

Facility Name: Oceanside Nursing & Rehabilitation

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

SCHEDULE 9 PATIENT STATISTICS DETAIL OF FIXED ASSETS:

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

OTHER:

On 2/4/23 the Provider had a flood which necessitated the closure of the facility for the clean up
period. All residents were discharged and the facility started readmissions 6/16/2023.