

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Form Approved
OMB No. 0938-0463
Approval Expires 12-31-2021

Worksheet S Tuesday, May 3, 2022 at 4:19:21 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

Provider 1. ☐ Electronically prepared cost report;
Date: _____ Time: _____
2. ☒ Manually prepared cost report
3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report
3.01 ☐ No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor 4. ☐ Cost Report Status 6. Contractor No. _____
use only [1] As Submitted 7. ☐ First Cost Report Processed by Contractor
[2] Settled without audit 8. ☐ Last Cost Report Processed by Contractor
[3] Settled with audit 9. ☐ NPR Date: _____
[4] Reopened 10. ☐ If line 4, column 1 is "4": Enter number of times reopened: _____
[5] Amended 11. Contractor Vendor Code _____
5. Date Received _____ 12. ☐ Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

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 COST REPORT WERE PROVIDED OR PROCURED 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 Jewish Home at Rockleigh (31-5473) for the cost report period beginning January 1, 2021 and ending December 31, 2021, 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 OF ADMINISTRATOR		CHECKBOX
1		2
1		<input type="checkbox"/>
2	Printed name	
3	Title	
4	Signature date	

I have read and agree with the above certification statement.
I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
#		1	2	3	4
1	SNF	0	30,968	2,219	0
100	Total	0	30,968	2,219	0

ECR Encryption Information:

PI Encryption Information:

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 to average 202 hours per response, including the time to review instructions, search existing 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.

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Tuesday, May 3, 2022 at 4:19:21 PM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS

#

1 Street / P.O. Box: 10 Link Dr
2 City / State / Zip: ROCKLEIGH NJ 07647
3 County / CBSA Code / Urban/Rural: Bergen 35614 Urban

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS	COMPONENT	COMPONENT NAME	PROVIDER	DATE	Payment System		
#	0	1	2	CERTIFIED	P., O. or N.		
				3	V	XVIII	XIX
4	SNF	Jewish Home at Rockleigh	31-5473	02/15/2002	4	5	6
5	Nursing Facility					P	
7	SNF-Based HHA						
11	SNF-Based OLT						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2021	12/31/2021				
15	Type of Control (See Instructions)		2				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N
17 Is this a composite distinct part skilled nursing facility that meets the requirements? N
18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? Yes

MISCELLANEOUS COST REPORTING INFORMATION

19 Is this a low Medicare Utilization cost report, enter "Y" for yes or "N" for no. N
If the response to line 19 is yes, Does this cost report meet your contractor's criteria for filing a low
19.01 utilization cost report? (Y/N) N

DEPRECIATION - ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED ON LINES 20 - 22.

20 Straight Line 1,696,639
21 Declining Balance.
22 Sum of the Years' Digits
23 Sum of lines 20 through 22 1,696,639
24 If depreciation is funded, enter the balance as of the end of the period.
25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
27 Did you cease to participate in the Medicare program at the end of the period to which this cost report
applies (See PRM 15-1, Chapter 1)? N
28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	Part A	Part B	Other
	No	No	
29 Skilled Nursing Facility			
30 Nursing Facility			
32 SNF-Based HHA			
36 SNF-Based OLT			

Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the
37 level of care given for Titles V & XIX patients? N
38 Are you legally-required to carry malpractice insurance? N
Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If
39 policy is "occurrence", enter 2.
What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per
40 lawsuit. Enter in column 2 the monetary limit per policy year.

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	400000		
Are malpractice premiums and paid losses reported in other than the Administrative and General cost center?			Y/N
42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N
43 Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column 1.			N
If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name 44 and address of the home office on lines 45-47.			
45 Name / Contractor Name / Contractor Number			

46 Street / PO Box
47 City / State / Zip

JEWISH HOME AT ROCKLEIGH
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Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Tuesday, May 3, 2022 at 4:19:21 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities 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?	N		
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "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	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
APPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	03/22/2022	Y 03/22/2022
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, 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 yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	1	Connor Pliskin	2
20	Employer.		Zimmer Healthcare Services Group, LLC	3
21	Telephone number/Email address.		732-970-0733	costreports@zhealthcare.com

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part I Tuesday, May 3, 2022 at 4:19:21 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
		1	2	Title V	Title XVIII	Title XIX	Other	
1	Skilled Nursing Facility	180	65,700	0	14,557	27,247	17,088	58,892
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost	0	0	0	0	0	0	0
5	Other Long Term Care	0	0	0	0	0	0	0
8	Total	180	65,700	0	14,557	27,247	17,088	58,892

CMS #	Component	Discharges				Average Length of Stay			
		Title V	Title XVIII	Title XIX	Other	Title V	Title XVIII	Title XIX	Total
1	Skilled Nursing Facility	8	9	10	11	12	13	14	15
2	Nursing Facility	0	497	33	248	778	0.00	29.29	825.67
4	Home Health Agency Cost	0	0	0	0	0	0.00	0.00	0.00
5	Other Long Term Care	0	0	0	0	0	0.00	0.00	0.00
8	Total	0	497	33	248	778	0.00	29.29	825.67

CMS #	Component	Admissions				FTE	
		Title V	Title XVIII	Title XIX	Other	Paid	Non-Paid
1	Skilled Nursing Facility	17	18	19	20	21	22
2	Nursing Facility	0	568	15	217	800	281.95
4	Home Health Agency Cost	0	0	0	0	0	0.00
5	Other Long Term Care	0	0	0	0	0	0.00
8	Total	0	568	15	217	800	281.95

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Worksheet S-3 Part II Tuesday, May 3, 2022 at 4:19:21 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Amount Reported	Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
			from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	15,953,582	0	15,953,582	586,465.00	27.20
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	15,953,582	0	15,953,582	586,465.00	27.20
7	Other Long Term Care	0	0	0	0.00	
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	63,973	0	63,973	2,613.00	24.48
12	Subtotal Excluded salary (Sum of lines 7-11)	63,973	0	63,973	2,613.00	24.48
13	Total Adjusted Salaries (Line 6 - 12)	15,889,609	0	15,889,609	583,852.00	27.22
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	303,086	0	303,086	5,619.00	53.94
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	4,242,907	0	4,242,907		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	17,014	0	17,014		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	4,225,893	0	4,225,893		

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Worksheet S-3 Part III Tuesday, May 3, 2022 at 4:19:21 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass. of Salaries from Wkst. A-6 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	583,256	0	583,256	8,695	67.08
3	Plant Operation, Maint. & Repairs	535,375	0	535,375	24,763	21.62
4	Laundry & Linen Service	0	0	0	0	0.00
5	Housekeeping	615,661	0	615,661	37,266	16.52
6	Dietary	1,481,935	0	1,481,935	80,229	18.47
7	Nursing Administration	1,853,649	0	1,853,649	50,324	36.83
8	Central Services & Supply	37,677	0	37,677	2,099	17.95
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	71,707	0	71,707	2,084	34.41
11	Social Service	271,584	0	271,584	8,277	32.81
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	576,821	0	576,821	21,679	26.61
14	Total	6,027,665	0	6,027,665	235,416	25.60

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Worksheet S-3 Part IV Tuesday, May 3, 2022 at 4:19:21 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	35,194
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	2,319,741
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	104,369
11	Life Insurance (If employee is owner or beneficiary)	44,710
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	542,730
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	938,206
18	Medicare Taxes - Employer Portion Only	199,714
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	56,243
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	2,000
	=====	
24	Total Wage Related Cost (Lines 1-23)	4,242,907
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

JEWISH HOME AT ROCKLEIGH
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Worksheet S-3 Part V Tuesday, May 3, 2022 at 4:19:21 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
	DIRECT SALARIES					
	NURSING OCCUPATIONS					
1	Registered Nurses (RNs)	1,864,602	495,897	2,360,499	44,223	53.38
2	Licensed Practical Nurses (LPNs)	1,906,091	506,931	2,413,022	56,099	43.01
3	Certified Nursing Assistants/Nursing Assistants/Aides	3,948,418	1,050,095	4,998,513	198,901	25.13
4	Total Nursing (Sum of 1 - 3)	7,719,111	2,052,923	9,772,034	299,223	32.66
5	Physical Therapists	496,901	132,152	629,053	12,237	51.41
6	Physical Therapy Assistants	400,783	106,590	507,373	9,820	51.67
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	317,360	84,403	401,763	6,927	58.00
9	Occupational Therapy Assistants	409,195	108,827	518,022	13,436	38.55
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	246,232	65,486	311,718	4,714	66.13
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
	CONTRACT LABOR					
	NURSING OCCUPATIONS					
14	Registered Nurses (RNs)	222,767		222,767	4,060	54.87
15	Licensed Practical Nurses (LPNs)	73,544		73,544	1,445	50.90
16	Certified Nursing Assistants/Nursing Assistants/Aides	0		0	0	0.00
17	Total Nursing (Sum of 14 - 16)	296,311		296,311	5,505	53.83
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	6,775		6,775	115	58.91
26	Other Medical Staff	0		0	0	0.00

JEWISH HOME AT ROCKLEIGH
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Worksheet A Tuesday, May 3, 2022 at 4:19:21 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs - Bldgs & Fixtures		1,929,182	1,929,182	0	1,929,182	-423,597	1,505,585
2	Cap Rel Costs - Movable Equipment		262,635	262,635	0	262,635	0	262,635
3	Employee Benefits	0	4,327,526	4,327,526	0	4,327,526	0	4,327,526
4	Administrative & General	583,256	4,357,143	4,940,399	0	4,940,399	-655,562	4,284,837
5	Plant Operation, Maint. & Repairs	535,375	1,306,118	1,841,493	0	1,841,493	-75,213	1,766,280
6	Laundry & Linen Service	0	478,250	478,250	0	478,250	0	478,250
7	Housekeeping	615,661	114,166	729,827	0	729,827	0	729,827
8	Dietary	1,481,935	1,049,907	2,531,842	0	2,531,842	-19,947	2,511,895
9	Nursing Administration	1,853,649	57,766	1,911,415	0	1,911,415	0	1,911,415
10	Central Services & Supply	37,677	439,107	476,784	0	476,784	0	476,784
11	Pharmacy	0	15,464	15,464	0	15,464	0	15,464
12	Medical Records & Library	71,707	755	72,462	0	72,462	-2,254	70,208
13	Social Service	271,584	443	272,027	0	272,027	0	272,027
15	Activities	576,821	24,368	601,189	0	601,189	0	601,189
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Skilled Nursing Facility	7,719,111	555,254	8,274,365	0	8,274,365	0	8,274,365
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS							
40	Radiology	0	98,777	98,777	0	98,777	0	98,777
41	Laboratory	0	156,795	156,795	0	156,795	0	156,795
42	Intravenous Therapy	0	132,203	132,203	0	132,203	0	132,203
43	Oxygen (Inhalation) Therapy	0	25,667	25,667	0	25,667	0	25,667
44	Physical Therapy	1,074,026	232,635	1,306,661	0	1,306,661	0	1,306,661
45	Occupational Therapy	822,575	0	822,575	0	822,575	0	822,575
46	Speech Pathology	246,232	0	246,232	0	246,232	0	246,232
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	600,285	600,285	0	600,285	0	600,285
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	45,041	45,041	0	45,041	0	45,041
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
	OUTPATIENT SERVICE COST CENTERS							
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS							
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	24,036	24,036	0	24,036	0	24,036
74	Other Reimbursable Cost	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS							
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	15,889,609	16,233,523	32,123,132	0	32,123,132	-1,176,573	30,946,559
	NONREIMBURSABLE COST CENTERS							
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	63,973	829	64,802	0	64,802	-65,043	-241
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
00	TOTAL	15,953,582	16,234,352	32,187,934	0	32,187,934	-1,241,616	30,946,318

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet A-6 Tuesday, May 3, 2022 at 4:19:21 PM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Increases			Decreases		
		Code	COST CENTER	LINE	COST CENTER	LINE	NON-SALARY
		1	2	3	6	7	9
				SALARY			
				4			8
				5			
100	TOTAL RECLASSIFICATIONS			0	0	0	0
				=====	=====	=====	=====

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet A-7 Tuesday, May 3, 2022 at 4:19:21 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Purchase	Acquisitions	Total	Disposals and Retirements	Ending	Fully
		Balances		Donation			Balance	Depreciated Assets
		1	2	3	4	5	6	7
1	Land	6,640,000	0	0	0	0	6,640,000	0
2	Land Improvements	2,088,442	0	0	0	279,664	1,808,778	0
3	Buildings & Fixtures	48,477,852	0	0	0	122,049	48,355,803	0
4	Building Improvements	0	0	0	0	0	0	0
5	Fixed Equipment	335,491	0	0	0	129,921	205,570	0
6	Movable Equipment	6,042,252	0	0	0	2,358,344	3,683,908	0
7	Subtotal	63,584,037	0	0	0	2,889,978	60,694,059	0
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	63,584,037	0	0	0	2,889,978	60,694,059	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Tuesday, May 3, 2022 at 4:19:21 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment	Amount	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
				Cost Center		
		1	2	3		4
1	Investment income on restricted funds	B	-368,299	Cap Rel Costs - Bldgs & Fixtures		1
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers	B	-55,298	Cap Rel Costs - Bldgs & Fixtures		1
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	0			
12	Laundry and Linen service		0			
13	Revenue - Employee meals		0			
14	Cost of meals - Guests		0			
15	Sale of medical supplies to other than patients		0			
16	Sale of drugs to other than patients		0			
17	Sale of medical records and abstracts	B	-2,254	Medical Records & Library		12
18	Vending machines	B	-304	Dietary		8
19	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
21	Utilization review -- physicians' compensation		0	Utilization Review		82
22	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
23	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
24	Carls Place	B	-19,643	Dietary		8
25	Barber & Beauty	B	-65,043	Barber and Beauty Shop		91
26	CMP Refund	B	-75,213	Plant Operation, Maint. & Repairs		5
27	CNR Investment Fee	A	-54,588	Administrative & General		4
28	Donations	A	-12,340	Administrative & General		4
29	Gift Shop	B	-281	Administrative & General		4
30	Insurance for damage	B	-11,321	Administrative & General		4
31	Insurance settlement	B	-117,048	Administrative & General		4
32	Investment Fee	A	-2,500	Administrative & General		4
33	Misc Income	B	10,314	Administrative & General		4
34	Pr & Advertising Marketing	A	-978	Administrative & General		4
35	Provision for Bad Debt	A	-462,000	Administrative & General		4
36	Shared Savings	B	-4,820	Administrative & General		4
			=====			
100	TOTAL		-1,241,616			

