

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

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

Worksheet S Friday, May 17, 2024 at 2:07:00 PM

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

PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report; Date: 05/17/2024 Time: 14:07:00 00

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 use only 4. Cost Report Status 6. Contractor No. _____

[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

Date and time of ECR file creation: 05/17/2024 14:07

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 HARROGATE, INC. (31-5262) 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
<i>Mary Jo Kinneally</i>	<input checked="" type="checkbox"/>
2 Printed name <u>Mary Jo Kinneally</u>	
3 Title <u>Director of Financial Services</u>	
4 Signature date <u>5/17/24</u>	

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

PART III - SETTLEMENT SUMMARY

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

ECR Encryption Information:
 05/17/2024 14:07
 axWq1NpBmNGykj00Yj8WRUysZ5rq00
 yK3F001FF..q2ttgA0agU:jPr7pHhK
 3MgLoeMoST03b8fs

PI Encryption Information:
 05/17/2024 14:07
 lDuM1M50iXo0JECTf1gT53Nw8MS960
 xyAG601:Kdv91PvnZ9KzoTMMXti6md
 70sj3La0jk0KTAM:

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.

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part I Friday, May 17, 2024 at 2:08:31 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: 400 LOCUST STREET
 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		Payment System		
				CERTIFIED		V	XVIII	XIX
4	0 SNF	1 HARROGATE, INC.	2 31-5262	3 05/26/1988	4	5	6	P
5	7 Nursing Facility							
11	SNF-Based HHA							
13	SNF-Based OLTC							
14	Other							
14	Cost Reporting Period (mm/dd/yyyy)		01/01/2023	12/31/2023				
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 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 F
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 0
 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 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 level of care given for Titles V & XIX patients? Y/N
 37 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 policy is "occurrence", enter 2.
 39 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.

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

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Y/N
 42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N
 43 Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column 1. N
 If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name and address of the home office on lines 45-47.

44 Name / Contractor Name / Contractor Number
 45 Street / PO Box
 46 City / State / Zip

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part II Friday, May 17, 2024 at 2:08:31 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
1	N			
2	N			
3	N			
4	N			
5	N			
6	N			
7	N			
8	N			
9	N			
10	N			
11	N			
12	N			
13	Y	03/25/2024	Y	03/25/2024
14	N		N	
15	N		N	
16	N		N	
17	N		N	
18	N		N	
19	1	2		3
20	William	Hartung		Preparer
21	Zimmet Healthcare Services Group LLC			
	costreports@zhealthcare.com			

PROVIDER ORGANIZATION AND OPERATION
 Has the provider changed ownership immediately prior to the beginning of the cost reporting period?
 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
 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?
 FINANCIAL DATA AND REPORTS
 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.
 Are the cost report total expenses and total revenues different from those on the filed financial statements? If Yes, submit reconciliation.
 APPROVED EDUCATIONAL ACTIVITIES
 Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?
 Were costs claimed for Allied Health Programs? (see instructions) Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)
 BAD DEBTS
 Is the provider seeking reimbursement for bad debts? (see instructions) If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.
 If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.
 Have total beds available changed from prior cost reporting period? If Yes, see instructions.
 PS&R DATA
 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)
 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.
 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.
 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.
 If line 13 or 14 is Yes, then were adjustments made to PS&R data for Other?
 Was the cost report prepared only using the provider's records? If yes, see Instructions.
 COST REPORT PREPARER CONTACT INFORMATION
 First name/Last name/Title
 Employer.
 Telephone number/Email address.

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part I Friday, May 17, 2024 at 2:08:31 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	Bed days Available		Inpatient Days			Total
		Title V	Title XVIII	Title XIX	Other	Total	
1	Skilled Nursing Facility	2	0	5	6	7	20,549
2	Nursing Facility	24,820	3,034	0	17,515	0	0
4	Home Health Agency Cost	0	0	0	0	0	0
5	Other Long Term Care	0	0	0	0	0	0
8	Total	24,820	3,034	0	17,515	0	20,549

CMS #	Component	Discharges			Average Length of Stay		
		Title XVIII	Title XIX	Other	Title V	Title XVIII	Title XIX
1	Skilled Nursing Facility	9	10	11	13	14	16
2	Nursing Facility	94	0	68	0.00	32.28	126.85
4	Home Health Agency Cost	0	0	0	0.00	0.00	0.00
5	Other Long Term Care	0	0	0	0.00	0.00	0.00
8	Total	94	0	68	0.00	32.28	126.85

CMS #	Component	Admissions			FTE	
		Title XVIII	Title XIX	Other	Paid	Non-Paid
1	Skilled Nursing Facility	17	19	20	22	23
2	Nursing Facility	0	0	38	153.26	0
4	Home Health Agency Cost	0	0	0	0.00	0
5	Other Long Term Care	0	0	0	0.00	0
8	Total	0	0	38	153.26	0

