

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Form Approved
 OMB No. 0938-0463
 Approval Expires 12-31-2021

Worksheet S Monday, May 23, 2022 at 4:47:42 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

- Provider 1. Electronically prepared cost report;
 Date: _____ Time: _____
- Use only 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 3.01 No Medicare Utilization. Enter "Y" for yes or leave blank for no.
- Contractor 4. Cost Report Status 6. Contractor No. _____
 Use only [1] As Submitted 7. First Cost Report Processed by Contractor
 [2] Settled without audit 8. Last Cost Report Processed by Contractor
 [3] Settled with audit 9. NPR Date: _____
 [4] Reopened 10. If line 4, column 1 is "4": Enter number of times reopened: ____
 [5] Amended 11. Contractor Vendor Code _____
 5. Date Received _____ 12. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Premier Cadbury, LLC (31-5183) for the cost report period beginning January 1, 2021 and ending December 31, 2021, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OF ADMINISTRATOR	CHECKBOX
	1	2
1	_____	<input type="checkbox"/>
2	Printed name _____	
3	Title _____	
4	Signature date _____	

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

PART III - SETTLEMENT SUMMARY

CMS #		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	252,778	0	0
2	Nursing Facility	0			0
100	Total	0	252,778	0	0

 ECR Encryption Information: PI Encryption Information:

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS #
 1 Street / P.O. Box: 2150 Route 38
 2 City / State / Zip: CHERRY HILL NJ 08002
 3 County / CBSA Code / Urban/Rural: CAMDEN 15804 Urban

Payment System
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0							
4	SNF	Premier Cadbury, LLC	31-5183	06/26/1991	N	P	N
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)		01/01/2021	12/31/2021			
15	Type of Control (See Instructions)			5			

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? No

MISCELLANEOUS COST REPORTING INFORMATION

19 Is this a low Medicare Utilization cost report, enter "Y" for yes or "N" for no. N
 If the response to line 19 is yes, Does this cost report meet your contractor's criteria for filing a low
 19.01 utilization cost report? (Y/N) N

DEPRECIATION - ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED ON LINES 20 - 22.

20 Straight Line 510,233
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 510,233
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	Part A	Part B	Other
29 Skilled Nursing Facility	No	No	
30 Nursing Facility			
32 SNF-Based HHA			
36 SNF-Based OLTC			

37 Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? Y/N
 38 Are you legally-required to carry malpractice insurance? N

39 Is the malpractice a "claims-made", or "occurrence" policy? If the policy is "claims-made" enter 1. If policy is "occurrence", enter 2.
 40 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses			

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Y/N
 42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N

43 Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column 1. N
 If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name
 44 and address of the home office on lines 45-47.

45 Name / Contractor Name / Contractor Number

46 Street / PO Box

47 City / State / Zip

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	N		
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C 05/19/2022	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
UNAPPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	N		N
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	Y	05/19/2022	Y 05/19/2022
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	1	2	3
20	Employer.	Karla Diaz		Staff Accountant
21	Telephone number/Email address.	HMM CPA'S, LLP 631-265-6289	kdiaz@horanmm.com	

PREMIER CADBURY, LLC
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Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	120	43,800	0	5,991	26,192	9,655	41,838
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	120	43,800	0	5,991	26,192	9,655	41,838

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	124	118	118	360	0.00	48.31	221.97	116.22
2	Nursing Facility	0		0	0	0	0.00		0.00	0.00
4	Home Health Agency Cost					0				0.00
5	Other Long Term Care				0	0				0.00
8	Total	0	124	118	118	360	0.00	48.31	221.97	116.22

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	129	111	111	351	155.00	0
2	Nursing Facility	0		0	0	0	0.00	0
4	Home Health Agency Cost					0	0.00	0
5	Other Long Term Care				0	0	0.00	0
8	Total	0	129	111	111	351	155.00	0

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Worksheet S-3 Part II Monday, May 23, 2022 at 4:47:42 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #	Description	Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	8,734,277	0	8,734,277	301,660.00	28.95
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	8,734,277	0	8,734,277	301,660.00	28.95
7	Other Long Term Care	0	0	0	0.00	
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	1,458,889	0	1,458,889	23,370.00	62.43
12	Subtotal Excluded salary (Sum of lines 7-11)	1,458,889	0	1,458,889	23,370.00	62.43
13	Total Adjusted Salaries (Line 6 - 12)	7,275,388	0	7,275,388	278,290.00	26.14
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	0	0	0	0.00	
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	1,876,124	0	1,876,124		
18	Wage related costs (See Part IV)	14,148	0	14,148		
19	Wage related costs (excluded units)	0	0	0		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,890,272	0	1,890,272		