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Tuesday, May 3, 2022 at 4:19:21 PM

Statement of Costs of Services from Related Organizations and Home Office Costs

I. Costs Incurred And Adjustments Required As A Result Of Transactions With Related Organizations Or Claimed Home Office Costs:

CMS #	Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst A col 5	Adjustments (col 4 - 5)
				4	5	6
1	4	Administrative & General Management	3	1,923,534	1,923,534	0
10		TOTALS		1,923,534	1,923,534	0

II. Interrelationship To Related Organization(s) And/Or Home Office:

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

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

----- Related Organization(s) -----					
#	Symbol	Name	Percentage	Percent	Type
			of Ownership	of Ownership	of Business
			3 4	5	6
1	E	Jewish Home At Rockleigh	100%	Jewish Home Family	0% MGT

- 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 relative of such person has financial interest in related 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:

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance	Provider Component Share of Col 14	Adjusted RCE Limit	RCE Dis- allowance	Adjustment
10	11	12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 3, 2022 at 4:19:21 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1 Cap Rel Costs - Bldgs & Fixtures	1,505,585	1,505,585							
2 Cap Rel Costs - Movable Equipment	262,635		262,635						
3 Employee Benefits	4,327,526	0	0	4,327,526					
4 Administrative & General	4,284,837	61,340	10,700	158,212	4,515,089	4,515,089			
5 Plant Operation, Maint. & Repairs	1,766,280	64,135	11,188	145,224	1,986,827	339,398	2,326,225		
6 Laundry & Linen Service	478,250	13,874	2,420	0	494,544	84,480	23,385	602,409	
7 Housekeeping	729,827	2,218	387	167,002	899,434	153,645	3,738	0	1,056,817
8 Dietary	2,511,895	90,149	15,726	401,985	3,019,755	515,847	151,949	0	69,846
9 Nursing Administration	1,911,415	1,419	248	502,815	2,415,897	412,693	2,392	0	1,099
10 Central Services & Supply	476,784	7,925	1,382	10,220	496,311	84,782	13,358	0	6,140
11 Pharmacy	15,464	0	0	0	15,464	2,642	0	0	0
12 Medical Records & Library	70,208	2,838	495	19,451	92,992	15,885	4,783	0	2,199
13 Social Service	272,027	6,748	1,177	73,669	353,621	60,407	11,374	0	5,228
15 Activities	601,189	77,589	13,535	156,467	848,780	144,992	130,779	0	60,115
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	8,274,365	1,128,917	196,928	2,093,870	11,694,080	1,997,630	1,902,832	602,409	874,665
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	98,777	0	0	0	98,777	16,873	0	0	0
41 Laboratory	156,795	0	0	0	156,795	26,784	0	0	0
42 Intravenous Therapy	132,203	0	0	0	132,203	22,583	0	0	0
43 Oxygen (Inhalation) Therapy	25,667	0	0	0	25,667	4,385	0	0	0
44 Physical Therapy	1,306,661	44,502	7,763	291,337	1,650,263	281,905	75,009	0	34,479
45 Occupational Therapy	822,575	0	0	223,129	1,045,704	178,631	0	0	0
46 Speech Pathology	246,232	0	0	66,792	313,024	53,472	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	600,285	0	0	0	600,285	102,543	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	45,041	0	0	0	45,041	7,694	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	24,036	0	0	0	24,036	4,106	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	30,946,559	1,501,654	261,949	4,310,173	30,924,589	4,511,377	2,319,599	602,409	1,053,771
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	-241	3,931	686	17,353	21,729	3,712	6,626	0	3,046
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	30,946,318	1,505,585	262,635	4,327,526	30,946,318	4,515,089	2,326,225	602,409	1,056,817

