

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0463
EXPIRES: 12/31/2021



COMPLETE CARE AT HARBORAGE
Provider CCN: 315307

Period: 01/01/2024 Run Date Time: 5/29/2025 8:43 am
To: 12/31/2024 MCRIF32 2540-10
Version: 11.1.179.1

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

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMPLETE CARE AT HARBORAGE, 315307 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	1	2	ELECTRONIC SIGNATURE STATEMENT	
				Y	1
1	<i>Shalom Stein</i>	Y		I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name SHALOM STEIN				2
3	Signatory Title CEO				3
4	(Dated when report is electronically signed.)				4

PART III - SETTLEMENT SUMMARY

	Cost Center Description	Title V	Title XVIII			
			Part A	Part B	Title XIX	
1.00	SKILLED NURSING FACILITY	1.00	0	136,323	0	0 1.00
2.00	NURSING FACILITY		0			0 2.00
3.00	ICF/IID					0 3.00
4.00	SNF - BASED HHA I		0	0	0	4.00
5.00	SNF - BASED RHC I		0		0	5.00
6.00	SNF - BASED FQHC I		0		0	6.00
7.00	SNF - BASED CMHC I		0		0	7.00
100.00	TOTAL		0	136,323	0	0 100.00

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

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

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2540-10
Version: 11.1.179.1SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX IDENTIFICATION DATA

Worksheet S-2

Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1.00	Street:	7600 RIVER ROAD	P.O. Box:					1.00
2.00	City:	NORTH BERGEN	State:	NJ	ZIP Code:	07047		2.00
3.00	County:	HUDSON	CBSA Code:	35614	Urban / Rural:	U		3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

SNF and SNF-Based Component Identification:

	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)		
					V	XVIII	XIX
4.00	SNF	COMPLETE CARE AT HARBORAGE	315307	10/02/1991	N	P	N
5.00	Nursing Facility						5.00
6.00	ICF/IID						6.00
7.00	SNF-Based HHA						7.00
8.00	SNF-Based RHC						8.00
9.00	SNF-Based FQHC						9.00
10.00	SNF-Based CMHC						10.00
11.00	SNF-Based OLTC						11.00
12.00	SNF-Based HOSPICE						12.00
13.00	SNF-Based CORF						13.00
				From:		To:	
				1.00		2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)			01/01/2024		12/31/2024	14.00
15.00	Type of Control (See Instructions)		2 - Voluntary Nonprofit, Other		LLC		15.00
						Y/N	
						1.00	

Type of Freestanding Skilled Nursing Facility

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

Miscellaneous Cost Reporting Information

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

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.

20.00	Straight Line		12,566	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		12,566	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

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX IDENTIFICATION DATAWorksheet S-2
Part I
PPS

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

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COMPLEX REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2

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

Completed by All Skilled Nursing Facilities

Provider Organization and Operation

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

Financial Data and Reports

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

Approved Educational Activities

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

Bad Debts

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

Bed Complement

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

PS&R Data

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)		Y	03/20/2025	Y	03/20/2025	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		N		N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N		18.00
		1.00		2.00		3.00	

Cost Report Preparer Contact Information

19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHLEEN	MESKER	PREPARER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	KATHLEEN.MESKER@HCRN.J.NET		21.00

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COMPLEX STATISTICAL DATA

Worksheet S-3

Part I
PPS

	Component	Number of Beds	Inpatient Days/Visits						Discharges					
			Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	247	90,402	0	8,943	53,369	14,607	76,919	0	229	227	401	857	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	247	90,402	0	8,943	53,369	14,607	76,919	0	229	227	401	857	8.00
		Average Length of Stay						Admissions				Full Time Equivalent		
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	39.05	235.11	89.75	0	313	153	425	891	198.50	0.00	1.00	
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00	2.00	
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00	3.00	
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00	5.00	
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00	7.00	
8.00	Total (Sum of lines 1-7)	0.00	39.05	235.11	89.75	0	313	153	425	891	198.50	0.00	8.00	