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part II Friday, May 17, 2024 at 2:08:31 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #	Description	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	Total Salary	8,683,520	0	8,683,520	318,776.00	27.24
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	8,683,520	0	8,683,520	318,776.00	27.24
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	971,487	0	971,487	30,734.00	31.61
12	Subtotal Excluded salary (Sum of lines 7-11)	971,487	0	971,487	30,734.00	31.61
13	Total Adjusted Salaries (Line 6 - 12)	7,712,033	0	7,712,033	288,042.00	26.77
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	1,030,980	0	1,030,980	15,090.00	68.32
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)	2,108,355	0	2,108,355		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	235,877	0	235,877		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,872,478	0	1,872,478		

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Worksheet S-3 Part III Friday, May 17, 2024 at 2:08:31 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported	Reclass.	Adjusted Salaries	Paid Hours Related to Salary	Average Hourly Wage
			of Salaries from Wkst. A-6			
		1	2	3	4	5
1	Employee Benefits	191,978	0	191,978	4,160	46.15
2	Administrative & General	949,154	0	949,154	18,227	52.07
3	Plant Operation, Maint. & Repairs	607,796	0	607,796	23,814	25.52
4	Laundry & Linen Service	60,765	0	60,765	3,982	15.26
5	Housekeeping	662,101	0	662,101	35,798	18.50
6	Dietary	2,058,990	0	2,058,990	100,932	20.40
7	Nursing Administration	349,757	0	349,757	6,029	58.01
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	170,145	0	170,145	4,384	38.81
11	Social Service	80,691	0	80,691	2,080	38.79
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	204,116	0	204,116	8,941	22.83
14	Total	5,335,493	0	5,335,493	208,347	25.61

HARROGATE, INC.
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Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part IV Friday, May 17, 2024 at 2:08:31 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	61,566
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	17,435
6	Legal/Accounting/Management Fees-Pension Plan	15,450
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	871,530
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	15,061
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	109,547
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	291,822
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	643,696
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	82,248
	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)	2,108,355
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part V Friday, May 17, 2024 at 2:08:31 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)	646,568	156,986	803,554	13,917	57.74
2	Licensed Practical Nurses (LPNs)	544,103	132,108	676,211	15,348	44.06
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,185,869	287,928	1,473,797	50,430	29.22
4	Total Nursing (Sum of 1 - 3)	2,376,540	577,022	2,953,562	79,695	37.06
5	Physical Therapists	0	0	0	0	0.00
6	Physical Therapy Assistants	0	0	0	0	0.00
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	0	0	0	0	0.00
9	Occupational Therapy Assistants	0	0	0	0	0.00
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	0	0	0	0	0.00
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)	0		0	0	0.00
15	Licensed Practical Nurses (LPNs)	17,655		17,655	318	55.52
16	Certified Nursing Assistants/Nursing Assistants/Aides	83,573		83,573	2,225	37.56
17	Total Nursing (Sum of 14 - 16)	101,228		101,228	2,543	39.81
18	Physical Therapists	489,564		489,564	5,049	96.96
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	202,526		202,526	2,737	74.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	83,241		83,241	2,681	31.05
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

HARROGATE, INC.
 Provider CCN: 31-5262
 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		4,273,456	4,273,456	-3,896,312	377,144	-377,143	1
1.01	Cap Rel Costs - Bldgs - SNF		0	0	1,132,638	1,132,638	-5,170	1,127,468
1.02	Cap Rel Costs - Bldgs - Residential		0	0	73,820	73,820	-14,880	58,940
2	Cap Rel Costs - Movable Equipment		45,600	45,600	1,858,287	1,903,887	0	1,903,887
2.01	Cap Rel Costs - Mov Equip - SNF		0	0	244,121	244,121	0	244,121
2.02	Cap Rel Costs - Mov Equip - Res		0	0	587,446	587,446	0	587,446
3	Employee Benefits	191,978	2,129,897	2,321,875	0	2,321,875	0	2,321,875
4	Administrative & General	949,154	2,376,147	3,325,301	0	3,325,301	-205,193	3,120,108
5	Plant Operation, Maint. & Repairs	607,796	1,077,084	1,684,880	0	1,684,880	-209,911	1,474,969
6	Laundry & Linen Service	60,765	1,412	62,177	0	62,177	0	62,177
7	Housekeeping - SNF	662,101	88,025	750,126	0	750,126	0	750,126
7.01	Housekeeping - SNF	0	0	0	0	0	0	0
7.02	Housekeeping - Residential	0	0	0	0	0	0	0
8	Dietary	2,058,990	1,379,019	3,438,009	0	3,438,009	-335,567	3,102,442
9	Nursing Administration	349,757	0	349,757	0	349,757	-24,512	325,245
10	Central Services & Supply	0	101,443	101,443	0	101,443	0	101,443
11	Pharmacy	0	36,399	36,399	0	36,399	0	36,399
12	Medical Records & Library	170,145	0	170,145	0	170,145	0	170,145
13	Social Service	80,691	0	80,691	0	80,691	0	80,691
15	Activities	204,116	86,857	290,973	0	290,973	0	290,973
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	2,376,540	101,439	2,477,979	0	2,477,979	0	2,477,979
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	13,102	13,102	0	13,102	0	13,102
41	Laboratory	0	7,242	7,242	0	7,242	0	7,242
42	Intravenous Therapy	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	0	489,564	489,564	0	489,564	0	489,564
45	Occupational Therapy	0	202,526	202,526	0	202,526	0	202,526
46	Speech Pathology	0	83,241	83,241	0	83,241	0	83,241
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	64,777	64,777	0	64,777	0	64,777
49	Drugs Charged to Patients	0	126,447	126,447	0	126,447	0	126,447
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0
81	Interest Expense	0	0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	7,712,033	12,683,677	20,395,710	0	20,395,710	-1,172,376	19,223,334
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0