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 3, 2022 at 4:19:21 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	3,757,397								
9 Nursing Administration	0	2,832,081							
10 Central Services & Supply	0	0	600,591						
11 Pharmacy	0	0	0	18,106					
12 Medical Records & Library	0	0	0	0	115,859				
13 Social Service	0	0	0	0	0	430,630			
15 Activities	0	0	0	0	0	0	1,184,666		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	3,757,397	2,832,081	600,591	18,106	115,859	430,630	1,184,666	26,010,946	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	115,650	0
41 Laboratory	0	0	0	0	0	0	0	183,579	0
42 Intravenous Therapy	0	0	0	0	0	0	0	154,786	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	30,052	0
44 Physical Therapy	0	0	0	0	0	0	0	2,041,656	0
45 Occupational Therapy	0	0	0	0	0	0	0	1,224,335	0
46 Speech Pathology	0	0	0	0	0	0	0	366,496	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	702,828	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	52,735	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	28,142	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	3,757,397	2,832,081	600,591	18,106	115,859	430,630	1,184,666	30,911,205	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	35,113	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	3,757,397	2,832,081	600,591	18,106	115,859	430,630	1,184,666	30,946,318	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 3, 2022 at 4:19:21 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	26,010,946
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	115,650
41 Laboratory	183,579
42 Intravenous Therapy	154,786
43 Oxygen (Inhalation) Therapy	30,052
44 Physical Therapy	2,041,656
45 Occupational Therapy	1,224,335
46 Speech Pathology	366,496
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	702,828
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	52,735
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	28,142
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	30,911,205
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	35,113
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	30,946,318

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 3, 2022 at 4:19:21 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1 Cap Rel Costs - Bldgs & Fixtures	0	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	0	0	0	0				
4 Administrative & General	0	61,340	10,700	72,040	0	72,040			
5 Plant Operation, Maint. & Repairs	0	64,135	11,188	75,323	0	5,416	80,739		
6 Laundry & Linen Service	0	13,874	2,420	16,294	0	1,348	812	18,454	
7 Housekeeping	0	2,218	387	2,605	0	2,452	130	0	5,187
8 Dietary	0	90,149	15,726	105,875	0	8,232	5,274	0	343
9 Nursing Administration	0	1,419	248	1,667	0	6,586	83	0	5
10 Central Services & Supply	0	7,925	1,382	9,307	0	1,353	464	0	30
11 Pharmacy	0	0	0	0	0	42	0	0	0
12 Medical Records & Library	0	2,838	495	3,333	0	253	166	0	11
13 Social Service	0	6,748	1,177	7,925	0	964	395	0	26
15 Activities	0	77,589	13,535	91,124	0	2,314	4,539	0	295
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	1,128,917	196,928	1,325,845	0	31,867	66,043	18,454	4,293
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	269	0	0	0
41 Laboratory	0	0	0	0	0	427	0	0	0
42 Intravenous Therapy	0	0	0	0	0	360	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	70	0	0	0
44 Physical Therapy	0	44,502	7,763	52,265	0	4,499	2,603	0	169
45 Occupational Therapy	0	0	0	0	0	2,851	0	0	0
46 Speech Pathology	0	0	0	0	0	853	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	1,636	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	123	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	66	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	0	1,501,654	261,949	1,763,603	0	71,981	80,509	18,454	5,172
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	3,931	686	4,617	0	59	230	0	15
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	0	1,505,585	262,635	1,768,220	0	72,040	80,739	18,454	5,187

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 3, 2022 at 4:19:21 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	119,724								
9 Nursing Administration	0	8,341							
10 Central Services & Supply	0	0	11,154						
11 Pharmacy	0	0	0	42					
12 Medical Records & Library	0	0	0	0	3,763				
13 Social Service	0	0	0	0	0	9,310			
15 Activities	0	0	0	0	0	0	98,272		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	119,724	8,341	11,154	42	3,763	9,310	98,272	1,697,108	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	269	0
41 Laboratory	0	0	0	0	0	0	0	427	0
42 Intravenous Therapy	0	0	0	0	0	0	0	360	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	70	0
44 Physical Therapy	0	0	0	0	0	0	0	59,536	0
45 Occupational Therapy	0	0	0	0	0	0	0	2,851	0
46 Speech Pathology	0	0	0	0	0	0	0	853	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	1,636	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	123	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	66	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	119,724	8,341	11,154	42	3,763	9,310	98,272	1,763,299	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	4,921	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	119,724	8,341	11,154	42	3,763	9,310	98,272	1,768,220	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 3, 2022 at 4:19:21 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	1,697,108
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	269
41 Laboratory	427
42 Intravenous Therapy	360
43 Oxygen (Inhalation) Therapy	70
44 Physical Therapy	59,536
45 Occupational Therapy	2,851
46 Speech Pathology	853
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	1,636
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	123
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	66
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	1,763,299
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	4,921
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	
99 Negative Cost Center	
100 TOTAL	1,768,220