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MCRIF32

2540-10

Version: 11.1.179.1



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)	13,636,149	0	13,636,149	414,017.00	32.94	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)	13,636,149	0	13,636,149	414,017.00	32.94	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	13,636,149	0	13,636,149	414,017.00	32.94	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	1,737,896	0	1,737,896	30,077.00	57.78	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)	2,604,082	0	2,604,082			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)	2,604,082	0	2,604,082			22.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3

Part III

PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	710,204	0	710,204	16,884.00	42.06	2.00
3.00	Plant Operation, Maintenance & Repairs	215,517	0	215,517	7,468.00	28.86	3.00
4.00	Laundry & Linen Service	101,545	0	101,545	4,738.00	21.43	4.00
5.00	Housekeeping	1,056,304	0	1,056,304	48,580.00	21.74	5.00
6.00	Dietary	15,523	0	15,523	405.00	38.33	6.00
7.00	Nursing Administration	1,092,377	0	1,092,377	22,157.00	49.30	7.00
8.00	Central Services and Supply	55,762	0	55,762	1,879.00	29.68	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	36,397	0	36,397	1,816.00	20.04	10.00
11.00	Social Service	196,852	0	196,852	5,198.00	37.87	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	373,927	0	373,927	15,536.00	24.07	13.00
14.00	Total (sum lines 1 thru 13)	3,854,408	0	3,854,408	124,661.00	30.92	14.00

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SNF WAGE RELATED COSTS

Worksheet S-3

Part IV
PPS

PART IV - WAGE RELATED COSTS

		Amount Reported	
		1.00	
Part A - Core List			
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	545,493	8.00
9.00	Prescription Drug Plan	1,246	9.00
10.00	Dental, Hearing and Vision Plan	-2,560	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,555	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	611,844	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	1,044,955	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	397,549	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)	2,604,082	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

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Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



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)	2,446,861	467,275	2,914,136	43,576.00	66.87	1.00
2.00	Licensed Practical Nurses (LPNs)	2,140,398	408,750	2,549,148	48,030.00	53.07	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	5,194,963	992,077	6,187,040	197,753.00	31.29	3.00
4.00	Total Nursing (sum of lines 1 through 3)	9,782,222	1,868,102	11,650,324	289,359.00	40.26	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00

Contract Labor

Nursing Occupations

14.00	Registered Nurses (RNs)	13,189		13,189	134.00	98.43	14.00
15.00	Licensed Practical Nurses (LPNs)	256,541		256,541	2,368.00	108.34	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	171,243		171,243	5,505.00	31.11	16.00
17.00	Total Nursing (sum of lines 14 through 16)	440,973		440,973	8,007.00	55.07	17.00
18.00	Physical Therapists	391,705		391,705	5,913.00	66.24	18.00
19.00	Physical Therapy Assistants	233,550		233,550	3,878.00	60.22	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	422,123		422,123	7,172.00	58.86	21.00
22.00	Occupational Therapy Assistants	151,781		151,781	2,837.00	53.50	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	97,765		97,765	2,272.00	43.03	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period: 01/01/2024
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/29/2025 8:43 am
MCRIF32
2540-10
Version: 11.1.179.1

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period: 01/01/2024
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/29/2025 8:43 am
MCRIF32
2540-10
Version: 11.1.179.1

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

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

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

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/29/2025 8:43 am
MCRIF32
2540-10
Version: 11.1.179.1

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		1,026,237	1,026,237	0	1,026,237	-12,530	1,013,707	1.00
3.00	00300	EMPLOYEE BENEFITS	0	2,665,596	2,665,596	0	2,665,596	0	2,665,596	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	710,204	4,659,295	5,369,499	0	5,369,499	-1,357,811	4,011,688	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	215,517	606,872	822,389	0	822,389	0	822,389	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	101,545	33,914	135,459	0	135,459	0	135,459	6.00
7.00	00700	HOUSEKEEPING	1,056,304	101,525	1,157,829	0	1,157,829	0	1,157,829	7.00
8.00	00800	DIETARY	15,523	3,436,105	3,451,628	0	3,451,628	-720	3,450,908	8.00
9.00	00900	NURSING ADMINISTRATION	1,092,377	0	1,092,377	0	1,092,377	0	1,092,377	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	55,762	0	55,762	0	55,762	0	55,762	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	36,397	0	36,397	0	36,397	0	36,397	12.00
13.00	01300	SOCIAL SERVICE	196,852	0	196,852	0	196,852	0	196,852	13.00
15.00	01500	PATIENT ACTIVITIES	373,927	52,802	426,729	0	426,729	0	426,729	15.00
15.10	01510	REHAB TECH	0	0	0	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	9,781,741	1,252,373	11,034,114	0	11,034,114	0	11,034,114	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	0	0	32.00
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	19,898	19,898	0	19,898	0	19,898	40.00
41.00	04100	LABORATORY	0	28,749	28,749	0	28,749	0	28,749	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	1,316,098	1,316,098	0	1,316,098	0	1,316,098	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	536,871	536,871	0	536,871	0	536,871	45.00
46.00	04600	SPEECH PATHOLOGY	0	135,647	135,647	0	135,647	0	135,647	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
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	499,532	499,532	0	499,532	0	499,532	49.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	07100	AMBULANCE	0	22,020	22,020	0	22,020	0	22,020	71.00
SPECIAL PURPOSE COST CENTERS										
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	13,636,149	16,393,534	30,029,683	0	30,029,683	-1,371,061	28,658,622	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 AND BEAUTY SHOP	0	0	0	0	0	0	0	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
100.00		TOTAL	13,636,149	16,393,534	30,029,683	0	30,029,683	-1,371,061	28,658,622	100.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



RECLASSIFICATIONS

Worksheet A-6

PPS

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

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period: 5/29/2025 8:43 am

From: 01/01/2024 MCRIF32

To: 12/31/2024 Version: 11.1.179.1



RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	

ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	81,701	4,319	0	4,319	0	86,020	0	4.00
5.00	Fixed Equipment	42,918	6,898	0	6,898	0	49,816	0	5.00
6.00	Movable Equipment	0	0	0	0	0	0	0	6.00
7.00	Subtotal (sum of lines 1-6)	124,619	11,217	0	11,217	0	135,836	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	124,619	11,217	0	11,217	0	135,836	0	9.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.
			1.00	2.00	3.00
1.00	Investment income on restricted funds (chapter 2)	B	-12,530	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	-861,679		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	B	-720	DIETARY	8.00 15.00
16.00	Sale of medical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts	B	-967	ADMINISTRATIVE & GENERAL	4.00 18.00
19.00	Vending machines		0		0.00 19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00 22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00 23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00 24.00
25.00	MISC REVENUE	B	-10	ADMINISTRATIVE & GENERAL	4.00 25.00
25.01	RENT REVENUE	B	-2,180	ADMINISTRATIVE & GENERAL	4.00 25.01
25.03	RESIDENT MISSING ITEMS	A	-937	ADMINISTRATIVE & GENERAL	4.00 25.03
25.06	MARKETING	A	-15,310	ADMINISTRATIVE & GENERAL	4.00 25.06
25.07	BAD DEBT	A	-476,728	ADMINISTRATIVE & GENERAL	4.00 25.07
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-1,371,061		100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period: 01/01/2024
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/29/2025 8:43 am
MCRIF32
Version: 11.1.179.1STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND
HOME OFFICE COSTSWorksheet A-8-1
Parts I & II
PPS

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

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
1.00	2.00	3.00	4.00	5.00	6.00	
1.00	4.00 ADMINISTRATIVE & GENERAL	MANAGEMENT	723,871	1,585,550	-861,679	1.00
2.00	0.00		0	0	0	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.		723,871	1,585,550	-861,679	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.

