

Balance Sheet Date (mo-da-yr) 12/31/22

SNF-CR Footnotes

SCHEDULE 12: FOOTNOTES AND EXPLANATIONS**SCHEDULE 1 GENERAL INFORMATION****TABLE 3 LINE 3.11**

We consider the preparation of this SNF-CR cost report to be other non-attest services. As such, we will upload the trial balance and account groupings report in support of the cost report.

SCHEDULE 3 EXPENSES**TABLE 4 CAPITAL & FIXED COST EXPENSES:****LINE 4.12 OTHER FIXED COSTS**

Consist of equipment rental expense paid to non-related third party

DIRECT MANAGEMENT COMPANY ALLOCATION:

The following accounts reflect a direct allocation of expense from the management company

SNF-CR	Amount	Explanation
S3L2.11C1		CLERICAL COSTS
S3L2.12C1		IT SERVICES

Method of allocation: ALLOCATED AT COST BASED UPON TIME SPENT

SCHEDULE 7 DETAIL OF FIXED ASSETS:**TABLE 2 CLAIMED FIXED ASSETS:****Claimed Fixed Costs - Additional Notes, if required**

SCHEDULE 12: FOOTNOTES AND EXPLANATIONS

On 6/1/2021, the operator of this facility changed from Kindred Healthcare inc and Northeast I
Kevin Morris.
Effective 1/1/2021 the fixed assets formally reported on the operator cost report were transferr
at cost and adjusted to allowable assets per 2019 Determination of Need. Improvement asset
1,320,251 were added, along with \$851,478 of equipment with \$659,307 or accumulated depr

SCHEDULE 9 PATIENT STATISTICS DETAIL:

Other Public Patient Days and/or Other Patient Days consist of:

OTHER:

Health systems tr
ed to the Realty Compan'
ts of 4,148,795 and accumulated depreciation o'
eciator