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 3, 2022 at 4:19:21 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
1	Cap Rel Costs - Bldgs & Fixtures	143,245								
2	Cap Rel Costs - Movable Equipment		143,245							
3	Employee Benefits	0	15,953,582							
4	Administrative & General	5,836	5,836	583,256	-4,515,089	26,431,229				
5	Plant Operation, Maint. & Repairs	6,102	6,102	535,375	0	1,986,827	131,307			
6	Laundry & Linen Service	1,320	1,320	0	0	494,544	1,320	58,892		
7	Housekeeping	211	211	615,661	0	899,434	211	0	129,776	
8	Dietary	8,577	8,577	1,481,935	0	3,019,755	8,577	0	8,577	176,676
9	Nursing Administration	135	135	1,853,649	0	2,415,897	135	0	135	0
10	Central Services & Supply	754	754	37,677	0	496,311	754	0	754	0
11	Pharmacy	0	0	0	0	15,464	0	0	0	0
12	Medical Records & Library	270	270	71,707	0	92,992	270	0	270	0
13	Social Service	642	642	271,584	0	353,621	642	0	642	0
15	Activities	7,382	7,382	576,821	0	848,780	7,382	0	7,382	0
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	107,408	107,408	7,719,111	0	11,694,080	107,408	58,892	107,408	176,676
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS									
40	Radiology	0	0	0	0	98,777	0	0	0	0
41	Laboratory	0	0	0	0	156,795	0	0	0	0
42	Intravenous Therapy	0	0	0	0	132,203	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	25,667	0	0	0	0
44	Physical Therapy	4,234	4,234	1,074,026	0	1,650,263	4,234	0	4,234	0
45	Occupational Therapy	0	0	822,575	0	1,045,704	0	0	0	0
46	Speech Pathology	0	0	246,232	0	313,024	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	600,285	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS									
51	Support Surfaces	0	0	0	0	45,041	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	24,036	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotal	142,871	142,871	15,889,609	-4,515,089	26,409,500	130,933	58,892	129,402	176,676
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	374	374	63,973	0	21,729	374	0	374	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
102	Cost to be Allocated per Bp1	1,505,585	262,635	4,327,526	0	4,515,089	2,326,225	602,409	1,056,817	3,757,397

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 3, 2022 at 4:19:21 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1 Cap Rel Costs - Bldgs & Fixtures						
2 Cap Rel Costs - Movable Equipment						
3 Employee Benefits						
4 Administrative & General						
5 Plant Operation, Maint. & Repairs						
6 Laundry & Linen Service						
7 Housekeeping						
8 Dietary						
9 Nursing Administration	58,892					
10 Central Services & Supply	0	58,892				
11 Pharmacy	0	0	58,892			
12 Medical Records & Library	0	0	0	58,892		
13 Social Service	0	0	0	0	58,892	
15 Activities	0	0	0	0	0	58,892
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	58,892	58,892	58,892	58,892	58,892	58,892
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0
45 Occupational Therapy	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51 Support Surfaces	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60 Clinic	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0
89 Subtotal	58,892	58,892	58,892	58,892	58,892	58,892
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	2,832,081	600,591	18,106	115,859	430,630	1,184,666

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 3, 2022 at 4:19:21 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8
103 Unit Cost Multiplier per Bp1	10.510559	1.833467	0.271257	0.000000	0.170824	17.715925	10.229046	8.143393	21.267161
104 Cost to be Allocated per Bp2	0	0	0	0	72,040	80,739	18,454	5,187	119,724
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.002726	0.614887	0.313353	0.039969	0.677647

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 3, 2022 at 4:19:21 PM

COST ALLOCATION - STATISTICAL BASIS

		Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
103	Unit Cost Multiplier per Bp1	48.089401	10.198176	0.307444	1.967313	7.312199	20.115907
104	Cost to be Allocated per Bp2	8,341	11,154	42	3,763	9,310	98,272
105	Unit Cost Multiplier per Bp2	0.141632	0.189398	0.000713	0.063897	0.158086	1.668682

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Tuesday, May 3, 2022 at 4:19:21 PM

Post Step Down Adjustments

Worksheet B

Description	Part No.	Line No.	Amount
1	2	3	4

Worksheet has no records.

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet C Tuesday, May 3, 2022 at 4:19:21 PM

Ratio of Cost of Charges
for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total 1	Total Charges 2	Ratio 3
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	115,650	115,718	0.999412
41	Laboratory	183,579	156,795	1.170822
42	Intravenous Therapy	154,786	132,203	1.170821
43	Oxygen (Inhalation) Therapy	30,052	25,667	1.170842
44	Physical Therapy	2,041,656	2,207,580	0.924839
45	Occupational Therapy	1,224,335	2,011,060	0.608801
46	Speech Pathology	366,496	649,873	0.563950
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	0	0	0.000000
49	Drugs Charged to Patients	702,828	600,285	1.170824
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	52,735	45,041	1.170822
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	28,142	24,036	1.170827
100	TOTAL	4,900,259	5,968,258	