Related Organization(s) and/or Home Office						
Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
1.00	2.00	3.00	4.00	5.00	6.00	
1.00	B PEACE CAPITAL LLC	100.00	COMPLETE CARE MANAGEMENT	100.00	MANAGEMENT OF FACILITY	1.00
2.00		0.00		0.00		2.00
3.00		0.00		0.00		3.00
4.00		0.00		0.00		4.00
5.00		0.00		0.00		5.00
6.00		0.00		0.00		6.00
7.00		0.00		0.00		7.00
8.00		0.00		0.00		8.00
9.00		0.00		0.00		9.00
10.00		0.00		0.00		10.00

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

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

G. Other (financial or non-financial) specify:

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



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	1,013,707	1,013,707							1.00
3.00	EMPLOYEE BENEFITS	2,665,596	0	2,665,596						3.00
4.00	ADMINISTRATIVE & GENERAL	4,011,688	313,899	138,831	4,464,418	4,464,418				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	822,389	9,349	42,129	873,867	161,249	1,035,116			5.00
6.00	LAUNDRY & LINEN SERVICE	135,459	23,810	19,850	179,119	33,052	35,695	247,866		6.00
7.00	HOUSEKEEPING	1,157,829	27,550	206,486	1,391,865	256,832	41,301	0	1,689,998	7.00
8.00	DIETARY	3,450,908	45,420	3,034	3,499,362	645,716	68,092	0	120,105	8.00
9.00	NURSING ADMINISTRATION	1,092,377	26,259	213,538	1,332,174	245,818	39,367	0	69,438	9.00
10.00	CENTRAL SERVICES & SUPPLY	55,762	0	10,900	66,662	12,301	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	36,397	0	7,115	43,512	8,029	0	0	0	12.00
13.00	SOCIAL SERVICE	196,852	0	38,481	235,333	43,425	0	0	0	13.00
15.00	PATIENT ACTIVITIES	426,729	0	73,095	499,824	92,230	0	0	0	15.00
15.10	REHAB TECH	0	0	0	0	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	11,034,114	532,607	1,912,137	13,478,858	2,487,179	798,471	247,866	1,408,396	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	19,898	0	0	19,898	3,672	0	0	0	40.00
41.00	LABORATORY	28,749	0	0	28,749	5,305	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	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,316,098	18,184	0	1,334,282	246,207	27,261	0	48,086	44.00
45.00	OCCUPATIONAL THERAPY	536,871	4,914	0	541,785	99,972	7,367	0	12,995	45.00
46.00	SPEECH PATHOLOGY	135,647	5,560	0	141,207	26,056	8,335	0	14,701	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,158	0	1,158	214	1,736	0	3,063	48.00
49.00	DRUGS CHARGED TO PATIENTS	499,532	0	0	499,532	92,176	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	22,020	0	0	22,020	4,063	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	Subtotals (sum of lines 1-84)	28,658,622	1,008,710	2,665,596	28,653,625	4,463,496	1,027,625	247,866	1,676,784	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	4,997	0	4,997	922	7,491	0	13,214	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	28,658,622	1,013,707	2,665,596	28,658,622	4,464,418	1,035,116	247,866	1,689,998	100.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	REHAB TECH	Subtotal	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	4,333,275								8.00
9.00	NURSING ADMINISTRATION	0	1,686,797							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	78,963						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	51,541					12.00
13.00	SOCIAL SERVICE	0	0	0	0	278,758				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	592,054			15.00
15.10	REHAB TECH	0	0	0	0	0	0	0		15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	4,333,275	1,686,797	0	51,541	278,758	592,054	0	25,363,195	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	23,570	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	34,054	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	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	1,655,836	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	662,119	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	190,299	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	6,171	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	78,963	0	0	0	0	670,671	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	0	0	0	26,083	71.00
SPECIAL PURPOSE COST CENTERS										
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	4,333,275	1,686,797	78,963	51,541	278,758	592,054	0	28,631,998	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	26,624	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	4,333,275	1,686,797	78,963	51,541	278,758	592,054	0	28,658,622	100.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period: 01/01/2024
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/29/2025 8:43 am
MCRIF32
2540-10
Version: 11.1.179.1

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	Post Stepdown Adjustments	Total	
		17.00	18.00	

GENERAL SERVICE COST CENTERS

1.00	CAP REL COSTS - BLDGS & FIXTURES			
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
15.10	REHAB TECH			15.10

INPATIENT ROUTINE SERVICE COST CENTERS

30.00	SKILLED NURSING FACILITY	0	25,363,195	
31.00	NURSING FACILITY	0	0	31.00
32.00	ICF/IID	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	33.00

ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	0	23,570	
41.00	LABORATORY	0	34,054	
42.00	INTRAVENOUS THERAPY	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00	PHYSICAL THERAPY	0	1,655,836	
45.00	OCCUPATIONAL THERAPY	0	662,119	
46.00	SPEECH PATHOLOGY	0	190,299	
47.00	ELECTROCARDIOLOGY	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,171	
49.00	DRUGS CHARGED TO PATIENTS	0	670,671	
51.00	SUPPORT SURFACES	0	0	51.00

OTHER REIMBURSABLE COST CENTERS

71.00	AMBULANCE	0	26,083	
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SPECIAL PURPOSE COST CENTERS

82.00	UTILIZATION REVIEW - SNF			
83.00	HOSPICE	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	28,631,998	

NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	
91.00	BARBER AND BEAUTY SHOP	0	26,624	
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
98.00	Cross Foot Adjustments	0	0	98.00
99.00	Negative Cost Centers	0	0	99.00
100.00	TOTAL	0	28,658,622	

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	313,899	313,899	0	313,899				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	9,349	9,349	0	11,338	20,687			5.00
6.00	LAUNDRY & LINEN SERVICE	0	23,810	23,810	0	2,324	713	26,847		6.00
7.00	HOUSEKEEPING	0	27,550	27,550	0	18,058	825	0	46,433	7.00
8.00	DIETARY	0	45,420	45,420	0	45,401	1,361	0	3,300	8.00
9.00	NURSING ADMINISTRATION	0	26,259	26,259	0	17,284	787	0	1,908	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	865	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	565	0	0	0	12.00
13.00	SOCIAL SERVICE	0	0	0	0	3,053	0	0	0	13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	6,485	0	0	0	15.00
15.10	REHAB TECH	0	0	0	0	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	532,607	532,607	0	174,876	15,957	26,847	38,696	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	258	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	373	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	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	18,184	18,184	0	17,311	545	0	1,321	44.00
45.00	OCCUPATIONAL THERAPY	0	4,914	4,914	0	7,029	147	0	357	45.00
46.00	SPEECH PATHOLOGY	0	5,560	5,560	0	1,832	167	0	404	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,158	1,158	0	15	35	0	84	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,481	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	286	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,008,710	1,008,710	0	313,834	20,537	26,847	46,070	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	4,997	4,997	0	65	150	0	363	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	1,013,707	1,013,707	0	313,899	20,687	26,847	46,433	100.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	REHAB TECH	Subtotal	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	95,482								8.00
9.00	NURSING ADMINISTRATION	0	46,238							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	865						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	565					12.00
13.00	SOCIAL SERVICE	0	0	0	0	3,053				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	6,485			15.00
15.10	REHAB TECH	0	0	0	0	0	0	0		15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	95,482	46,238	0	565	3,053	6,485	0	940,806	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	0	258	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	373	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	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	37,361	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	12,447	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	7,963	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	1,292	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	865	0	0	0	0	7,346	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	0	0	0	286	71.00
SPECIAL PURPOSE COST CENTERS										
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	95,482	46,238	865	565	3,053	6,485	0	1,008,132	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	5,575	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0					0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	95,482	46,238	865	565	3,053	6,485	0	1,013,707	100.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B

Part II

PPS

	Cost Center Description	Post Step-Down Adjustments	Total	
		17.00	18.00	

GENERAL SERVICE COST CENTERS

1.00	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	EMPLOYEE BENEFITS				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	CENTRAL SERVICES & SUPPLY				10.00
12.00	MEDICAL RECORDS & LIBRARY				12.00
13.00	SOCIAL SERVICE				13.00
15.00	PATIENT ACTIVITIES				15.00
15.10	REHAB TECH				15.10

INPATIENT ROUTINE SERVICE COST CENTERS

30.00	SKILLED NURSING FACILITY	0	940,806		30.00
31.00	NURSING FACILITY	0	0		31.00
32.00	ICF/IID	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0		33.00

ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	0	258		40.00
41.00	LABORATORY	0	373		41.00
42.00	INTRAVENOUS THERAPY	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0		43.00
44.00	PHYSICAL THERAPY	0	37,361		44.00
45.00	OCCUPATIONAL THERAPY	0	12,447		45.00
46.00	SPEECH PATHOLOGY	0	7,963		46.00
47.00	ELECTROCARDIOLOGY	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,292		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	7,346		49.00
51.00	SUPPORT SURFACES	0	0		51.00

OTHER REIMBURSABLE COST CENTERS

71.00	AMBULANCE	0	286		71.00
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SPECIAL PURPOSE COST CENTERS

82.00	UTILIZATION REVIEW - SNF				82.00
83.00	HOSPICE	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,008,132		89.00

NONREIMBURSABLE COST CENTERS

90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	5,575		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
98.00	Cross Foot Adjustments	0	0		98.00
99.00	Negative Cost Centers	0	0		99.00
100.00	TOTAL	0	1,013,707		100.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDG'S & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	61,265								1.00
3.00	EMPLOYEE BENEFITS	0	13,636,149							3.00
4.00	ADMINISTRATIVE & GENERAL	18,971	710,204	-4,464,418	24,194,204					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	565	215,517	0	873,867	41,729				5.00
6.00	LAUNDRY & LINEN SERVICE	1,439	101,545	0	179,119	1,439	76,919			6.00
7.00	HOUSEKEEPING	1,665	1,056,304	0	1,391,865	1,665	0	38,625		7.00
8.00	DIETARY	2,745	15,523	0	3,499,362	2,745	0	2,745	230,757	8.00
9.00	NURSING ADMINISTRATION	1,587	1,092,377	0	1,332,174	1,587	0	1,587	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	55,762	0	66,662	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	36,397	0	43,512	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	196,852	0	235,333	0	0	0	0	13.00
15.00	PATIENT ACTIVITIES	0	373,927	0	499,824	0	0	0	0	15.00
15.10	REHAB TECH	0	0	0	0	0	0	0	0	15.10
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	32,189	9,781,741	0	13,478,858	32,189	76,919	32,189	230,757	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	19,898	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	28,749	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	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,099	0	0	1,334,282	1,099	0	1,099	0	44.00
45.00	OCCUPATIONAL THERAPY	297	0	0	541,785	297	0	297	0	45.00
46.00	SPEECH PATHOLOGY	336	0	0	141,207	336	0	336	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	70	0	0	1,158	70	0	70	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	499,532	0	0	0	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	22,020	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	Subtotals (sum of lines 1-84)	60,963	13,636,149	-4,464,418	24,189,207	41,427	76,919	38,323	230,757	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	302	0	0	4,997	302	0	302	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,013,707	2,665,596		4,464,418	1,035,116	247,866	1,689,998	4,333,275	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	16.546266	0.195480		0.184524	24.805675	3,222429	43.753994	18.778520	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		313,899	20,687	26,847	46,433	95,482	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.012974	0.495746	0.349029	1.202149	0.413777	105.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CENSUS)	SOCIAL SERVICE (PATIENT CENSUS)	PATIENT ACTIVITIES (PATIENT DAYS)	REHAB TECH (ACTUAL COST)		
		9.00	10.00	12.00	13.00	15.00	15.10		
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS - BLDGS & FIXTURES								1.00
3.00	EMPLOYEE BENEFITS								3.00
4.00	ADMINISTRATIVE & GENERAL								4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS								5.00
6.00	LAUNDRY & LINEN SERVICE								6.00
7.00	HOUSEKEEPING								7.00
8.00	DIETARY								8.00
9.00	NURSING ADMINISTRATION	284,674							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	499,532						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	76,919					12.00
13.00	SOCIAL SERVICE	0	0	0	76,919				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	76,919			15.00
15.10	REHAB TECH	0	0	0	0	0	0		15.10
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	SKILLED NURSING FACILITY	284,674	0	76,919	76,919	76,919	0		30.00
31.00	NURSING FACILITY	0	0	0	0	0	0		31.00
32.00	ICF/IID	0	0	0	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS									
40.00	RADIOLOGY	0	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	499,532	0	0	0	0		49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0		51.00
OTHER REIMBURSABLE COST CENTERS									
71.00	AMBULANCE	0	0	0	0	0	0		71.00
SPECIAL PURPOSE COST CENTERS									
82.00	UTILIZATION REVIEW - SNF								82.00
83.00	HOSPICE	0	0	0	0	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	284,674	499,532	76,919	76,919	76,919	0		89.00
NONREIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0		93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0		94.00
98.00	Cross Foot Adjustments								98.00
99.00	Negative Cost Centers								99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,686,797	78,963	51,541	278,758	592,054	0		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	5.925364	0.158074	0.670069	3.624046	7.697110	0.000000		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	46,238	865	565	3,053	6,485	0		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.162424	0.001732	0.007345	0.039691	0.084309	0.000000		105.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/29/2025 8:43 am
MCRIF32
2540-10
Version: 11.1.179.1

