		0	11.00
12.00	Outpatient service charges		0	12.00
13.00	Inpatient routine service charges		0	13.00
14.00	Differential in charges between semiprivate accommodations and less than semiprivate accommodations		0	14.00
15.00	Total reasonable charges		0	15.00
CUSTOMARY CHARGES				
16.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	16.00
17.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	17.00
18.00	Ratio of line 16 to line 17 (not to exceed 1.000000)		0.000000	18.00
19.00	Total customary charges (see instructions)		0	19.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
20.00	Cost of covered services (see Instructions)		0	20.00
21.00	Deductibles		0	21.00
22.00	Subtotal (Line 20 minus line 21)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (Line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (from your records)		0	25.00
26.00	Subtotal (sum of lines 24 and 25)		0	26.00
27.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	27.00
28.00	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		0	28.00
29.00	Other Adjustments (see instructions) Specify		0	29.00
30.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)		0	30.00
31.00	Subtotal (Line 26 plus or minus lines 29, and 30, minus lines 27 and 28)		0	31.00
32.00	Interim payments		0	32.00
33.00	Balance due provider/program (Line 31 minus line 32) (indicate overpayments in parentheses) (see Instructions)		0	33.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		273,936		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		273,936		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		273,936		0	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	44,202	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,865,083	0	0	0	4.00
5.00	Other receivables	211,317	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,150	0	0	0	7.00
8.00	Prepaid expenses	24,106	0	0	0	8.00
9.00	Other current assets	2,270	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	2,153,128	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	315,307	0	0	0	13.00
14.00	Less: Accumulated depreciation	-129,321	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	122,842	0	0	0	21.00
22.00	Less: Accumulated depreciation	-80,930	0	0	0	22.00
23.00	Major movable equipment	424,222	0	0	0	23.00
24.00	Less: Accumulated depreciation	-420,335	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	231,785	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	0	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	0	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	2,384,913	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	1,216,751	0	0	0	35.00
36.00	Salaries, wages, and fees payable	73,944	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	-12,975	0	0	0	38.00
39.00	Deferred income	0	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	8,050	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	1,285,770	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	247,861	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	247,861	0	0	0	50.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	1,533,631	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	851,282				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	851,282	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	2,384,913	0	0	0	60.00
() = contra amount						

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm	
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	11.1.179.2	

STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		817,805		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		33,477							2.00
3.00	Total (sum of line 1 and line 2)		851,282		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00		0		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		851,282		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		851,282		0		0		0	19.00

LITTLE BROOK NURSING & CONV. HOME	Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467	From: 01/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	11.1.179.2



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	4,828,969		4,828,969	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	4,828,969		4,828,969	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	147,170	0	147,170	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER (SPECIFY)	0	0	0	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	4,976,139	0	4,976,139	14.00
PART II - OPERATING EXPENSES					
			1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			4,184,348	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			4,184,348	15.00

LITTLE BROOK NURSING & CONV. HOME		Period:	Run Date Time:	7/15/2025 8:12 pm
Provider CCN: 315467		From: 01/01/2024	MCRIF32	2540-10
		To: 12/31/2024	Version:	11.1.179.2



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	4,976,139	1.00
2.00	Less: contractual allowances and discounts on patients accounts	801,808	2.00
3.00	Net patient revenues (Line 1 minus line 2)	4,174,331	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	4,184,348	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-10,017	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	342	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	miscellaneous revenue	43,152	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	43,494	25.00
26.00	Total (Line 5 plus line 25)	33,477	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	33,477	31.00