

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:

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**

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**SCHEDULE 12: FOOTNOTES AND EXPLANATIONS**

On 6/1/2021, the operator of this facility changed from Kindred Healthcare inc and Northeast H Kevin Morris.

Effective 1/1/2021 the fixed assets formally reported on the operator cost report were transferred at cost and adjusted to allowable assets per 2019 Determination of Need. Improvement assets 1,320,251 were added, along with \$851,478 of equipment with \$659,307 of accumulated depreciation.

**SCHEDULE 9 PATIENT STATISTICS DETAIL:**

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

**OTHER:**


health systems to
ed to the Realty Company
of 4,148,795 and accumulated depreciation of
eciation