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Worksheet S-3 Part III Monday, May 23, 2022 at 4:47:42 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	824,392	0	824,392	20,700	39.83
3	Plant Operation, Maint. & Repairs	462,184	0	462,184	15,900	29.07
4	Laundry & Linen Service	74,767	0	74,767	4,200	17.80
5	Housekeeping	604,087	0	604,087	34,000	17.77
6	Dietary	1,191,495	0	1,191,495	48,000	24.82
7	Nursing Administration	802,605	0	802,605	29,000	27.68
8	Central Services & Supply	34,253	0	34,253	2,000	17.13
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	0	0	0	0	0.00
11	Social Service	245,726	0	245,726	8,500	28.91
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	0	0	0	0	0.00
14	Total	4,239,509	0	4,239,509	162,300	26.12

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Worksheet S-3 Part IV Monday, May 23, 2022 at 4:47:43 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	0
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	531,434
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	412,404
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	675,093
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	257,193
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
	=====	
24	Total Wage Related Cost (Lines 1-23)	1,876,124
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	14,148

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Worksheet S-3 Part V Monday, May 23, 2022 at 4:47:43 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
DIRECT SALARIES						
NURSING OCCUPATIONS						
1	Registered Nurses (RNs)	643,956	139,365	783,321	17,500	44.76
2	Licensed Practical Nurses (LPNs)	524,003	113,405	637,408	18,500	34.45
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,029,721	222,852	1,252,573	52,000	24.09
4	Total Nursing (Sum of 1 - 3)	2,197,680	475,622	2,673,302	88,000	30.38
5	Physical Therapists	269,473	58,319	327,792	7,750	42.30
6	Physical Therapy Assistants	93,725	20,284	114,009	3,500	32.57
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	241,819	52,334	294,153	7,350	40.02
9	Occupational Therapy Assistants	0	0	0	0	0.00
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	111,338	24,096	135,434	3,300	41.04
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
CONTRACT LABOR						
NURSING OCCUPATIONS						
14	Registered Nurses (RNs)	160,174		160,174	3,500	45.76
15	Licensed Practical Nurses (LPNs)	713,479		713,479	20,000	35.67
16	Certified Nursing Assistants/Nursing Assistants/Aides	540,697		540,697	21,500	25.15
17	Total Nursing (Sum of 14 - 16)	1,414,350		1,414,350	45,000	31.43
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	42,130		42,130	1,100	38.30
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	62,675		62,675	1,100	56.98

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		2,179,992	2,179,992	0	2,179,992	0	2,179,992
2	Cap Rel Costs - Movable Equipment		510,233	510,233	0	510,233	0	510,233
3	Employee Benefits	0	1,890,272	1,890,272	0	1,890,272	0	1,890,272
4	Administrative & General	824,392	1,740,846	2,565,238	0	2,565,238	-1,064,785	1,500,453
5	Plant Operation, Maint. & Repairs	462,184	1,900,127	2,362,311	0	2,362,311	-14,574	2,347,737
6	Laundry & Linen Service	74,767	91,111	165,878	0	165,878	-1,660	164,218
7	Housekeeping	604,087	138,150	742,237	0	742,237	0	742,237
8	Dietary	1,191,495	803,057	1,994,552	0	1,994,552	-1,680	1,992,872
9	Nursing Administration	802,605	21,350	823,955	0	823,955	0	823,955
10	Central Services & Supply	34,253	267,671	301,924	0	301,924	0	301,924
11	Pharmacy	0	249,547	249,547	0	249,547	0	249,547
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	245,726	0	245,726	0	245,726	0	245,726
14	Nursing and Allied Health Education	0	0	0	0	0	0	0
15	Other General Service Cost	0	0	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	2,319,524	1,536,480	3,856,004	0	3,856,004	0	3,856,004
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	7,475	7,475	0	7,475	0	7,475
41	Laboratory	0	29,006	29,006	0	29,006	0	29,006
42	Intravenous Therapy	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	363,198	62,177	425,375	0	425,375	0	425,375
45	Occupational Therapy	241,819	0	241,819	0	241,819	0	241,819
46	Speech Pathology	111,338	0	111,338	0	111,338	0	111,338
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0
81	Interest Expense	0	0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	7,275,388	11,427,494	18,702,882	0	18,702,882	-1,082,699	17,620,183
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0
92	Physicians Private Offices	0	30,000	30,000	0	30,000	0	30,000
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
95.01	Dental	0	0	0	0	0	0	0
95.02	DAYCARE	0	0	0	0	0	0	0
95.03	INDEPENDENT LIVING	21,118	0	21,118	0	21,118	0	21,118
95.04	ASSISTED LIVING	839,425	0	839,425	0	839,425	-182,355	657,070
95.05	LONG-TERM VENTILATOR	0	0	0	0	0	0	0
95.06	HHA	598,346	0	598,346	0	598,346	0	598,346
00	TOTAL	8,734,277	11,457,494	20,191,771	0	20,191,771	-1,265,054	18,926,717

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Increases			Decreases					
		Code	COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
100	TOTAL RECLASSIFICATIONS				0	0			0	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	0	0	0	0	0
2	Land Improvements	153,931	53,589	0	207,520	0
3	Buildings & Fixtures	0	0	0	0	0
4	Building Improvements	1,166,006	160,533	0	1,326,539	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	2,795,408	148,719	0	2,944,127	0
7	Subtotal	4,115,345	362,841	0	4,478,186	0
8	Reconciling Items	0	0	0	0	0
9	Total	4,115,345	362,841	0	4,478,186	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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Adjustments to Expenses

CMS #	Description	Basis for Adjustment	Amount	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
				1	2	
1	Investment income on restricted funds	B	-1,259		Administrative & General	4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses	B	-144,296		Administrative & General	4
4	Rental of provider space by suppliers	B	-14,574		Plant Operation, Maint. & Repairs	5
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
12	Adjustment resulting from transactions with related organizations	A81	0			
13	Laundry and Linen service	B	-1,660		Laundry & Linen Service	6
14	Revenue - Employee meals	B	-25		Dietary	8
15	Cost of meals - Guests		0			
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts	B	-397		Administrative & General	4
19	Vending machines	B	-1,655		Dietary	8
20	Income from imposition of interest, finance or penalty charges		0			
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0		Utilization Review	82
23	Depreciation -- buildings and fixtures		0		Cap Rel Costs - Bldgs & Fixtures	1
24	Depreciation -- movable equipment		0		Cap Rel Costs - Movable Equipment	2
25	Bad Debt	A	-197,588		Administrative & General	4
26	Misc. Income	B	-806		Administrative & General	4
27	Management Fees	A	-675,066		Administrative & General	4
28	Misc. Income AL	B	-182,355		ASSISTED LIVING	95.04
29	Advertising	A	-39,084		Administrative & General	4
31	Dues	A	-6,289		Administrative & General	4
			=====			
100	TOTAL		-1,265,054			

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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Statement of Costs of Services from Related Organizations and Home Office Costs

I. Costs Incurred And Adjustments Required As A Result Of Transactions With Related Organizations Or Claimed Home Office Costs:

CMS #	Line No.	Cost Center	Expense Items	Amount	Amount	Adjustments
				Allowable In Cost	Included in Wkst A col 5	
	1	2	3	4	5	6
10	TOTALS			0	0	0

II. Interrelationship To Related Organization(s) And/Or Home Office:

The Secretary, by virtue of authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities and supplies furnished by organizations related to you by common ownership or control, represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider
- B. Corporation, partnership or other organization has financial interest in provider
- C. Provider has financial interest in corporation, partnership, or other organization
- D. Director, officer, administrator or key person of provider or relative of such person has financial interest in related organization
- E. Individual is director, officer, administrator, or key person of provider and related organization
- F. Director, officer, administrator or key person of related organization or relative of such person has financial interest in provider
- G. Other:

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation	Profess- ional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
		3	4	5	6	7	8	9
100	Total	0	0	0		0	0	0

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance Col 14	Provider Component Share of Col 14	Adjusted RCE Limit	RCE Dis- allowance	Adjustment
		12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Dollar Value)	Employee Benefits (Gross Salaries)	SubTotal	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	House- keeping (Hours of Service)
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	2,179,992	2,179,992							
2 Cap Rel Costs - Movable Equipment	510,233		510,233						
3 Employee Benefits	1,890,272	0		1,890,272					
4 Administrative & General	1,500,453	350,198	81,965	178,415	2,111,031	2,111,031			
5 Plant Operation, Maint. & Repairs	2,347,737	432,444	101,215	100,026	2,981,422	374,285	3,355,707		
6 Laundry & Linen Service	164,218	39,045	9,136	16,181	228,580	28,696	93,765	351,041	
7 Housekeeping	742,237	36,321	8,501	130,737	917,796	115,219	87,225	0	1,120,240
8 Dietary	1,992,872	505,688	118,358	257,863	2,874,781	360,897	1,214,399	0	0
9 Nursing Administration	823,955	0	0	173,700	997,655	125,245	0	0	0
10 Central Services & Supply	301,924	44,348	10,380	7,413	364,065	45,704	106,501	0	0
11 Pharmacy	249,547	0	0	0	249,547	31,328	0	0	0
12 Medical Records & Library	0	0	0	0	0	0	0	0	0
13 Social Service	245,726	3,268	765	53,180	302,939	38,031	7,848	0	0
14 Nursing and Allied Health Education	0	0	0	0	0	0	0	0	0
15 Other General Service Cost	0	0	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	3,856,004	726,710	170,089	501,992	5,254,795	659,690	1,745,183	351,041	1,120,240
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	7,475	0	0	0	7,475	938	0	0	0
41 Laboratory	29,006	0	0	0	29,006	3,641	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	425,375	13,474	3,154	78,603	520,606	65,356	32,356	0	0
45 Occupational Therapy	241,819	13,474	3,154	52,334	310,781	39,015	32,356	0	0
46 Speech Pathology	111,338	0	0	24,096	135,434	17,002	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	17,620,183	2,164,970	506,717	1,574,540	17,285,913	1,905,047	3,319,633	351,041	1,120,240
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	15,022	3,516	0	18,538	2,327	36,074	0	0
92 Physicians Private Offices	30,000	0	0	0	30,000	3,766	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01 Dental	0	0	0	0	0	0	0	0	0
95.02 DAYCARE	0	0	0	0	0	0	0	0	0
95.03 INDEPENDENT LIVING	21,118	0	0	4,570	25,688	3,225	0	0	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	Adjustments 17	Total 18
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
ANCILLARY SERVICE COST CENTERS		
30	0	15,569,014
31	0	0
33	0	0
OTHER REIMBURSABLE COST CENTERS		
40	0	8,413
41	0	32,647
42	0	0
43	0	0
44	0	618,318
45	0	382,152
46	0	152,436
47	0	0
48	0	0
49	0	280,875
50	0	0
SPECIAL PURPOSE COST CENTERS		
51	0	0
52	0	0
NON-REIMBURSABLE COST CENTERS		
60	0	0
63	0	0
70	0	0
71	0	0
74	0	0
84	0	0
89	0	17,043,855
90	0	0
91	0	56,939
92	0	33,766
93	0	0
94	0	0
95	0	0
95.01	0	0
95.02	0	0
95.03	0	28,913

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Dollar Value) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Pounds of Laundry) 6	House- keeping (Hours of Service) 7
95.04 ASSISTED LIVING	657,070	0	0	181,668	838,738	105,294	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	598,346	0	0	129,494	727,840	91,372	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	18,926,717	2,179,992	510,233	1,890,272	18,926,717	2,111,031	3,355,707	351,041	1,120,240

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Direct Nrsing Hrs) 9	Central Services & Supply (Costed Requis.) 10	Pharmacy (Costed Requis.) 11	Medical Records & Library (Time Spent) 12	Social Service (Time Spent) 13	Nursing & Allied Health Ed. (Assigned Time) 14	Other General Service (Cost) 15	SubTotal 16
95.04 ASSISTED LIVING	0	0	0	0	0	0	0	0	944,032
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0	0	819,212
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	4,450,077	1,122,900	516,270	280,875	0	348,818	0	0	18,926,717

PREMIER CADBURY, LLC
Provider CCN: 31-5183
Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	Adjustments	Total
	17	18
95.04 ASSISTED LIVING	0	944,032
95.05 LONG-TERM VENTILATOR	0	0
95.06 HHA	0	819,212
98 Cross Foot Adjustments	0	0
99 Negative Cost Center	0	0
100 TOTAL	0	18,926,717

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Dollar Value)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	House- keeping (Hours of Service)
	0	1	2	2A	3	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	13,986	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	0	0	0	0				
4 Administrative & General	1,587	350,198	81,965	433,750	0	433,750			
5 Plant Operation, Maint. & Repairs	1,471	432,444	101,215	535,130	0	76,903	612,033		
6 Laundry & Linen Service	407	39,045	9,136	48,588	0	5,896	17,101	71,585	
7 Housekeeping	0	36,321	8,501	44,822	0	23,674	15,909	0	84,405
8 Dietary	2,223	505,688	118,358	626,269	0	74,152	221,489	0	0
9 Nursing Administration	333	0	0	333	0	25,734	0	0	0
10 Central Services & Supply	0	44,348	10,380	54,728	0	9,391	19,424	0	0
11 Pharmacy	0	0	0	0	0	6,437	0	0	0
12 Medical Records & Library	96	0	0	96	0	0	0	0	0
13 Social Service	0	3,268	765	4,033	0	7,814	1,431	0	0
14 Nursing and Allied Health Education	0	0	0	0	0	0	0	0	0
15 Other General Service Cost	0	0	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	7,551	726,710	170,089	904,350	0	135,547	318,298	71,585	84,405
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	193	0	0	0
41 Laboratory	0	0	0	0	0	748	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	159	13,474	3,154	16,787	0	13,429	5,901	0	0
45 Occupational Therapy	159	13,474	3,154	16,787	0	8,016	5,901	0	0
46 Speech Pathology	0	0	0	0	0	3,493	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	27,972	2,164,970	506,717	2,685,673	0	391,427	605,454	71,585	84,405
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	15,022	3,516	18,538	0	478	6,579	0	0
92 Physicians Private Offices	0	0	0	0	0	774	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01 Dental	0	0	0	0	0	0	0	0	0
95.02 DAYCARE	0	0	0	0	0	0	0	0	0
95.03 INDEPENDENT LIVING	0	0	0	0	0	663	0	0	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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ALLOCATION OF CAPITAL - RELATED COSTS

	Adjustments 17	Total 18
1	Cap Rel Costs - Bldgs & Fixtures	
2	Cap Rel Costs - Movable Equipment	
3	Employee Benefits	
4	Administrative & General	
5	Plant Operation, Maint. & Repairs	
6	Laundry & Linen Service	
7	Housekeeping	
8	Dietary	
9	Nursing Administration	
10	Central Services & Supply	
11	Pharmacy	
12	Medical Records & Library	
13	Social Service	
14	Nursing and Allied Health Education	
15	Other General Service Cost	
	ANCILLARY SERVICE COST CENTERS	
30	Skilled Nursing Facility	2,558,983
31	Nursing Facility	0
33	Other Long Term Care	0
	OTHER REIMBURSABLE COST CENTERS	
40	Radiology	193
41	Laboratory	748
42	Intravenous Therapy	0
43	Oxygen (Inhalation) Therapy	0
44	Physical Therapy	36,117
45	Occupational Therapy	30,704
46	Speech Pathology	3,493
47	Electrocardiology	96
48	Medical Supplies Charged to Patients	0
49	Drugs Charged to Patients	6,437
50	Dental Care - Title XIX only	0
	SPECIAL PURPOSE COST CENTERS	
51	Support Surfaces	0
52	Other Ancillary Service Cost Center	0
	NON-REIMBURSABLE COST CENTERS	
60	Clinic	0
63	Other Outpatient Service Cost	0
70	Home Health Agency Cost	0
71	Ambulance	0
74	Other Reimbursable Cost	0
84	Other Special Purpose Cost	0
89	Subtotals	2,636,771
90	Gift, Flower, Coffee Shops & Canteen	0
91	Barber and Beauty Shop	25,595
92	Physicians Private Offices	774
93	Nonpaid Workers	0
94	Patients Laundry	0
95	Other Non Reimbursable Cost	0
95.01	Dental	0
95.02	DAYCARE	0
95.03	INDEPENDENT LIVING	663

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Dollar Value)	SubTotal 2A	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	House- keeping (Hours of Service)
	0	1	2	2A	3	4	5	6	7
95.04 ASSISTED LIVING	0	0	0	0	0	21,634	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	18,774	0	0	0
98 Cross Foot Adjustments		0	0		0	0	0	0	0
99 Negative Cost Center		0	0		0	0	0	0	0
100 TOTAL	27,972	2,179,992	510,233	2,704,211	0	433,750	612,033	71,585	84,405

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

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ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Direct Nrsing Hrs) 9	Central Services & Supply (Costed Requis.) 10	Pharmacy (Costed Requis.) 11	Medical Records & Library (Time Spent) 12	Social Service (Time Spent) 13	Nursing & Allied Health Ed. (Assigned Time) 14	Other General Service (Cost) 15	SubTotal 16
95.04 ASSISTED LIVING	0	0	0	0	0	0	0	0	21,634
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0	0	18,774
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	
99 Negative Cost Center	0	0	0	0	0	0	0	0	
100 TOTAL	921,910	26,067	83,543	6,437	96	13,278	0	0	2,704,211

PREMIER CADBURY, LLC
Provider CCN: 31-5183
Period from 1/1/2021 to 12/31/2021

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ALLOCATION OF CAPITAL - RELATED COSTS

	Adjustments	Total
	17	18
95.04 ASSISTED LIVING	0	21,634
95.05 LONG-TERM VENTILATOR	0	0
95.06 HHA	0	18,774
98 Cross Foot Adjustments	0	
99 Negative Cost Center	0	
100 TOTAL	0	2,704,211

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Monday, May 23, 2022 at 4:47:44 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Direct Nrsing Hrs)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	Medical Records & Library (Time Spent)	Social Service (Time Spent)	Nursing & Allied Health Ed. (Assigned Time)	Other General Service (Cost)
	9	10	11	12	13	14	15
1	Cap Rel Costs - Bldgs & Fixtures						
2	Cap Rel Costs - Movable Equipment						
3	Employee Benefits						
4	Administrative & General						
5	Plant Operation, Maint. & Repairs						
6	Laundry & Linen Service						
7	Housekeeping						
8	Dietary						
9	Nursing Administration	50,000					
10	Central Services & Supply	0	301,924				
11	Pharmacy	0	0	249,547			
12	Medical Records & Library	0	0	0	0		
13	Social Service	0	0	0	0	387,700	
14	Nursing and Allied Health Education	0	0	0	0	0	0
15	Other General Service Cost	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
30	Skilled Nursing Facility	50,000	301,924	0	0	387,700	0
31	Nursing Facility	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
40	Radiology	0	0	0	0	0	0
41	Laboratory	0	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0	0
45	Occupational Therapy	0	0	0	0	0	0
46	Speech Pathology	0	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	249,547	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
51	Support Surfaces	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS							
60	Clinic	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0
89	Subtotal	50,000	301,924	249,547	0	387,700	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0
95.01	Dental	0	0	0	0	0	0
95.02	DAYCARE	0	0	0	0	0	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Monday, May 23, 2022 at 4:47:45 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Dollar Value) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Pounds of Laundry) 6	House- keeping (Hours of Service) 7	Dietary (Meals Served) 8
95.03 INDEPENDENT LIVING	0	0	21,118	0	25,688	0	0	0	0
95.04 ASSISTED LIVING	0	0	839,425	0	838,738	0	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	598,346	0	727,840	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	2,179,992	510,233	1,890,272	0	2,111,031	3,355,707	351,041	1,120,240	4,450,077
103 Unit Cost Multiplier per Bp1	28.667131	1.000000	0.216420	0.000000	0.125539	68.843488	0.457681	30.691507	40.272190
104 Cost to be Allocated per Bp2	0	0	0	0	433,750	612,033	71,585	84,405	921,910
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.025794	12.556068	0.093331	2.312466	8.343077

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Monday, May 23, 2022 at 4:47:45 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Direct Nrsing Hrs) 9	Central Services & Supply (Costed Requis.) 10	Pharmacy (Costed Requis.) 11	Medical Records & Library (Time Spent) 12	Social Service (Time Spent) 13	Nursing & Allied Health Ed. (Assigned Time) 14	Other General Service (Cost) 15
95.03 INDEPENDENT LIVING	0	0	0	0	0	0	0
95.04 ASSISTED LIVING	0	0	0	0	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	1,122,900	516,270	280,875	0	348,818	0	0
103 Unit Cost Multiplier per Bp1	22.458000	1.709934	1.125539	0.000000	0.899711	0.000000	0.000000
104 Cost to be Allocated per Bp2	26,067	83,543	6,437	96	13,278	0	0
105 Unit Cost Multiplier per Bp2	0.521340	0.276702	0.025795	0.000000	0.034248	0.000000	0.000000

PREMIER CADBURY, LLC
Provider CCN: 31-5183
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Monday, May 23, 2022 at 4:47:45 PM

Post Step Down Adjustments

Worksheet B

Description	Part No.	Line No.	Amount
1	2	3	4

#

Worksheet has no records.

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet C Monday, May 23, 2022 at 4:47:45 PM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	8,413	6,129	1.372655
41	Laboratory	32,647	19,871	1.642947
42	Intravenous Therapy	0	0	0.000000
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	618,318	1,465,999	0.421772
45	Occupational Therapy	382,152	1,654,148	0.231026
46	Speech Pathology	152,436	676,890	0.225201
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	0	0	0.000000
49	Drugs Charged to Patients	280,875	205,711	1.365386
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	1,474,841	4,028,748	

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Monday, May 23, 2022 at 4:47:45 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	1.372655	6,129	0	8,413	0
41	Laboratory	1.642947	13,984	0	22,975	0
42	Intravenous Therapy	0.000000	0	0	0	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.421772	715,123	0	301,619	0
45	Occupational Therapy	0.231026	832,070	0	192,230	0
46	Speech Pathology	0.225201	387,035	0	87,161	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	0.000000	0	0	0	0
49	Drugs Charged to Patients	1.365386	160,082	0	218,574	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	TOTAL		2,114,423	0	830,972	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Monday, May 23, 2022 at 4:47:45 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.365386
2	Program vaccine charges	3,450
3	Program costs	4,711

Part III - CALCULATION OF PASS-THROUGH COSTS FOR INTERNS AND RESIDENTS

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	8,413	0	8,413	0
41	Laboratory	32,647	0	22,975	0
42	Intravenous Therapy	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	618,318	0	301,619	0
45	Occupational Therapy	382,152	0	192,230	0
46	Speech Pathology	152,436	0	87,161	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	280,875	0	218,574	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	1,474,841	0	830,972	0

PREMIER CADBURY, LLC
Provider CCN: 31-5183
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Monday, May 23, 2022 at 4:47:45 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	41,838
2	Private room days	5,563
3	Inpatient days incl. Program prvt.	5,991
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	15,569,014
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	12,330,804
7	General Inpatient routine service RCC	1.262611
8	Private room charges	1,225,098
9	Avg. private room per diem charge	220.22
10	Semi-private room charges	11,105,706
11	Avg. semi-private room per diem charge	306.15
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	15,569,014
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	372.13
17	Program routine service cost	2,229,431
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,229,431
20	Capital related cost allocated to inpati	2,558,983
21	Per diem capital related costs	61.16
22	Program capital related cost	366,410
23	Inpatient routine service cost	1,863,021
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,863,021
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

PREMIER CADBURY, LLC
Provider CCN: 31-5183
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Monday, May 23, 2022 at 4:47:45 PM

Computation of Inpatient Routine Costs

Part II - Calculation of Inpatient Nursing & Allied Health Cost for PPS Pass-through
Skilled Nursing Facility
Title XVIII

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	41,838
2	Program inpatient days (see instructions)	5,991
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.143195
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet E Monday, May 23, 2022 at 4:47:45 PM

Calculation of Reimbursement Settlement
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	3,837,235
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	3,837,235
4	Primary payor amounts	0
5	Coinsurance	739,403
6	Reimbursable bad debts (From your records)	388,889
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	263,738
8	Adjusted reimbursable bad debts. (See instructions)	252,778
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	3,350,610
12	Interim payments (See instructions)	3,097,832
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	252,778
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

17	Ancillary services Part B	0
18	Vaccine cost	4,711
19	Total reasonable costs	4,711
20	Medicare Part B ancillary charges	3,450
21	Cost of covered services	3,450
22	Primary payor amounts	0
23	Coinsurance and deductibles	0
24	Reimbursable bad debts	0
24.01	Reimbursable bad debts for dual eligible beneficiaries (see inst)	0
24.02	Adjusted reimbursable bad debts (see instructions)	0

25	Subtotal	3,450
26	Interim adjustment	3,450
27	Tentative adjustment	0
28	Other adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0

29	Balance due provider/program	0
30	Protested amounts (Nonallowable cost report items)	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet E-1 Monday, May 23, 2022 at 4:47:45 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		3,097,832		3,450
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		3,097,832		3,450

TO BE COMPLETED BY CONTRACTOR

5	Items Below for INTERMEDIARIES:				
5.01	Settlement ... to Provider		0		0
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	Settlement ... to Program		0		0
5.99	SUBTOTAL		0		0
6.01	Net settlement ... to Provider		0		0
6.50	Net settlement ... to Program		0		0
7	TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: _____ Contractor Number: _____

8 Name of Contractor/Number 0 0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet G Monday, May 23, 2022 at 4:47:45 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	420,048	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,997,694	0	0	0
5	Other receivables	0	0	0	0
6	Less: allowances for uncollectible notes and accounts receivable	695,119	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	149,135	0	0	0
9	Other current assets	3,546,330	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	6,418,088	0	0	0
FIXED ASSETS					
12	Land	0	0	0	0
13	Land improvements	207,520	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	0	0	0	0
16	Less: Accumulated depreciation	0	0	0	0
17	Leasehold improvements	1,326,539	0	0	0
18	Less: Accumulated amortization	271,139	0	0	0
19	Fixed equipment	0	0	0	0
20	Less: Accumulated depreciation	0	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	2,944,127	0	0	0
24	Less: Accumulated depreciation	1,389,748	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	TOTAL FIXED ASSETS	2,817,299	0	0	0
OTHER ASSETS					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	1,902,977	0	0	0
32	Other assets	80,986	0	0	0
33	TOTAL OTHER ASSETS	1,983,963	0	0	0
34	TOTAL ASSETS	11,219,350	0	0	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet G Monday, May 23, 2022 at 4:47:45 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT LIABILITIES					
35	Accounts payable	1,549,727	0	0	0
36	Salaries, wages & fees payable	790,723	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	157,509	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	193,648			
41	Due to other funds	333,845	0	0	0
42	Other current liabilities	1,092,546	0	0	0
43	TOTAL CURRENT LIABILITIES	4,117,998	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	0	0	0	0
45	Notes payable	110,506	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	1,906,788	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	2,017,294	0	0	0
51	TOTAL LIABILITIES	6,135,292	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	5,084,058			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	TOTAL FUND BALANCES	5,084,058	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	11,219,350	0	0	0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Monday, May 23, 2022 at 4:47:45 PM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		88394		0		0		0
2 Net income (loss)		5095666						
3 Total		5184060		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	0		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		0		0		0		0
11 Subtotal		5184060		0		0		0
12	0		0		0		0	
13 Withdrawals	100002		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		100002		0		0		0
19 Fund balances - ending		5084058		0		0		0

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Monday, May 23, 2022 at 4:47:45 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	12,330,804		12,330,804
2	Nursing Facility	0		0
4	Other Long Term Care	5,890,867		5,890,867
		-----	-----	-----
5	Total general Inpatient care services	18,221,671		18,221,671
	ALL OTHER CARE SERVICES			
6	Ancillary services	4,073,902	0	4,073,902
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13	Other (Specify)			
		=====	=====	=====
14	Total Patient Revenues	22,295,573	0	22,295,573

PREMIER CADBURY, LLC
Provider CCN: 31-5183
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Monday, May 23, 2022 at 4:47:45 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		20,191,771
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	
14	Total Deductions		0
15	Total Operating Expenses		20,191,771

PREMIER CADBURY, LLC
 Provider CCN: 31-5183
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Monday, May 23, 2022 at 4:47:45 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		22,295,573
2	Less: contractual allowances and ...		3,174,010
3	Net Patient Revenues (Line 1 - 2)		19,121,563
4	Less: total operating expenses		20,191,771
5	Net income from service to patients (Line 3 - 4)		-1,070,208
	Other Income:		
6	Contributions, donations, bequests, etc.		
7	Income from investments	1,259	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	158,870	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	0	
14	Revenue from meals sold to employees and guests	0	
15	Revenue from rental of living quarters	0	
16	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Other miscellaneous revenue (specify)	12,086	
24.01	Miscellaneous - Assisted Living	182,355	
24.02	Employee Retention Credits	3,546,330	
24.03	PPP Loan Forgiveness	1,826,930	
24.50	COVID-19 PHE Funding	562,848	

25	Total other income		6,290,678

26	Total		5,220,470
27	Other Expenses (specify)	124,804	
28		0	
29		0	

30	Total other expenses		124,804

31	Net income (or loss) for the period		5,095,666
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