

Facility Name: D'Youville Senior Care, Inc.

VPN # 0999547

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Balance Sheet Date (mo-da-yr) 12/31/23

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 12: FOOTNOTES AND EXPLANATIONS**

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**SCHEDULE 9 PATIENT STATISTICS DETAIL:**

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

|                  |
|------------------|
| Medicaid Hospice |
|                  |
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|                  |

**OTHER:**

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