Skilled Nursing Facility
Title XVIII

Ratio of cost to charges 1	Health Care Program Part A 2	Charges Part B 3	Health Care Program Part A 4	Cost Part B 5
0.999412	85,422	0	85,372	0
1.170822	112,708	0	131,961	0
1.170821	36,539	0	42,781	0
1.170842	3,720	0	4,356	0
0.924839	1,310,815	0	1,212,293	0
0.608801	1,303,455	0	793,545	0
0.563950	296,371	0	167,138	0
0.000000	0	0	0	0
0.000000	0	0	0	0
1.170824	424,457	0	496,964	0
0.000000	0	0	0	0
1.170822	0	0	0	0
0.000000	0	0	0	0
0.000000	0	0	0	0
0.000000	0	0	0	0
1.170827	0	0	0	0
	3,573,487	0	2,934,410	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Tuesday, May 3, 2022 at 4:19:21 PM

Skilled Nursing Facility
Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.170824
2	Program vaccine charges	2,219
3	Program costs	2,598

Part III - CALCULATION OF PASS-THROUGH COSTS FOR INTERNS AND RESIDENTS

	Total Cost (From Worksheet 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	2	3	4	5
40 Radiology	0	0	0.000000	85,372	0
41 Laboratory	0	0	0	131,961	0
42 Intravenous Therapy	0	0	0	42,781	0
43 Oxygen (Inhalation) Therapy	0	0	0	4,356	0
44 Physical Therapy	0	0	0	1,212,293	0
45 Occupational Therapy	0	0	0	793,545	0
46 Speech Pathology	0	0	0	167,138	0
47 Electrocardiology	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	496,964	0
50 Dental Care - Title XIX only	0	0	0	0	0
51 Support Surfaces	0	0	0	0	0
	=====	=====	=====	=====	=====
100 TOTAL	0	0		2,934,410	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 3, 2022 at 4:19:21 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS		
#	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	58,892
2	Private room days	0
3	Inpatient days incl. Program prvt.	14,557
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	26,010,946
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	7,481,614
7	General Inpatient routine service RCC	3.476649
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	26,010,946
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	441.67
17	Program routine service cost	6,429,390
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	6,429,390
20	Capital related cost allocated to inpati	1,697,108
21	Per diem capital related costs	28.82
22	Program capital related cost	419,533
23	Inpatient routine service cost	6,009,857
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	6,009,857
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 3, 2022 at 4:19:21 PM

Computation of Inpatient Routine Costs

Part II - Calculation of Inpatient Nursing & Allied Health Cost for PPS Pass-through
Skilled Nursing Facility
Title XVIII

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	58,892
2	Program inpatient days (see instructions)	14,557
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.247181
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet E Tuesday, May 3, 2022 at 4:19:21 PM

Calculation of Reimbursement Settlement
Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	11,715,690
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	11,715,690
4	Primary payor amounts	0
5	Coinsurance	1,219,106
6	Reimbursable bad debts (From your records)	90,141
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	36,669
8	Adjusted reimbursable bad debts. (See instructions)	58,592
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	10,555,176
12	Interim payments (See instructions)	10,524,208
13	Tentative adjustment	0
14	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 adjustment (See instructions)	0
15	Balance due provider/program	30,968
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

17	Ancillary services Part B	0
18	Vaccine cost	2,598
19	Total reasonable costs	2,598
20	Medicare Part B ancillary charges	2,219
21	Cost of covered services	2,219
22	Primary payor amounts	0
23	Coinsurance and deductibles	0
24	Reimbursable bad debts	0
24.01	Reimbursable bad debts for dual eligible beneficiaries (see inst	0
24.02	Adjusted reimbursable bad debts (see instructions)	0

25	Subtotal	2,219
26	Interim adjustment	0
27	Tentative adjustment	0
28	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	Balance due provider/program	2,219
30	Protested amounts (Nonallowable cost report items)	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet E-1 Tuesday, May 3, 2022 at 4:19:21 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		10,496,584		0
2	Interim payments payable on individual bills, eit		0		0
3.01	Lump sums ... to Provider	07/14/2021	27,624		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		27,624		0
4	TOTAL INTERIM PAYMENTS		10,524,208		0

TO BE COMPLETED BY CONTRACTOR

5	Items Below for INTERMEDIARIES:				
5.01	Settlement ... to Provider		0		0
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	Settlement ... to Program		0		0
5.99	SUBTOTAL		0		0
6.01	Net settlement ... to Provider		0		0
6.50	Net settlement ... to Program		0		0
7	TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: _____ Contractor Number: _____

