

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

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

Worksheet S Tuesday, May 31, 2022 at 2:54:33 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: _____
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 Edison Healthcare LLC (31-5279) for the cost report period beginning February 1, 2021 and ending December 31, 2021, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OF ADMINISTRATOR	CHECKBOX	
	1	2
1 _____	<input type="checkbox"/>	<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 #		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	138,702	0	0
100	Total	0	138,702	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.

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet S-2 Part I Tuesday, May 31, 2022 at 2:54:33 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: 465 Plainfield Ave
 2 City / State / Zip: EDISON NJ 08817
 3 County / CBSA Code / Urban/Rural: Middlesex 35154 Urban

Payment System
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Edison Healthcare LLC	31-5279	03/24/1988			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)		02/01/2021	12/31/2021			
15	Type of Control (See Instructions)			2			

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 855,923
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 855,923
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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

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

Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the
 37 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?
 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

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Worksheet S-2 Part II Tuesday, May 31, 2022 at 2:54:33 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?	Y	02/01/2021	
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	05/16/2022	Y 05/16/2022
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	1 Connor	2 Pliskin	3 Preparer
20	Employer.	Zimmet Healthcare Services Group, LLC		
21	Telephone number/Email address.	732-970-0733	Costreports@zhealthcare.com	

EDISON HEALTHCARE LLC
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Worksheet S-3 Part I Tuesday, May 31, 2022 at 2:54:33 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	Skilled Nursing Facility	280	93,520	0	6,732	44,352	8,682	59,766
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	280	93,520	0	6,732	44,352	8,682	59,766

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
1	Skilled Nursing Facility	8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	122	194	124	440	0.00	55.18	228.62	135.83
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	122	194	124	440	0.00	55.18	228.62	135.83

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
1	Skilled Nursing Facility	17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	213	133	120	466	129.45	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	213	133	120	466	129.45	0

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Worksheet S-3 Part II Tuesday, May 31, 2022 at 2:54:33 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	7,233,477	0	7,233,477	269,250.00	26.87
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)	7,233,477	0	7,233,477	269,250.00	26.87
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)	7,233,477	0	7,233,477	269,250.00	26.87
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	1,865,983	0	1,865,983	48,822.00	38.22
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)	2,336,013	0	2,336,013		
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	2,336,013	0	2,336,013		

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Worksheet S-3 Part III Tuesday, May 31, 2022 at 2:54:33 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	37,063	0	37,063	1,481	25.03
2	Administrative & General	331,872	0	331,872	10,418	31.86
3	Plant Operation, Maint. & Repairs	248,663	0	248,663	10,290	24.17
4	Laundry & Linen Service	0	0	0	0	0.00
5	Housekeeping	0	0	0	0	0.00
6	Dietary	837,788	0	837,788	44,481	18.83
7	Nursing Administration	768,035	0	768,035	22,110	34.74
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	116,195	0	116,195	3,992	29.11
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	299,824	0	299,824	14,297	20.97
14	Total	2,639,440	0	2,639,440	107,069	24.65

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Worksheet S-3 Part IV Tuesday, May 31, 2022 at 2:54:33 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	0
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	1,276,251
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	346,054
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	713,708
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	2,336,013
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Tuesday, May 31, 2022 at 2:54:33 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)	1,319,603	426,159	1,745,762	28,072	62.19
2	Licensed Practical Nurses (LPNs)	1,394,188	450,246	1,844,434	43,307	42.59
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,777,995	574,194	2,352,189	88,548	26.56
4	Total Nursing (Sum of 1 - 3)	4,491,786	1,450,599	5,942,385	159,927	37.16
5	Physical Therapists	54,319	17,542	71,861	1,380	52.07
6	Physical Therapy Assistants	0	0	0	0	0.00
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	28,896	9,332	38,228	720	53.09
9	Occupational Therapy Assistants	0	0	0	0	0.00
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	6,901	2,229	9,130	154	59.29
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)	34,494		34,494	749	46.05
15	Licensed Practical Nurses (LPNs)	488,956		488,956	11,754	41.60
16	Certified Nursing Assistants/Nursing Assistants/Aides	852,515		852,515	24,704	34.51
17	Total Nursing (Sum of 14 - 16)	1,375,965		1,375,965	37,207	36.98
18	Physical Therapists	217,098		217,098	4,305	50.43
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	189,608		189,608	5,350	35.44
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	83,313		83,313	1,959	42.53
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

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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		1,357,038	1,357,038	0	1,357,038	0	1,357,038
2	Cap Rel Costs - Movable Equipment		911,509	911,509	0	911,509	0	911,509
3	Employee Benefits	37,063	2,428,896	2,465,959	0	2,465,959	0	2,465,959
4	Administrative & General	331,872	4,468,230	4,800,102	0	4,800,102	-193,628	4,606,474
5	Plant Operation, Maint. & Repairs	248,663	662,301	910,964	0	910,964	0	910,964
6	Laundry & Linen Service	0	86,276	86,276	0	86,276	0	86,276
7	Housekeeping	0	1,535,486	1,535,486	0	1,535,486	0	1,535,486
8	Dietary	837,788	666,080	1,503,868	0	1,503,868	0	1,503,868
9	Nursing Administration	768,035	0	768,035	0	768,035	0	768,035
10	Central Services & Supply	0	197,545	197,545	0	197,545	0	197,545
11	Pharmacy	0	43,940	43,940	0	43,940	0	43,940
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	116,195	27,363	143,558	0	143,558	0	143,558
15	Activities	299,824	19,073	318,897	0	318,897	0	318,897
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	4,503,921	1,400,367	5,904,288	-5,709	5,898,579	0	5,898,579
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	22,605	22,605	0	22,605	0	22,605
41	Laboratory	0	38,621	38,621	0	38,621	0	38,621
42	Intravenous Therapy	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	5,709	5,709	0	5,709
44	Physical Therapy	54,319	537,825	592,144	0	592,144	0	592,144
45	Occupational Therapy	28,896	160,712	189,608	0	189,608	0	189,608
46	Speech Pathology	6,901	83,313	90,214	0	90,214	0	90,214
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	303,269	303,269	0	303,269	0	303,269
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	7,233,477	14,950,449	22,183,926	0	22,183,926	-193,628	21,990,298
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	Other Non Reimbursable Cost	0	0	0	0	0	0	0
00	TOTAL	7,233,477	14,950,449	22,183,926	0	22,183,926	-193,628	21,990,298

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Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases				
			COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass Inhalation cost	A	Oxygen (Inhalation)	43.00	0	5,709	Skilled Nursing Faci	30.00	0	5,709
100	TOTAL RECLASSIFICATIONS				0	5,709			0	5,709

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Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions		Disposals	Ending	Fully
		Balances	Purchase	Donation	and Retirements	Balance	Depreciated Assets
		1	2	3	5	6	7
1	Land	0	2,000,000	0	0	2,000,000	0
2	Land Improvements	0	0	0	0	0	0
3	Buildings & Fixtures	0	11,411,304	0	1,411,304	10,000,000	0
4	Building Improvements	0	68,396	0	0	68,396	0
5	Fixed Equipment	0	0	0	0	0	0
6	Movable Equipment	0	3,291,870	0	172,598	3,119,272	0
7	Subtotal	0	16,771,570	0	1,583,902	15,187,668	0
8	Reconciling Items	0	0	0	0	0	0
9	Total	0	16,771,570	0	1,583,902	15,187,668	0

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet A-8 Tuesday, May 31, 2022 at 2:54:33 PM

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	Cost Center	3	
1	Investment income on restricted funds		0			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	-677	Administrative & General		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		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Credit Card cash back rewards	B	-3,853	Administrative & General		4
26	Contributions	A	-1,500	Administrative & General		4
27	Advertising and Promotion	A	-34,381	Administrative & General		4
28	Public Relations	A	-64,242	Administrative & General		4
29	Bad Debt	A	-74,800	Administrative & General		4
30	Interest Income	B	-2,688	Administrative & General		4
31	Donation	B	-11,487	Administrative & General		4
100	TOTAL		=====			
			-193,628			

EDISON HEALTHCARE LLC
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 Period from 2/1/2021 to 12/31/2021

Worksheet A-8-1 Tuesday, May 31, 2022 at 2:54:33 PM

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		Adjustments
				Allowable In Cost	Included in Wkst A col 5	
	1	2	3	4	5	6
10	TOTALS			0	0	0

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

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

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

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

EDISON HEALTHCARE LLC
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Worksheet A-8-2 Tuesday, May 31, 2022 at 2:54:33 PM

Provider-Based Physicians Adjustments

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

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

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 31, 2022 at 2:54:33 PM

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 Cap Rel Costs - Bldgs & Fixtures	1,357,038	1,357,038							
2 Cap Rel Costs - Movable Equipment	911,509		911,509						
3 Employee Benefits	2,465,959	0		2,465,959					
4 Administrative & General	4,606,474	38,305	25,729	113,721	4,784,229	4,784,229			
5 Plant Operation, Maint. & Repairs	910,964	59,231	39,785	85,208	1,095,188	304,522	1,399,710		
6 Laundry & Linen Service	86,276	38,450	25,826	0	150,552	41,862	42,730	235,144	
7 Housekeeping	1,535,486	26,513	17,808	0	1,579,807	439,273	29,464	0	2,048,544
8 Dietary	1,503,868	117,163	78,698	287,081	1,986,810	552,442	130,206	0	200,926
9 Nursing Administration	768,035	1,897	1,274	263,179	1,034,385	287,616	2,108	0	3,253
10 Central Services & Supply	197,545	6,659	4,473	0	208,677	58,024	7,400	0	11,420
11 Pharmacy	43,940	0	0	0	43,940	12,218	0	0	0
12 Medical Records & Library	0	5,649	3,794	0	9,443	2,626	6,278	0	9,687
13 Social Service	143,558	4,288	2,880	39,816	190,542	52,981	4,766	0	7,354
15 Activities	318,897	60,076	40,353	102,739	522,065	145,163	66,764	0	103,026
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	5,898,579	951,781	639,303	1,543,335	9,032,998	2,511,666	1,057,733	235,144	1,632,231
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	22,605	0	0	0	22,605	6,285	0	0	0
41 Laboratory	38,621	0	0	0	38,621	10,739	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	5,709	0	0	0	5,709	1,587	0	0	0
44 Physical Therapy	592,144	32,203	21,630	18,613	664,590	184,793	35,788	0	55,226
45 Occupational Therapy	189,608	6,061	4,071	9,902	209,642	58,292	6,736	0	10,395
46 Speech Pathology	90,214	0	0	2,365	92,579	25,742	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	8,762	5,885	0	14,647	4,073	9,737	0	15,026
49 Drugs Charged to Patients	303,269	0	0	0	303,269	84,325	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	21,990,298	1,357,038	911,509	2,465,959	21,990,298	4,784,229	1,399,710	235,144	2,048,544
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 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	21,990,298	1,357,038	911,509	2,465,959	21,990,298	4,784,229	1,399,710	235,144	2,048,544

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

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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	2,870,384								
9	Nursing Administration	0	1,327,362							
10	Central Services & Supply	0	0	285,521						
11	Pharmacy	0	0	0	56,158					
12	Medical Records & Library	0	0	0	0	28,034				
13	Social Service	0	0	0	0	0	255,643			
15	Activities	0	0	0	0	0	0	837,018		
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	2,870,384	1,327,362	285,521	56,158	28,034	255,643	837,018	20,129,892	0
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	0	0	28,890	0
41	Laboratory	0	0	0	0	0	0	0	49,360	0
42	Intravenous Therapy	0	0	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	7,296	0
44	Physical Therapy	0	0	0	0	0	0	0	940,397	0
45	Occupational Therapy	0	0	0	0	0	0	0	285,065	0
46	Speech Pathology	0	0	0	0	0	0	0	118,321	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	43,483	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	387,594	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	2,870,384	1,327,362	285,521	56,158	28,034	255,643	837,018	21,990,298	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	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	2,870,384	1,327,362	285,521	56,158	28,034	255,643	837,018	21,990,298	0

EDISON HEALTHCARE LLC
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 Period from 2/1/2021 to 12/31/2021

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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	20,129,892
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	28,890
41 Laboratory	49,360
42 Intravenous Therapy	0
43 Oxygen (Inhalation) Therapy	7,296
44 Physical Therapy	940,397
45 Occupational Therapy	285,065
46 Speech Pathology	118,321
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	43,483
49 Drugs Charged to Patients	387,594
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	21,990,298
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 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	21,990,298

EDISON HEALTHCARE LLC
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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	2A	3	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	0	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	0	0	0	0				
4 Administrative & General	0	38,305	25,729	64,034	0	64,034			
5 Plant Operation, Maint. & Repairs	0	59,231	39,785	99,016	0	4,076	103,092		
6 Laundry & Linen Service	0	38,450	25,826	64,276	0	560	3,147	67,983	
7 Housekeeping	0	26,513	17,808	44,321	0	5,880	2,170	0	52,371
8 Dietary	0	117,163	78,698	195,861	0	7,395	9,590	0	5,137
9 Nursing Administration	0	1,897	1,274	3,171	0	3,850	155	0	83
10 Central Services & Supply	0	6,659	4,473	11,132	0	777	545	0	292
11 Pharmacy	0	0	0	0	0	164	0	0	0
12 Medical Records & Library	0	5,649	3,794	9,443	0	35	462	0	248
13 Social Service	0	4,288	2,880	7,168	0	709	351	0	188
15 Activities	0	60,076	40,353	100,429	0	1,943	4,917	0	2,634
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	951,781	639,303	1,591,084	0	33,613	77,906	67,983	41,727
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	84	0	0	0
41 Laboratory	0	0	0	0	0	144	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	21	0	0	0
44 Physical Therapy	0	32,203	21,630	53,833	0	2,474	2,636	0	1,412
45 Occupational Therapy	0	6,061	4,071	10,132	0	780	496	0	266
46 Speech Pathology	0	0	0	0	0	345	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	8,762	5,885	14,647	0	55	717	0	384
49 Drugs Charged to Patients	0	0	0	0	0	1,129	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	0	1,357,038	911,509	2,268,547	0	64,034	103,092	67,983	52,371
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 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	0	1,357,038	911,509	2,268,547	0	64,034	103,092	67,983	52,371

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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	217,983								
9 Nursing Administration	0	7,259							
10 Central Services & Supply	0	0	12,746						
11 Pharmacy	0	0	0	164					
12 Medical Records & Library	0	0	0	0	10,188				
13 Social Service	0	0	0	0	0	8,416			
15 Activities	0	0	0	0	0	0	109,923		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	217,983	7,259	12,746	164	10,188	8,416	109,923	2,178,992	0
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	0	0	84	0
41 Laboratory	0	0	0	0	0	0	0	144	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	21	0
44 Physical Therapy	0	0	0	0	0	0	0	60,355	0
45 Occupational Therapy	0	0	0	0	0	0	0	11,674	0
46 Speech Pathology	0	0	0	0	0	0	0	345	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	15,803	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	1,129	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	217,983	7,259	12,746	164	10,188	8,416	109,923	2,268,547	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 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	217,983	7,259	12,746	164	10,188	8,416	109,923	2,268,547	0

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 31, 2022 at 2:54:33 PM

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	2,178,992
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	84
41 Laboratory	144
42 Intravenous Therapy	0
43 Oxygen (Inhalation) Therapy	21
44 Physical Therapy	60,355
45 Occupational Therapy	11,674
46 Speech Pathology	345
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	15,803
49 Drugs Charged to Patients	1,129
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	2,268,547
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 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	2,268,547

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 31, 2022 at 2:54:33 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	59,766					
10 Central Services & Supply	0	59,766				
11 Pharmacy	0	0	59,766			
12 Medical Records & Library	0	0	0	59,766		
13 Social Service	0	0	0	0	59,766	
15 Activities	0	0	0	0	0	59,766
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	59,766	59,766	59,766	59,766	59,766	59,766
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0
45 Occupational Therapy	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	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	59,766	59,766	59,766	59,766	59,766	59,766
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
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	1,327,362	285,521	56,158	28,034	255,643	837,018

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 31, 2022 at 2:54:33 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	20.616471	13.847880	0.342665	0.000000	0.278055	22.911511	3.934411	35.355689	16.009013
104	Cost to be Allocated per Bp2	0	0	0	0	64,034	103,092	67,983	52,371	217,983
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.003722	1.687488	1.137486	0.903868	1.215758

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 31, 2022 at 2:54:33 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	22.209316	4.777315	0.939631	0.469063	4.277399	14.004919
104	Cost to be Allocated per Bp2	7,259	12,746	164	10,188	8,416	109,923
105	Unit Cost Multiplier per Bp2	0.121457	0.213265	0.002744	0.170465	0.140816	1.839223

EDISON HEALTHCARE LLC
Provider CCN: 31-5279
Period from 2/1/2021 to 12/31/2021

Worksheet B-2 Tuesday, May 31, 2022 at 2:54:33 PM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet C Tuesday, May 31, 2022 at 2:54:33 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	28,890	22,605	1.278036
41	Laboratory	49,360	38,621	1.278061
42	Intravenous Therapy	0	0	0.000000
43	Oxygen (Inhalation) Therapy	7,296	5,709	1.277982
44	Physical Therapy	940,397	712,144	1.320515
45	Occupational Therapy	285,065	547,101	0.521046
46	Speech Pathology	118,321	279,276	0.423670
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	43,483	0	0.000000
49	Drugs Charged to Patients	387,594	304,512	1.272837
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	1,860,406	1,909,968	

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet D Part I Tuesday, May 31, 2022 at 2:54:33 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	1.278036	0	0	0	0
41	Laboratory	1.278061	0	0	0	0
42	Intravenous Therapy	0.000000	0	0	0	0
43	Oxygen (Inhalation) Therapy	1.277982	0	0	0	0
44	Physical Therapy	1.320515	279,308	0	368,830	0
45	Occupational Therapy	0.521046	291,415	0	151,841	0
46	Speech Pathology	0.423670	133,011	0	56,353	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	1.272837	188,946	0	240,497	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		892,680	0	817,521	0

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet D Part II Tuesday, May 31, 2022 at 2:54:33 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.272837
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	0.000000	0
41	Laboratory	0	0	0	0
42	Intravenous Therapy	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	0	0
45	Occupational Therapy	0	0	0	368,830
46	Speech Pathology	0	0	0	151,841
47	Electrocardiology	0	0	0	56,353
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	240,497
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	0	817,521

EDISON HEALTHCARE LLC
Provider CCN: 31-5279
Period from 2/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 31, 2022 at 2:54:33 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	59,766
2	Private room days	0
3	Inpatient days incl. Program prvt.	6,732
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	20,129,892
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	2,221,480
7	General Inpatient routine service RCC	9.061478
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	20,129,892
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	336.81
17	Program routine service cost	2,267,405
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,267,405
20	Capital related cost allocated to inpati	2,178,992
21	Per diem capital related costs	36.46
22	Program capital related cost	245,449
23	Inpatient routine service cost	2,021,956
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	2,021,956
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

EDISON HEALTHCARE LLC
Provider CCN: 31-5279
Period from 2/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 31, 2022 at 2:54:33 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)	59,766
2	Program inpatient days (see instructions)	6,732
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.112639
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