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 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet A Friday, May 17, 2024 at 2:08:31 PM

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
91	Barber and Beauty Shop	71,500	0	71,500	0	71,500	0	71,500
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	0	0	0	0	0	0	0
95.01	Marketing	383,107	470,498	853,605	0	853,605	0	853,605
95.02	Independent Living Residential	516,880	347,143	864,023	0	864,023	-3,144	860,879
100	TOTAL	8,683,520	13,501,318	22,184,838	0	22,184,838	-1,175,520	21,009,318

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

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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	To reclass residential building costs	A	2	3	4	5	6	7	8	9
2	To reclass capital costs	B	Cap Rel Costs - Bldg	1.02	0	96,896	Cap Rel Costs - Bldg	1.00	0	96,896
3	To reclass SNF equip capital costs	C	Cap Rel Costs - Mov	2.00	0	1,858,287	Cap Rel Costs - Bldg	1.00	0	1,858,287
4	To reclass residential equip cost	D	Cap Rel Costs - Mov	2.02	0	244,121	Cap Rel Costs - Bldg	1.00	0	244,121
5	To reclass SNF building capital costs	E	Cap Rel Costs - Bldg	1.01	0	587,446	Cap Rel Costs - Bldg	1.00	0	587,446
6	To reclass LPN salaries	F	Skilled Nursing Faci	30.00	0	1,486,705	Cap Rel Costs - Bldg	1.00	0	1,486,705
7	To reclass capital costs	G	Cap Rel Costs - Bldg	1.00	0	78,425	Skilled Nursing Faci	30.00	0	78,425
8	To reclass capital costs	H	Cap Rel Costs - Bldg	1.00	0	354,067	Cap Rel Costs - Bldg	1.01	0	354,067
100	TOTAL RECLASSIFICATIONS				0	4,729,023			0	4,729,023

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

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Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning Balances 1	Purchase 2	Acquisitions Donation 3	Total 4	Disposals and Retirements 5	Ending Balance 6	Fully Depreciated Assets 7
1	Land	2,074,852	0	0	0	0	2,074,852	0
2	Land Improvements	3,236,131	128,599	0	128,599	40,875	3,323,855	1,980,115
3	Buildings & Fixtures	53,050,039	2,298,038	0	2,298,038	690,981	54,657,096	6,128,944
4	Building Improvements	0	0	0	0	0	0	0
5	Fixed Equipment	2,681,825	31,779	0	31,779	19,416	2,694,188	2,447,218
6	Movable Equipment	5,883,407	128,970	0	128,970	250,205	5,762,172	2,620,989
7	Subtotal	66,926,254	2,587,386	0	2,587,386	1,001,477	68,512,163	13,177,266
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	66,926,254	2,587,386	0	2,587,386	1,001,477	68,512,163	13,177,266

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

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Adjustments to Expenses

CMS #	Description	Basis for Adjustment 1	Amount 2	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No. 4
				Cost Center 3		
1	Investment income on restricted funds		0			
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers	B	-3,073	Cap Rel Costs - Bldgs & Fixtures		1
5	Telephone services (pay stations excluded)		0			
6	Television and radio service	B	-209,911	Plant Operation, Maint. & Repairs		5
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	A	-161	Dietary		8
15	Cost of meals - Guests	B	-9,274	Dietary		8
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		0			
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	Additional Meals Income	B	-45,890	Dietary		8
26	Additional Meals Income	B	-477	Dietary		8
27	Additional Meals Income	B	-212,757	Dietary		8
28	Additional Meals Income	B	-47,403	Dietary		8
29	Catering Income	B	-16,435	Dietary		8
30	Catering Income	B	-221	Dietary		8
31	Tray Service Income	B	-1,642	Dietary		8
32	Meal Absence Discount	A	-1,307	Dietary		8
33	AIL - Independent Living-Apts	B	-24,512	Nursing Administration		9
34	Transportation	B	-3,144	Independent Living Residential		95.02
35	Guest Room	B	-14,880	Cap Rel Costs - Bldgs - Residential		1.02
36	Guest Room	B	-5,170	Cap Rel Costs - Bldgs - SNF		1.01
37	Bad Debts - Resident	A	-200,139	Administrative & General		4
38	Late Fees	A	-5,054	Administrative & General		4
39	Interest Income	B	-122,383	Cap Rel Costs - Bldgs & Fixtures		1
40	Gain/Loss on sale of investments	A	-12,828	Cap Rel Costs - Bldgs & Fixtures		1
41	Gain/Loss on sale of assets	A	-238,859	Cap Rel Costs - Bldgs & Fixtures		1
100	TOTAL		-1,175,520			

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

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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		Adjustments (col 4 - 5)
				Allowable In Cost	Amount 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 III 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:

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

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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

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

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COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Bldgs & Fixtures (Square Feet)	Cap Rel Bldgs SNF (Square Feet)	Cap Rel Bldgs Residential (Square Feet)	Cap Rel Movable Equipment (Dollar Value)	Cap Rel Mov Equip SNF (Square Feet)	Cap Rel Mov Equip Residential (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal
	0	1	1.01	1.02	2	2.01	2.02	3	3A
1 Cap Rel Costs - Bldgs & Fixtures		1							
1.01 Cap Rel Costs - Bldgs - SNF	1,127,468	1,127,468							
1.02 Cap Rel Costs - Bldgs - Residential	58,940		58,940						
2 Cap Rel Costs - Movable Equipment	1,903,887			1,903,887					
2.01 Cap Rel Costs - Mov Equip - SNF	244,121				244,121				
2.02 Cap Rel Costs - Mov Equip - Res	587,446						587,446		
3 Employee Benefits	2,321,875							2,321,875	
4 Administrative & General	3,120,108		136,229	38,751	828,349	29,497	386,233	259,531	4,798,698
5 Plant Operation, Maint. & Repairs	1,474,969		77,119	5,509	158,176	16,698	54,908	166,192	1,953,571
6 Laundry & Linen Service	62,177		45,769	1,565	61,629	9,910	15,597	16,615	213,262
7 Housekeeping	750,126		0	0	43,961	0	0	181,041	975,128
7.01 Housekeeping - SNF	0		20,581	0	0	4,456	0	0	25,037
7.02 Housekeeping - Residential	0		0	1,563	0	0	15,575	0	17,138
8 Dietary	3,102,442		183,135	11,552	346,664	39,653	115,133	562,998	4,361,577
9 Nursing Administration	325,245		0	0	0	0	0	95,635	420,880
10 Central Services & Supply	101,443		0	0	0	0	0	0	101,443
11 Pharmacy	36,399		0	0	0	0	0	0	36,400
12 Medical Records & Library	170,145		0	0	0	0	0	46,523	216,668
13 Social Service	80,691		32,307	0	22,609	6,995	0	22,064	164,666
15 Activities	290,973		0	0	0	0	0	55,812	346,785
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	2,477,979		521,106	0	364,667	112,830	0	649,826	4,126,408
31 Nursing Facility	0		0	0	0	0	0	0	0
33 Other Long Term Care	0		0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	13,102		0	0	0	0	0	0	13,102
41 Laboratory	7,242		0	0	0	0	0	0	7,242
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	489,564		44,632	0	31,233	9,664	0	0	575,093
45 Occupational Therapy	202,526		19,624	0	13,733	4,249	0	0	240,132
46 Speech Pathology	83,241		0	0	0	0	0	0	83,241
47 Electrocardiology	0		0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	64,777		19,684	0	13,774	4,262	0	0	102,497
49 Drugs Charged to Patients	126,447		0	0	0	0	0	0	126,447
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
84 Other Special Purpose Cost	0		0	0	0	0	0	0	0
89 Subtotals	19,223,334	1	1,100,186	58,940	1,884,795	238,214	587,446	2,056,237	18,905,415
90 Gift, Flower, Coffee Shops & Canteen	0		0	0	0	0	0	0	0
91 Barber and Beauty Shop	71,500		27,282	0	19,092	5,907	0	19,551	143,332
92 Physicians Private Offices	0		0	0	0	0	0	0	0
93 Nonpaid Workers	0		0	0	0	0	0	0	0

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

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COST ALLOCATION - GENERAL SERVICE COSTS

	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17	Total 18
1 Cap Rel Costs - Bldgs & Fixtures							
1.01 Cap Rel Costs - Bldgs - SNF							
1.02 Cap Rel Costs - Bldgs - Residential							
2 Cap Rel Costs - Movable Equipment							
2.01 Cap Rel Costs - Mov Equip - SNF							
2.02 Cap Rel Costs - Mov Equip - Res							
3 Employee Benefits							
4 Administrative & General							
5 Plant Operation, Maint. & Repairs							
6 Laundry & Linen Service							
7 Housekeeping							
7.01 Housekeeping - SNF							
7.02 Housekeeping - Residential							
8 Dietary							
9 Nursing Administration							
10 Central Services & Supply							
11 Pharmacy	47,175						
12 Medical Records & Library	0	280,806					
13 Social Service	0	0	312,971				
15 Activities	0	0	0	449,441			
ANCILLARY SERVICE COST CENTERS							
30 Skilled Nursing Facility	47,175	280,806	312,971	449,441	16,452,356	0	16,452,356
31 Nursing Facility	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
40 Radiology	0	0	0	0	16,980	0	16,980
41 Laboratory	0	0	0	0	9,386	0	9,386
42 Intravenous Therapy	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	882,874	0	882,874
45 Occupational Therapy	0	0	0	0	371,690	0	371,690
46 Speech Pathology	0	0	0	0	107,882	0	107,882
47 Electrocardiology	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	193,495	0	193,495
49 Drugs Charged to Patients	0	0	0	0	163,878	0	163,878
50 Dental Care - Title XIX only	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
51 Support Surfaces	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS							
60 Clinic	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0
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
84 Other Special Purpose Cost	0	0	0	0	0	0	0
89 Subtotals	47,175	280,806	312,971	449,441	18,198,541	0	18,198,541
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	269,834	0	269,834
92 Physicians Private Offices	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0

HARROGATE, INC.
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COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Bldgs SNF (Square Feet)	Cap Rel Bldgs Residential (Square Feet)	Cap Rel Movable Equipment (Dollar Value)	Cap Rel Mov Equip SNF (Square Feet)	Cap Rel Mov Equip Residential (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal 3A
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other	0	0	0	0	0	0	0	0	0
95.01 Marketing	853,605	0	0	0	0	0	104,754	958,359	0
95.02 Independent Living Residential	860,879	0	0	0	0	0	141,333	1,002,212	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	21,009,318	1	1,127,468	58,940	1,903,887	244,121	587,446	2,321,875	21,009,318

HARROGATE, INC.

Provider CCN: 31-5262

Period from 1/1/2023 to 12/31/2023

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COST ALLOCATION - GENERAL SERVICE COSTS

	Adminis- & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	House- keeping (Square Feet) 7.01	House- Residential (Square Feet) 7.02	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other	0	0	0	0	0	0	0	0	0
95.01 Marketing	283,695	0	0	0	0	0	0	0	0
95.02 Independent Living Residential	296,677	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	4,798,698	2,531,871	438,707	1,379,569	93,600	147,713	7,292,528	545,470	131,472

HARROGATE, INC.

Provider CCN: 31-5262

Period from 1/1/2023 to 12/31/2023

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COST ALLOCATION - GENERAL SERVICE COSTS

	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17	Total 18
94 Patients Laundry	0	0	0	0	0	0	0
95 Other	0	0	0	0	0	0	0
95.01 Marketing	0	0	0	0	1,242,054	0	1,242,054
95.02 Independent Living Residential	0	0	0	0	1,298,889	0	1,298,889
98 Cross Foot Adjustments	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0
100 TOTAL	47,175	280,806	312,971	449,441	21,009,318	0	21,009,318

HARROGATE, INC.

Provider CCN: 31-5262

Period from 1/1/2023 to 12/31/2023

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ALLOCATION OF CAPITAL - RELATED COSTS