8 Name of Contractor/Number 0 0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 3, 2022 at 4:19:21 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT ASSETS				
1	Cash on hand and in banks	2,903,583	0	0	0
2	Temporary investments	15,244,579	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,987,258	0	0	0
5	Other receivables	587,192	0	0	0
	Less: allowances for uncollectible notes and accounts receivable	258,891	0	0	0
7	Inventory	54,587	0	0	0
8	Prepaid expenses	1,239,199	0	0	0
9	Other current assets	0	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	22,757,507	0	0	0
	FIXED ASSETS				
12	Land	6,640,000	0	0	0
13	Land improvements	1,808,778	0	0	0
14	Less: Accumulated depreciation	1,616,992	0	0	0
15	Buildings	48,355,803	0	0	0
16	Less: Accumulated depreciation	24,571,965	0	0	0
17	Leasehold improvements	0	0	0	0
18	Less: Accumulated amortization	0	0	0	0
19	Fixed equipment	205,570	0	0	0
20	Less: Accumulated depreciation	184,314	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	3,683,908	0	0	0
24	Less: Accumulated depreciation	4,212,662	0	0	0
25	Minor equipment depreciable	1,630,522	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	32,368,496	0	0	0
28	TOTAL FIXED ASSETS	64,107,144	0	0	0
	OTHER ASSETS				
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	13,150	0	0	0
33	TOTAL OTHER ASSETS	13,150	0	0	0
34	TOTAL ASSETS	86,877,801	0	0	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 3, 2022 at 4:19:21 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT LIABILITIES				
35	Accounts payable	2,103,477	0	0	0
36	Salaries, wages & fees payable	2,060,617	0	0	0
37	Payroll taxes payable	23,258	0	0	0
38	Notes & loans payable (short term)	0	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	4,496,063	0	0	0
43	TOTAL CURRENT LIABILITIES	8,683,415	0	0	0
	LONG TERM LIABILITIES				
44	Mortgage payable	0	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	-651,199	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	27,283,478	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	26,632,279	0	0	0
51	TOTAL LIABILITIES	35,315,694	0	0	0
	CAPITAL ACCOUNTS				
52	General fund balance	51,562,107			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	TOTAL FUND BALANCES	51,562,107	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	86,877,801	0	0	0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Tuesday, May 3, 2022 at 4:19:21 PM

STATEMENT OF CHANGES IN FUND BALANCES

		----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
		1	2	3	4	5	6	7	8
1	Fund balances - beginning		48859631		0		0		0
2	Net income (loss)		2702476						
3	Total		51562107		0		0		0
4	Additions (Credit adjustments)	0		0		0		0	
5		0		0		0		0	
6		0		0		0		0	
7		0		0		0		0	
8		0		0		0		0	
9		0		0		0		0	
10	Total Additions		0		0		0		0
11	Subtotal		51562107		0		0		0
12	Deductions (Debit adjustments)	0		0		0		0	
13	Rounding	0		0		0		0	
14		0		0		0		0	
15		0		0		0		0	
16		0		0		0		0	
17		0		0		0		0	
18	Total deductions		0		0		0		0
19	Fund balances - ending		51562107		0		0		0

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Tuesday, May 3, 2022 at 4:19:21 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	29,864,661		29,864,661
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	29,864,661		29,864,661
	ALL OTHER CARE SERVICES			
6	Ancillary services	5,726,103	0	5,726,103
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
14	Total Patient Revenues	35,590,764	0	35,590,764

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Tuesday, May 3, 2022 at 4:19:21 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description	
1	Operating Expenses	32,187,934
2	Additions	0
3		0
4		0
5		0
6		0
7		0

8	Total Additions	0
9	Deductions	0
10		0
11		0
12		0
13		0

14	Total Deductions	0

15	Total Operating Expenses	32,187,934 =====

JEWISH HOME AT ROCKLEIGH
Provider CCN: 31-5473
Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Tuesday, May 3, 2022 at 4:19:21 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		35,590,764
2	Less: contractual allowances and ...		7,182,591
3	Net Patient Revenues (Line 1 - 2)		28,408,173
4	Less: total operating expenses		32,187,934
5	Net income from service to patients (Line 3 - 4)		-3,779,761
	Other Income:		
6	Contributions, donations, bequests, etc.	514,013	
7	Income from investments	2,038,857	
	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	0	
14	Revenue from meals sold to employees and guests	19,643	
15	Revenue from rental of living quarters	0	
	Revenue from sale of medical and surgical supplies to other than patients	2,254	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	281	
21	Rental of vending machines	304	
22	Rental of skilled nursing space	55,298	
23	Government appropriations	0	
24	Barber & Beauty	65,043	
24.01	Other Income	10,314	
24.02		204,820	
24.03		0	
24.04		0	
24.05	PPP Forgiveness	3,425,129	
24.06		0	
24.50	Covid-19 PHE Funding	587,869	
25	Total other income		6,923,825
26	Total		3,144,064
27	Other Expenses (specify)	0	
28	Gain(Loss) on Equip Disposal	107,432	
29	Loss of CIP	334,156	
29.01		0	
30	Total other expenses		441,588
31	Net income (or loss) for the period		2,702,476