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	23,570	0	0.000000	40.00
41.00	LABORATORY	34,054	8,760	3.887443	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	PHYSICAL THERAPY	1,655,836	1,316,098	1.258140	44.00
45.00	OCCUPATIONAL THERAPY	662,119	897,008	0.738142	45.00
46.00	SPEECH PATHOLOGY	190,299	328,315	0.579623	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,171	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	670,671	499,532	1.342599	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS					
71.00	AMBULANCE	26,083	0	0.000000	71.00
100.00	Total	3,268,803	3,049,713		100.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I

Title XVIII

Skilled Nursing Facility

PPS

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost	
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)
		1.00	2.00	3.00	4.00	5.00

ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	0.000000	0	0	0	0	40.00
41.00	LABORATORY	3.887443	8,614	0	33,486	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1.258140	382,076	0	480,705	0	44.00
45.00	OCCUPATIONAL THERAPY	0.738142	380,401	0	280,790	0	45.00
46.00	SPEECH PATHOLOGY	0.579623	112,942	0	65,464	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.342599	204,272	0	274,255	0	49.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00

OUTPATIENT SERVICE COST CENTERS

71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		1,088,305	0	1,134,700	0	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.

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

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

PART II - APPORTIONMENT OF VACCINE COST

				1.00		
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.342599	1.00
2.00	Program vaccine charges (From your records, or the PS&R)				2,058	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				2,763	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH

	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	

ANCILLARY SERVICE COST CENTERS

40.00	RADIOLOGY	23,570	0	0.000000	0	0	40.00
41.00	LABORATORY	34,054	0	0.000000	33,486	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	1,655,836	0	0.000000	480,705	0	44.00
45.00	OCCUPATIONAL THERAPY	662,119	0	0.000000	280,790	0	45.00
46.00	SPEECH PATHOLOGY	190,299	0	0.000000	65,464	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,171	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	670,671	0	0.000000	274,255	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	3,242,720	0		1,134,700	0	100.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

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From: 01/01/2024

To: 12/31/2024

Run Date Time:

5/29/2025 8:43 am

MCRIF32

2540-10

Version: 11.1.179.1



COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Part I

Title XVIII

Skilled Nursing Facility

PPS

PART I CALCULATION OF INPATIENT ROUTINE COSTS

		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	76,919	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	8,943	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	25,363,195	5.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

6.00	General inpatient routine service charges	31,359,981	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.808776	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	25,363,195	15.00

PROGRAM INPATIENT ROUTINE SERVICE COSTS

16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	329.74	16.00
17.00	Program routine service cost (Line 3 times line 16)	2,948,865	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	2,948,865	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)	940,806	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	12.23	21.00
22.00	Program capital related cost (Line 3 times line 21)	109,373	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	2,839,492	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	2,839,492	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	76,919	1.00
2.00	Program inpatient days (see instructions)	8,943	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)	0.116265	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/29/2025 8:43 am
MCRIF32
Version: 11.1.179.1