EDISON HEALTHCARE LLC
Provider CCN: 31-5279
Period from 2/1/2021 to 12/31/2021

Worksheet E Tuesday, May 31, 2022 at 2:54:33 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)	4,937,559
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	4,937,559
4	Primary payor amounts	0
5	Coinsurance	758,695
6	Reimbursable bad debts (From your records)	213,388
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	153,169
8	Adjusted reimbursable bad debts. (See instructions)	138,702
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	4,317,566
12	Interim payments (See instructions)	4,178,864
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	138,702
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

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet E-1 Tuesday, May 31, 2022 at 2:54:33 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		4,178,864		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		4,178,864		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

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet G Tuesday, May 31, 2022 at 2:54:33 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	1,055,081	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,613,254	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	74,800	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	123,937	0	0	0
9	Other current assets	799,790	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	4,517,262	0	0	0
FIXED ASSETS					
12	Land	2,000,000	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	10,000,000	0	0	0
16	Less: Accumulated depreciation	0	0	0	0
17	Leasehold improvements	68,396	0	0	0
18	Less: Accumulated amortization	0	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	3,119,272	0	0	0
24	Less: Accumulated depreciation	855,923	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	TOTAL FIXED ASSETS	14,331,745	0	0	0
OTHER ASSETS					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	3,984,180	0	0	0
33	TOTAL OTHER ASSETS	3,984,180	0	0	0
34	TOTAL ASSETS	22,833,187	0	0	0

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet G Tuesday, May 31, 2022 at 2:54:33 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
CURRENT LIABILITIES					
35	Accounts payable	2,125,358	0	0	0
36	Salaries, wages & fees payable	308,451	0	0	0
37	Payroll taxes payable	14,585	0	0	0
38	Notes & loans payable (short term)	1,773,050	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	651,769	0	0	0
43	TOTAL CURRENT LIABILITIES	4,873,213	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	0	0	0	0
45	Notes payable	14,435,000	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	14,435,000	0	0	0
51	TOTAL LIABILITIES	19,308,213	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	3,524,974			
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	3,524,974	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	22,833,187	0	0	0

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet G-1 Tuesday, May 31, 2022 at 2:54:33 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		10433124		0		0		0
2 Net income (loss)		-3866827						
3 Total		6566297		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	-3041323		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		-3041323		0		0		0
11 Subtotal		3524974		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	0		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		0		0		0		0
19 Fund balances - ending		3524974		0		0		0

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet G-2 Part I Tuesday, May 31, 2022 at 2:54:33 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	18,028,271		18,028,271
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	18,028,271		18,028,271
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,380,050	0	1,380,050
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	19,408,321	0	19,408,321

EDISON HEALTHCARE LLC
Provider CCN: 31-5279
Period from 2/1/2021 to 12/31/2021

Worksheet G-2 Part II Tuesday, May 31, 2022 at 2:54:33 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		22,183,926
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		22,183,926

EDISON HEALTHCARE LLC
 Provider CCN: 31-5279
 Period from 2/1/2021 to 12/31/2021

Worksheet G-3 Tuesday, May 31, 2022 at 2:54:33 PM

Statement of Revenues and Expenses

CMS #	Description	
1	Total Patient Revenues	19,408,321
2	Less: contractual allowances and ...	1,109,250
3	Net Patient Revenues (Line 1 - 2)	18,299,071
4	Less: total operating expenses	22,183,926
5	Net income from service to patients (Line 3 - 4)	-3,884,855
	Other Income:	
6	Contributions, donations, bequests, etc.	0
7	Income from investments	2,688
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	0
19	Tuition (fees, sales of textbooks, uniforms, etc)	0
20	Revenue from gifts, flowers, coffee shops, canteen	0
21	Rental of vending machines	0
22	Rental of skilled nursing space	0
23	Government appropriations	0
24	Barber & Beauty	0
24.01	Other Income	3,853
24.02		11,487
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	18,028
26	Total	-3,866,827
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	-3,866,827