	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17	Total 18
1 Cap Rel Costs - Bldgs & Fixtures							
1.01 Cap Rel Costs - Bldgs - SNF							
1.02 Cap Rel Costs - Bldgs - Residential							
2 Cap Rel Costs - Movable Equipment							
2.01 Cap Rel Costs - Mov Equip - SNF							
2.02 Cap Rel Costs - Mov Equip - Res							
3 Employee Benefits							
4 Administrative & General							
5 Plant Operation, Maint. & Repairs							
6 Laundry & Linen Service							
7 Housekeeping							
7.01 Housekeeping - SNF							
7.02 Housekeeping - Residential							
8 Dietary							
9 Nursing Administration							
10 Central Services & Supply							
11 Pharmacy	3,187	18,967	93,107				
12 Medical Records & Library	0	0					
13 Social Service	0	0					
15 Activities	0	0		30,357			
ANCILLARY SERVICE COST CENTERS							
30 Skilled Nursing Facility	3,187	18,967	93,107	30,357	3,366,310	0	3,366,310
31 Nursing Facility	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
40 Radiology	0	0	0	0	1,147	0	1,147
41 Laboratory	0	0	0	0	634	0	634
42 Intravenous Therapy	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	159,054	0	159,054
45 Occupational Therapy	0	0	0	0	68,820	0	68,820
46 Speech Pathology	0	0	0	0	7,287	0	7,287
47 Electrocardiology	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	56,917	0	56,917
49 Drugs Charged to Patients	0	0	0	0	11,069	0	11,069
50 Dental Care - Title XIX only	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
51 Support Surfaces	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS							
60 Clinic	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0
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
84 Other Special Purpose Cost	0	0	0	0	0	0	0
89 Subtotals	3,187	18,967	93,107	30,357	3,671,238	0	3,671,238
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	78,998	0	78,998
92 Physicians Private Offices	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0

HARROGATE, INC.

Provider CCN: 31-5262

Period from 1/1/2023 to 12/31/2023

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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Bldgs SNF (Square Feet)	Cap Rel Bldgs Residential (Square Feet)	Cap Rel Movable Equipment (Dollar Value)	Cap Rel Mov Equip SNF (Square Feet)	Cap Rel Mov Equip Residential (Square Feet)	SubTotal 2A	Employee Benefits (Gross Salaries)
	0	1	1.01	1.02	2	2.01	2.02	2A	3
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other	0	0	0	0	0	0	0	0	0
95.01 Marketing	0	0	0	0	0	0	0	0	0
95.02 Independent Living Residential	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	1,127,468	58,940	1,903,887	244,121	587,446	3,921,863	0

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Friday, May 17, 2024 at 2:08:31 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	House- keeping SNF (Square Feet) 7.01	House- keeping Residential (Square Feet) 7.02	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other	0	0	0	0	0	0	0	0	0
95.01 Marketing	83,894	0	0	0	0	0	0	0	0
95.02 Independent Living Residential	87,733	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	1,419,059	483,424	184,131	151,430	37,021	38,733	1,360,345	36,843	8,880

HAROGATE, INC.

Provider CCN: 31-5262

Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Friday, May 17, 2024 at 2:08:31 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17	Total 18
94 Patients Laundry	0	0	0	0	0	0	0
95 Other	0	0	0	0	0	0	0
95.01 Marketing	0	0	0	0	83,894	0	83,894
95.02 Independent Living Residential	0	0	0	0	87,733	0	87,733
98 Cross Foot Adjustments	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0
100 TOTAL	3,187	18,967	93,107	30,357	3,921,863	0	3,921,863

HARROGATE, INC.
 Provider CCN: 31-5262

Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Friday, May 17, 2024 at 2:08:31 PM

COST ALLOCATION - STATISTICAL BASIS

	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)
1 Cap Rel Costs - Bldgs & Fixtures			
1.01 Cap Rel Costs - Bldgs - SNF			
1.02 Cap Rel Costs - Bldgs - Residential			
2 Cap Rel Costs - Movable Equipment			
2.01 Cap Rel Costs - Mov Equip - SNF			
2.02 Cap Rel Costs - Mov Equip - Res			
3 Employee Benefits			
4 Administrative & General			
5 Plant Operation, Maint. & Repairs			
6 Laundry & Linen Service			
7 Housekeeping			
7.01 Housekeeping - SNF			
7.02 Housekeeping - Residential			
8 Dietary			
9 Nursing Administration			
10 Central Services & Supply			
11 Pharmacy			
12 Medical Records & Library	20,549	20,549	20,549
13 Social Service	0	0	0
15 Activities	0	0	20,549
ANCILLARY SERVICE COST CENTERS			
30 Skilled Nursing Facility	20,549	20,549	20,549
31 Nursing Facility	0	0	0
33 Other Long Term Care	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40 Radiology	0	0	0
41 Laboratory	0	0	0
42 Intravenous Therapy	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0
44 Physical Therapy	0	0	0
45 Occupational Therapy	0	0	0
46 Speech Pathology	0	0	0
47 Electrocardiology	0	0	0
48 Medical Supplies Charged to Patients	0	0	0
49 Drugs Charged to Patients	0	0	0
50 Dental Care - Title XIX only	0	0	0
SPECIAL PURPOSE COST CENTERS			
51 Support Surfaces	0	0	0
52 Other Ancillary Service Cost Center	0	0	0
NON-REIMBURSABLE COST CENTERS			
60 Clinic	0	0	0
63 Other Outpatient Service Cost	0	0	0
70 Home Health Agency Cost	0	0	0
71 Ambulance	0	0	0
74 Other Reimbursable Cost	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0
84 Other Special Purpose Cost	0	0	0
89 Subtotal	20,549	20,549	20,549
90 Gift, Flower, Coffee Shops & Canteen	0	0	0
91 Barber and Beauty Shop	0	0	0
92 Physicians Private Offices	0	0	0

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Friday, May 17, 2024 at 2:08:31 PM

COST ALLOCATION - STATISTICAL BASIS

	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)	House- keeping SNF (Square Feet)	House- keeping Residential (Square Feet)	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)
	5	6	7	7.01	7.02	8	9	10	11
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	0	0	0	0	0	0	0	0	0
95.01 Marketing	0	0	0	0	0	0	0	0	0
95.02 Independent Living Residential	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
102 Cost to be Allocated per Bp1	2,531,871	438,707	1,379,569	93,600	147,713	7,292,528	545,470	131,472	47,175
103 Unit Cost Multiplier per Bp1	110.268325	21.349311	67.496893	6.605505	28.302932	118.294937	26.544844	6.397976	2.295732
104 Cost to be Allocated per Bp2	483,424	184,131	151,430	37,021	38,733	1,360,345	36,843	8,880	3,187
105 Unit Cost Multiplier per Bp2	21.054135	8.960582	7.408875	2.612632	7.421537	22.066686	1.792934	0.432138	0.155093

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Friday, May 17, 2024 at 2:08:31 PM

COST ALLOCATION - STATISTICAL BASIS

	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)
93 Nonpaid Workers	0	0	0
94 Patients Laundry	0	0	0
95 Other	0	0	0
95.01 Marketing	0	0	0
95.02 Independent Living Residential	0	0	0
98 Cross Foot Adjustments	0	0	0
99 Negative Cost Center	0	0	0
102 Cost to be Allocated per Bp1	280,806	312,971	449,441
103 Unit Cost Multiplier per Bp1	13.665191	15.230474	21.871673
104 Cost to be Allocated per Bp2	18,967	93,107	30,357
105 Unit Cost Multiplier per Bp2	0.923013	4.530975	1.477298

HARROGATE, INC.
Provider CCN: 31-5262
Period from 1/1/2023 to 12/31/2023

Worksheet B-2 Friday, May 17, 2024 at 2:08:31 PM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet C Friday, May 17, 2024 at 2:08:31 PM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total	Total	Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	16,980	13,102	1.295985
41	Laboratory	9,386	15,845	0.592364
42	Intravenous Therapy	0	0	0.000000
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	882,874	786,279	1.122851
45	Occupational Therapy	371,690	387,314	0.959661
46	Speech Pathology	107,882	158,718	0.679709
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	193,495	130,917	1.477998
49	Drugs Charged to Patients	163,878	140,854	1.163460
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	1,746,185	1,633,029	

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part I Friday, May 17, 2024 at 2:08:31 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to	Program Charges		Program Cost	
		charges	Part A	Part B	Part A	Part B
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
40	Radiology	1.295985	8,693	0	11,266	0
41	Laboratory	0.592364	5,851	0	3,466	0
42	Intravenous Therapy	0.000000	0	0	0	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	1.122851	215,121	0	241,549	0
45	Occupational Therapy	0.959661	202,670	0	194,494	0
46	Speech Pathology	0.679709	71,886	0	48,862	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	1.477998	23,001	0	33,995	0
49	Drugs Charged to Patients	1.163460	123,892	0	144,143	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		651,114	0	677,775	0

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part II Friday, May 17, 2024 at 2:08:31 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.163460
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 1	Nursing & Allied Health (From Wkst B Part I, Col 14) 2	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1) 3	Program Part A Cost (From Wkst D Part I, Col 4) 4	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4) 5
40	Radiology	0	0.000000	11,266	0
41	Laboratory	0	0	3,466	0
42	Intravenous Therapy	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	241,549	0
45	Occupational Therapy	0	0	194,494	0
46	Speech Pathology	0	0	48,862	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	33,995	0
49	Drugs Charged to Patients	0	0	144,143	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
100	TOTAL	0	0	677,775	0

HARROGATE, INC.
Provider CCN: 31-5262
Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Friday, May 17, 2024 at 2:08:31 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	20,549
2	Private room days	0
3	Inpatient days incl. Program prvt.	3,034
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	16,452,356
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,189,160
7	General Inpatient routine service RCC	13.835275
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	16,452,356
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	800.64
17	Program routine service cost	2,429,142
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,429,142
20	Capital related cost allocated to inpati	3,366,310
21	Per diem capital related costs	163.82
22	Program capital related cost	497,030
23	Inpatient routine service cost	1,932,112
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,932,112
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

HARROGATE, INC.
Provider CCN: 31-5262
Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Friday, May 17, 2024 at 2:08:31 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)	20,549
2	Program inpatient days (see instructions)	3,034
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.147647
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

