

Facility Name: Fair Havens, Inc

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

Facility Name: Fair Havens, Inc

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

SNF-CR Footnotes

SCHEDULE 12: FOOTNOTES AND EXPLANATIONS

SCHEDULE 9 PATIENT STATISTICS DETAIL OF FIXED ASSETS:

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

Medicaid Hospice

OTHER:
