

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: Fairhaven Rehab & Skilled Nursing Facility

VPN # 0950694

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

Medicaid Hospice

OTHER:
