

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

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

Worksheet S Monday, June 3, 2024 at 3:44:36 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 Concord Healthcare & Rehab Center (31-5275) for the cost report period beginning January 1, 2023 and ending December 31, 2023, 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 OR ADMINISTRATOR	CHECKBOX	
	1	2
1 _____	<input type="checkbox"/>	<input type="checkbox"/>

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.

- 2 |Printed name _____
 3 |Title _____
 4 |Signature date _____

PART III - SETTLEMENT SUMMARY

CMS #	SNF	Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1		0	15,250	0	0
100	Total	0	15,250	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.

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part I Monday, June 3, 2024 at 3:44:36 PM

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: 963 Ocean Ave
 2 City / State / Zip: LAKEWOOD NJ 08701
 3 County / CBSA Code / Urban/Rural: Ocean 35154 Urban

Payment System
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
					4	5	6
4	SNF	Concord Healthcare & Rehab Cent	31-5275	03/24/1988		P	
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)		01/01/2023	12/31/2023			
15	Type of Control (See Instructions)			6			

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 137,468
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 137,468
 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
	No	No	
29 Skilled Nursing Facility			
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? N
 38 Are you legally-required to carry malpractice insurance? N
 Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If
 39 policy is "occurrence", enter 2.
 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per
 40 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
 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
 43 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

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part II Monday, June 3, 2024 at 3:44:36 PM

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.	N		
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
APPROVED 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)	Y	05/24/2024	Y 05/24/2024
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.	N		N
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	Connor	Pliskin	Preparer
20	Employer.	Zimmet Healthcare Services Group LLC		
21	Telephone number/Email address.	732-970-0733	costreports@zhealthcare.com	

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part I Monday, June 3, 2024 at 3:44:36 PM

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	5,606	16,246	14,208	36,060
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	5,606	16,246	14,208	36,060

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	137	48	131	316	0.00	40.92	338.46	114.11
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	137	48	131	316	0.00	40.92	338.46	114.11

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	176	31	100	307	88.38	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	176	31	100	307	88.38	0

CONCORD HEALTHCARE & REHAB CENTER
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Worksheet S-3 Part II Monday, June 3, 2024 at 3:44:36 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		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	5,385,829	0	5,385,829	183,837.00	29.30
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)	5,385,829	0	5,385,829	183,837.00	29.30
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	0	0	0	0.00	
12	Subtotal Excluded salary (Sum of lines 7-11)	0	0	0	0.00	
13	Total Adjusted Salaries (Line 6 - 12)	5,385,829	0	5,385,829	183,837.00	29.30
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	1,404,704	0	1,404,704	36,952.00	38.01
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)	1,037,919	0	1,037,919		
18	Wage related costs (See Part IV)	0	0	0		
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	1,037,919	0	1,037,919		

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Worksheet S-3 Part III Monday, June 3, 2024 at 3:44:36 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	1,009,339	0	1,009,339	29,280	34.47
3	Plant Operation, Maint. & Repairs	133,324	0	133,324	5,901	22.59
4	Laundry & Linen Service	0	0	0	0	0.00
5	Housekeeping	25,721	0	25,721	1,771	14.52
6	Dietary	558,339	0	558,339	27,397	20.38
7	Nursing Administration	380,559	0	380,559	14,764	25.78
8	Central Services & Supply	0	0	0	0	0.00
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	0	0	0	0	0.00
11	Social Service	65,681	0	65,681	2,048	32.07
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	198,060	0	198,060	11,837	16.73
14	Total	2,371,023	0	2,371,023	92,998	25.50

CONCORD HEALTHCARE & REHAB CENTER
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Worksheet S-3 Part IV Monday, June 3, 2024 at 3:44:36 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	10,489
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)	303,935
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	20,778
11	Life Insurance (If employee is owner or beneficiary)	2,568
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	92,940
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	409,574
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	67,399
20	State or Federal Unemployment Taxes	6,030
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	124,206
		=====
24	Total Wage Related Cost (Lines 1-23)	1,037,919
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part V Monday, June 3, 2024 at 3:44:36 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)	607,623	117,097	724,720	14,694	49.32
2	Licensed Practical Nurses (LPNs)	804,507	155,039	959,546	20,013	47.95
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,012,617	195,144	1,207,761	43,203	27.96
4	Total Nursing (Sum of 1 - 3)	2,424,747	467,280	2,892,027	77,910	37.12
5	Physical Therapists	206,770	39,847	246,617	4,948	49.84
6	Physical Therapy Assistants	0	0	0	0	0.00
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	280,572	54,070	334,642	6,144	54.47
9	Occupational Therapy Assistants	0	0	0	0	39.47
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	102,717	19,795	122,512	1,836	66.73
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)	202,808		202,808	3,872	52.38
15	Licensed Practical Nurses (LPNs)	359,687		359,687	6,716	53.56
16	Certified Nursing Assistants/Nursing Assistants/Aides	842,209		842,209	26,364	31.95
17	Total Nursing (Sum of 14 - 16)	1,404,704		1,404,704	36,952	38.01
18	Physical Therapists	0		0	0	61.71
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	53.22
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	0		0	0	0.00

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

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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		1,042,372	1,042,372	0	1,042,372	0	1,042,372
2	Cap Rel Costs - Movable Equipment		137,957	137,957	0	137,957	0	137,957
3	Employee Benefits	0	1,049,251	1,049,251	0	1,049,251	0	1,049,251
4	Administrative & General	1,009,339	2,194,060	3,203,399	0	3,203,399	-687,578	2,515,821
5	Plant Operation, Maint. & Repairs	133,324	332,057	465,381	0	465,381	0	465,381
6	Laundry & Linen Service	0	5,855	5,855	0	5,855	0	5,855
7	Housekeeping	25,721	577,013	602,734	0	602,734	0	602,734
8	Dietary	558,339	598,024	1,156,363	0	1,156,363	-2,200	1,154,163
9	Nursing Administration	380,559	185,951	566,510	0	566,510	0	566,510
10	Central Services & Supply	0	169,795	169,795	0	169,795	0	169,795
11	Pharmacy	0	8,991	8,991	0	8,991	0	8,991
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	65,681	8,304	73,985	0	73,985	0	73,985
15	Activities	198,060	40,878	238,938	0	238,938	0	238,938
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	2,424,747	1,426,088	3,850,835	0	3,850,835	0	3,850,835
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	11,492	11,492	0	11,492	0	11,492
41	Laboratory	0	25,598	25,598	0	25,598	0	25,598
42	Intravenous Therapy	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	206,770	51,699	258,469	0	258,469	0	258,469
45	Occupational Therapy	280,572	2,710	283,282	0	283,282	0	283,282
46	Speech Pathology	102,717	0	102,717	0	102,717	0	102,717
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	228,342	228,342	0	228,342	0	228,342
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
81	Interest Expense		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	5,385,829	8,096,437	13,482,266	0	13,482,266	-689,778	12,792,488
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	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Dental	0	10,300	10,300	0	10,300	0	10,300
100	TOTAL	5,385,829	8,106,737	13,492,566	0	13,492,566	-689,778	12,802,788

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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

CONCORD HEALTHCARE & REHAB CENTER
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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	0	0	0	0	0
3	Buildings & Fixtures	0	0	0	0	0
4	Building Improvements	1,696,562	50,000	0	1,746,562	1,346,834
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	1,466,547	27,301	0	1,493,848	1,248,620
7	Subtotal	3,163,109	77,301	0	3,240,410	2,595,454
8	Reconciling Items	0	0	0	0	0
9	Total	3,163,109	77,301	0	3,240,410	2,595,454

CONCORD HEALTHCARE & REHAB CENTER
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Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-212,411	Administrative & General	4	4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
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		0			
14	Revenue - Employee meals		0			
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	-121	Administrative & General	4	4
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	B	-2,200	Dietary	8	8
22	Utilization review -- physicians' compensation		0	Utilization Review	82	82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures	1	1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment	2	2
25	Misc. Income	B	-4,000	Administrative & General	4	4
26	Promotional Advert. Joint	A	-141,825	Administrative & General	4	4
27	Promotional Advert. Direc	A	-1,800	Administrative & General	4	4
28	Admin&gen. Fines/penaltie	A	-680	Administrative & General	4	4
29	Contributions	A	-37,850	Administrative & General	4	4
30	BAD DEBT EXPENSE	A	-150,000	Administrative & General	4	4
31	Bad Debt Expense Part A	A	-138,626	Administrative & General	4	4
32	Political Action Fund	A	-265	Administrative & General	4	4
100	TOTAL		-689,778			

CONCORD HEALTHCARE & REHAB CENTER
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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	
10	1	2	3	4	5	6
	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:

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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	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

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COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	3	3A	4	5	6	7
1	1,042,372	1,042,372							
2	137,957		137,957						
3	1,049,251	7,575	1,002	1,057,828					
4	2,515,821	182,708	24,181	198,244	2,920,954	2,920,954			
5	465,381	35,873	4,748	26,186	532,188	157,308	689,496		
6	5,855	22,133	2,929	0	30,917	9,139	18,697	58,753	
7	602,734	14,592	1,931	5,052	624,309	184,538	12,326	0	821,173
8	1,154,163	84,927	11,240	109,663	1,359,993	401,998	71,742	0	89,468
9	566,510	17,215	2,278	74,746	660,749	195,309	14,542	0	18,135
10	169,795	8,034	1,063	0	178,892	52,878	6,786	0	8,463
11	8,991	0	0	0	8,991	2,658	0	0	0
12	0	6,656	881	0	7,537	2,228	5,623	0	7,012
13	73,985	11,411	1,510	12,900	99,806	29,501	9,639	0	12,021
15	238,938	0	0	38,901	277,839	82,126	0	0	0
ANCILLARY SERVICE COST CENTERS									
30	3,850,835	595,963	78,877	476,242	5,001,917	1,478,510	503,439	58,753	627,833
31	0	0	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40	11,492	0	0	0	11,492	3,397	0	0	0
41	25,598	0	0	0	25,598	7,566	0	0	0
42	0	0	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0	0	0
44	258,469	30,495	4,036	40,612	333,612	98,612	25,761	0	32,126
45	283,282	18,330	2,426	55,107	359,145	106,159	15,484	0	19,310
46	102,717	2,525	334	20,175	125,751	37,170	2,133	0	2,660
47	0	0	0	0	0	0	0	0	0
48	0	0	0	0	0	0	0	0	0
49	228,342	3,935	521	0	232,798	68,812	3,324	0	4,145
50	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51	0	0	0	0	0	0	0	0	0
52	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60	0	0	0	0	0	0	0	0	0
63	0	0	0	0	0	0	0	0	0
70	0	0	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0	0	0
74	0	0	0	0	0	0	0	0	0
84	0	0	0	0	0	0	0	0	0
89	12,792,488	1,042,372	137,957	1,057,828	12,792,488	2,917,909	689,496	58,753	821,173
90	0	0	0	0	0	0	0	0	0
91	0	0	0	0	0	0	0	0	0
92	0	0	0	0	0	0	0	0	0
93	0	0	0	0	0	0	0	0	0
94	0	0	0	0	0	0	0	0	0
95	10,300	0	0	0	10,300	3,045	0	0	0
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
100	12,802,788	1,042,372	137,957	1,057,828	12,802,788	2,920,954	689,496	58,753	821,173

CONCORD HEALTHCARE & REHAB CENTER
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COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
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	1,923,201								
9 Nursing Administration	0	888,735							
10 Central Services & Supply	0	0	247,019						
11 Pharmacy	0	0	0	11,649					
12 Medical Records & Library	0	0	0	0	22,400				
13 Social Service	0	0	0	0	0	150,967			
15 Activities	0	0	0	0	0	0	359,965		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	961,600	444,368	123,509	5,825	11,200	75,484	179,982	9,472,420	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	961,601	444,367	123,510	5,824	11,200	75,483	179,983	1,801,968	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	14,889	0
41 Laboratory	0	0	0	0	0	0	0	33,164	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	0	0	0	0	0	0	0	490,111	0
45 Occupational Therapy	0	0	0	0	0	0	0	500,098	0
46 Speech Pathology	0	0	0	0	0	0	0	167,714	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	309,079	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	1,923,201	888,735	247,019	11,649	22,400	150,967	359,965	12,789,443	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0	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 Dental	0	0	0	0	0	0	0	13,345	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	1,923,201	888,735	247,019	11,649	22,400	150,967	359,965	12,802,788	0

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COST ALLOCATION - GENERAL SERVICE COSTS

	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	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	9,472,420
31 Nursing Facility	0
33 Other Long Term Care	1,801,968
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	14,889
41 Laboratory	33,164
42 Intravenous Therapy	0
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	490,111
45 Occupational Therapy	500,098
46 Speech Pathology	167,714
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	309,079
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	12,789,443
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	0
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Dental	13,345
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	12,802,788

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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1 Cap Rel Costs - Bldgs & Fixtures	0	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	7,575	1,002	8,577	8,577				
4 Administrative & General	0	182,708	24,181	206,889	1,608	208,497			
5 Plant Operation, Maint. & Repairs	0	35,873	4,748	40,621	212	11,229	52,062		
6 Laundry & Linen Service	0	22,133	2,929	25,062	0	652	1,412	27,126	
7 Housekeeping	0	14,592	1,931	16,523	41	13,172	931	0	
8 Dietary	0	84,927	11,240	96,167	889	28,694	5,417	0	
9 Nursing Administration	0	17,215	2,278	19,493	606	13,941	1,098	0	
10 Central Services & Supply	0	8,034	1,063	9,097	0	3,774	512	0	
11 Pharmacy	0	0	0	0	0	190	0	0	
12 Medical Records & Library	0	6,656	881	7,537	0	159	425	0	
13 Social Service	0	11,411	1,510	12,921	105	2,106	728	0	
15 Activities	0	0	0	0	316	5,862	0	0	
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	595,963	78,877	674,840	3,860	105,537	38,013	27,126	23,447
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	242	0	0	0
41 Laboratory	0	0	0	0	0	540	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	0	30,495	4,036	34,531	329	7,039	1,945	0	1,200
45 Occupational Therapy	0	18,330	2,426	20,756	447	7,578	1,169	0	721
46 Speech Pathology	0	2,525	334	2,859	164	2,653	161	0	99
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	3,935	521	4,456	0	4,912	251	0	155
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	0	1,042,372	137,957	1,180,329	8,577	208,280	52,062	27,126	30,667
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0	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 Dental	0	0	0	0	0	217	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	0	1,042,372	137,957	1,180,329	8,577	208,497	52,062	27,126	30,667

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ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
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	134,508								
9 Nursing Administration	0	35,815							
10 Central Services & Supply	0	0	13,699						
11 Pharmacy	0	0	0	190					
12 Medical Records & Library	0	0	0	0	8,383				
13 Social Service	0	0	0	0	0	16,309			
15 Activities	0	0	0	0	0	0	6,178		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	67,254	17,907	6,850	95	4,191	8,154	3,089	980,363	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	67,254	17,908	6,849	95	4,192	8,155	3,089	107,542	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	242	0
41 Laboratory	0	0	0	0	0	0	0	540	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	0	0	0	0	0	0	0	45,044	0
45 Occupational Therapy	0	0	0	0	0	0	0	30,671	0
46 Speech Pathology	0	0	0	0	0	0	0	5,936	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	9,774	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	134,508	35,815	13,699	190	8,383	16,309	6,178	1,180,112	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0	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 Dental	0	0	0	0	0	0	0	217	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	134,508	35,815	13,699	190	8,383	16,309	6,178	1,180,329	0

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ALLOCATION OF CAPITAL - RELATED COSTS

	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	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	980,363
31 Nursing Facility	0
33 Other Long Term Care	107,542
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	242
41 Laboratory	540
42 Intravenous Therapy	0
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	45,044
45 Occupational Therapy	30,671
46 Speech Pathology	5,936
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	9,774
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	1,180,112
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	0
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Dental	217
98 Cross Foot Adjustments	
99 Negative Cost Center	
100 TOTAL	1,180,329

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Monday, June 3, 2024 at 3:44:36 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 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 (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
1	Cap Rel Costs - Bldgs & Fixtures	31,789								
2	Cap Rel Costs - Movable Equipment		31,789							
3	Employee Benefits	231	5,385,829							
4	Administrative & General	5,572	1,009,339	-2,920,954	9,881,834					
5	Plant Operation, Maint. & Repairs	1,094	133,324	0	532,188	24,892				
6	Laundry & Linen Service	675	0	0	30,917	675	36,060			
7	Housekeeping	445	25,721	0	624,309	445	0	23,772		
8	Dietary	2,590	558,339	0	1,359,993	2,590	0	2,590	216,360	
9	Nursing Administration	525	380,559	0	660,749	525	0	525	0	
10	Central Services & Supply	245	0	0	178,892	245	0	245	0	
11	Pharmacy	0	0	0	8,991	0	0	0	0	
12	Medical Records & Library	203	0	0	7,537	203	0	203	0	
13	Social Service	348	65,681	0	99,806	348	0	348	0	
15	Activities	0	198,060	0	277,839	0	0	0	0	
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	18,175	2,424,747	0	5,001,917	18,175	36,060	18,175	108,180	
31	Nursing Facility	0	0	0	0	0	0	0	0	
33	Other Long Term Care	0	0	0	0	0	0	0	108,180	
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	11,492	0	0	0	0	
41	Laboratory	0	0	0	25,598	0	0	0	0	
42	Intravenous Therapy	0	0	0	0	0	0	0	0	
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	
44	Physical Therapy	930	206,770	0	333,612	930	0	930	0	
45	Occupational Therapy	559	280,572	0	359,145	559	0	559	0	
46	Speech Pathology	77	102,717	0	125,751	77	0	77	0	
47	Electrocardiology	0	0	0	0	0	0	0	0	
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	
49	Drugs Charged to Patients	120	0	0	232,798	120	0	120	0	
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	0	0	0	0	
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	
71	Ambulance	0	0	0	0	0	0	0	0	
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0	
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	
89	Subtotal	31,789	31,789	5,385,829	-2,920,954	9,871,534	24,892	36,060	23,772	216,360
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	
91	Barber and Beauty Shop	0	0	0	0	0	0	0	0	
92	Physicians Private Offices	0	0	0	0	0	0	0	0	
93	Nonpaid Workers	0	0	0	0	0	0	0	0	
94	Patients Laundry	0	0	0	0	0	0	0	0	
95	Dental	0	0	0	10,300	0	0	0	0	
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	
99	Negative Cost Center	0	0	0	0	0	0	0	0	
102	Cost to be Allocated per Bp1	1,042,372	137,957	1,057,828	0	2,920,954	689,496	58,753	821,173	1,923,201

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Monday, June 3, 2024 at 3:44:36 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 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	72,120					
10 Central Services & Supply	0	72,120				
11 Pharmacy	0	0	72,120			
12 Medical Records & Library	0	0	0	72,120		
13 Social Service	0	0	0	0	72,120	
15 Activities	0	0	0	0	0	72,120
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	36,060	36,060	36,060	36,060	36,060	36,060
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	36,060	36,060	36,060	36,060	36,060	36,060
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	0	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	72,120	72,120	72,120	72,120	72,120	72,120
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 Dental	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	888,735	247,019	11,649	22,400	150,967	359,965

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Monday, June 3, 2024 at 3:44:36 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 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 (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
103	Unit Cost Multiplier per Bp1	32.790336	4.339772	0.196410	0.000000	0.295588	27.699502	1.629312	34.543707	8.888894
104	Cost to be Allocated per Bp2	0	0	8,577	0	208,497	52,062	27,126	30,667	134,508
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.001593	0.000000	0.021099	2.091515	0.752246	1.290047	0.621686

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Monday, June 3, 2024 at 3:44:36 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	
103	Unit Cost Multiplier per Bp1	12.323003	3.425111	0.161522	0.310593	2.093275	4.991195
104	Cost to be Allocated per Bp2	35,815	13,699	190	8,383	16,309	6,178
105	Unit Cost Multiplier per Bp2	0.496603	0.189947	0.002634	0.116237	0.226137	0.085663

CONCORD HEALTHCARE & REHAB CENTER
Provider CCN: 31-5275
Period from 1/1/2023 to 12/31/2023

Worksheet B-2 Monday, June 3, 2024 at 3:44:36 PM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet C Monday, June 3, 2024 at 3:44:36 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	14,889	11,492	1.295597
41	Laboratory	33,164	25,598	1.295570
42	Intravenous Therapy	0	0	0.000000
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	490,111	441,626	1.109787
45	Occupational Therapy	500,098	375,194	1.332905
46	Speech Pathology	167,714	297,433	0.563872
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	0	0	0.000000
49	Drugs Charged to Patients	309,079	228,342	1.353579
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	1,515,055	1,379,685	

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part I Monday, June 3, 2024 at 3:44:36 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	1.295597	0	0	0	0
41	Laboratory	1.295570	11,392	0	14,759	0
42	Intravenous Therapy	0.000000	0	0	0	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	1.109787	213,162	0	236,564	0
45	Occupational Therapy	1.332905	218,102	0	290,709	0
46	Speech Pathology	0.563872	158,486	0	89,366	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	1.353579	106,203	0	143,754	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		707,345	0	775,152	0

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part II Monday, June 3, 2024 at 3:44:36 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.353579
2	Program vaccine charges	0
3	Program costs	0

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	0	0.000000	0	0
41	Laboratory	0	0	14,759	0
42	Intravenous Therapy	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	236,564	0
45	Occupational Therapy	0	0	290,709	0
46	Speech Pathology	0	0	89,366	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	143,754	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	775,152	0

CONCORD HEALTHCARE & REHAB CENTER
Provider CCN: 31-5275
Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Monday, June 3, 2024 at 3:44:36 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	36,060
2	Private room days	0
3	Inpatient days incl. Program prvt.	5,606
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	9,472,420
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,569,680
7	General Inpatient routine service RCC	6.034619
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
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	9,472,420
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	262.68
17	Program routine service cost	1,472,584
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	1,472,584
20	Capital related cost allocated to inpati	980,363
21	Per diem capital related costs	27.19
22	Program capital related cost	152,427
23	Inpatient routine service cost	1,320,157
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,320,157
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

CONCORD HEALTHCARE & REHAB CENTER
Provider CCN: 31-5275
Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Monday, June 3, 2024 at 3:44:36 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)	36,060
2	Program inpatient days (see instructions)	5,606
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.155463
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet E Monday, June 3, 2024 at 3:44:36 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)	4,230,705
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	4,230,705
4	Primary payor amounts	0
5	Coinsurance	748,600
6	Reimbursable bad debts (From your records)	290,636
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	197,847
8	Adjusted reimbursable bad debts. (See instructions)	188,913
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	3,671,018
12	Interim payments (See instructions)	3,582,348
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)	3,778
14.99	Sequestration adjustment (See instructions)	69,642
15	Balance due provider/program	15,250
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	0
19	Total reasonable costs	0
20	Medicare Part B ancillary charges	0
21	Cost of covered services	0
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	0
26	Interim adjustment	0
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

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet E-1 Monday, June 3, 2024 at 3:44:36 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ----		----- Part B -----	
		Mo/Day/Year	Amount	Mo/Day/Year	Amount
		1	2	3	4
1	Total interim payments paid to provider		3,573,842		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider	07/21/2023	8,506		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		8,506		0
4	TOTAL INTERIM PAYMENTS		3,582,348		0

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

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet G Monday, June 3, 2024 at 3:44:36 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	125,402	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,406,222	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	661,401	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	234,832	0	0	0
9	Other current assets	58,184	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	1,163,239	0	0	0
FIXED ASSETS					
12	Land	0	0	0	0
13	Land improvements	0	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	1,746,562	0	0	0
18	Less: Accumulated amortization	2,728,136	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	1,493,848	0	0	0
24	Less: Accumulated depreciation	0	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	1,294,288	0	0	0
28	TOTAL FIXED ASSETS	1,806,562	0	0	0
OTHER ASSETS					
29	Investments	981,778	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	0	0	0	0
33	TOTAL OTHER ASSETS	981,778	0	0	0
34	TOTAL ASSETS	3,951,579	0	0	0

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet G Monday, June 3, 2024 at 3:44:36 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	1,183,101	0	0	0
36	Salaries, wages & fees payable	0	0	0	0
37	Payroll taxes payable	31,086	0	0	0
38	Notes & loans payable (short term)	0	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	1,938,728	0	0	0
43	TOTAL CURRENT LIABILITIES	3,152,915	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	0	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	0	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	0	0	0	0
51	TOTAL LIABILITIES	3,152,915	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	798,664			
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	798,664	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	3,951,579	0	0	0

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet G-1 Monday, June 3, 2024 at 3:44:36 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		1582878		0		0		0
2 Net income (loss)		422158						
3 Total		2005036		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		2005036		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	1206372		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		1206372		0		0		0
19 Fund balances - ending		798664		0		0		0

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part I Monday, June 3, 2024 at 3:44:36 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	13,626,899		13,626,899
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	13,626,899		13,626,899
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,297,665	0	1,297,665
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	14,924,564	0	14,924,564

CONCORD HEALTHCARE & REHAB CENTER
Provider CCN: 31-5275
Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part II Monday, June 3, 2024 at 3:44:36 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		13,492,566
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		13,492,566

CONCORD HEALTHCARE & REHAB CENTER
 Provider CCN: 31-5275
 Period from 1/1/2023 to 12/31/2023

Worksheet G-3 Monday, June 3, 2024 at 3:44:36 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		14,924,564
2	Less: contractual allowances and ...		1,148,035
3	Net Patient Revenues (Line 1 - 2)		13,776,529
4	Less: total operating expenses		13,492,566
5	Net income from service to patients (Line 3 - 4)		283,963
	Other Income:		
6	Contributions, donations, bequests, etc.		0
7	Income from investments	131,874	
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		0
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	121	
19	Tuition (fees, sales of textbooks, uniforms, etc)		0
20	Revenue from gifts, flowers, coffee shops, canteen		0
21	Rental of vending machines	2,200	
22	Rental of skilled nursing space		0
23	Government appropriations		0
24	Barber & Beauty		0
24.01	Other Income	4,000	
24.02			0
24.03			0
24.04			0
24.05	PPP Forgiveness		0
24.06			0
24.50	COVID-19 PHE Funding		0
25	Total other income		138,195
26	Total		422,158
27	Other Expenses (specify)		0
28			0
29			0
29.01			0
30	Total other expenses		0
31	Net income (or loss) for the period		422,158

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)

FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2023

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INDEPENDENT AUDITORS' REPORT

To the Members of
Concord Healthcare, L.L.C.
d/b/a Concord Healthcare & Rehabilitation Center

Opinion

We have audited the accompanying financial statements of Concord Healthcare, L.L.C. d/b/a Concord Healthcare & Rehabilitation Center (a limited liability company), which comprise the balance sheet as of December 31, 2023, and the related statements of earnings and members' equity, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Concord Healthcare, L.L.C. d/b/a Concord Healthcare & Rehabilitation Center as of December 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Concord Healthcare, L.L.C. d/b/a Concord Healthcare & Rehabilitation Center and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Concord Healthcare, L.L.C. d/b/a Concord Healthcare & Rehabilitation Center's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Concord Healthcare, L.L.C. d/b/a Concord Healthcare & Rehabilitation Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Concord Healthcare, L.L.C. d/b/a Concord Healthcare & Rehabilitation Center's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Brand Sonnenschein LLP

November 19, 2024

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
BALANCE SHEET
AT DECEMBER 31, 2023

ASSETS

Current assets

Cash and cash equivalents (note 2)	\$ 249,788
Restricted cash - patient funds (note 2)	27,490
Investments (note 3)	981,778
Accounts receivable - net of allowance of \$112,200	1,294,023
Prepaid expenses and other	300,516
Total current assets	<u>2,853,595</u>

Property and equipment - net (note 4)	1,806,606
Due from related entities (note 11)	712,249
Right-of-use asset (note 6)	7,742,032

TOTAL ASSETS	<u><u>\$ 13,114,482</u></u>
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LIABILITIES AND MEMBERS' EQUITY

Current liabilities

Line of credit (note 5)	\$ 766,418
Accounts payable	1,115,691
Accrued expenses	477,904
Accrued and withheld taxes	39,313
Operating lease obligation (note 6)	617,723
Due to members (note 12)	81,000
Due to private and third-party payors	378,075
Patients' funds payable	26,751
Total current liabilities	<u>3,502,875</u>

Due to related entities (note 11)	142,576
Operating lease obligation (note 6)	7,186,419
Total liabilities	<u>10,831,870</u>

Members' equity	<u>2,282,612</u>
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TOTAL LIABILITIES AND MEMBERS' EQUITY	<u><u>\$ 13,114,482</u></u>
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CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
STATEMENTS OF EARNINGS AND MEMBERS' EQUITY
YEAR ENDED DECEMBER 31, 2023

Revenues	\$	13,717,719
Operating expenses		<u>13,514,381</u>
Earnings from operations		203,338
Non-operating revenues (expenses):		
Interest income (note 15)		73,185
Dividend income (note 3)		43,668
Realized loss on securities (note 3)		(40,269)
Unrealized gain on securities (note 3)		55,289
Interest expense		<u>(44,105)</u>
NET EARNINGS		291,106
Members' equity - December 31, 2022		<u>2,395,286</u>
		2,686,392
Members' equity distributed		<u>(403,780)</u>
MEMBERS' EQUITY - DECEMBER 31, 2023	\$	<u><u>2,282,612</u></u>

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31, 2023

Cash flows from operating activities	
Net earnings	\$ 291,106
Adjustments to reconcile net earnings to net cash provided by operating activities:	
Depreciation	137,424
Realized loss on securities	40,269
Unrealized gain on securities	(55,289)
Net decrease in right-of-use asset and operating lease obligation due to straight-lining of rent	62,110
Decrease in assets	
Accounts receivable	1,762,936
Prepaid expenses and other	29,099
Increase (decrease) in liabilities	
Accounts payable	(854,710)
Accrued expenses and withheld taxes	7,285
Due to private and third-party payors	119,249
Patients' funds payable	8,660
Net cash provided by operating activities	<u>1,548,139</u>
Cash flows from investing activities	
Purchase of property and equipment	(397,589)
Purchase of securities	(529,360)
Proceeds from sale of securities	490,679
Net cash used in investing activities	<u>(436,270)</u>
Cash flows from financing activities	
Proceeds from line of credit	486,272
Repayment to line of credit	(319,599)
Net payments from members	160,000
Net payments to related entities	(782,574)
Members' equity distributed	(403,780)
Net cash used in financing activities	<u>(859,681)</u>
Net increase in cash, restricted cash, and cash equivalents	252,188
Cash, restricted cash, and cash equivalents - December 31, 2022	<u>25,090</u>
CASH, RESTRICTED CASH, AND CASH EQUIVALENTS - DECEMBER 31, 2023	<u><u>\$ 277,278</u></u>

See accompanying notes to the financial statements.

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and business – Concord Healthcare, L.L.C. (the “Company”) was formed in the state of New Jersey on July 2, 2003. The operating agreement provides, among other things, for the Company to continue at the will of the members, unless sooner terminated as provided in the agreement. The Company is licensed to operate a long-term care facility with 120 beds in Lakewood, New Jersey. The members of the Company are generally protected from liability for acts and obligations of the Company.

Basis of accounting – The books and records of the Company are maintained on the accrual basis in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Cash equivalents – Cash equivalents represent short-term investments with original maturity dates of three months or less.

Restricted cash - patient funds – The Company adopted Financial Accounting Standards Board (“FASB”) standard “ASU-2016-18, Statement of Cash Flows (Topic 230): Restricted Cash.” This standard requires that cash, restricted cash, and cash equivalents be included in beginning and ending cash, restricted cash, and cash equivalents on the statement of cash flows. The Company is required to maintain patient funds in a separate restricted account. The amount at all times must be equal to or exceed the aggregate of all outstanding obligations to the patients.

Investments and net investment return – Investments are carried at fair value. Investment return includes dividends, interest, and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments, less external and direct internal investment expenses. Gains and losses on the sale of securities are recorded on the trade date and are determined using the specific identification method.

Trade accounts receivable – Trade accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has made reasonable collection efforts are written off through a charge to the valuation allowance and a credit to trade accounts receivable. The balance in the allowance for doubtful accounts decreased by approximately \$332,700 during the year.

Property and equipment – Property and equipment are stated at cost. Depreciation is computed by the straight-line method over the estimated useful lives of the assets. Expenditures for maintenance and repairs are charged to operations as incurred. Significant renovations and replacements which improve and extend the life of the asset are capitalized.

Income taxes – The Company is treated as a partnership for federal income tax purposes and does not incur income taxes. Instead, its earnings and losses are included on the returns of the members. The policy of the Company is to record interest expenses and penalties relating to income taxes in operating expenses. During the year, there were no income tax-related interest or penalty expenses and no accrued interest and penalties.

In 2020, the State of New Jersey passed the Business Alternative Income Tax Act (“BAIT”). This law allowed LLCs to pay tax due on partnership earnings instead of on the individual owners’ returns. The tax rates are graduated and range from 5.675% to 10.9% of earnings. The Company recorded \$230,000 as distributions during the year for BAIT payments on behalf of owners.

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenues – Revenue is derived primarily from providing healthcare services to the Company’s patients. Revenues are recognized when services are provided to the patients at the amount that reflects the consideration to which the Company expects to be entitled from patients and third-party payors, including Medicaid, Medicare, and insurers (private and Medicare replacement plans), in exchange for providing patient care. The healthcare services in transitional and skilled, home health, and hospice patient contracts include routine services in exchange for a contractual agreed-upon amount or rate. Routine services are treated as a single performance obligation satisfied over time as services are rendered. As such, patient care services represent a bundle of services that are not capable of being distinct. Additionally, there may be ancillary services which are not included in the daily rates for routine services, but instead are treated as separate performance obligations satisfied at a point in time, if and when those services are rendered.

Revenues recognized from healthcare services are adjusted for estimates of variable consideration to arrive at the transaction price. The Company determines the transaction price based on contractually agreed-upon amounts or rates, adjusted for estimates of variable consideration. The Company uses the expected value method to determine the variable component that should be used to arrive at the transaction price, using contractual agreements and historical reimbursement experience within each payor type. The amount of variable consideration which is included in the transaction price may be constrained and is included in the net revenue only to the extent that it is probable that a significant reversal in the amount of the cumulative revenue recognized will not occur in a future period. If actual amounts of consideration ultimately received differ from estimates, the Company adjusts these estimates, which would affect net service revenue in the period such variances become known.

Leases – The Company adopted “ASC-842, Leases.” With this adoption, the Company determined which contracts conveyed the Company a right to control identified property, plant, or equipment for a period of time in exchange for consideration, that were deemed leases. The Company classified these contracts as Right-of-Use (“ROU”) assets. ROU assets and lease liabilities are recognized based on the present value of lease payments over the lease term with lease expense recognized on a straight-line basis.

Lease agreements may contain rent escalation clauses, rent holidays, or certain landlord incentives, including tenant improvement allowances. ROU assets include amounts for scheduled rent increases and may be reduced by lease incentive amounts. Using the transition approach, the Company elected to use the following practical expedients and, therefore, did not reassess any of the following: (1) whether any expired or existing contracts are or contain leases, (2) the lease classification of expired or existing operating leases and recorded them as operating leases and all existing leases that were classified as capital leases as financing leases, and (3) initial direct costs for any existing leases.

With implementation, the Company also elected the following practical expedients of (1) using the Company’s implicit borrowing rate (if available at the time of the lease origination); or (2) using a risk-free discount rate (US Treasury Rate) for the lease-derived ROU assets. ROU assets were treated separately from non-lease components of all asset classes. For leases utilizing the risk-free rate expedient, the Company elected to use a period comparable with that of the lease term, as an accounting policy election for all leases. The Company also made an accounting policy election to not record ROU assets or lease liabilities for leases with an initial term of 12 months or less and recognizes payments for such leases in its statement of earnings on a straight-line basis over the lease term. There were no residual value guarantees in any of the leases. The Company used hindsight in determining the lease term.

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Government grants – The Company adopted “ASU-2021-10, Government Assistance (Topic 832: Disclosures by Business Entities about Government Assistance).” The Company’s accounting policy for government grants is to follow International Accounting Standards No. 20 – “Accounting for Government Grants and Disclosure of Government Assistance.”

Advertising – Advertising costs, except for costs associated with direct-response advertising, are charged to operations when incurred. The costs of direct-response advertising are capitalized and amortized over the period during which future benefits are expected to be received.

Guaranteed payments to members – Guaranteed payments to members that are intended as compensation for services rendered are accounted for as expenses of the Company rather than as allocations of the Company’s net earnings. Guaranteed payments that are intended as payments of interest on capital accounts are not accounted for as expenses of the Company, but rather as part of the allocation of net earnings.

Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent events – The Company has reviewed subsequent events and transactions for potential recognition and disclosure in the financial statements through November 19, 2024, the date the financial statements were available to be issued. No subsequent events were identified.

NOTE 2 – CASH, RESTRICTED CASH, AND CASH EQUIVALENTS

The balance in cash, restricted cash, and cash equivalents at December 31, 2023, consists of the following:

Operating cash	\$ 249,788
Restricted cash – patient funds	<u>27,490</u>
Total cash, restricted cash, and cash equivalents	\$ <u>277,278</u>

NOTE 3 – INVESTMENTS

The Company maintains an investment fund that is managed by an unrelated broker. The fund is a mutual fund that invests primarily in securities and earns both dividends and capital gains due to its activity. The investments are recorded at fair market value.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 3 – INVESTMENTS (continued)

- Level 1 Quoted prices in active markets for identical assets or liabilities.
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying balance sheet measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2023:

	Level 1	Total
Investments reported on the fair value hierarchy:		
Mutual fund	\$ <u>981,778</u>	\$ <u>981,778</u>
Total investment reported on the fair value hierarchy	\$ <u>981,778</u>	\$ <u>981,778</u>
 Total investments		 \$ <u>981,778</u>

The following is a description of the valuation methodology and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying balance sheet, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2023.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

During the year, the Company had dividend income of \$43,668, a realized capital loss of \$40,269, and an unrealized capital gain of \$55,289, which were recorded on the statements of earnings and members' equity.

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 4 – PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2023, are summarized as follows:

	Estimated life (years)	
Leasehold improvements	10-15	\$ 3,040,850
Furniture and equipment	5-7	<u>1,493,848</u>
		4,534,698
Less: accumulated depreciation		<u>2,728,092</u>
		\$ <u>1,806,606</u>

Included in leasehold improvements at December 31, 2023, was approximately \$1,294,000 of construction in progress related to two renovation projects. The cost to complete the projects is approximately \$185,000, and they are expected to be placed into service in 2024. The assets are booked as phases of construction are completed. Depreciation will begin when the assets are placed in service.

Depreciation expense was \$137,424 for the year.

NOTE 5 – LINE OF CREDIT

The Company has a liquidity access line agreement with the bank where its investments are held. The line is collateralized by the Company’s investment account, and the maximum that can be borrowed fluctuates at around 70-80% of the value of the investment account. All unpaid principal and interest are due on the lender’s demand, with no set maturity. Interest on advances on the line is payable monthly at the applicable SOFR rate plus 0.75%. At December 31, 2023, the interest rate in effect was 8.96%. Interest expense on the line was \$36,272 for the year. At December 31, 2023, the balance due on the line was \$766,418.

Annual scheduled principal maturities at December 31, 2023, are as follows:

2024		\$ <u>766,418</u>
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NOTE 6 – LEASES

The Company occupies its premises under an operating lease from an unrelated landlord that is set to expire on August 31, 2033. The lease provides for an annual base rent of \$900,000 until August 31, 2026, at which time the base rent is to increase by 2.5% annually, plus additional rent for real estate taxes, insurance, and maintenance costs. The Company recorded rent expense of \$962,110 for the year for this lease.

ROU assets represent the Company’s right to use an underlying asset for the lease term if greater than twelve months. Lease obligations represent the Company’s liability to make lease payments arising from the lease. Operating lease ROU assets and related obligations are recognized at the commencement date based on the present value of lease payments over the lease term, discounted using an appropriate risk-free rate. The risk-free rate is based on the information available at the commencement date to determine the present value of lease payments. The value of an option to extend or terminate a lease is reflected to the extent it is reasonably certain management will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

CONCORD HEALTHCARE, L.L.C.
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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 6 – LEASES (continued)

The following table is a summary of components of lease expense and year-end ROU assets and lease liabilities relating to operating leases for the year.

Operating lease cost	\$ 962,110
Short-term lease cost	17,492
Variable lease cost	<u>132,568</u>
Total	\$ <u>1,112,170</u>
Operating lease ROU assets	\$ <u>7,742,032</u>
Other current liabilities	\$ 617,723
Operating lease liabilities	<u>7,186,419</u>
Total operating lease liabilities	\$ <u>7,804,142</u>
Weighted-average remaining lease term	9.67 years
Weighted-average discount rate	3.79%

Future lease liability maturities at December 31, 2023, are as follows:

2024	\$ 900,000
2025	900,000
2026	907,500
2027	930,188
2028	953,442
Thereafter	<u>4,771,375</u>
Total undiscounted lease liabilities	9,362,505
Less: imputed interest on lease liabilities	<u>1,558,363</u>
Total lease liabilities	\$ <u>7,804,142</u>

The following table presents supplemental cash flow information for the year.

Operating cash flows for operating leases	\$ 900,000
ROU assets recorded in exchange for operating lease obligations	\$ 8,398,926

NOTE 7 – REVENUES

Approximately 1% of revenues for the year were derived from billings to the New Jersey Department of Health for stays by Medicaid patients. Approximately 30% of revenues for the year were derived from billings to Managed Care Organizations that were approved by the New Jersey Department of Health. Approximately 32% of revenues for the year were derived from billings to the Federal government for stays by Medicare patients covered by Part A and for services provided which are covered by Medicare Part B. Approximately 26% of revenues for the year were derived from billings to the U.S. Department of Veterans Affairs for stays by Veterans patients.

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NOTES TO FINANCIAL STATEMENTS
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NOTE 8 – CONCENTRATION OF CREDIT RISK

The Company maintains its cash balances at several financial institutions. At December 31, 2023, accounts at each institution are insured by the Federal Deposit Insurance Corporation (“FDIC”) up to \$250,000 per entity. At December 31, 2023, the Company had approximately \$81,000 of uninsured bank balances.

The Company maintains its investments at an unrelated brokerage. At December 31, 2023, securities held at each brokerage are insured by the Securities Investor Protection Corporation (“SIPC”) up to \$500,000 per entity. At December 31, 2023, the Company had approximately \$482,000 of uninsured brokerage account balances.

At December 31, 2023, the Company had approximately 2% of its receivables due from the New Jersey Department of Health, 29% of its receivables due from Managed Care Organizations, 21% of its receivables due from the Federal government for Medicare recipients, and 22% of its receivables due from the U.S. Department of Veterans Affairs.

At December 31, 2023, approximately 14% of the accounts payable balance was payable to one vendor.

NOTE 9 – ECONOMIC DEPENDENCY

During the year, the Company purchased a substantial portion of its services from two vendors. Purchases from these vendors totaled approximately \$2,482,000. There was no balance due to these vendors at December 31, 2023.

A substantial amount of the facility’s services are contracted from outside companies.

NOTE 10 – ADVERTISING

Advertising and recruiting expenses were \$231,548 for the year. There were no direct-response advertising costs either capitalized or expensed.

NOTE 11 – RELATED-PARTY TRANSACTIONS

Amounts due from affiliated entities that are controlled by the Company’s members were \$712,249 at December 31, 2023. Amounts due to affiliated entities that are controlled by the Company’s members were \$142,576 at December 31, 2023. These loans were deemed to be non-interest-bearing and are not expected to be repaid within the year.

The Company recorded \$181,113 of fiscal service fees during the year, which were provided by a related entity. The Company also recorded \$9,804 to lease a workspace for the related entity, which is included in rent expense. At December 31, 2023, there was no balance due to the related entity, and there were no future lease commitments due from the Company for the related entity’s workspace.

CONCORD HEALTHCARE, L.L.C.
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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 12 – DUE TO MEMBERS

During the year, the Company recorded \$615,000 of management fees to a member, and \$27,500 of guaranteed payments to members. The balance due to members at December 31, 2023, was \$81,000, and is expected to be paid within the year.

NOTE 13 – SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash paid during the year for interest	\$ <u>44,105</u>
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NOTE 14 – EMPLOYEE BENEFIT PLANS

The Company maintains a qualified salary-reduction profit-sharing plan for eligible employees under section 401(k) of the Internal Revenue Code. The plan provides for voluntary employee contributions through salary reductions, as well as employer contributions. Under the terms of a collective-bargaining agreement, the Company's contributions to the plan for union-represented employees are 1% of wages regardless of employee contributions, plus 100% of employee contributions up to 2% of wages. For non-union employees, the Company contributes 50% of employee contributions up to 2.5% of wages. The Company contributed \$10,489 into the plan during the year. The collective-bargaining agreement is set to expire on December 31, 2024.

The Company makes contributions to a multiemployer health plan for its union-represented employees, pursuant to the collective-bargaining agreement. Contributions to the multiemployer health plan were \$151,531 for the year. The Company also makes contributions to various insurers for health plans for its non-union employees. Such contributions were \$182,173 for the year.

NOTE 15 – EMPLOYEE RETENTION CREDIT

In a previous year, the Company recorded \$1,720,219 in revenue for a refundable employee retention tax credit ("ERC") under the provisions of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), which the Company determined it qualified for. Included in accounts receivable at December 31, 2022, was \$1,181,454 of ERC funds. This balance was received in 2023, and interest income of approximately \$72,000 was recognized in connection with the receipt of these funds. The methodology used to determine eligibility for the credit and the calculation of the amount of the credit are subject to audit.

NOTE 16 – CONTINGENCIES

Revenues are based on current billings. Certain adjustments may be made in subsequent periods as a result of audits or appeals, the final results of which are not determinable as of the date of the financial statements. Such adjustments, if any, will be reflected in revenues in the period in which they are ascertained.

The Company uses a corporate credit card for company purchases, with a \$65,000 spending limit. The balance due on the credit card at December 31, 2023, was \$17,265, and is included in accounts payable.

CONCORD HEALTHCARE, L.L.C.
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(a limited liability company)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 16 – CONTINGENCIES (continued)

At times, the Company may be involved in various lawsuits and is subject to certain contingencies in the normal course of business. Management vigorously defends any claims that are asserted.

Effective October 1, 2020, and extending through June 30, 2022, the New Jersey Medicaid rate was increased by 10% for all skilled nursing facilities. As a condition for being entitled to the rate increase, nursing facilities must expend 60% of the additional funds on wage increases for certified nursing aides providing direct patient care, and 40% on expenses related to COVID-19 preparedness and response. To the extent that the spending requirements are not met, the State may recoup the additional funds received from the rate increase. Management believes it met the requirements to keep these funds.

The New Jersey Department of Health is currently in the process of revising the methodology used to calculate the Medicaid reimbursement rate paid to the Company. The effect of these revisions on future operations cannot be determined at this time.

NOTE 17 – RISKS AND UNCERTAINTIES

During 2023, inflationary pressures have caused the cost of services and supplies to increase drastically. In response to this, the Federal Reserve Board has increased the federal funds rate from approximately 0.02% in March 2022 to 5.34% by December 2023. This increase has caused the cost of borrowing to jump significantly in a short period of time. If these increased rates continue for the long term, it could impact the Company's ability to finance its operations in the future.

INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

To the Members of
Concord Healthcare, L.L.C.
d/b/a Concord Healthcare & Rehabilitation Center

We have audited the financial statements of Concord Healthcare, L.L.C. d/b/a Concord Healthcare & Rehabilitation Center as of December 31, 2023, and for the year then ended, and our report thereon dated November 19, 2024, which expressed an unmodified opinion on those financial statements, appears on page one. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information included in the accompanying schedules of revenues, operating expenses, patient days, and payroll and benefits is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



November 19, 2024

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
SUPPLEMENTARY INFORMATION
REVENUES
YEAR ENDED DECEMBER 31, 2023

		Per Patient Day
Current year		
Medicaid	\$ 189,635	\$ 265.60
Medicaid managed care	4,117,404	265.09
Private	779,726	315.42
Medicare - Part A	4,207,639	740.65
Medicare - Part A bad debt	(61,946)	(10.90)
Insurance	294,327	314.45
Veterans	3,529,714	373.79
Hospice	<u>435,052</u>	296.16
Total current year	<u>13,491,551</u>	<u>\$ 372.21</u>
 Miscellaneous		
Ancillary	219,847	
Other	<u>6,321</u>	
	<u>226,168</u>	
TOTAL REVENUES	<u>\$ 13,717,719</u>	

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
SUPPLEMENTARY INFORMATION
OPERATING EXPENSES
YEAR ENDED DECEMBER 31, 2023

		Per Patient Day
DIRECT PATIENT CARE COST		
Direct routine patient care costs		
Salaries - RN	\$ 607,623	\$ 16.76
- LPN	804,507	22.20
- CNA	1,012,617	27.94
Employee benefits	487,178	13.44
Contracted nursing	1,404,704	38.75
	<u>4,316,629</u>	<u>119.09</u>
Routine patient care costs - not directly reported		
Medical supplies	160,147	4.42
COVID expenses	10,447	0.29
Oxygen	1,893	0.05
OTC drugs	8,991	0.25
	<u>181,478</u>	<u>5.01</u>
TOTAL DIRECT PATIENT CARE COST	<u>4,498,107</u>	<u>124.10</u>
ANCILLARY PATIENT CARE COSTS		
Radiology and laboratory	37,090	1.02
Salaries - Therapy	590,059	16.28
Employee benefits	118,553	3.27
Therapy services	54,409	1.50
Prescription drugs	225,499	6.22
Ambulance	21,384	0.59
Physicians	10,300	0.28
TOTAL ANCILLARY PATIENT CARE COSTS	<u>1,057,294</u>	<u>29.16</u>

CONCORD HEALTHCARE, L.L.C.
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(a limited liability company)
SUPPLEMENTARY INFORMATION
OPERATING EXPENSES
YEAR ENDED DECEMBER 31, 2023

		Per Patient Day
INDIRECT PATIENT CARE COSTS		
Nursing administration		
Salaries - DON and ADON	\$ 282,937	\$ 7.81
- Nursing supervisors	97,623	2.69
Employee benefits	67,925	1.87
Clinical services	168,246	4.64
Nursing administration supplies	32,245	0.89
	<u>648,976</u>	<u>17.90</u>
Workforce-related costs - patient care		
Direct patient care recruitment	87,923	2.43
	<u>87,923</u>	<u>2.43</u>
Patient support services		
Food and supplements	449,196	12.39
Salaries - Dietary	558,339	15.40
Employee benefits	112,220	3.10
Contracted dietary	103,908	2.87
Dietary supplies	44,920	1.24
Salaries - Housekeeping and laundry	25,721	0.71
Employee benefits	5,170	0.14
Contracted housekeeping and laundry	578,462	15.96
Housekeeping and laundry supplies	4,406	0.12
Salaries - Social services	65,681	1.81
Employee benefits	11,723	0.32
Contracted social services	8,304	0.23
Salaries - Recreation	198,060	5.46
Employee benefits	39,808	1.10
Contracted recreation	10,685	0.29
Recreation supplies and services	30,343	0.84
Medical director	54,000	1.49
Pharmacy consultant	32,556	0.90
Fire drill	33,815	0.93
Garbage disposal	22,243	0.61
Exterminating	7,745	0.21
	<u>2,397,305</u>	<u>66.12</u>
TOTAL INDIRECT PATIENT CARE COSTS	<u>3,134,204</u>	<u>86.45</u>

CONCORD HEALTHCARE, L.L.C.
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SUPPLEMENTARY INFORMATION
OPERATING EXPENSES
YEAR ENDED DECEMBER 31, 2023

ADMINISTRATIVE AND OPERATING COSTS	Per Patient Day	
Property operating costs		
Salaries - Maintenance	\$ 133,324	\$ 3.68
Employee benefits	26,788	0.74
Maintenance supplies and services	97,434	2.69
Gas	21,196	0.58
Electric	94,175	2.60
Water and sewer	34,407	0.95
Cable	13,842	0.38
Telephone	22,574	0.62
Real estate tax	106,380	2.93
Property insurance	26,188	0.72
	<u>576,308</u>	<u>15.89</u>
Administrative and operating costs		
Salaries - Administrator	247,486	6.83
Employee benefits	44,173	1.22
Salaries - Office	760,357	20.98
Employee benefits	135,713	3.74
Data processing	153,595	4.24
Office and postage	71,647	1.98
Management fees	615,000	16.97
Guaranteed payments - members	27,500	0.76
Fiscal services	181,113	5.00
Office supplies and expenses	100,611	2.78
Insurance	235,167	6.49
Accounting	64,769	1.79
Legal	7,289	0.20
Travel	1,338	0.04
Consulting	139,577	3.85
License, dues, and seminars	48,485	1.34
	<u>2,833,820</u>	<u>78.21</u>
TOTAL ADMINISTRATIVE AND OPERATING COSTS	<u>3,410,128</u>	<u>94.10</u>

CONCORD HEALTHCARE, L.L.C.
D/B/A CONCORD HEALTHCARE & REHABILITATION CENTER
(a limited liability company)
SUPPLEMENTARY INFORMATION
OPERATING EXPENSES
YEAR ENDED DECEMBER 31, 2023

		Per Patient Day
CAPITAL COSTS		
Rent	\$ 971,914	\$ 26.81
Depreciation	137,424	3.79
Equipment lease	7,688	0.21
	1,117,026	30.81
TOTAL CAPITAL COSTS		
 NON-ALLOWABLE COSTS		
Medicaid assessment tax	437,723	12.08
Bad debt recovery	(322,521)	(8.90)
Marketing	143,625	3.96
Charitable contributions	37,850	1.04
Non-allowable miscellaneous	945	0.03
	297,622	8.21
TOTAL NON-ALLOWABLE COSTS		
 TOTAL OPERATING EXPENSES	\$ 13,514,381	\$ 372.83

CONCORD HEALTHCARE, L.L.C.
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SUPPLEMENTARY INFORMATION
PATIENT DAYS
YEAR ENDED DECEMBER 31, 2023

		Percent of Total
SKILLED NURSING FACILITY		
Medicaid	714	1.97%
Medicaid managed care	15,532	42.86%
Private	2,472	6.82%
Medicare	5,681	15.67%
Insurance	936	2.58%
Veterans	9,443	26.05%
Hospice	1,469	4.05%
	<u>36,247</u>	<u>100.00%</u>
 Percent occupancy - 120 beds	<u>82.76%</u>	

CONCORD HEALTHCARE, L.L.C.
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SUPPLEMENTARY INFORMATION
PAYROLL AND BENEFITS
YEAR ENDED DECEMBER 31, 2023

		Per Patient Day
SALARIES		
RN	\$ 607,623	\$ 16.76
LPN	804,507	22.20
CNA	1,012,617	27.94
Therapy	590,059	16.28
DON and ADON	282,937	7.81
Nursing supervisors	97,623	2.69
Dietary	558,339	15.40
Housekeeping and laundry	25,721	0.71
Social services	65,681	1.81
Recreation	198,060	5.46
Maintenance	133,324	3.68
Administrator	247,486	6.83
Office	<u>760,357</u>	<u>20.98</u>
TOTAL SALARIES	\$ <u>5,384,334</u>	\$ <u>148.55</u>
 EMPLOYEE BENEFITS		
Payroll taxes	\$ 483,003	
Workers' compensation	92,940	
Employee benefits	<u>473,308</u>	
TOTAL EMPLOYEE BENEFITS	\$ <u>1,049,251</u>	
 TOTAL EMPLOYEE BENEFITS AS A PERCENT OF SALARIES	 <u>19.49%</u>	