HARROGATE, INC.
Provider CCN: 31-5262
Period from 1/1/2023 to 12/31/2023

Worksheet E Friday, May 17, 2024 at 2:08:31 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)	2,058,668
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	2,058,668
4	Primary payor amounts	0
5	Coinsurance	294,600
6	Reimbursable bad debts (From your records)	0
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	0
8	Adjusted reimbursable bad debts. (See instructions)	0
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,764,068
12	Interim payments (See instructions)	1,728,787
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)	35,281
15	Balance due provider/program	0
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

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet E-1 Friday, May 17, 2024 at 2:08:31 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		1,728,787		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		1,728,787		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

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet G Friday, May 17, 2024 at 2:08:31 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	869,001	0	0	0
2	Temporary investments	1,690,042	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,852,730	0	0	0
5	Other receivables	13,515	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	206,214	0	0	0
7	Inventory	45,186	0	0	0
8	Prepaid expenses	288,042	0	0	0
9	Other current assets	276,842	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	4,829,144	0	0	0
FIXED ASSETS					
12	Land	2,074,852	0	0	0
13	Land improvements	3,323,855	0	0	0
14	Less: Accumulated depreciation	2,433,770	0	0	0
15	Buildings	54,657,096	0	0	0
16	Less: Accumulated depreciation	36,097,545	0	0	0
17	Leasehold improvements	0	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	250,206	0	0	0
22	Less: Accumulated depreciation	223,383	0	0	0
23	Major movable equipment	8,456,361	0	0	0
24	Less: Accumulated depreciation	7,167,218	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	1,897,148	0	0	0
28	TOTAL FIXED ASSETS	24,737,602	0	0	0
OTHER ASSETS					
29	Investments	2,071,162	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	552,737	0	0	0
33	TOTAL OTHER ASSETS	2,623,899	0	0	0
34	TOTAL ASSETS	32,190,645	0	0	0

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet G Friday, May 17, 2024 at 2:08:31 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
CURRENT LIABILITIES					
35	Accounts payable	1,151,857	0	0	0
36	Salaries, wages & fees payable	768,707	0	0	0
37	Payroll taxes payable	50,911	0	0	0
38	Notes & loans payable (short term)	0	0	0	0
39	Deferred income	18,801	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	29,310,972	0	0	0
43	TOTAL CURRENT LIABILITIES	31,301,248	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	10,095,689	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	9,698,604	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	19,794,293	0	0	0
51	TOTAL LIABILITIES	51,095,541	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	-18,904,896			
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	-18,904,896	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	32,190,645	0	0	0

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet G-1 Friday, May 17, 2024 at 2:08:31 PM

STATEMENT OF CHANGES IN FUND BALANCES

	1	2	3	4	5	6	7	8
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND				
1 Fund balances - beginning	-17109679	0	0	0	0	0	0	0
2 Net income (loss)	-1795217							
3 Total	-18904896	0	0	0	0	0	0	0
4 Additions (Credit adjustments)	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0
10 Total Additions	0	0	0	0	0	0	0	0
11 Subtotal	-18904896	0	0	0	0	0	0	0
12 Deductions (Debit adjustments)	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0
18 Total deductions	0	0	0	0	0	0	0	0
19 Fund balances - ending	-18904896	0	0	0	0	0	0	0

HARROGATE, INC.
Provider CCN: 31-5262
Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part I Friday, May 17, 2024 at 2:08:31 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	4,735,094		4,735,094
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	4,735,094		4,735,094
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,619,927	0	1,619,927
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	6,355,021	0	6,355,021

HARROGATE, INC.
Provider CCN: 31-5262
Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part II Friday, May 17, 2024 at 2:08:31 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		22,184,838
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		<u>22,184,838</u>

HARROGATE, INC.
 Provider CCN: 31-5262
 Period from 1/1/2023 to 12/31/2023

Worksheet G-3 Friday, May 17, 2024 at 2:08:31 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		6,355,021
2	Less: contractual allowances and ...		147,063
3	Net Patient Revenues (Line 1 - 2)		6,207,958
4	Less: total operating expenses		22,184,838
5	Net income from service to patients (Line 3 - 4)		-15,976,880
	Other Income:		
6	Contributions, donations, bequests, etc.	197,353	
7	Income from investments	12,345	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	7,725	
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	264,015	
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	8,572	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	3,073	
23	Government appropriations	0	
24	Barber & Beauty	38,997	
24.01	Other Income	1,340	
24.02	Independent Living Revenue	12,249,063	
24.03	Amortization Income	1,399,180	
24.04		0	
24.05	PPP Forgiveness	0	
24.06		0	
24.50	COVID-19 PHE Funding	0	
25	Total other income		14,181,663
26	Total		-1,795,217
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		-1,795,217