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E

Part I

Title XVIII

Skilled Nursing Facility

PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	8,093,275	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	8,093,275	3.00
4.00	Primary payor amounts	27,850	4.00
5.00	Coinurance	1,114,452	5.00
6.00	Allowable bad debts (From your records)	439,720	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	307,411	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	285,818	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	7,236,791	11.00
12.00	Interim payments (See instructions)	6,955,733	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	5,716	14.75
14.99	Sequestration amount (see instructions)	139,019	14.99
15.00	Balance due provider/program (see Instructions)	136,323	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	2,763	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	2,763	19.00
20.00	Medicare Part B ancillary charges (See instructions)	2,058	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	2,058	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	2,058	25.00
26.00	Interim payments (See instructions)	2,017	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	41	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period: 01/01/2024 From: 01/01/2024 To: 12/31/2024 Run Date Time: 5/29/2025 8:43 am MCRIF32 Version: 11.1.179.1



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient	Part A	Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
1.00	Total interim payments paid to provider	1.00	2.00	3.00	4.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00

Program to Provider

3.01	ADJUSTMENTS TO PROVIDER		0	0	0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05

Provider to Program

3.50	ADJUSTMENTS TO PROGRAM	06/28/2024	38,380	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)		-38,380		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)		6,955,733		2,017	4.00

TO BE COMPLETED BY CONTRACTOR

5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
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Program to Provider

5.01	TENTATIVE TO PROVIDER		0	0	0	5.01
5.02			0		0	5.02
5.03			0		0	5.03

Provider to Program

5.50	TENTATIVE TO PROGRAM		0	0	0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		136,323		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,092,056		2,017	7.00

Contractor Name

Contractor Number

1.00

2.00

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

COMPLETE CARE AT HARBORAGE

Provider CCN: 315307

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/29/2025 8:43 am
MCRIF32
2540-10
Version: 11.1.179.1

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	1,041,664	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	8,110,058	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	150,163	0	0	0	8.00
9.00	Other current assets	82,063	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)	9,383,948	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	86,020	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	49,816	0	0	0	23.00
24.00	Less: Accumulated depreciation	-17,602	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)	118,234	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	229,037	0	0	0	31.00
32.00	Other assets	6,699,342	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	6,928,379	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	16,430,561	0	0	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	2,174,339	0	0	0	35.00
36.00	Salaries, wages, and fees payable	2,797,081	0	0	0	36.00
37.00	Payroll taxes payable	0	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	1,332,584	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	6,304,004	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	7,808,559	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	4,676,461	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)	12,485,020	0	0	0	50.00

COMPLETE CARE AT HARBORAGE

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

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	1.00	2.00	3.00	4.00	
		18,789,024	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-2,358,463				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-2,358,463	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	16,430,561	0	0	0	60.00

(-) = contra amount

COMPLETE CARE AT HARBORAGE

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MCRIF32

2540-10

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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

		General Fund	Special Purpose Fund	Endowment Fund	Plant Fund					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period			-4,051,291	0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)			1,681,315						2.00
3.00	Total (sum of line 1 and line 2)			-2,369,976	0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00	ADDITIONS			11,516	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)			11,516	0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)			-2,358,460	0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00	ROUNDING			3	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)			3	0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)			-2,358,463	0		0		0	19.00

COMPLETE CARE AT HARBORAGE

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

Part I

PPS

PART I - PATIENT REVENUES

	Cost Center Description	Inpatient	Outpatient	Total	
1.00		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	31,359,981		31,359,981	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/HID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	31,359,981		31,359,981	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	3,049,713	0	3,049,713	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	ROUTINE CHARGES / BED HOLD	191	0	191	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	34,409,885		0	34,409,885
14.00					14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		30,029,683	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)		30,029,683	15.00

COMPLETE CARE AT HARBORAGE

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	34,409,885	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,790,614	2.00
3.00	Net patient revenues (Line 1 minus line 2)	31,619,271	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	30,029,683	4.00
5.00	Net income from service to patients (Line 3 minus 4)	1,589,588	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	46,020	6.00
7.00	Income from investments	12,530	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	967	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	720	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	31,490	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	91,727	25.00
26.00	Total (Line 5 plus line 25)	1,681,315	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	1,681,315	31.00