

Facility Name: Fair Havens, Inc

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

HCF Acct. #	Amount	Explanation

Method of allocation:

**SCHEDULE 7 DETAIL OF FIXED ASSETS:**

**TABLE 2 CLAIMED FIXED ASSETS:**

**Claimed Fixed Costs - Additional Notes, if required**

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SCHEDULE 9 PATIENT STATISTICS DETAIL OF FIXED ASSETS:

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

Medicaid Hospice

OTHER:
